







Strategic Objective	Priorities	Portfolio	SRO	Committee	Strat Risks
<p>Putting People First</p>  <p>We will be a great place to train, work and live, where we listen to and empower people to live healthy lives.</p> <p>By 2035, colleagues would recommend us a great place to work, our workforce will reflect the diversity of our communities and more people will be living healthier lives.</p>	<p>People will feel valued, developed, supported and engaged.</p> <p>We will have an inclusive culture where the diversity of the Health Board's people will be representative of the Health Board's local populations.</p> <p>Through our integrated population health improvement programme, we will enable and empower people to live healthy lives and reduce their risk of ill health.</p>	Shaping Our Future People and Culture	Director of People and Culture	People and Culture	<p>9. Attract, recruit & retain</p> <p>10. Sustainable Culture Change</p> <p>11. Staff Wellbeing</p>
		Shaping our Future Population Health/Equitable Health	Director of Public Health	People and Culture	<p>8. Exacerbation of Health Inequalities</p> <p>9. Attract, recruit & retain</p> <p>14. Financial Sustainability</p> <p>15. Digital Strategy and Road Map</p>
<p>Providing Outstanding Quality</p>  <p>We will provide outstanding services which are equitable, timely and safe, where people are treated with kindness and are supported to achieve the outcomes that matter to them.</p> <p>We will have reduced inequities in prevention, improved access to clinical services and clinical outcomes.</p>	<p>Focus on minimising inequity in healthy behaviours, preventative services, access to clinical services, and health outcomes, to reduce current unfair, unjust differences experienced by people in the community</p> <p>Deliver outstanding quality of care every time - from the most complex care for the most critically ill to routine care that prevents and protects against ill health and disease – addressing physical and mental health needs. Achieve the best outcomes for patients in line with what matters most to them, their families and carers.</p> <p>Develop the Health Board's approach to continuous quality to improvement and make the best use of the Health Board's resources.</p>	Shaping our Future Quality Excellence	<p>Medical Director</p> <p>and</p> <p>Director of Nursing</p> <p>And</p> <p>Director of Therapies</p>	Quality Safety and Experience	<p>1. Patient Safety</p> <p>2. Maternity</p> <p>3. Critical Care</p> <p>4. Cancer</p> <p>5. Stroke</p> <p>6. Urgent and Emergency Care</p> <p>7. Planned Care</p> <p>9. Attract, recruit & retain</p> <p>11. Staff Wellbeing</p> <p>12. Capital Assets</p> <p>14. Financial Sustainability</p> <p>15. Digital Strategy and Road Map</p>
<p>Delivering in the Right Places</p> 	To achieve digital maturity enabling the Health Board to connect and communicate, supporting shared decision making in the	Shaping our Future Integrated Services	Medical Director	Quality Safety and Experience	<p>2. Maternity</p> <p>4. Cancer</p> <p>5. Stroke</p> <p>7. Planned Care</p>



<p>By 2035 we will be using real time integrated data to inform joint decision making and multi-disciplinary team working, giving people access to and ownership of their data to enable them to manage their health and wellbeing.</p> <p>We will be well on our journey to provide care in the right place, in facilities that are fit for purpose, flexible and promote recovery.</p>	<p>planning and delivery of health care services.</p> <p>Refresh and deliver the Health Board's programme for creating integrated health and care facilities in our local communities where people can access the information and support they need under one roof.</p>				<p>8. Exacerbation of Health Inequalities 10. Sustainable Culture Change 15. Digital Strategy and Road Map</p>
	<p>With Cardiff University and NHS partners, develop the Health Board's plans for ensuring hospitals providing acute care are fit for the future.</p>	Shaping our Digital Future	Director of Digital	Digital Health Intelligence Committee	<p>9. Attract, recruit & retain 15. Digital Strategy and Road Map</p>
	<p>Develop more shared infrastructure with public and private sector partners to get best value for the Health Board's investment.</p>	Shaping our Future Estate and Infrastructure	Director of Finance	Finance and Performance Committee	<p>9. Attract, recruit & retain 12. Capital Assets</p>
<p>Acting for the Future</p>  <p>We will work to ensure that what we do today does not compromise the wellbeing of our future generations. We will protect the environment and develop and use new technologies, treatments and techniques to provide the best possible health outcomes and sustainable health care into the future.</p> <p>By 2030 we will have reduced the Health Board's carbon footprint by 34% and will have increased our research and clinical innovation activities</p>	<p>Develop and expand the Health Board's research, teaching and innovation portfolios in collaboration with Cardiff University and other partners.</p> <p>Contribute to the development of and adopt cutting-edge and novel treatment, techniques and technologies where they deliver improved patient outcomes and improved value.</p> <p>Maximise the Health Board's contribution to the foundational economy</p>	Shaping Our Future Clinical Care for the Next Generations	Medical Director	Quality Safety and Experience	<p>8. Exacerbation of Health Inequalities 9. Attract, recruit & retain 12. Capital Assets 13. Delivery of IMTP 14. Financial Sustainability 15. Digital Strategy and Road Map</p>
	<p>Deliver the Health Board's carbon emissions targets and fully support active and sustainable travel for staff and visitors to patients. Promote, reward and embed successful waste reduction as part of our quality programme of continuous improvement.</p>	Shaping Our Future Environment for the Next Generations	Director of Planning	Finance and Performance Committee	<p>8. Exacerbation of Health Inequalities 9. Attract, recruit & retain 12. Capital Assets 13. Delivery of IMTP 14. Financial Sustainability</p>


					15. Digital Strategy and Road Map
		Sustainable Investment	Director of Finance	Finance and Performance Committee	8. Exacerbation of Health Inequalities 9. Attract, recruit & retain 12. Capital Assets 13. Delivery of IMTP 14. Financial Sustainability



Key Risks


Board approved Overall Risk Appetite: 'Cautious' moving towards 'Seek'




Risk	Risk Appetite	Gross Risk <i>(no controls)</i>	Net Risk <i>(after controls)</i>	Change from Jan 24	Target Risk <i>(after actions are complete)</i>	Context	Executive Lead	Committee
1. Patient Safety	Open	25	20		10	<p>Patient safety should be the first priority above all else for the Cardiff and Vale University Health Board. Safer patient care includes the identification and management of patient-related risks, reporting and analysis of patient safety incidents, concerns, claims and learning from such then implementing solutions to minimise/mitigate the risk of them recurring.</p> <p>The Duty of Candour was formally launched in April 2023 and will further improve communication with patients and opportunities for learning across the Health Board.</p>	Executive Nurse Director/ Executive Medical Director /Executive Director for Therapies and Health Science/ Chief Operating Officer	Quality, Safety and Experience
2. Maternity	Cautious	25	15		15	The recommendations of the Ockenden Review into maternity services in England were published at the end of March 2022. The Ockenden review and its recommendations is very much in the public domain and attracted significant coverage from the media. Becoming	Executive Nurse Director/- Executive Medical Director/ Chief Operating Officer	Quality, Safety and Experience





						compliant with the Ockenden requirements also brings opportunity benefits such as full compliance with the Cwm Taf and other formal reviews recommendations and achieving BAPM compliance in the Neo-Natal Unit.		
3. Critical Care	Cautious	25	15		10	<p>For a sustained period prior to the COVID19 pandemic there were recognised critical care capacity challenges in CAV. The sustainability of Critical Care Services in Cardiff is reported in the 2014 unmet needs study WG, and the 2019 FICM external review. Following the COVID19 pandemic these challenges remain and still needs to be addressed. Critical care department capacity is not in a position to deliver a sustainable service to the population it serves.</p> <p>To address this the UHB has approved additional investment for 23/24 to open 3 additional level 3 beds and to establish the Patient at Risk Team (PART) from 7am-7pm/7 days a week to 24/7 by the end of Q3. There has also been Executive support to develop a Strategic Outline Case to expand CC infrastructure.</p>	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer	Quality, Safety and Experience
4. Cancer	Cautious	20	15		10	<p>The Health strives to have sustainable cancer services that deliver the single cancer pathway standard to treat patients with a confirmed diagnosis of cancer within 62 days. To achieve this, the system needs to ensure sufficient capacity is prioritised to meet the predicted weekly demand for cancer patients at the outpatient, diagnostic and treatment stages of the pathway whilst also being sufficiently flexible to respond to peaks and troughs in demand. The recently published Welsh Government Planned Care Plan, the Wales Cancer Network's Quality Statement and the emerging Wales Cancer Network's Improving Cancer Services and Outcomes Action Plan reflect the high priority of cancer services.</p> <p>At the end of December 2023 the Health Board reached 70% against the single cancer pathway standard. The</p>	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer	Quality, Safety and Experience

						cancer delivery group has implemented a weekly tracking process with directorates with a particular focus on the start of the pathway. There has been increased volumes of patients treated from the backlog through Q4. Whilst the standard is unlikely to be met in <u>was not met in</u> Q4 by the end of Q1 24/25 further improvement is expected.		
5. Stroke	Cautious	20	15		10	<p>Stroke services within C&V UHB have declined since the COVID pandemic, caused by a reduction in clinical services, but an increase in demand, most noticeably in patients self-presenting to the Emergency Department. There has been a real drive to improve this service for the patients and improvement has been seen in thrombolysis rates, achieving 15.3% in October 2023 but this is not yet sustainable change hence the continuing focus on this area. Challenges include patients self-presenting to ED, dilution of stroke cases within the very busy ED leading to delay in recognition of stroke, scanning and treatment. Despite increased thrombolysis rates, door to needle times are not improving to pre-pandemic performance. There is often no dedicated Stroke medic at the front door meaning Medics are faced with competing priorities given the capacity constraints within the footprint.</p> <p>There has been considerable organisational focus on the stroke pathway and 6 internal stroke summits have been held in 2023. There is a clear improvement plan in place and we are already seeing some improvements to the time for patients to be admitted to the specialist stroke ward. The next stroke summit is on 20th November</p> <p>The NHS Executive is supporting in the review and updating of the improvement plan following its assessment of the pathways in the UHB and across Wales. Meetings commenced 29.08.23. April to June SSNAP performance saw an improved grading from Grade <u>DC</u> to B.</p>	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer	Quality, Safety and Experience

6. Urgent and Emergency Care	Cautious	20	15		10	<p>Having a sustainable Urgent and Emergency Care system is central to achieving a number of the Health Boards Objectives. To achieve this, a whole system approach is required with health and social care working in partnership – both together and also with independent and third sector partners. The Welsh Government Six goals for Urgent and Emergency Care span the whole pathway and reflect priorities to provide effective, high quality and sustainable healthcare as close to home as possible, and to improve service access and integration. The impact of the covid pandemic has had many consequences. This includes sustained pressure across the urgent and emergency care system and, whilst underlying actions to progress the plans to achieve the strategy have progressed, covid-19 has impacted on the speed of ongoing action and implementation of plans. The Sustainable Primary and Community Care risk reported in 2021/22 has been incorporated into this newly reported risk for 2022/23.</p> <p>We have set ambitious trajectories as part of the 24/25 annual plan to further improve on ambulance hand over times and waiting times in the EU dept.</p>	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer	Quality, Safety and Experience Committee
7. Planned Care	Cautious	16	12		8	<p>Delivering sustainable planned care services, including the achievement of NHS performance measures, is a central ambition for the Health Board. To achieve this, the system needs to ensure sufficient capacity to meet recurrent demand and to increase capacity and activity sufficiently above pre-Covid levels to make inroads into the backlog. The recently published Welsh Government Planned Care Plan reflects the high priority of planned care services.</p>	Executive Nurse Director/ Executive Medical Director/ Chief Operating Officer	Quality, Safety and Experience

						<p>Whilst the UHB is not currently predicting to deliver these standards for 8 specialities, we are expecting to be deliver for 22 others so the vast majority of UHB patients will be treated within these timescales. Therefore, the risk has been reduced.</p> <p>The NHS executive have outlined revised ministerial standards which include no patient waiting for 3 years for an outpatient appointment and working towards 97% of patients receiving treatment in less than 104 weeks by December and 99% of patients by the end of the financial year.</p> <p>Each Clinical Board have revised plans for the 23/24 financial year to meet the revised standards above. Welsh Government have responded positively to the plans for the regional funding for planned care and as a result there will be non-recurrent funding to the clinical boards to deliver plans as well as recurrent funding for a protected surgical zone at UHL as well as a community diagnostic hub. These are designed for sustainable increases to capacity and controls for demand respectively</p> <p>At the end of December <u>March</u> 20243, the clinical boards achieved the delivery <u>ed</u> of the >98% <u>>97%</u>. At the end of December there were 176 patients waiting three years or more. The focus will be on continual improvement of this number and an aim to clear in financial year In respect of the 99% standard for the end of the financial year, the organisation will now not be able to meet this standard. The most likely case for the end of March is to deliver just over 98% of patients being treated in 104 weeks or less</p>		
8. Exacerbation of Health Inequalities	Open	16	12		12	COVID-19 has compounded existing health inequalities in Wales, which have shown little improvement in the last ten years, based on the gap in life expectancy between the most and least deprived fifth of the population.	Executive Director of Public Health	Quality, Safety and Experience Committee

						Although the main disparities have been age, sex, deprivation and ethnicity, there is clear evidence of intersectionality, risk factors compounding each other to further disadvantage individuals with protected characteristics (based on the Equality Act 2010). Such inequities are present in Cardiff and Vale UHB area, and are at risk of further deterioration.		
9. Attract, recruit, retain	Open	25	16		10	The shortages of key professionals and workers in the NHS is well publicised and is a challenge faced by all NHS organisations nationally. The inability to recruit staff with the right skills and experience can be a serious constraint on providing high quality patient care. Meeting the requirements of a growing population which is older and with more complex health needs as well as increasing demand on health services has led for an increasing need in clinical staff. Staff costs represent the largest expense for the NHS in Wales. The pay bill has continued to increase year on year, with a significant increase over the last three years.	Executive Director of People and Culture	People & Culture Committee
10.Sustainable Culture Change	Open	16	8		4	In line with UHB's Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to transfer our services to ensure we can meet our future challenges and opportunities. Creating a belief which continues to build upon our values and behaviours framework will make a positive cultural change in our health system for our staff and the population of Cardiff and the Vale.	Executive Director of People and Culture	People & Culture Committee
11. Staff Wellbeing	Open	20	16		5	As a result of the global Covid19 pandemic, our employees have been exposed to unprecedented levels of psychological and physical distress both at home and in the workplace. Evidence indicates that, Healthcare workers are at greater risk of developing mental health problems as a result. The impact of this is unlikely to be experienced equally, with people with existing mental health difficulties and people from Black, Asian and minority ethnic communities among those who are likely to be affected disproportionately Healthcare employees continue to be exposed to unprecedented levels of demand which in a pressurised environment can result in psychological	Executive Director of People and Culture	People & Culture Committee

						and physical distress. Evidence indicates that, Healthcare workers are at greater risk of developing mental health. The impact of this is unlikely to be experienced equally, with particular groups being affected disproportionately.		
12. Capital Assets	Open	25	20		10	The UHB delivers services through a number of buildings across Cardiff and the Vale of Glamorgan, from health centres to the Tertiary Centre at UHW. All NHS organisations have statutory responsibilities to manage their assets effectively: an up to date estate strategy is evidence of the management of the estate. The IT SOP sets out priorities for the next five years and Medical Equipment is replaced in a timely manner within the resources available, though backlogs for a proactive replacement programme remain.	Executive Director of Strategic Planning, Executive Director of Therapies and Health Science, Executive Director of Finance	Finance & Performance Committee
13. Delivery of IMTP 23-26	Open	20	15		10	The Integrated Medium-Term Plan is the key planning document for the Health Board setting out the milestones and actions we are taking in the next 1 to 3 years in order to progress Shaping Our Future Wellbeing, our ten-year strategy. It is based on the health needs of our population, delivering quality services and ensuring equitable and timely access to services and sets out how we will deliver our mission Caring for People; Keeping People Well, and vision that a person's chance of leading a healthy life is the same wherever they live and whoever they are.	Executive Director of Strategic Planning	Finance & Performance Committee
14. Financial Sustainability	Cautious	25	25		15	Across Wales, Health Boards and Trusts are seeking to manage their financial pressures by driving out inefficiencies, while at the same time looking to derive greater value from their resources through innovative ways of working and practicing prudent healthcare. As well as the NHS, public sector services, the third sector, and the public have significant roles to play to achieve a sustainable health and care system in the future. Covid 19 has had a significant impact on the finances of Healthcare in Wales and the UHB has significant financial pressures to now deal with.	Executive Director of Finance	Finance & Performance Committee
15. Digital Strategy and Road Map	Cautious	25	20		20	CAV UHB board approved a five-year Digital Strategy in 2020 which set out the vision for supporting the	Director of Digital Health Intelligence	Digital Health

					<p>organisation, from a digital and data perspective, for the period 2020-2025. Development of the strategy was clinically led and was designed to support the UHB's Shaping our Futures' strategic programmes. To realise the benefits contained with the accompanying roadmap, which sets out what we will do and when, requires significant additional investment to bring the organisation up to a level of digital maturity that can support our agreed strategic objectives.</p>		Intelligence Committee
--	--	--	--	--	--	--	------------------------

Lines of Defence

Assurances are categorised into 'lines of defence' as set out in the Health Boards Risk Management and Board Assurance Framework Strategy.

Key:

- (1) First Line of Defence – Management level assurance
- (2) Second Line of Defence – Risk and Regulation Team, Patient Experience Team, Patient Safety Team, Workforce Governance, Information Governance assurance.
- (3) Third Line of Defence – Independent level Assurance (Internal Audit, Audit Wales, HIW, CHC, Other regulatory or inspection reports) Counter Fraud.

Risk Appetite

Key:

Avoid: Avoidance of risk and uncertainty is a key organisation objective

Minimal: Preference for ultra-safe delivery options which have a low degree of inherent risk and only for limited reward potential

Cautious: Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential reward

Open: Willing to consider all potential delivery options and choose while also providing an acceptable level of reward (VFM)

Seek: Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk)

Mature: Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

1. Patient Safety – Medical Director /Executive Nurse Director/Chief Operating Officer

Patient safety should be above all else for the Cardiff and Vale University Health Board. Safer patient care includes the identification and management of patient-related risks, reporting and analysis of patient safety incidents, concerns, claims and learning from such then implementing solutions to minimise/mitigate the risk of them recurring.

Risk	<p>There is a risk to patient safety:</p> <p>Due to post Covid recovery and this has resulted in a backlog of planned care and an ageing and growing waiting list.</p> <p>Due to increased demand, post Covid 19, of unscheduled care of patients with higher acuity and more complexity which is adding to the pressure within the Emergency Unit (EU).</p> <p>Due to a sub-optimal workforce skill mix or staffing ratios, related to reduced availability of specific expert workforce groups, or related to the need to provide care in a larger clinical footprint in relation to post Covid 19 recovery.</p> <p>Due to the ability to balance within the health community and the challenge in transferring patients to EU.</p> <p>Due to the current pressure in EU and inability to segregate patients due to the volume in the department.</p>		
Date added:	April 2021		
Cause	Patients not able to access the appropriate levels of planned care since the onset of the COVID 19 pandemic creating both longer waiting lists for planned care. Resources re directed to address planned care demand leaving unplanned care/unscheduled care pathways with lower staffing		
Impact	Worsening of patient outcomes and experience, with an impact on patient outcomes Post Covid recovery sickness is having a significant impact on staff availability (see separate risk on workforce).		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	<ul style="list-style-type: none"> Recovery Plans being developed and implemented across all areas of Planned Care Maintaining Training/Education of all staff groups in relation to delivery of care Use of Private Partner facilities. In-house and insourcing activity Additional recurrent activity taking place Recruitment of additional staff Workforce hub in place with daily review of nurse staffing by DoN in Clinical Boards to manage the risk Hire of additional mobile theatres Quality and Safety and Experience Framework Implementation underway health and social care actions to assist the current risk in the system with work continuing to be embedded and implemented 		
Current Assurances	<ul style="list-style-type: none"> Recovery Plans were reported to Management Executive, Strategy and Delivery Committee and the Board ⁽¹⁾ ⁽³⁾ CAHMS position was reviewed at Strategy and Delivery Committee ⁽¹⁾ Mental Health Committee aware of more people requiring support ⁽¹⁾ Review of clinical incidents and complaints continues as business as usual and has been aligned with core business and reviewed at Management Executives ⁽¹⁾⁽²⁾ Recent Executive review with Clinical Teams for understanding and review of front door pressures. ⁽¹⁾ Monthly Clinical Board reviews to map progress 		
Impact Score: 5	Likelihood Score: 4	Net Risk Score:	20 (Extreme)
Gap in Controls	<p>Local Authority ability to provide packages of care and challenge around discharge to care homes and domiciliary care settings.</p> <p>Deterioration of quality of care provided to patients due to the availability of staff in some key clinical environments.</p>		
Gap in Assurances	Discharging patients is out of the Health Boards control		

Actions	Lead	By when	Update
1. Review of hospital acquired COVID 19 and COVID deaths (wave 1) being undertaken and monitored through Nosocomial C&V Programme Board.	Jason Roberts	30.09.23	Work ongoing. Review has commenced early learning shared with operational colleagues and it is informing the development of the recovery plan. Review of deaths continues in line with WG requirements with oversight from Nosocomial National Programme Board
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (High)

2. Maternity Care – Medical Director /Executive Nurse Director/Chief Operating Officer

The recommendations of the Ockenden Review into maternity services in England were published at the end of March 2022. The Ockenden review and its recommendations is very much in the public domain and attracted significant coverage from the media. Becoming compliant with the Ockendon requirements also brings opportunity benefits such as full compliance with the Cwm Taf and other formal reviews recommendations and achieving BAPM compliance in the Neo-Natal Unit.

The background to, and summary of the Ockenden report, is best understood in the quote from Donna Ockenden below

“This final report of the Independent Maternity Review of maternity services at the Shrewsbury and Telford Hospital NHS Trust is about an NHS maternity service that failed. It failed to investigate, failed to learn and failed to improve, and therefore often failed to safeguard mothers and their babies at one of the most important times in their lives. “

The report details 89 recommendations that should be enacted to improve maternity services across the UK. An immediate self-assessment of the service was undertaken against the requirements, which noted that 45 of the requirements were already met, 27 partially met, and 17 not met at all. The detail of where we are currently not meeting recommendations and the proposal to close that gap has been completed (appendix 1). The recommendations that we currently fail to meet can largely be grouped into 3 categories, patient safety, quality and experience, training, and workforce.

Whilst underlying actions to progress the plans to achieve the recommendations have developed and presented to Execs, UHB agreement of circa £2M recurrent funding is required to deliver progress.

In addition, the service has sustained pressure across Obstetrics and Maternity care system, mainly due to reduced workforce availability, increased interventional birthing as a result of NICE guidance, backlog on critical incident investigation etc

<p>Risk</p> <p>Date updated: 10.03.2024</p>	<p>Progress has been made against the unmet recommendations of the Ockenden, however some remain unresolved, these include 84-hour obstetric labour ward cover, midwifery recruitment and workforce challenges. Dedicated theatre streams for elective procedures, increasing medicalisation of birth and complexity of women accessing services has resulted in a shift in location in place of birth resulting in geographical and workforce challenges</p>
<p>Cause</p>	<ul style="list-style-type: none"> • In England 180 million pounds of funding was released to support each Trust in complying with all of the Ockenden Recommendations. Welsh Government have invested £1 million in to the Mat Neo Safety Programme across Wales. The discovery phase has now completed with the improvement phase to commence April 2024. The operational view is that it is unlikely any further investment will be made available by Welsh Government to support implementation of the recommendations. • NICE clinical guidance Intrapartum care for healthy women and babies resulting in increased instrumental birthing practices. Patients presenting and subsequently admitted have a higher acuity and complexity, particularly in light of NICE guidance. • One out-take of newly Qualified Midwives and Paediatric Nurses each year from Welsh Universities causing a limited flow of Midwives/Paediatric Nursing staff • Restricted Neonatal capacity continues to add an increased layer of complexity in managing patient flow. • T2 new area opened during Pandemic, but with no increase in staffing (loss of 6 beds on Delivery Suite, 14 opened on T2). • No dedicated elective stream with the increasing caesarean section rates means Procedures are often cancelled or delayed dependant on emergency activity.

- Community based care is expanding with the emphasis being placed on 'normal/low risk/need care being provided in community by midwives and MSWs. Reduced antenatal admissions and shorter postnatal stays result in an increase in community care. Midwives are undertaking the New-born and Physical Examination (NIPE) instead of paediatricians, either in hospital or at home.
- With the publication of the latest NICE guideline on Antenatal Care that recommends that all women be 'booked' by 10 weeks' gestation, more women are meeting their midwife earlier than previously happened before 10 weeks. This early visit requires midwifery assessment/advice, but the pregnancy may end as a fetal loss, so the total number of postnatal women is less than antenatal. In most maternity services approximately 10% of women are 'booked' and then have no further contact with the midwife.
- Constraints accommodating the increased number of Inductions of Labour (IOL) and instrumental deliveries within current footprint.
- Good level of incident reporting but insufficient resources to complete investigations, action plans and learning from events actions.
- Independent external Birth-rate+ re-assessment has been undertaken. The final report for CaV indicates a midwifery shortfall of 11wte.

Impact

- Closure of Community Home Birth Services and Maternity Led Unit due to lack of staff. For a period of 4 months in 2023. Reopened November 2024
- Delays in allocating IO's to investigations, subsequent delays in completing investigations, action plans and LFE
- Rise in instrumental deliveries
- Delays in IOL and constraints in accommodating elective caesarean sections due to lack of NICU capacity
- Congested department and long waits for IOL & ECS
- Insufficient consultant cover for labour ward, NCEPOD readmission reviews
- Lack of specialist roles; labour ward leads, Foetal surveillance, bereavement, transitional care nursing.
- Poor staff morale and retention due to the sustained pressures in the system
- Worsening patient experience and outcomes (see separate risk on patient safety) and run of adverse incidents.

Impact Score: 5

Likelihood Score:4

Gross Risk Score:

20 (Extreme)

Current Controls

- 38 Newly qualified Midwives (NQM) and 43 Newly Qualified Paediatrics nurses from Student Streamlining have now joined the UHB
- Introduction of daily clinical huddles between each days Lead Midwife, Lead obstetrician, lead neonatologist and lead neonatal nurse each day
- Rollout of 3 extra consultant sessions for obstetric governance and 1 extra consultant session Neonatology governance to enable allocation of IO's to investigations
- RAG rating of position against national report recommendations, presentation of gap analysis to executives and to senior Leadership Board for support of required resources
- Continued recruitment actions
- Board agreement to fund resource necessary to fully meet Ockenden recommendations
- Escalation of concerns to HEIW re single out-turn of midwives and paediatric nurses
- Establishment of monthly Ockenden Oversight group led by clinical board
- Establishment of MatNeo oversight group led by Executive triumvirate
- Team continue to support recruitment and retention, submission of request for oversea recruitment.
- Daily SiteRep reporting introduced into maternity and Neonates and DoNM/HoM daily catch up

Current Assurances		<ul style="list-style-type: none"> Operational position reported into Management Executive (Daily)⁽¹⁾ Mechanisms in place to monitor key measures being strengthened into visible dashboard.⁽¹⁾ Key operational performance indicators and progress against plans reported into the Maternity/Neonatal oversight Group being led by Executive Nurse Director.⁽¹⁾ Midwifery on call manager linked into Executive evening huddle to clarify daily risks. 		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (Extreme)	
Gap in Controls		<ul style="list-style-type: none"> Confirmation of additional funding resource to fill gaps in assurance mapping Recruitment strategies to sustain and increase multidisciplinary teams (appendix 1). Developing an effective, high quality and sustainable model of managing intrapartum care and current constraints Several incidents out of time Ability to successfully recruit to additional posts agreed as part of Ockenden. 		
Gap in Assurances		<ul style="list-style-type: none"> Data and benchmarking information Resources to meet the national recommendations 		
Actions		Lead	By when	Update
1. Reviewing current obstetric practice in line with NICE guidance		HC/AK	Ongoing	This action continues to take place.
2. Senior daily oversight of obstetric /Neonatal capacity and escalation to Executives		AJ	Ongoing daily activity	This action continues to take place.
3. Continued maternity / Neonatology oversight meetings with Executive lead		JR/AJ	Ongoing	This action continues to take place.
4. Ongoing review of job planning and consultant establishment		CR/AT	Ongoing	Job planning undertaken further resource required to meet Ockenden recommendations. Supporting revenue case approved by Board 30.3.23
Impact Score: 5	Likelihood Score: 3	Target Risk Score:	15 (high)	

3. Critical Care Capacity – Medical Director /Executive Nurse Director/Chief Operating Officer

For a sustained period prior to the COVID19 pandemic there were recognised critical care capacity challenges in CAV. The sustainability of Critical Care Services in Cardiff is reported in the 2014 unmet needs study WG, and the 2019 FICM external review. Following the COVID19 pandemic these challenges remain and still needs to be addressed. Critical care department capacity is not in a position to deliver a sustainable service to the population it serves.

RiskDate added: 01/11/22	There is a risk that the organisation will not be able to provide effective, high quality and sustainable critical care capacity.		
Cause	<ul style="list-style-type: none"> • There is a progressively deteriorating problem with access for critically ill patients to ICU in Cardiff as a direct result of capacity. This now means patients who would benefit from ICU admission and care are not able to have this. • Gap of 15 ICU beds in CAV (2014 unmet needs study WG) • Funded increase in tertiary workload has increased the overall demands on critical care services in CAV • Poor infrastructure within the critical care unit – limited access to cubicles • Annual increase in demand for critical care services of approx. 4-5% 		
Impact	<ul style="list-style-type: none"> • Adverse impact upon the Emergency Department and theatre flow • Untimely patient access • Inequity of patient access • 15% of referrals not admitted to critical care • Impact other operationally e.g. anaesthesia and theatres • Impact tertiary development e.g. ECMO • Patient outcomes worse • Reputation, Professional & Legal risk • Workforce - Reduced Recruitment & Retention • Poor staff morale and retention due to the sustained pressures in the system • Delayed admission and discharge from critical care leading to poor patient experience and outcomes 		
Impact Score: 5	Likelihood Score:5	Gross Risk Score:	25 (Extreme)
Current Controls	<ul style="list-style-type: none"> • Strengthened site-based leadership and management • Strengthened OPAT oversight and support for DTOCs • Workforce plans in place to support recruitment and retention • Registered nursing recruited to establishment • Local escalation plan in place and utilised when appropriate to support operational pressures • PART team provide 24/7 support for patients not admitted to critical care • Staffed level 3 bed capacity increased by 3 beds from September 2023. • Ringfenced PACU to protect high-risk elective urgent and cancer surgery • Winter escalation plan in place to support delivery of critical care to the sickest patients during the winter months 		

Current Assurances	<ul style="list-style-type: none"> • Operational position reported into OPAT ⁽¹⁾ • Key operational performance indicators and progress against plans reported into the clinical board 6 weekly ⁽¹⁾ • ICNARC audit to provide assurance on outcomes ⁽²⁾ • • Executive support secured to develop Strategic Outline Case for next phase of CC infrastructure expansion ⁽¹⁾ • Project team established to address medium term infrastructure constraints. ⁽¹⁾
---------------------------	---

Impact Score: 5	Likelihood Score: 3	Net Risk Score: 15 (Extreme)
-----------------	---------------------	-------------------------------------

Gap in Controls	<p>Development and implementation of a capacity plan to address the 15-bed gap and to meet future predicted annual growth in demand</p> <p>Achievement of standard to step down patients from ICU within 4 hours to improve efficiency and patient flow</p> <p>Development of a fit for purpose critical care unit (UHW2)</p>
------------------------	---

Gap in Assurances	<p>Able to meet the needs of the sickest or highest priority cases.</p> <p>Un-met need not fully understood across the organisation.</p>
--------------------------	--

Actions	Lead	By when	Update
1. Implementation of the UHW site masterplan and critical care infrastructure programme <ul style="list-style-type: none"> a. Medium term development of additional cubicles and support facilities b. Development of a new unit as part of UHW2 development. c. Transfer of LTIV services to a bespoke facility in UHL 	AH / PB	29.02.24	<p>Project mandate for the Strategic Outline Case approved by CMG February 24. To be discussed at SLB for approval in March 24.</p> <p>Aim to submit SOC to WG in Q1 24/25.</p> <ul style="list-style-type: none"> a. Design completed for C3S, further work required on design for C3N. The design will include additional cubicles to meet IP&C demand. (medium term plan to bridge to UHW2). b. Engaged with the Programme Director for UHW2 on future demand for CC to inform planning. c. LTIV/complex care now established on C3L. No current planning to create a bespoke facility in UHL
2. Ongoing development of recruitment and retention strategies	JR / RG	Ongoing	This piece of work continues.
3. Winter Plan	PB	31.08.24	<p>Additional planning and mitigation for winter 24/25 will be required due to the co-location of PACU and C3/CCU (as from February 24) to facilitate the capacity required to bring Cardiothoracic Surgery back to UHW. Planning underway to identify suitable space to relocate C3/CCU by the summer of 24/25 in order to facilitate sufficient space for PACU and Critical Care over winter 24/25. Plans in progress aimed to relocate Cardiology from the 3rd floor</p>

			before winter to provide additional capacity for ITU
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (high)

4. Cancer Services – Medical Director /Executive Nurse Director/Chief Operating Officer

One of the Health Board’s Strategic Objectives is to have sustainable cancer services that deliver the single cancer pathway standard to treat patients with a confirmed diagnosis of cancer within 62 days. To achieve this, the system needs to ensure sufficient capacity is prioritised to meet the predicted weekly demand for cancer patients at the outpatient, diagnostic and treatment stages of the pathway whilst also being sufficiently flexible to respond to peaks and troughs in demand. The recently published Welsh Government Planned Care Plan, the Wales Cancer Network’s Quality Statement and the emerging Wales Cancer Network’s Improving Cancer Services and Outcomes Action Plan reflect the high priority of cancer services.

Risk Date added: 01/11/22	There is a risk that the organisation will not be able to provide effective, high quality and sustainable cancer services.		
Cause	<ul style="list-style-type: none"> • The impact of the covid pandemic has resulted in sustained pressure across the planned care system due to the growth in backlog of patients waiting to access treatment. The pressure on capacity in outpatients, diagnostics and treatments to see elective patients in a timely manner has also impacted on those waiting on a cancer pathway. • Referral demand for cancer is now greater than pre-Covid levels and our planned care system has struggled to respond to this increase in demand and carve out sufficient capacity for cancer at outpatients, diagnostics, and treatments stages • There are sustained workforce pressures at a clinical level with challenges around recruitment and retention of staff • Weaknesses in the central cancer team in terms of changes of leadership, structure, vacancies and temporary staffing leading to lack of clarity and consistency 		
Impact	<ul style="list-style-type: none"> • Long waiting times for first contact and diagnostics contributing to lengthening of the overall pathway for cancer patients • Overall PTL has grown 3-fold since pre-Covid • Significant volumes of patients now waiting >62 days and >104 days • Potential for harm e.g. missing the window of opportunity for surgical intervention, delays to starting chemotherapy/radiotherapy • Poor staff morale and retention due to the sustained pressures in the system • Worsening patient experience and outcomes (see separate risk on patient safety) 		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	20 (Extreme)
Current Controls	<ul style="list-style-type: none"> • Strengthened governance and oversight • COO is now Executive Lead for Cancer • Cancer is one of the delivery programmes in the 2023/24Operational Plan • SOP in place to support tracking process • Roles and responsibilities redefined • Training being rolled out to refresh understanding of SCP guidance • Workforce team continue to support recruitment and retention • Ambition clearly stated – first contact by day 10, diagnosis by day 28, treatment by day 62 • Two cancer summits held with senior leadership teams, directorate management teams and tumour site clinical leads • Demand/capacity work commenced 		
Current Assurances	<ul style="list-style-type: none"> • Operational position reported into Cancer Oversight Meeting weekly tracking improvements⁽¹⁾ • Weekly PTL tracking meeting with General Managers/Directorate Managers now in place • Weekly cancer delivery group in place with directors of operations owning accountability for improvements in delivery • Executive Cancer Board meets quarterly⁽¹⁾ 		

<ul style="list-style-type: none"> • Mechanisms in place to monitor key schemes in Cancer as part of the Operational Delivery Plan ⁽¹⁾ • Key operational performance indicators and progress against plans reported into the Finance & Performance Committee ⁽¹⁾ • Breach reports produced for every patient treated >62 days ⁽¹⁾ • Harm reviews conducted for every patient treated >146 days ⁽¹⁾ • Cancer reported as part of the Board Integrated Performance report ⁽¹⁾ 				
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (Extreme)	
Gap in Controls	<ul style="list-style-type: none"> • Continuation of demand/capacity work to inform how much capacity needs to be carved out for cancer • Undertake pathway work to streamline the journey for cancer patients and reduce the downtime between steps on the pathway • Improved oversight of stages of pathway with particular focus on time to first contact being achieved in 14 days for 90% of patients <p>Recruitment strategies to sustain and increase multidisciplinary teams (see separate risk on workforce)</p>			
Gap in Assurances	<ul style="list-style-type: none"> • Whilst a Cancer Oversight Meeting is in place, there is a need to establish a weekly PTL tracking meeting with General Managers/Directorate Managers • Breach reports need to be shared with the Directorates for validation and themes (e.g. risks/issues/constraints) need to be fed through a continuous improvement loop to ensure mitigation/solutions are put in place • The Cancer Strategy needs to be finalised and a workplan developed 			
Actions		Lead	By when	Update
1. Undertake a review of the key tumour site pathways with a view to removing constraints and delays in the patients' journey		CW	Ongoing	This work is continually ongoing with corrective actions and plans being implemented.
2. Delivery of cancer improvement plan – SCP and backlog – via revised governance structures		CW	Ongoing	Revised aim to meet SCP 75% standard by the end of Q1 2024/25.
3. Implementation of stage of pathway weekly tracking with first 14-day focus		CW	Ongoing	In place for Q4 as part of the cancer governance structure
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (High)	

5. Stroke Services – Medical Director /Executive Nurse Director/Chief Operating Officer

Stroke services within C&V UHB have declined since the COVID pandemic, caused by a reduction in clinical services, but an increase in demand, most noticeably in patients self-presenting to the Emergency Department. There has been a real drive to improve this service for the patients and improvement has been seen in thrombolysis rates, achieving >10% since June 22 and at 10.9%. Challenges include patients self-presenting to ED, dilution of stroke cases within the very busy ED leading to delay in recognition of stroke, scanning and treatment. Despite increased thrombolysis rates, door to needle times are not improving to pre-pandemic performance. There is often no dedicated Stroke medic at the front door meaning Medics are faced with competing priorities given the capacity constraints within the footprint.

In addition to thrombolysis treatment rates, there has been improvement in thrombectomy assessment, referral and procedures delivered both internally and referred to Bristol. There has also been focused training for acute medics on stroke assessment, thrombolysis and thrombectomy. The Stroke CNS role is being protected where possible; recognised that this team are the drivers and facilitators of the thrombolysis and thrombectomy pathway.

Investment is needed for increased Stroke resource at the front door – allowing patients to be seen, diagnosed and treated in a timely manner, ultimately reducing mortality and improving outcomes for patients. The aims are to improve Tier 1 performance and most importantly, safer care for our Stroke patients

Risk Date added: 01/11/2022	Fragility within stroke services, unable to provide expected levels of care throughout the 7-day week..
Cause	<ul style="list-style-type: none">• An increasingly busy ED (double the number of patients) has seen a high demand upon the Stroke Service. Patients are often self-presenting which may result in an initial delay to be triaged resulting in (i) delays to Stroke calls being put out (ii) delays to patients receiving CT scans within 1-hour (iii) delays in the recognition and subsequent delivery of thrombolysis to patients.• The Stroke Unit at UHW regularly runs at 100% occupancy. Every effort is made to ensure there is a bed available for new stroke admissions. The large volumes of patients in the ED mean there is often a delay in patients being triaged and assessed within 4 hours, making it difficult to get the patients to the acute ward within a timely manner. Patients awaiting admission to the stroke unit in September between them spent almost 70 days in the ED.• Pressures across the system have resulted in Stroke beds being used for non-Stroke patients. These short-term gains have long term impact on Stroke affecting the ability to admit new stroke patients within 4 hours, which has knock-on impact on specialist MDT assessments, commencement of rehabilitation and supportive discharge planning. Since the ringfencing of stroke beds in February, this situation has greatly improved with a commitment to protecting stroke capacity however the most challenging site pressures still have the potential to impact this ringfenced status. Performance against the 4 hours admit target is now $\geq 50\%$ and this measure reached 70% in June 2023.• Stroke CNS being pulled into ward numbers due to poor staffing levels. The CNS role is now protected and would only be pulled into ward numbers in the most exceptional of circumstances.

Impact	<ul style="list-style-type: none"> • Delays in patients receiving their CT scans within 1 hour • Delays in patients being recognised as potential Stroke patients • Delays in patients receiving timely treatment such as thrombolysis • Delays in patients being recognised as potential thrombectomy patients • Patients not receiving swallow screening in a timely manner (<4 hours) • Delays in patients being admitted to the acute Stroke ward in a timely manner (<4 hours) • Delays in patients leaving the acute Stroke ward (long lengths of stay, non-stroke patients being admitted due to ambulance waits) • Poor patient outcomes • Lack of available CRT slots or inappropriate CRT slots meaning patients in SRC are unable to be discharged in a timely manner 		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	20 (Extreme)
Current Controls	<ul style="list-style-type: none"> • Awareness raising on the importance of early swallow screen assessment – training plan executed and improvement in performance evident. • Taking any golden opportunities, we can – whenever there is capacity on the stroke unit, the stroke team are driving and pushing the ED stroke pathway to achieve the 4 hours admit wherever we can. The stroke team are real champions of the principles of ‘Think Thrombolysis, Think Thrombectomy’ and are pushing the imaging pathway to reach diagnosis as early as possible and ensure all patients are considered and assessed for urgent treatments which could reduce the disabling impact of the stroke. • Stroke Service Manager in post since July 22; Clinical Director for stroke in post from October 22. Dedicated resource for focused work with ED, radiology and medicine to ensure the optimal stroke pathway is in place and applied for all patients. • Seeking investment for uplift of CNS resource and dedicated stroke medical resource to support the front door for stroke. Clinical model now designed and being worked up through stroke summit meetings to produce full business case. • Wider programme of works is needed to continue momentum of a stroke service improvement programme, particularly given future requirements for regional network service delivery and for UHW to become the regional thrombectomy centre. • Protection of stroke beds from Feb 2023 • Roll out of ROSIER tool at triage 		
Current Assurances	<ul style="list-style-type: none"> • Operational position reported into MCB (Monthly) ⁽¹⁾ • Mechanisms in place to monitor key schemes in Stroke Operational Group and MCB SMT/IM DPR ⁽¹⁾ • Monthly touch point meeting with the NHS Executive Performance and Assurance Team⁽¹⁾ • Improving SSNAP Grading for April to grade B, and July to Sep 23 to grade A 		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (Extreme)
Gap in Controls	<p>Lack of consistent cover to the ground floor by a dedicated Stroke Medic CNS cover not sustainable in a 7/7 model SRC capacity and challenges to flow across the whole stroke pathway ROSIER compliance remains a challenge.</p>		
Gap in Assurances	Competing demand on regional, thrombectomy and clinical board priorities		
Actions	Lead	By when	Update
<p>1. Nursing Uplift Stroke CNS cover to 12 hour shifts 7 days per week. Benefits Increased out of hours CNS support to Code Stroke, facilitation of thrombolysis and thrombectomy treatment pathways, 4 hours admit target and nurse assessments. Interdependencies / Risks Capacity and flow, medical support</p>	NT/JM/LP	31/05/2023	7-day model in place since March 23 but needs investment for a sustainable model. To be included in Stroke Business Case 2024 app – roved at investment group in May 24 for go-live in Q4.-

<p>2. Medical</p> <ul style="list-style-type: none"> • Extend locum SHO for SRC in backfill of specialist middle grade moving to UHW front door (Mon-Fri 9-5) • Collaboration with other specialities (e.g. neurology) to improve stroke junior doctor out of hours cover. May incur cost to medicine. • Contribute 4 locum consultant sessions to a new post with ITU for a neuro critical care specialist with 4 stroke sessions • Change of future models include hot clinics for TIA patients to support prevention of Stroke as part of the ongoing Stroke improvement plan. <p>Benefits Cross speciality working - more sustainable OOH model and offers training opportunities. Reviewing the structure of the out of hours rota will offer further support to the medical on call team. Specialist middle grade and uplift of consultant sessions would support TIA clinic reconfiguration and front door senior decision making. Improved selection of patients for C4 beds, improved management of mimics in ED, acceleration of stroke assessment and diagnostics, improvement in 4 hours admit. This model offers the service an interim solution for winter demands, reducing the urgency of consultant uplift, allowing for planned succession and recruitment.</p> <p>Interdependencies / Risks Uplift is needed both in and out of hours. Locum posts are expensive but it is unknown if the workforce is there for external middle grade or consultant recruitment.</p>	TH/NT/SB		<p>6 Front door sessions continue despite no longer continuing with locum SHO cover at SRC based on balance of risk. 4 vacant stroke sessions now covered in split ITU post from 1.8.23 on 12 month contract.</p> <p>Future clinical model for delivery 24/7 consistent stroke will be worked up for business case; will require significant investment – business case going to investment group in March.</p> <p>An enhanced shared front door model with Neurology continues to be explored.</p>
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (high)

6. Urgent & Emergency Care – Medical Director /Executive Nurse Director/Chief Operating Officer

One of the Health Board’s Strategic Objectives is to have a sustainable unplanned (emergency) care system that provides the right care, in the right place, first time. To achieve this, a whole system approach is required with health and social care working in partnership – both together and also with independent and third sector partners. The Welsh Government Six goals for Urgent and Emergency Care span the whole pathway and reflect priorities to provide effective, high quality and sustainable healthcare as close to home as possible, and to improve service access and integration. The impact of the covid pandemic has had many consequences. This includes sustained pressure across the urgent and emergency care system and, whilst underlying actions to progress the plans to achieve the strategy have progressed, there is more work required on implementation of plans. The Sustainable Primary and Community Care risk reported in 2021/22 has been incorporated into this overall urgent and emergency care risk.

Risk Date added: 09/05/22	There is a risk that the organisation will not be able to provide effective, high quality and sustainable urgent and emergency care as close to home as possible.		
Cause	<p>20 There is sustained pressure across the urgent and emergency care system. Five factors have combined to cause current operational challenges: (i) post-covid occupancy remains at a high level and we continue to experience challenges in our ability to achieve timely discharge of patients (ii) T Additional pressures and services have been added to the Health Board, including supporting regional partners (iii) Patients presenting and subsequently admitted have a higher acuity and complexity (iv) We have sustained workforce challenges (v) Social Care are experiencing similar workforce and demand challenges</p> <ul style="list-style-type: none"> • Sustained pressure in Primary and Community Care, including an increased number of GP practices operating at a higher level of escalation, temporary list closures and practice closures • Poor consistency in referral pathways, and in care in the community leading to significant variation in practice • Rollout of multi-disciplinary team cluster models only in limited number of clusters • Lack of co-ordination and / or streamlined services across Health and Social care to ensure a joined-up response is provided and the patient gets the right care, in the right place, first time • Poor response times in the community from WAST due to significant delays in ambulance handovers • Longer length of stay for both medically fit patients and clinically unfit patients, significantly above pre-covid levels 		
Impact	<ul style="list-style-type: none"> • Long waiting times for patients to access a GP • Patients attend the Emergency Department because they cannot get the care or timely care they need in Primary and Community Care • Referrals and admissions into hospital because there are no alternative options or staff are unaware of alternative options • Congested ED department and long waits for patients to be seen • Increase in ambulance handover delays and challenges in timeliness of ambulance response to community demand • Poor staff morale and retention due to the sustained pressures in the system • Worsening patient experience and outcomes (see separate risk on patient safety) 		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	20 (Extreme)

Current Controls	<ul style="list-style-type: none"> • Development of Primary Care Support Team to provide proactive support to fragile practices • Plans agreed and implemented for contract resignations and list closures • Rollout of MDT cluster model to further 2 clusters (1 already implemented) • Urgent Primary Care hubs – c.5,000 appointments per month • Cardiff CRT and Vale CRT support people to remain at home, avoid hospital admission and be discharged from hospital – but challenges do remain on capacity and timeliness • Implementation of CAV24/7 and NHS Wales 111 • Strengthened site-based leadership and management • Urgent & Emergency Care is one of the five delivery priorities in the 2023/24 annual plan. Delivery Group in place. Urgent and Emergency Care System Plan developed, aligned to the National six goals – see actions. • Safe@Home go-live • Ambulance handover improvement plan developed and delivered improvements • Workforce team continue to support recruitment and retention • Local Choices Framework governance in place and utilised when appropriate to support operational pressures 			
Current Assurances	<ul style="list-style-type: none"> • Operational position reported into Management Executive (weekly) ⁽¹⁾ • Mechanisms in place to monitor key schemes in Urgent & Emergency Care 6 Goals Programme Board ⁽¹⁾ • Key operational performance indicators and progress against plans reported into the Finance & Performance Committee.. ⁽¹⁾ • Urgent and Emergency Care reported as part of the Board Integrated Performance report ⁽¹⁾ 			
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (Extreme)	
Gap in Controls	<ul style="list-style-type: none"> • Actively scale up multidisciplinary cluster models • Recruitment strategies to sustain and increase multidisciplinary teams (see separate risk on workforce) Developing an effective, high quality and sustainable Acute Medicine model Reconfiguring our in-hospital footprint to improve efficiency and patient flow 			
Gap in Assurances	N/A			
Actions		Lead	By when	Update
1. Review trauma pathways across UHW and UHL and agree make-up of both ambulatory, same day urgent and emergency and inpatient services and footprint		PB	30/03/24	Ongoing.
2. Develop business case for “safer home” multi-disciplinary team that caters immediately for people in crisis to support locally and timely rather than admit into hospital		PB	30/8/23	-Safe at home has now gone-live for phase 1. This will aim to accept 6 new patients per day. If successful, phase 2 will be progressed in Q3 24/25.
3. Delivery of redesigned Emergency Department – CDU, Paeds CDU, e-triage		PB		Complete. All areas have gone live – increased footprint for clinical decision units and paed.
1. Develop 6 goals workstream four objectives to transform continuity of care, hospital flow and length of stay		PB	30/09/24	New
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (high)	

7. Planned Care – Medical Director /Executive Nurse Director/Chief Operating Officer

One of the Health Board’s Strategic Objectives is to have sustainable planned care services that deliver the ministerial measures of no-one waiting >52 weeks for a new outpatient appointment by December 2022 and no-one waiting >104 weeks for treatment (all stages) by March 2024. . This was revised by welsh Government to be a standard of no more than 99% of patients waiting longer than 104 weeks by the end of March 2024. To achieve this, the system needs to ensure sufficient capacity to meet recurrent demand and to increase capacity and activity sufficiently above pre-Covid levels to make inroads into the backlog. The recently published Welsh Government Planned Care Plan reflects the high priority of planned care services.

Risk Date added: 01/11/22	There is a risk that the organisation will not be able to provide effective, high quality and sustainable planned care services.		
Cause	<ul style="list-style-type: none"> • The impact of the covid pandemic has resulted in sustained pressure across the planned care system due to the growth in backlog of patients waiting to access treatment. The pressure on capacity in outpatients, diagnostics and treatments for urgent/emergency care has impacted on those waiting to access the system for planned care. • Referrals for planned care are at pre-Covid levels overall, however there is significant variation between specialities. Whilst our planned care system (outpatients, diagnostics, treatments) is almost back to full capacity, it has been challenging to achieve activity levels significantly above pre-Covid activity. • There are sustained workforce pressures at a clinical level with challenges around recruitment and retention of staff 		
Impact	<ul style="list-style-type: none"> • Significant volumes of patients waiting for new outpatient appointments, diagnostics and treatment • Some patients are tipping over into waits of more than 3 years, some of these are still at the outpatient stage • Potential for harm in terms of clinical deterioration whilst patients are waiting, particularly at the outpatient stage where patients have yet to be seen by a secondary care clinician and priority determined • Poor staff morale and retention due to the sustained pressures in the system • Worsening patient experience and outcomes (see separate risk on patient safety) • Organisational/reputational harm due to political and media interest and scrutiny 		
Impact Score: 4	Likelihood Score:4	Gross Risk Score:	16 (Extreme)
Current Controls	<ul style="list-style-type: none"> • Planned Care is one of the delivery programmes in the 2023/24 Operational Plan • Demand/capacity work undertaken to model expected delivery against the ministerial measures • Additional capacity schemes funded through WG planned care monies are in place and delivering e.g., mobile ophthalmology theatres, 2nd gynae treatment room commissioned, spinal unit commissioned, mobile endoscopy unit in place, additional waiting list initiative clinics • Workforce team continue to support recruitment and retention • Suite of reports and dashboard created by the Digital and Healthcare Intelligence team to support Directorate teams and Clinical Board in terms of managing the planned care position 		
Current Assurances	<ul style="list-style-type: none"> • Current position against 52/104weeks monitored via weekly Planned Care Performance meeting ⁽¹⁾ • Operational position reported into daily/weekly ‘hot’ reports⁽¹⁾ • Planned Care Delivery Board in place bi-weekly; suite of metrics reviewed at every meeting ⁽¹⁾ • Monthly meeting with the NHS Executive on Planned Care⁽¹⁾ • Mechanisms in place to monitor key Planned Care schemes as part of the Operational Delivery Plan ⁽¹⁾ 		

- Key operational performance indicators and progress against plans reported into the Finance & Performance Committee ⁽¹⁾
- Planned Care reported as part of the Board Integrated Performance report ⁽¹⁾

Impact Score: 3	Likelihood Score: 4	Net Risk Score:	12 (High)
-----------------	---------------------	-----------------	------------------

Gap in Controls	<ul style="list-style-type: none"> • Availability of planned care funding may mean that choices need to be made in terms of delivery • Further work required to maximise treat in turn • Delivery of solutions required to ensure all specialities can access sufficient capacity to enable a return to pre-Covid levels of activity • Recruitment strategies to sustain and increase multidisciplinary teams (see separate risk on workforce) <p>Progress on improvement to productivity and efficiency measures has not met the organisational ambitions of improvements that were set through the planned care programme</p>
------------------------	---

Gap in Assurances	<ul style="list-style-type: none"> • Whilst a sub-group on supporting patients whilst they are waiting has been established, the group is in its infancy and needs to progress at pace
--------------------------	---

Actions	Lead	By when	Update
1. Implemented High Volume Low Complexity (HVLC) lists in UHW to reduce long waiting patients	RT	01.02.24	HVLC lists due to begin in Q4 – plans finalised
2. Implement mobile diagnostic solution in UHL (in advance of community diagnostic hub)	SL	01.11.23	Activity in place for Q4 for MRI and CT, US remains outstanding
3. Develop plan for UHL HVLC lists – to be delivered in 2024/25 (Q1)	RT	01.11.23	Planning continues <u>in depth and</u> ; the start date <u>is dependent on the move of cardiothoracic services back to UHW which will be h</u> is likely to be <u>July August 24/25</u> .
4. Revised approach to be developed for 24/25 for the weekly management of planned care by Clinical Boards. , MT, 30.04.24	MT	30.04.24	
5. Review improvement plans for all delivery groups to accelerate changes to productivity measures	MT	30.04.24	
Impact Score: 4	Likelihood Score: 2	Target Risk Score:	8 (High)

8. Exacerbation of Health Inequalities in C&V – Executive Director of Public Health

The vision in our Shaping Our Future Wellbeing strategy is that *“Working together, we will help improve lives so that by 2035 people are healthier and unfair differences in health outcomes are reduced”*. Our goal is to reduce the inequity seen in a number of indicators across healthy behaviours, use of preventative services, access to clinical services and importantly health outcomes. In addition we want to see a halt to the historic trend of widening inequality gap in life expectancy for men and women, with the gap remaining at 9.3 years for men and 8.3 years for women. Addressing inequality linked to deprivation is also a clear commitment of both Cardiff and Vale of Glamorgan Public Service Board Well-being Plans 2023-28.

Our focus on reducing inequalities locally in health and wellbeing are underpinned by both ‘Prosperity for All’ and ‘A Healthier Wales’. The Wellbeing of Future Generations Act also sets out Health and Equality as two main goals and the Socio-economic Duty places a legal responsibility on public bodies in Wales when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage.

Risk	There is a risk that persisting harms caused by the COVID-19 pandemic, the cost of living crisis and deterioration in other wider determinants of health will adversely impact our goal to halt the historic trend in widening inequality in life expectancy for men and women.
Date added:	29.07.21
Cause	<ul style="list-style-type: none"> • Health inequalities are well documented across the UK, with a recurrent pattern of worsening outcomes linked to factors such as deprivation and ethnicity; these inequalities are evident for many chronic and acute conditions. • Health inequalities arise in three main ways, from <ul style="list-style-type: none"> – structural issues, e.g. income, employment, education and housing – unhealthy behaviours due to the environment, social norms and income levels – inequitable access to, or experience of, services, which can be a result of discrimination due to inaccessible services, public information or healthcare sites that may be relevant/pertinent to particular needs • Differential experience of the wider determinants of health across the life course mean that disadvantage experienced in childhood is often compounded and exacerbated through adult life, and often passes inter-generationally. Action is required by a range of partners in Cardiff and Vale from pre-conception and early years onward to mitigate these impacts. • The ‘Inverse Care Law’ has been recognised for over 50 years, with those experiencing disadvantage consistently experiencing more challenges in accessing health services. Inequity of access to healthcare continues to be evident in Cardiff and the Vale of Glamorgan, and is one of the wider determinants of health that is within the direct control of the UHB. • The UHB also has a role as an employer and regional Anchor Organisation to positively impact the wider determinants of health for employees, patients and residents • The impact of inflation leading to the ‘cost of living crisis’ currently being experienced in the UK, with rising prices for energy and fuel food and other goods and services has a negative impact on health as real disposable incomes fall with this being more marked in lower income households. High inflation also risks exacerbating mental health challenges with concerns about debt being a leading cause of anxiety
Impact	<ul style="list-style-type: none"> • Risk factors interact and multiple aspects of disadvantage come together, increasing the disease burden and widening equity gaps. • The key population groups with multiple vulnerabilities include: <ul style="list-style-type: none"> – Minority ethnic groups, especially some Black and Asian populations – People living in (or at risk of) deprivation and poverty – People in insecure/low income/informal/low-qualification employment, especially women

- People who are marginalised and socially excluded, such as people who are homeless and other inclusion health groups
- Areas with higher unemployment have greater incidence of suicide; and people living in the most deprived areas experience the largest increase in mental illness and self-harm.
- **Health inequalities are also estimated to cost £3-4 billion annually in Wales** through higher welfare payments, productivity losses, lost taxes, and additional illness
- The **total annual cost associated with inequality in hospital service utilisation to the NHS in Wales is estimated to be £322 million**, equivalent to 8.7% of the total hospital service expenses, driven largely by higher service use among people living in the more deprived areas compared to those living in the least deprived areas ([PowerPoint Presentation \(nhs.wales\)](#))

Impact Score: 4	Likelihood Score: 4	Gross Risk Score:	16 (Extreme)
------------------------	----------------------------	--------------------------	---------------------

Current Controls	<p>1. Statutory function</p> <p>The Socio-economic Duty places a legal responsibility on public bodies in Wales when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. Approaching implementation of the Socio-economic Duty effectively will help us maximise our contribution to addressing such inequalities, and also to meet our obligations under the Human Rights Act 1998 and international human rights law. Of note, but more of a reputational risk, if an individual or group whose interests are adversely affected by our strategic decision, in circumstances where that individual or group feels the Duty has not been properly complied with, they would have the right to instigate a judicial review claim against the UHB.</p> <p>2. Role as an Employer</p> <ul style="list-style-type: none"> • In our Equality, Inclusivity and Human Rights Policy, we have an active programme, which sets out the organisational commitment to promoting equality, diversity and human rights in relation to employment, and ensuring staff recruitment is conducted in an equal manner • Our Strategic Equality Objectives and Plan ‘Shaping our Inclusive Culture 2024-2028, Caring about Inclusion 2020-2024’ has a number of key delivery objectives and is premised on the basis of embedding equality, diversity and human rights, and Welsh language, into UHB business processes. • All our Executives have taken up a leadership role as an Inclusion Ambassador covering different characteristics, including those across the nine protected characteristics specified in the Equality Act 2010 Staff have been signposted to resources to help them to cope with the cost-of-living crisis <p>3. Refocused Joint strategic and operational planning and delivery</p> <ul style="list-style-type: none"> • The refresh of the UHB Strategy Shaping our Future Well-being continues to shine a light on the issue of equity at the strategic level • ‘Shaping our Inclusive Culture 2024-2028’ is closely aligned with the UHB Shaping our Future Well-being. • Through our PSB and RPB plans we already prioritise areas of work to tackle inequalities and the refreshed needs assessments for both PSBs and RPB have further identified collective actions
-------------------------	--

Current Assurances	We have identified a set of indicators to help measure inequalities in health in the Cardiff and Vale population which we will develop further to measure impact of our actions. Importantly this includes the gap in healthy life expectancy at birth between the most and least deprived in Cardiff and Vale UHB.
---------------------------	---

Impact Score: 4	Likelihood Score: 3	Net Risk Score:	12 (High)
------------------------	----------------------------	------------------------	------------------

Gap in Controls	<ul style="list-style-type: none"> • Unidentified and unmet healthcare needs in seldom heard groups
------------------------	--

- Capacity of partner organisations to deliver on plans and interdependency of work
- Lack of capacity to deliver evidence-based interventions to tackle health behaviours e.g. smoking, diet, exercise and vaccination that impact disadvantaged groups.

Gap in Assurances

- Monitoring data (often managed via external agencies) and establishing trends difficult to determine over shorter timescales

Actions	Lead	By when	Update
<p>1. Embed a ‘Socio-economic Duty’ way of thinking into strategic/operational planning, <i>beyond</i> complying with our statutory duty, <u>and to always consider the unintended consequences of our actions</u></p>	<p>Claire Beynon/ Rachel Gidman</p>	<p>20243/254</p>	<p>We plan to strengthen the strategic response to the Socio-economic Duty, ensuring actions are systematically applied. The EHIA process is being reviewed on an All Wales basis with the view of creating a Once for Wales approach. C&VUHB will contribute to the development and implementation. Our UHB will continue to work collaboratively with our stakeholders to shape our services and culture.</p>
<p>2. Within the UHB and through our PSB and RPB partnerships, develop and deliver a suite of focused preventative actions to tackle inequalities in health</p>	<p>Claire Beynon</p>	<p>March 20254</p> <p>April 2024</p> <p>June 2024</p>	<p><u>We will continue to w</u>-Work with PSB and RPB partnerships on three areas where there are inequalities: smoking, vaccination and obesity.</p> <p><u>May 2024 update</u></p> <p><u>A number of engagement activities have been conducted with members of ethnic minorities, in particular with the Somali community and for the end of Ramadan at Cardiff City Stadium to sensitize about health prevention, screening and the importance of vaccinations.</u></p> <p><u>The ‘Amplifying Prevention’ work with Local Authorities has strengthened collective action to address inequalities. Current -work continues tois focusing on</u></p>

			<p>action to improve uptake of MMR in children. <u>We are also training a number of community champions, initially among school parents to help with encouraging vaccination and addressing hesitancy especially in certain communities.</u></p> <p><u>An 'Equity, Equality, Experience and Patient Safety' action plan has been developed, covering 24 initial actions across the Clinical Boards that have strategic importance to delivering on the Equality, Equity, Experience and Patient Safety agenda. This is going to QSE in May, with 6-monthly updates thereafter.</u></p> <p><u>An action plan is in development to support implementation of the equity, equality, experience and patient safety strategic framework Within the UHB</u></p>
<p>3. Improve the routine data collection in relation to equality and inequity, both across the UHB and with partner organisations, and develop a broader suite of indicators to monitor progress</p>	<p>Claire Beynon</p>	<p>October 2024</p> <p>September 2025</p>	<p>High level Amplifying prevention indicators have been developed. More granular indicators and evaluation to be developed in year.</p> <p>There are improvements that need to be made in the routine collection of protected characteristics in order to support the introduction of new indicators, this will need to be addressed by each Clinical Board.</p>
<p>Impact Score: 4</p>	<p>Likelihood Score: 3</p>	<p>Target Risk Score:</p>	<p>12 (High)</p>

9. Attract, Recruit and Retain – Executive Director of People and Culture

We pride ourselves on being a great place to train, work and live; with inclusion, wellbeing and development at the heart of everything we do. We know that ~~in order to~~ meet our population's health and care needs effectively we are completely dependent on our people. Workforce challenges are currently the biggest threat facing the health service in England and Wales.

The size and complexity of the workforce challenge is such that addressing it will require holistic and sustained action across the system on leadership, culture, career promotion, workforce planning, pay, education, well-being, retention and transforming ways of working. (See linkage to BAF: Leading Sustainable Culture Change and Employee Well-being).

Risk Date added: 6.5.2021	There is a risk that the Health Board will not be able to attract, recruit and retain people to deliver high quality care and essential services for the population of Cardiff and the Vale.		
Cause	<ul style="list-style-type: none"> • The increased demand across the NHS and Social Care has left a shortage in some professions and the sustained pressures have impacted negatively on wellbeing and retention. • National shortages in some professions have made it difficult to attract people with the right skills/experience and in the numbers required. • Attraction, recruitment and retention is also being affected by the negative image that is portrayed that NHS staff do not receive the right remuneration for the work that they do. The Industrial Action that commenced in December 2022 has not helped the national reputation of the NHS as an employer. • People now think differently about work and what is important to them. 		
Impact	<ul style="list-style-type: none"> • Higher levels of sickness absence • Lack of management capacity to support staff appropriately; <ul style="list-style-type: none"> - Higher levels of turnover; - Low morale and poor staff engagement; - Increased reliance on temporary workforce e.g. bank, agency, locums, etc; - Reduced capacity to undertake appraisals, identify development needs, and focus on talent management and succession planning. - Lack of capacity to upskill and develop our current workforce. - Reduction in uptake of student training places and higher attrition rates, resulting in a reduction of graduates. • Potential negative impact on quality of care & safety. • Inability to expand services as required due to lack of staff with the relevant experience, skills, etc. 		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	<ul style="list-style-type: none"> • The People and Culture Committee provide more scrutiny and assurance to Board. • People and Culture Plan in place with a robust governance structure monitoring delivery against the agreed priorities.. • Monthly Executive Review meetings with Clinical Boards • Strategic oversight meetings, e.g. NPG, MWAG, 		
Current Assurances	<ul style="list-style-type: none"> • Robust monitoring of People and Culture Plan KPI's at the People and Culture Committee and Board. ⁽¹⁾ • <u>Quarterly</u> IMTP/Annual Plan updates to WG. • WG JET and IQPD • Effective partnership working with Trade Union colleagues (WPG, LNC, LPF). ⁽¹⁾ 		
Impact Score: 4	Likelihood Score: 4	Net Risk Score:	16 (Extreme)
Gap in Controls	Agreed Retention Plan for all staff.		

Retention & OD Lead for the UHB
 Workforce supply affected by National Shortages.

Gap in Assurances Turnover is reducing but is still high.

Actions	Lead	By when	Update
Agreed Retention Plan for all staff, aligned to HEIW Toolkit and HEIW Nurse Retention Plan.	Claire Whiles	31/03/24	<u>The All Wales self assessment was due on the 31 March 24. The organisational completed and submitted.</u>
Impact Score: 5	Likelihood Score:2	Target Risk Score:	
			10 (High)

10. Leading Sustainable Culture Change – Executive Director of People and Culture

In line with UHB’s Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to transfer our services to ensure we can meet our future challenges and opportunities. Creating a culture which is building upon our values and behaviours framework will make a positive change in our health system for our staff and the population of Cardiff and the Vale.

Risk	There is a risk that the cultural change required will not be implemented in a sustainable way		
Cause	<ul style="list-style-type: none"> • There is a belief within the organisation that the current climate is high in bureaucracy and low in trust. • Staff reluctant to engage with the case for change as they are overwhelmed with system pressures, change and ongoing demands. • Staff are not feeling involved in, or understanding the part their role plays for the case for cultural change due to lack of communication filtering through all levels of the UHB. • Additional complexities as colleagues continuously respond to the challenges of the pandemic, making involvement in, and response to change complex and challenging. 		
Impact	<ul style="list-style-type: none"> • Staff morale may decrease • Increase in absenteeism and/or presenteeism • Difficulty in retaining and recruiting staff • Potential decrease in staff engagement • Increase in formal employee relations cases / respect and resolution • Transformation of services may not happen due to staff reluctance to drive the change through improvement work. • Patient experience ultimately affected. • UHB credibility as an employer of choice may decrease • Staff experiencing fatigue and burnout making active and positive engagement in change challenging and buy-in difficult to achieve. • Existing inequalities exacerbated • Not realising the opportunities within workforce sustainability 		
Impact Score: 4	Likelihood Score: 4	Gross Risk Score:	16 (Extreme)
Current Controls	<ul style="list-style-type: none"> • The People and Culture Committee provide more scrutiny and assurance to Board. • People and Culture Plan in place with a robust governance structure monitoring delivery against the agreed priorities. • Monthly Executive Review meetings with Clinical Boards. • Strategic oversight meetings, e.g. NPG, MW Values and behaviours Framework in place • Cardiff and Vale UHB refreshed strategy: Shaping Our Future Wellbeing • Talent management and succession planning framework • Values based recruitment / appraisal • Strategic Equality Plan • Anti-Racist Action Plan • Workplace Race Equality Standards (2024) • Welsh Language Standards • Patient experience score cards • Raising concerns procedure/Freedom to Speak UpSpeaking up Safely. • Adoption of consistent, evidence-based approach to Culture and Leadership via the NHSE Culture and Leadership Programme 		
Current Assurances	Internal Audit on Staff Wellbeing, Culture and Values (Sept 2022) report ⁽³⁾ ; Engagement of staff side through the Local partnership Forum (LPF) ⁽¹⁾ Matrix of		

	measurement now in place which will be presented in the form of a highlight report to Committee ⁽¹⁾		
Impact Score: 4	Likelihood Score: 2	Net Risk Score:	8 (High)
Gap in Controls	No leadership / management principles as a UHB (currently align with HEIW compassionate leadership principles) No organisational cultural dashboard		
Gap in Assurances	VBA rate continues to be low but is increasing across the UHB Capacity to respond to requests for cultural and transformation work Effective measures of culture / engagement		
Actions	Lead	By when	Update
To develop management and leadership development where compassionate and inclusive leadership principles will be at the core of all the programmes.	Claire Whiles	April – June 2024	Internal advisory audit report received. Management actions have been submitted and work on developing Leadership and Management Principles in collaborations with key stakeholders will commence in 2024/25. Delay due to All Wales Management and Leadership Competencies development at HEIW, awaiting confirmation of time-frames. ECOD team currently mapping the Leadership and Management Development offer for presentation to overview of current offer presented to Management Executive Team and SLB . <u>Gap analysis and TNA will follow.</u> This will also include analysis of Bands and Roles that have attended to date. Gap analysis of attendance and offer to take place in Quarter 1 2024/25. Development to continue (First Steps; Essential Management; Collabor8) while gap analysis takes place. ECOD to develop Leadership and Development TNA to be utilised by clinical boards.
		April – June 2024	
		<u>June – September 2024</u>	
		Jan – March 2024 <u>May – Sept 2024</u>	The Coaching Network is expanding. The ECOD team are supporting inexperienced coaches to complete qualification and achieve coaching hours required.
		April – June 2024	

		<p><u>March – April June Sept 2024</u></p> <p><u>April – March June – Sept - 2024</u></p> <p><u>April – March 2024</u></p> <p><u>May – July 2024</u></p> <p><u>March – April 2024</u></p> <p>March – June 2024</p> <p><u>May – September 2023</u></p> <p>April – March 2025</p>	<p>A review of coaching qualification route <u>has takenis taking place and the UHB will introduce a to look at the inclusion of moremore inclusive and practical experiencedevelopment route for coaches as part of the launch of the Academy of Coaching and Mentoring, e.g. Agored Cymru.</u> ECOD department developing ‘good practice’ guidance and support for mentors. This will be aligned to support retention plans, and in the future, ‘reverse mentoring’. This work will link to SEP and Ani-Racist Action Plan.</p> <p>ECOD team have formalised and will continue to support coaches with practical peer supervision sessions.</p> <p>The simplified VBA process continues to be communicated and the 2 hour on-line training runs monthly to support both managers and staff and is well attended. The training also forms part of the management programmes.</p> <p>Simplified paperwork has been agreed and is part of communication and training. All CBs have provided an action plan and trajectory for achieving VBA targets and this is discussed at Executive Reviews. The HoPC link closely with ECOD to identify areas requiring additional support.</p> <p>NHS Wales Staff Survey results were released end of Feb 2024. <u>Analysis of findings to follow. Dashboard of data has now been released to Staff Survey Leads – analysis to take place May 2024 and shared with Clinical Boards.</u></p>
--	--	---	---

		<p><u>May – July 2024</u> March – May 2024</p> <p><u>May – September 2024</u></p> <p>March – May 2024</p> <p>March 2024<u>May 2024</u></p> <p>May 2024</p> <p>March 2024</p> <p><u>May/June 2024</u></p> <p>March 2024</p> <p>March 2024 <u>May – Sept 2024</u></p> <p>April – Sept 2024</p> <p><u>May – Sept 2024</u></p>	<p><u>Staff assembly to look at results scheduled for June 2024.</u></p> <p>The ALAS Culture and Leadership Programme (CLP) continues into the design and delivery phase. The ECOD Team and People Services are continuing to work closely with the Senior Leadership Team, including the Director of Operations, to respond to findings and engage with the workforce to co-design, and deliver, actions.</p> <p>The Culture and Leadership Programme Approach continues to roll-out across the UHB, in prioritised areas as identified by the Chief Operating Officer and Executive Team.</p> <p>Lessons learned from implementation are helping a more structured approach in terms of setting expectations of the Senior Team when the Scoping Exercise takes place, noting this is an approach led and driven by the Senior Team of the department, not People and Culture.</p> <p>CLP Work currently in progress: Theatres UHL – Discovery phase completed, analysis compelted<u>completed</u> and reported shared with Senior Team. T. Senior Team meeting with P&C Leads to establish plan for<u>have commenced</u> cascade and engagement of results, and planning of design phase.</p> <p><u>Theatres UHL – currently in discovery phase.</u></p> <p>ALAS in Phase 3/4 (Design and Delivery) Radiology / Radiography – SMT development plan supported by AD of OD, Wellbeing and Culture. To review NHS Wales Staff Survey findings March 2024<u>to identify next steps in</u></p>
--	--	--	--

		<p>March – June 2024</p> <p>April – September 2024</p> <p>March 2024 – March 2025</p> <p>April 2024 – March 2025</p>	<p>cultural-work-Affina Team Coach Journey work starting May 2024.</p> <p>Children and Women CB – 2 x workshops planned for Obstetrics and Gynaecology based on values and behaviours / ways of working taking place 17th May 2024.</p> <p>Outpatients – discovery phase, survey and focus groups completed. Senior Team being supported by ECOD in planning of design phase.</p> <p>Gastro – broader work required. Not currently included in CLP Work.</p> <p>Cardiology cultural work as part of broader improvement work.</p> <p>Culture and Leadership Programme part of overall plan.</p> <p>Initial scoping discussions and launch of discovery phase planned.</p> <p>OD challenges to capacity continue to be discussed. Agreement of organisational priorities re OD support and conversations re capacity ongoing. CLP approach will require different levels of support for areas depending on findings and complexity of required intervention. Work to date demonstrating that the OD support and input required following the discovery phase is more than anticipated. This may reduce the number of areas the team are able to support with CLP.</p> <p>CLP toolkit developed to support CLP in CAVUHB. Programme management approach to ensure consistency, measurements and review, and targeted support.</p> <p>Currently being refined via Medical Illustration Team.</p> <p>People and Culture Team are supporting EU with retention</p>
--	--	--	--

			<p>and wellbeing work. Scoping of programme underway. Head of ECOD and Retention Lead joined retention working group for EU.</p> <p>Member of ECOD Team attending Kirkpatrick Evaluation Programme. Kirkpatrick evaluation being built in to all educational programmes. to ensure consistent approach to evaluation of OD and development programmes.</p> <p>Affina Team Coach Journey Programme underwaycompleted – programme to be utilised for Senior Team development within Radiology to support cultural / team development. HEIW has funded Retention Lead posts across NHS Wales. In February 2024, the Retention and OD Lead commenced their role within the People and Culture Directorate. With an initial focus on supporting the completion of the Retention lead completed the Nurse Retention Self Assessment by the deadline of the 31st March 2024. , the role will develop to adapt and implement the retention toolkit across different roles and departments throughout the UHB Data gathered and toolkit questions to inform priority areas and next steps.</p> <p>Clinical Board Executive Review - monthly reviews continue provide the opportunity to examine workforce and performance data, explore 'noise' in the system, develop effective plans to address issues and to highlight areas of good practice. The CB Triumvirate are linked in via the Heads of People and Culture, and the Executive Director of People and Culture, to guidance, support and advice regarding emerging and/or long-standing cultural concerns</p>
--	--	--	---

<p>1. 2. Equality, Diversity and Inclusion</p> <p>Welsh Language Standards being implemented.</p>	<p>Rachel Gidman</p>	<p>March 2024<u>April 2024 – March 2025</u></p> <p>May 2024</p> <p>May 2024 – August 2024</p> <p>April 2024 – March 2025</p> <p>April – March 20245</p> <p>April 2024 – June 2024</p>	<p>Engagement on the development of the UHB’s Strategic Equality Objectives took place between December 2023 and February 2024. 301 people participated in the engagement through completing the form or joining sessions. <u>Draft SEOs to be presented to P&C Committee and Board, and published by 31st March 2024.</u> <u>The CAVUHB Strategic Equality Plan and Objectives were published on the 31st March 2024 following agreement at Board.</u></p> <p><u>Progress against objectives will be monitored as part of strategic plans, IMTP and People and Culture Plan.</u> Equality Strategy Welsh Language Group reviewed. Draft governance proposal agreed in principle by CEO and Exec Director of P&C. Director of Corporate Governance to confirm next steps. Proposal to be presented to P&C Committee May 2024.</p> <p>A robust translation process is in place supported by 2 Welsh Language Translators and an SLA with Bi-lingual Cardiff. Review of capacity and cost to be completed to compare in-house translation to external to identify and realise potential savings. SLA ends August 2024, review to take place April – May 2024. <u>Review completed, business case to be discussed for future translation requirements.</u></p> <p>The UHB continues to receive and respond to inquiries from the Welsh language Commissioner’s Office, particularly around reception</p>
---	--------------------------	---	---

<p>Inclusion - Nine protected Characteristics</p>		<p><u>April – September 2024</u></p> <p>April 2024</p> <p>April – September 2024</p> <p>April – September 2024</p> <p>April – September 2024</p> <p>March 2024</p>	<p>areas, recruitment and data. To minimise future risk, and identify and monitor key actions required, WL Team working closely with Clinical Boards, and capturing lessons learned and developing <u>plans</u> to minimise future risk.</p> <p><u>To further develop working relationships with the WL Commissioner's Office, a meeting took place in Jan 2024 between the Chair, CEO and ED&P&C and the WL Commissioner. Will take place going forward to enable proactive Regular Regular meetings with the WL Commissioner's office are supporting effective and proactive actions to improve WL compliance across the UHB. tive and productive progress around the UHB's achievement of the WL Standards.</u></p> <p>The Welsh language team are supporting prioritised Clinical Boards to further understand their responsibilities and are taking a stepped approach to this and linking in closely with Directors of Ops.</p> <p>Priorities identified for 2024/25 to support CB in achieving WL Standard compliance through a pragmatic and achievable way. The Equity, Inclusion and Welsh Language Team have secured additional Welsh Language Training for 2024/25, from courtesy to fluency, at no cost from the National Centre for Learning Welsh. The team are working with the Directors of Ops to focus in areas including reception / patient facing areas. All 9 protected characteristics including Welsh language are sponsored by an Executive and an independent member. This approach has also been rolled-</p>
---	--	--	--

		<p>April—June 2024</p>	<p>out across CBs. An ‘Inclusion Ambassador’ pack has been circulated that support in understanding and learning.</p> <p>Training has been identified for mentors to support Inclusion Ambassadors at executive level, however, progress has been slow as the team focus on the Strategic Equality Plan Engagement. Step two will take place after engagement has taken place and a revised SEP published. This will involve identification / nominations for mentors, followed by training.</p> <p>Timing and actions will be informed by SEP feedback and Anti-Racist Action Plan.</p> <p>Existing networks are collaborating to develop the scope and outline of an ‘Ally Network’. Work is progressing slowly due to capacity, including capacity of network members and resources available. On pause while a focus is given to network development.</p> <p>The Anti-Racist Wales Action Plan for CAVUHB has been agreed. Initial priority around data is being implemented with a data campaign and support to complete records on ESR. Slow progress on implementation of the ARAP has been mitigated in the short-term through reallocation of resource within P&C Team until March 2024.. Progress Jan-March has included:</p> <ul style="list-style-type: none"> Review of the action plan Meeting with key stakeholders Re-engagement of leads Scoping exercise around Anti-Racist Training Early stage of communication and engagement plan Resource to effectively deliver the plan longer term remains under review and a potential risk to delivery. <p>Awaiting WRES details from HEIW in terms of dates and</p>
--	--	------------------------	--

			<p>requirements. Data exercises ongoing to support this work when needed.</p> <p>There has been limited work on the LGBTQ+ action plan development due to capacity. Requirements to be revisited following SEP engagement.</p>
Impact Score: 4	Likelihood Score: 1	Target Risk Score:	4 (Moderate)

11. Impact of working in healthcare on Staff Wellbeing in light of sustained high demand – Executive Director of People and Culture

Our employees continue to be exposed to unprecedented levels of demand, change and uncertainty . Evidence indicates that, Healthcare workers are at greater risk of developing mental health problems as a result of an event such as a pandemic in the years following such an event, with estimated recovery time being 5-10 years. The impact of this is unlikely to be experienced equally, with people with existing mental health difficulties and people from Black, Asian and minority ethnic communities among those who are likely to be affected disproportionately.

Risk	There is a risk that staff sickness will increase and staff wellbeing will decrease due to the psychological and physical impact of the pandemic and the pressures now emerging in term of continued high levels of demand, staffing shortages and societal issues such as the cost of living crisis. This, together with limited time to reflect and recover, will increase the risk of burnout in staff.		
Date added:	6 th May 2021		
Cause:	<ul style="list-style-type: none"> • Lack of integration and understanding of importance of wellbeing amongst managers • Impact upon manager wellbeing of balancing staff and service needs • Conflict between demands of service delivery and staff wellbeing • Exposure to psychological impact of increasingly complex and challenging demands of care • Inability to deliver care to required standard due to short staffing (moral injury / moral distress) • Ongoing demands over an extended period of time • Cost of living • Financial climate 		
Impact	<ul style="list-style-type: none"> • Values and behaviours of the UHB will not be displayed due to high pressure environments, and potential for exacerbation of existing poor behaviours • Operating on reduced staff levels in clinical areas due to sickness absence and/or staff shortages • Mental health and wellbeing of staff will decrease, existing MH conditions exacerbated • Clinical errors will increase • Staff morale and productivity will decrease • Job satisfaction and happiness levels will decrease • Increase in sickness levels • Patient experience will decrease • Increased referrals to Occupational Health and Employee Wellbeing Services (EWS) • Increased referrals for higher level psychological support • UHB credibility as an employer of choice may decrease • Potential exacerbation of existing health conditions • Impact on retention (negative) and attraction of staff into healthcare 		
Impact Score: 5	Likelihood Score: 4	Gross Risk Score:	20 (Extreme)
Current Controls	<ul style="list-style-type: none"> • The People and Culture Committee provide more scrutiny and assurance to Board. • People and Culture Plan in place with a robust governance structure monitoring delivery against the agreed priorities. • Monthly Executive Review meetings with Clinical Boards. • Strategic oversight meetings, e.g. NPG, MW Values and behaviour • Provision of in-house People Health and Wellbeing Service enabling self-referral (EWS), and manager referral (Occ Health) • EWS and Recovery College workshops (on-line) • Stress Risk Assessments 		

	<ul style="list-style-type: none"> • Values Based Appraisals including focus on wellbeing • Chaplaincy • Health and Wellbeing Steering group • Development of rapid access to Dermatology • Post traumatic pathway service • Deployment principles to support staff and line managers • Wellbeing and Safety walkabouts • Clinical Board Executive Reviews • Introduction of Culture and Leadership Programme • NHS Wales Staff Survey 2023 – engagement and communication plan 		
Current Assurances	<ul style="list-style-type: none"> • Internal monitoring and KPIs within the OH&EHWS⁽¹⁾ • Wellbeing champions normalising wellbeing discussions⁽¹⁾ • VBA focussing on individual wellbeing and development⁽¹⁾ • Successful retention of the gold (and platinum) Corporate Health Standard awards via the ‘Enhanced Status Checks’ in March 2023 • Substantive funding identified to maintain on a permanent basis the enhanced EWS service from April 2023 • Development of a new and permanent OD Manager - Wellbeing and Engagement role • Taking Care of Carers Audit and Action Plan to become part of Business as usual⁽³⁾ • Internal audit on Staff Wellbeing, Culture and Values (September 2022) Report and implementation of Management Actions⁽³⁾ • Trade unions insight and feedback from employees⁽²⁾ • Working with HEIW as part of the Financial Wellbeing (FWB) task and finish group to develop a FWB strategy for NHS staff in Wales⁽²⁾ 		
Impact Score: 4	Likelihood Score: 3	Net Risk Score:	16 (Extreme)
Gap in Controls	<ul style="list-style-type: none"> • Staff shortages / industrial action leading to movement of staff and high demand for cover • Transparent and timely Communication especially to staff who do not have digital access • Continued increase in manager referrals to Occupational Health • EWS seeing an increase in staff presenting with more complex issues, including a rise in referrals needing a wellbeing check due to the presentation of high risk in the referral • No Colleague Health and Wellbeing Framework 		
Gap in Assurances	<ul style="list-style-type: none"> • Organisational acceptance and approval of wellbeing as an integral part of staff’s working life balanced against demand and flow • Awareness and access of employee wellbeing services, particularly for staff without email / internet access • Clarity of signposting and support for managers and workforce 		
Actions	Lead	By when	Update

<p>1. Commissioning model / whole team approach introduced in People and Culture to ensure managers / teams can request support / advice / guidance and training which is delivered / supported by the most appropriate team / individuals and/or external partners. Includes representation from ECOD, People Services, Wellbeing Services, Equity and Inclusion.</p>	<p>Nicola Bevan and Lisa Franklin</p>	<p>april-may June - Sept 2024 2024</p> <p>April-June - Sept 2024</p> <p>April-June June - Sept 2024</p> <p>May 2024</p> <p>April-June June - Sept 2024</p> <p>March 2024</p> <p>May - August June 2024</p>	<p>Requests are currently being continue to be assessed on an individual basis as <u>the</u> commissioning approach reviewed. Delay in review due to <u>capacity priority focus required elsewhere.</u></p> <p>Requests are being supported where applicable, with involvement from all P&C areas, <u>and other teams (e.g. I&I; Change Hub; Quality and Safety)</u> when necessary.</p> <p>OD <u>Catalogue Academy to be developed alongside educational academies to be developed</u> to outline OD 'offer'. To include tools / techniques to support managers with <u>cultural and</u> team development. This will outline what is available to support many areas, including but not limited to:</p> <ul style="list-style-type: none"> <u>Culture</u> <u>Organisational Design</u> Team Development <u>Team Dynamics</u> Conflict Values and Behaviours Ways of working Wellbeing & Resilience <p>Continued signposting to cost of living support and development of resources in partnership with TU Partners and MaPS.</p> <p><u>Financial wellbeing pathway developed and available for staff on EWS pages.</u></p>
--	---------------------------------------	--	--

		<p><u>April-May</u>– June 2024</p> <p><u>March 2024</u></p>	<p>Financial wellbeing communication plan in <u>development roadshows scheduled</u> for 2024/25.</p> <p>Continued communication of financial wellbeing support, including Wagestream platform and functionality, Wagestream with a focus on support available for all staff regarding financial health / support and savings.</p> <p>H&WB Steering Group <u>meetings continue bi-monthly TORs finalised</u>. Awaiting name of nominated DeDops to co-chair with EDoP&C. Priorities <u>identified and being developed</u> include:</p> <p>Health and Wellbeing Framework <u>development</u> (led by AD of OD, Wellbeing and Culture) - <u>task and finish group taken place, draft framework to completed and engagement to take place (e.g. LPF; SLB; P&C Committee)</u></p> <p>Financial Wellbeing</p> <p>The staff Financial Wellbeing Pathway has been finalised and is available via sharepoint. This includes a ‘one page’ version, and a more detailed version with additional details. Work has started with Communications Team to cascade and signpost. <u>Pathway is currently being translated into Welsh for publication on Sharepoint.</u></p>
--	--	---	---

			<p>Dedicated staff financial wellbeing and Cost of Living web pages available on sharepoint.</p>
<p>2. The People and Culture Team will identify insights from workforce data, including themes emerging from EWS, OH, People Svcs, Culture work and Staff Survey, to shape strategic and operational response to themes / emerging trends. This will also be informed by working in collaboration with Clinical Boards.</p>	<p>Claire Whiles</p>	<p>May 2024 - 2024 <u>Sept 2024</u></p> <p><u>Sept 2024</u></p> <p><u>June 2024</u></p> <p><u>April - May 2024</u></p>	<p>The Health and Wellbeing Steering Group is now established and meet every 2 months. Awaiting nomination of Co-Chair (DoOps) to ensure operational focus. TORs to go to P&C Committee for agreement.</p> <p>The group will meet every 2 months to focus on the development of the H&WB Framework, and to steer the organisation in terms of wellbeing priorities.</p> <p>The group will report to the People and Culture Committee.</p> <p>Conversation with MedTRiM provider has taken place and developing education for 40 practitioners to support team wellbeing on a peer level. This will also include education of 4 MedTRiM 'Managers' to ensure infrastructure of support. Conversation planned with <u>Children</u></p>

		<p>July – September 2024</p> <p><u>April 2024</u></p> <p>Feb – June 2024</p> <p><u>May - August 2024</u></p> <p><u>April – June 2024</u></p> <p><u>February 2024</u></p> <p><u>May - Sept 2024</u></p> <p><u>May Sept 2024</u></p>	<p><u>and Women CB</u> triumvirates to identify appropriate area for development.</p> <p>Support for colleagues experiencing traumatic situations to be reviewed by H&WB Steering Group as part of Framework Development.</p> <p><u>A draft Trauma Pathway and Trauma Flowchart have been developed and members of the EWS team are receiving training provided by the Traumatic Stress Service (SPRING) as well as Interpersonal Psychotherapy (IPT) for Depression and relationships.</u></p> <p><u>MHCB proposing trial of CISS and TIM, more detail required and meetings planned for April 2024.</u></p> <p><u>Review of use</u> Use of Sustaining Resilience at Work Practitioner (StRaW) approach within C&W CB to be <u>reviewed</u><u>continued to encourage Peer Support mechanisms.</u></p> <p>StRaW Practitioners meeting reinstated within C&W CB, P&C supporting.</p> <p>‘My Health Passport’ launched in November 2023. Engagement and communication has commenced throughout UHB , to include ongoing evaluation. <u>U</u>tilising existing ‘touch points’ such as Induction, VBAs,</p>
--	--	--	---

Management Development, MAAW. [A series of 'awareness raising' roadshows will run throughout the organisation during the Summer of 2024 with a view to evaluate any feedback received since its implementation.](#)

Recent measles outbreak in Cardiff has resulted in the Welsh Government instructing Health Boards to undertake an audit of MMR status of staff based in high risk areas. Information completed and provided.

Immunisation reviews are undertaken routinely as part of the pre-employment process and MMR vaccinations offered where indicated. [MMR Project Group established involving Public Health Team and Occupational Health.](#) [NHS Wales Staff Survey results for UHB received and shared March 2024.](#) [Issues with survey provider has led to delays in receiving further data for local analysis at a more granular level \(e.g. directorate\).](#)

[Dashboard shared by HEIW 30th April 2024.](#) [Functionality currently being reviewed to understand level of analysis available, and capabilities required to undertake analysis.](#)

[Aim to share directorate level results by end of](#)

			<p>May 2024. P&C Team so support clinical boards in both understanding, interpreting and engaging colleagues in the results, and taking action to make improvements or amplify successes.</p> <p>Colleague Staff Survey working group advertised March 2024, over 30 colleagues have shown an interest and initial meeting planned for 7th June 2024. This will facilitate a co-productive and pro-active approach.</p>
<p>3. Enhance communication methods across UHB</p> <ul style="list-style-type: none"> - Social media platform - Regularity and accessibility of information and resources - Improve website navigation and resources 	<p>Nicola Bevan</p>	<p>march – June June - Sept 2024 2024</p> <p>April 2024 – March 2025</p> <p>March 2024 – March 2025</p> <p>March – June 2024</p>	<p>A variety of communication models including Twitter accounts, screen savers, ESR messaging are being utilised to share Wellbeing updates across the UHB.</p> <p>An EWS focus week is planned for Sep 2024 to raise awareness on the range of services available and how to access them as well as an opportunity to meet team members and hear about the service developments and priorities for the future</p> <p>A 12-month communication plan has been developed to ensure that wellbeing topics are covered throughout the year P&C Team and the Communications Team have developed a People and Culture communication and</p>

		<p>March – May 2024</p> <p><u>May - Sept 2024</u></p> <p>March 2024</p>	<p>Engagement Plan. This has been presented to P&C Committee Nov 2023 and is now in place.</p> <p>Wagestream was implemented in August 2023. This platform provides financial education and guidance, along with the ability for staff working additional hours as over-time / bank to draw down payment on a weekly basis, supporting staff during the cost of living challenges, and reducing reliance on agency workers. As of 13th March 2024, 1532 employees have signed up, 29 awaiting enrolment, and 191 have started a savings (build) pot.</p> <p>Further engagement work is planned for 2024 focusing on the financial education, support and savings functionality available to all staff and to highlight benefits available.</p> <p><u>The NHS Wales Staff Survey closed in November 2023. The response rate for the UHB has been confirmed as 21.42%. HEIW have shared initial findings with the UHB, which includes the overarching results and the results for NHS Wales as a whole. These have been shared with</u></p>
--	--	---	---

			<p>Senior Leadership Board, Trade Union Partners and will be communicated to colleagues in March 2024.</p> <p>More detailed results at directorate level will be made available in April 2024, currently no specific date available. Following receipt of the results, analysis will be undertaken and the results shared with P&C Committee, SLB, Board, LPP and colleagues. An engagement and action plan will be developed to engage and involve colleagues across the UHB. HEIW to provide training to enable further analysis of results in March 2024. Delegates have been identified to support local analysis. Analysis of survey will inform actions into 2024/25. P&C Team so support CB understanding and communication.</p>
<p>4. Training and education of management</p> <ul style="list-style-type: none"> - Integrate wellbeing into all parts of the employment cycle (recruitment, induction, training and ongoing career) - Enhance training and education courses and support for new and existing managers 	<p>Claire Whiles</p>	<p>April <u>June</u> - <u>Sept</u> 2024</p>	<p>ECOD initial review of management development programmes phase 1 completed.</p> <p><u>Compassionate Leadership Principles embedded in programmes and resultant revised programmes and master-classes have been launched.</u></p> <p><u>Next steps to support Leaders and Managers include:</u></p> <p><u>Launch of educational academies including</u></p>

		<p>March 2024 May - Sept 2024</p> <p>April - July May Sept 2024</p> <p>May - Sept 2024</p> <p>April – June 2024</p> <p>May - Sept 2024</p>	<p>Leadership & Management; Coaching and Mentoring; OD</p> <p>Development of principles</p> <p>Training needs analysis</p> <p>ECOD Manager, Wellbeing and Engagement supporting management development delivery to ensure focus on wellbeing of manager and teams.</p> <p>Wellbeing sessions are also included on the following programmes: Internationally Educated Nurse’s Programme; Assistant Practitioner Programme; HCSW Induction and Nursing and Midwifery Preceptorship programmes.</p> <p>Induction sessions supported by Employee Wellbeing Service and continues to include a 1 hour session on Values and Behaviours led by the CEO and DoP&C</p> <p>Development of Health and Wellbeing Framework will support and inform leadership development ‘dom- through identification of H&WB through through identification of H&WB ‘domains’, evaluation and metrics.</p> <p>HEIW supported post, Senior Manager for Retention and OD, now fully operational within the UHB. Current focus</p>
--	--	---	--

			<p><u>on completing the Nursing Retention Organisational Self-Assessment for the deadline of completed by deadline of 31st March. Working with key stakeholders across the UHB, developing networks and influence to support retention across the UHB.</u></p> <p><u>TORs for Retention Programme Board and Implementation Group in draft for approval. Groups to be established quarter 2 2024/25.</u></p> <p><u>Outline of leadership and management development currently offered has been pulled together to inform next steps conversations with SLB, P&C Committee, LPP and Board.</u></p> <p>Financial Wellbeing (FWB) lead has worked with P&C leads to ensure Financial Wellbeing is built into moments that matter including staff induction.</p>
<p>5. Wellbeing interventions and resources to be evidence based, targeted, reviewed and evaluated.</p>	<p>Claire Whiles</p>	<p><u>April 2024</u> <u>May - Sept 2024</u></p> <p><u>May 2024</u></p>	<p><u>EWS metrics reviewed and an inventory of future data reports agreed. Recruitment to a vacant post has enabled capacity to focus on the development of dashboard reports. Team currently attending 'Power BI' training to improve capability in this area.</u></p> <p><u>The Annual EWS report completed for 2023 to demonstrate demand,</u></p>

			<p><u>response, themes and developments.</u></p> <p><u>2023/24 has seen positive results in terms of:</u></p> <p><u>Counselling waiting times reductions</u></p> <p><u>Improvements in staff returning to work following intervention</u></p> <p><u>Improved clinical indicators</u></p> <p><u>Introduction of a stepped care approach</u></p> <p><u>Reporting developments</u></p> <p><u>Improved management of high risk referrals</u></p> <p><u>Currently reviewing purchase and implementation of OPASG2 within EWS to support improved user experience and reporting functionality.</u></p>
		May 2024	
		April 2024	<p><u>Work on evaluation metrics continues to be limited due to capacity within team following a staff member leaving and inability to recruit to role.</u></p>
		May - Sept 2024	<p><u>EWS producing review of 2023 to go to P&C Committee in May 2024.</u></p>
		January 2024	<p><u>EWS has linked in with Deputy Director of Therapies regarding dashboard development.</u></p>
		April 2024	<p><u>Requirement to identify skill development support in this area— linking in with Digital Service and HEIW.</u></p> <p><u>Dashboard development currently on hold due to</u></p>

		<p>Feb 2024</p> <p>May 2024</p> <p>April 2024</p>	<p>team capacity and capability (see above). This poses a risk in terms of identifying an effective means of monitoring, evaluation and planning of all wellbeing services and interventions.</p> <p>Potential opportunity in 2024 to utilise new Occupational Health database to support EWS and provide an improved and effective referral and appointment system for colleagues. This would also enable report production and analysis of use. This will come with an annual cost, paper developed to present proposal to Exec Director of P&C in first instance.</p> <p>Assistant Director of OD, Wellbeing and Culture to lead development of the H&WB Framework with support from the Health and Wellbeing Steering Group. Work to commence Feb 2024.</p> <p><u>Schwartz Rounds continue to be held across the UHB, feedback received in relation to the webpages and staff information, minor changes to be made. Aim to go 'live' within May 2024.</u></p> <p><u>Feedback data to be evaluated by end of June.</u></p>
--	--	---	--

PID to be completed by end of May 2024

Day 2 training of facilitators held 25th April, 2 more facilitators to be trained taking the total to 18.

An All Wales network with colleagues from BCUHB, ABUHB and HEIW has been set up to share best practices, lessons learnt and hold joint training opportunities where possible.

Looking to review and refresh the Steering Committee membership and how story tellers are recruited.

Plans to hold 3 COVID focused sessions during 2024.

~~Schwartz Rounds Steering Group and facilitator network has been established. Programme for 2024/25 has been set and communication of dates has commenced across the UHB.~~

~~Sharepoint page of information around Schwartz Rounds, dates, venues and how to get involved has been drafted, currently in final review before being published in April 2024.~~

~~The January 2024 round was held on-line, under the theme: Against All Odds. Over 70 people~~

~~attended and feedback from the session was very positive.~~

Schwartz Round
Administrator role – currently no capacity to fill role. Risk re Schwartz Round Administrator role – currently not assigned.

Organisational approach to Cultural Assessment approved November 2023.

Cultural Assessment work currently being prioritised by Executive Team to support priority areas. (Please see previous BAF for details of priority areas to date.)

This will require collaborative working across P&C Team and CBs, including TU partners.

Range of Financial Wellbeing (FWB) resources available to staff via the dedicated FWB webpages with several links to the other recognised resources such as: Money Helper, Cardiff Credit Union, Stop Loan Sharks Wales and many more. Financial Wellbeing action plan to be presented to H&WB Steering Group May 2024.

[The Corporate Health Standard has now been closed in Wales and is no longer in operation. The CHS Awards previously achieved by CAVUHB](#)

			<p><u>(Gold and Platinum) came to a close in April 2024. The UHB can no longer use the logos as the programme has been disestablished. The UHB will continue to access the range of support materials and resources provided by Healthy Working Wales, and continues to be an active member of the All Wales H&WB Network.</u></p>
<p>Impact Score: 5</p>	<p>Likelihood Score: 1</p>	<p>Target Risk Score:</p>	<p>5 (Moderate)</p>

12. Capital Assets (Estates, IT Infrastructure, Medical Devices) – Executive Director of Strategic Planning

The UHB delivers services from many buildings across Cardiff and the Vale of Glamorgan, from health centres to the Tertiary Centre at UHW. All NHS organisations have statutory responsibilities to manage their assets effectively: an up to date estate strategy is evidence of the management of the estate. The IT SOP sets out priorities for the next five years and Medical Equipment is replaced based on a prioritised list.

Risk Date added: 12.11.2018	There is a risk that the condition and suitability of the UHB estate, IT infrastructure and Medical Equipment impacts on the delivery of safe, effective and prudent health care for the patients of Cardiff and Vale UHB. The condition of facilities within our main hospitals and some community facilities are impacting on our ability to continue to provide the full range of services, and provide the new treatments WHSC would like to commission from us. This is as a result of insufficient funding and resource to bring the estate up to the required condition in a timely way.		
Cause	<ul style="list-style-type: none"> • Significant proportion of the estate is over-crowded, not suitable for the function it performs, or falls below condition B (assessed regularly on an all-Wales basis by NHS Shared Services Partnership). • Investment in replacing facilities and proactively maintaining the estate has not kept up the requirements, with compliance and urgent service pressures being prioritised. • Lack of investment in IT also means that opportunities to provide services in new and efficient ways are not always possible and core infrastructure upgrading is behind schedule. • Insufficient resource to provide a timely replacement programme, or meet needs for small equipment replacement • Lack of timely decisions regarding the development of strategic business cases required to address the significant estates challenges we face. 		
Impact	<ul style="list-style-type: none"> • The health board is not able to always provide services in an optimal way, leading to increased inefficiencies and costs. • Service provision is regularly interrupted by estates issues and failures. • Patient safety and experience is sometimes adversely impacted. • IT infrastructure not upgraded as timely as required increasing operational continuity and increasing cyber security risk • Medical equipment replaced in a risk priority order where possible, insufficient resource for new equipment or timely replacement • Staff facilities needed to support good staff wellbeing are inadequate in many areas. 		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	<ul style="list-style-type: none"> • Estates strategic plan in place which sets out how over the next ten years, plans will be implemented to secure estate which is fit for purpose, efficient and is 'future-proofed' as much as possible, recognising that advances in medical treatments and therapies are accelerating. This is being updated. • Statutory compliance estates programme in place – including legionella proactive actions, and time safety management actions. • The strategic plan sets out the key actions required in the short, medium and long term to ensure provision of appropriate estates infrastructure. • The annual capital programme is prioritised based on risk and the services requirements set out in the IMTP/annual plan, with regular oversight of the programme of discretionary and major capital programmes. The 2024/25 Capital Plan will be submitted for Board with the IMTP • Medical Equipment prioritisation is managed through the Medical Equipment Group and there is a process in place for rapid decision making if there is a urgent need to replace a piece of equipment. This part of the Capital Management Group agenda. • Business Case performance monitored through Capital Management Group every month and Finance & Performance Committee at each meeting, every month. 		

- Welsh Government has asked all NHS organisations to provide a prioritised capital programme using a weighting framework developed by the Infrastructure Investment Board. The submission date is 31st March 2024. The Health Board's submission has been scrutinised and approved through the interval governance mechanisms and is coming to the Board on 28th March for oversight.
- Discussion with Welsh Government regarding the Shaping Our Future Acute Hospital Programme Business Case is ongoing. We presented to a special Infrastructure Investment Board prior to Christmas where there was agreement to progress testing of options, including a phased approach to developing on the current UHW site. The scope of this work, which is being led jointly with Cardiff University, is currently being finalised for approval by Welsh Government.
- In accordance with the prioritised plan the Board approved and submitted to Welsh Government the Tertiary Tower Business Case and the Vascular MTC Theatres Business Case. The Tertiary Tower Electrical Supply business case was approved by Welsh Government and the capital works is progressing. This will remove a single point of failure in the electrical system and provide greater resilience. The Vascular MTC Theatres business case is currently being updated to reflect that the original equipment supplier has withdrawn. A new supplier has been identified but the financial case will need to be updated to reflect the preferred solution, and any changes to costs due to the passage of time since the business case was originally approved. The business case for the BMT, haematology, complex cancer and cancer research hub has been submitted to Welsh Government and a team made up of the three partners (Cardiff University, Velindre NHS Trust and Cardiff and Vale Health Board).
- Welsh Government has also provided funding to enable the demolition of the Links Building at CRI which presented a health and safety risk. Additional car parking will be provided temporarily on the space created whilst the longer-term plan (subject to business case approval) for the Health and Wellbeing Centre at CRI comes to fruition.

Current Assurances

- The estates and capital team is in constant dialogue with WG and continues to present business cases to secure the necessary capital to address the major short/medium term service estates issues. This has proven successful in the closing months of the financial year. A significant amount of end of year funding has been secured, as in previous years, and this has enabled capital investment in critical digital infrastructure in particular.
- The statutory compliance areas are monitored every month in the Capital Management Group to ensure that the key areas of risk are prioritised and reporting of estates risks to the Health and Safety Committee has been strengthened⁽¹⁾
- The Executive Director of Strategic Planning and the Director of Capital, Facilities and Estates meet regularly with the Welsh Government Capital Team to review the capital programme and discuss the service risks⁽³⁾.
- Regular reporting on capital programme and risks to Capital Management, Management Executive and Finance & Performance Committee^{(1) (2)}
- IT risk register regularly updated and shared with DHCW⁽²⁾
- Health Care Standard completed annually⁽³⁾
- Medical equipment risk registers developed and managed by Clinical Boards, reviewed at UHB medical equipment group^{(1) (2)}
- Finance and Performance Committee continue to oversee the delivery of the Capital Programme⁽¹⁾
- Timely decision making in relation to the Shaping Our Future Hospitals Strategic Outline Case⁽³⁾

Impact Score: 5	Likelihood Score: 4	Net Risk Score:	20 (Extreme)
---------------------------	----------------------------	------------------------	---------------------

Gap in Controls

- The current annual discretionary capital funding is not enough to cover all of the priorities identified through the risk assessment and IMTP process for the estate and digital infrastructure and medical equipment replacement services which requires the need to prioritise investment and resource allocation based on assessed level of risk and alignment with strategy and IMTP priorities.

<ul style="list-style-type: none"> • In year requirements further impact and require the annual capital programme to be re-prioritised regularly. • Traceability of Medical Equipment • The Welsh Government current capital position is very compromised due to size of budget compared with estimated need which will impact significantly on the Capital Programme of the UHB. Not all business cases in the Welsh Government capital plan will be deliverable and the UHB needs to be mindful of the potential reputational risk of delays between OBC and FBC approvals with supply chain partners. 				
Gap in Assurances		<ul style="list-style-type: none"> • The regular statutory compliance surveys identify remedial works that are required urgently, for which there is no discretionary capital funding identified, requiring the annual plan to be re-prioritised, or the contingency fund to be used. • Medical equipment is also subject to regulatory requirements, and therefore requires re-prioritisation during the year. • Despite the substantial end of year capital, the recurrent position remains unchanged. • Full condition surveys of all buildings have not been carried out so not possible to fully understand the condition of the estate. 		
Actions		Lead	By when	Update
1. In order to carry out a review of the Estates Strategy, a scoping exercise is underway to ensure an accurate picture of current Estates and Infrastructure matters.		Catherine Phillips	Ongoing	An update on tis work was presented to People and Culture Committee and Board in Mar24.
2. The Health Board continues to prioritise the use of the discretionary capital budget to target small priority schemes.		Catherine Phillips.	31.03.24	This continues with discretionary capital. Prioritised plan is signed off by CMG and SLB and Board.
3. An acute infrastructure group is overseeing the short – medium term priorities and a programme of work is progressing Shaping Our Future in the Community Programme Board oversees the capital infrastructure requirements for community based care and a prioritised business case pipeline is in place. This work dovetails with the RPB 10 year capital plan and the Cardiff PSB Asset Management Group.		Marie Davies	31.03.24	The group continues to meet to oversee the priorities and development of a number of business cases that have been prioritised to ensure they progress in a timely way to address significant infrastructure risks.
Impact Score: 5	Likelihood Score: 2	Target Risk Score:		10 (high)

13. Risk of Delivery of IMTP 23-26 – Executive Director of Strategic Planning

Due to the financial and operational challenges we are facing, final plan which was approved by the Board on 30th March 2023 and submitted to WG was an annual plan rather than a full Integrated Medium-Term Plan. The plan set out service delivery proposals reflecting the ministerial priorities, the next milestones in the delivery of our strategy and the financial recovery that will be delivered over the next three years. Further work was requested, and additional information was provided to WG in May 2023. Due to the financial deficit facing NHS in Wales (including C&V UHB) further work was required to look at options for reducing the deficit beyond the position set out in the annual plan. Additional WG funding supporting COVID consequential costs, energy pressures and exceptional non pay inflation have supported the organisation in reducing the 2023/24 deficit control total to £16.5m

Risk	There is a risk that the Health Board will fail to deliver the commitments set out in the 23/24 Annual Plan both in terms of service and financial commitments. The plan does not achieve overall financial balance in 2023/2024.		
Date added:	May 22 (updated for 2023/24 in May 23)		
Cause	Challenging targets have been set for the Health Board in respect of planned care recovery. Detailed and stretching plans have been developed which the Health Board is committed to delivering but, at this stage the Health Board is not able to achieve all planned care targets for 2023/24. The financial recovery plan is challenging to deliver, with stretching targets for sustainably improving our overarching financial position. Whilst we are committed to deliver the actions set out in the plan, there may be dependencies of external factors which impact on our delivery – including constraints relating to funding – capital and revenue, workforce and speed with which we can implement the necessary gearing up to increase capacity.		
Impact	A plan that does not fully meet the requirements for an IMTP is categorised as an annual plan set within a three-year context. The failure to have in place a fully compliant plan could result in the Health Board being escalated to the next level of the performance and escalation framework, which could bring with its reputational loss and increased scrutiny by WG. If we are not able to deliver all of the actions set out in our plan, our planned care recovery could take longer to deliver for the populations we serve and quality of care and patient experience could be impacted.		
Impact Score: 5	Likelihood Score: 4	Gross Risk Score:	20 (Extreme)
Current Controls	An Operational Plan Delivery structure has been established to drive the delivery of the Planned Care Plan and the Emergency and Urgent Care Improvement Plan and the cancer pathway improvement targets received Welsh Government Planned Care Recovery Fund monies based on bids submitted supporting plans to improve our waiting times position in line with ministerial priorities. The Performance and Escalation Framework for Clinical Boards has been re-introduced to hold CBs to account for delivering their respective service and financial plans. A process is being established to ensure a programme approach to delivery of the actions within the financial recovery plan. Senior management and oversight arrangements has been strengthened, monthly review meetings are held with each clinical board meetings with Clinical Boards and a series of summits have been led by the Chief Operating Officer to focus on focus on delivery ‘hotspots’ such as stroke. These are leading to improvement plans, and the improved performance is tracked through the Integrated Performance Report that goes to the Finance and Performance Committee and the Board.		
Current Assurances	Financial performance is a standing agenda item monthly on Senior Leadership Board with escalation to Management Executives Meeting ⁽¹⁾ .		

In addition to this a Sustainability Board has been established to oversee the delivery of the financial plan. The financial position is reviewed by the Finance and Performance Committee which meets monthly and reports into the Board. ⁽¹⁾

The Board receives a financial update report from the Executive Director of Finance at each of its meetings. ⁽¹⁾

Welsh Government are fully engaged and have been briefed on the Health Board's position. ⁽³⁾

Service delivery performance is tracked through the structures established to oversee planned care recovery and the improvement in emergency and urgent care, with regular reporting into ME and Board on progress. ⁽¹⁾ WG also holds monthly Integrated Planning, Quality and Delivery Review meetings with the health board to track progress. ⁽³⁾

Improvement trajectories are being updated quarterly to ensure they remain on track to deliver the agreed targets. ⁽¹⁾

Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (Extreme)
Gap in Controls	Whilst delivery plans are in place for all elements of the plan, operational issues impact delivery – for example the impact of junior doctors' strike on planned care activity. Increasing delayed transfers of care (which previously been improving).		
Gap in Assurances	The assurances on delivery are reported to the Board and subcommittees of the Board.		
Actions	Lead	By when	Update
1. Ensure detailed plan with programme to drive delivery of financial recovery plan	Catherine Phillips	31/12/23	Detailed Plan and supporting information discussed extensively in Board and provided to WG. Additional oversight arrangements now well established to ensure delivery including Sustainability Programme Board chaired by the Chief Executive.
2. Provide quarterly progress report – including mitigating actions, to the Board for scrutiny. Development of the Integrated Performance Report provides assurance on Ministerial Priorities	Marie Davies	Ongoing	Quarterly Annual Progress reports are presented to the Board alongside the Integrated Performance Report.
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (High)

14. Financial Sustainability – Executive Director of Finance

Across Wales, Health Boards and Trusts set out plans to manage their financial pressures by driving out inefficiencies, while at the same time looking to derive greater value from their resources through innovative ways of working and practicing Prudent and Value Based Healthcare. The deficit plan submitted for 2022/23 was not achieved and has contributed to a worsened financial outlook for 2023/24. Welsh Government Covid-19 funding and unprecedented inflationary pressures funding has supported the financial position reducing the deficit control total to £16.5m.

Risk Date added: 01.04.2022 (updated May 2023)	There is a risk that the organisation will continue to breach its statutory financial duties by being unable to produce a balanced three-year plan.		
Cause	The UHB has to manage its operational budget, including the remaining Covid consequential impact and deliver planned savings on a sustainable recurrent basis.		
Impact	Breach of statutory duties, escalation. Unable to deliver a balanced year-end financial position. Reputational loss.		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	Additional expenditure is being authorised within the governance structure and the UHB Scheme of Delegation. Financial Plan submitted to Welsh Government 30 th March 2023 explaining inability to deliver financial balance over the three-year period 2023-2026. Themed Savings programme managed through fortnightly Sustainability board chaired by CEO aligned to the National Value and Sustainability Board		
Current Assurances	The financial position is reviewed by the Finance & Performance Committee which meets monthly and reports into the Board (1) Financial performance is a standing agenda item monthly on Senior Leadership Board with escalation to Management Executives Meeting (1) Financial performance is monitored by the Management Executive (1). Assurance from internal audit annual review of core financial controls including budgeting and planning. Sustainability Programme Board in place, chaired by the Chief Executive.		
Impact Score: 5	Likelihood Score: 5	Net Risk Score:	25 (Extreme)
Gap in Controls	No gaps currently identified.		
Gap in Assurances	None identified.		
Actions	Lead	By when	Update
1. The organisation has identified 100% of the 2023/24 £32m savings target at the end of December	Catherine Phillips	31/12/23	Further schemes are being progressed to improve the expenditure run rate entering 2024/25.
2. A 24/25 Savings Plan is required. Work will be carried out across the organisation and coalesced at the fortnightly sustainability programme board (SPB) and reported to Finance and Planning Committee.	Catherine Phillips/ Paul Bostock	Ongoing	SPB continues to meet with key foci including workforce, medicines management, length of stay and procurement.
Impact Score: 3	Likelihood Score: 5	Target Risk Score:	15 (Extreme)

15. Digital Strategy and Roadmap – Director of Digital & Health Intelligence

CAV UHB board approved a five-year Digital Strategy in 2020 which set out the vision for supporting the organisation, from a digital and data perspective, for the period 2020-2025. Development of the strategy was clinically led and was designed to support the UHB's Shaping our Futures' strategic programmes. To realise the benefits contained with the accompanying roadmap, which sets out what we will do and when, requires significant additional investment to bring the organisation up to a level of digital maturity that can support our agreed strategic objectives.

Risk	There is a risk that the Digital Strategy and Roadmap will not be implemented, due to lack of resources, resulting in a deficit in infrastructure, applications and informatics capability.		
Date added:	04.10.22 updated 12.09.23 updated 12.02.24		
Cause	CAVUHB IT and digital services are known to have been historically underfunded resulting in a significant legacy deficit in infrastructure, applications and informatics capability that has built up over at least a decade (our PMS and the core module that sit on top for UEC, inpatients and outpatients were built c20 years ago). Colleagues need mobile, scalable, agile solutions which are unachievable whilst we are locked into legacy. There are some programmes and plans identified to rectify these issues however they are unachievable with the current resource allocation		
Impact	<p>We have capability in human resources but lack capacity for planning, management and execution of the activities needed to deliver the digital strategy and roadmap. Just to produce the case(s) for change requires capacity we do not have in the current circumstance</p> <p>Delivery on digital maturity would give capability to colleagues that will reduce inefficiency, release clinical time to care, improve safe practice, allow near real time data to be available to support clinical decision making at the point of care by moving from paper and analogue means of capturing and recording information to digital means where data flows seamlessly between settings</p> <p>Recruitment remains a challenge requiring the use of interim agency support in key areas.</p> <p>Existing resources are consumed with tactical short-term fixes given the legacy so we are unable to prioritise those activities that take us forward – we don't have enough people and we don't have enough money to make the changes we want and need to see.</p> <p>There is a risk that the financial savings and improved staff and patient experience expected from the Digital Roadmap plans will not be fully realised, due to the lack of resources, resulting in a deficit in IT infrastructure, applications and informatics capability and consequential adverse impacts.</p>		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	<ul style="list-style-type: none"> Digital strategy approved by Board in 20/21 with roadmap for 21/22/23 Roadmap to support the strategy shared with DHIC covering 2024/27 Digital components described in IMTP Some additional funding secured via the Business Case Advisory Group IT infrastructure priorities developed and set out for 2022-2025 		
Current Assurances	<ul style="list-style-type: none"> D & HI have a number of business cases in development which require revenue investment ⁽¹⁾ Risk register articulates the risks of not being able to deliver digital solutions to support delivery of healthcare ⁽¹⁾ Internal audit report highlights the risk in delivering digital strategy citing the investment challenges that will prevent full implementation. 		
Impact Score: 5	Likelihood Score: 4	Net Risk Score:	20 (Extreme)
Gap in Controls	<ul style="list-style-type: none"> Current annual discretionary funding is insufficient to cover the maintenance upkeep of the core infrastructure. 		

Gap in Assurances				• Unable to currently provide assurance that the finance will be provided
Actions		Lead	By when	Update
1.				
2.				
3.				
Impact Score: 5	Likelihood Score: 4	Target Risk Score:	20 (Extreme)	

Key:

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