

## Bundle Board Meeting 28 March 2019

### Agenda attachments

00 - Agenda 28 March 2019 v3.docx

- 0.0.0 Feedback from Canterbury Visit  
*Presentation*
- 1 Welcome and Introductions  
*Maria Battle*
- 2 Apologies for Absence  
*Maria Battle*
- 3 Declarations of Interest  
*Maria Battle*
- 4 Minutes of the Committee Meeting held on 31 January 2019  
*Maria Battle*
  - 4 Public Minutes 31st January v3.NF.docx
- 5 Action Log - 31 January 2019  
*Maria Battle*
  - 5 - Board Action Log 31st January v2.NF.docx
- 6 Chairs Action taken since last meeting  
*Maria Battle*
- 7 ITEMS FOR REVIEW AND ASSURANCE
  - 7.1 Chairs Report  
*Maria Battle*
    - 7.1 Chair's Report Mar 2019.docx
  - 7.2 Chief Executive Report  
*Len Richards*
    - 7.2 CEO Report MAR 2019.docx
  - 7.3 Quality Safety and Experience Report  
*Ruth Walker*
    - 7.3 Integrated Board Report for 29.03.19 - V8 RW FINAL.docx
  - 7.4 Performance Report  
*Sharon Hopkins*
    - 7.4 - Board Report - Performance March 2019.docx
    - 7.4.1 - Board Report - Performance March 2019 - Appendix A.docx
  - 7.5 Board Assurance Framework  
*Nicola Foreman*
    - 7.5 Board Assurance Framework covering report.docx
    - 7.5.1 - BOARD ASSURANCE FRAMEWORK (MAR 19).docx
  - 7.6 Cancer Performance  
*Caroline Bird*
    - 7.6 2019-03 Cancer Performance report for Board.docx
  - 7.7 Cluster IG Framework  
*Chris Darling*
    - 7.7 CV UHB Board Report IG Cluster Framework Rpt v2 07.03.19.docx
  - 7.8 Winter Resilience Programme  
    - 7.8 - Winter Resilience Programme.docx
- 8 ITEMS FOR APPROVAL / RATIFICATION
  - 8.1 Annual Review of Standing Orders 2019 & Compliance Report  
*Nicola Foreman*

- 8.1 Covering Paper for Annual Review of Standing Orders.docx
  - 8.1.1 Annual Review of Standing Orders.pdf
- 8.2 Committee Terms of Reference and Work Plans for 2019 - 20  
*Nicola Foreman*
  - 8.3 - final cover paper paper for terms of reference and work programmes - nf.docx
  - 8.3.1 - TERMS OF REFERENCE AND WORKPLANS FOR COMMITTEES OF THE BOARD.docx
- 8.3 Report of the Director of Corporate Governance  
*Nicola Foreman*
  - 8.3 Report of the Director of Governance.docx
  - 8.3.1 Appendix 1 to Report of the Director of Governance.docx
- 8.4 Annual Report of the Director of Public Health  
*Fiona Kinghorn*
  - 8.5 - Annual Report of Director of Public Health.docx
- 8.5 UHB Research and Development - Strategy Implementation Plan  
*Graham Shortland*
  - 8.6 - RD Implementation Plan Board paper March 2019.docx
- 8.6 COMMITTEE MINUTES
- 8.6.1 Audit Committee - December 2018  
*John Union*
  - 8.6.1 Audit Minutes Public December v4.docx
- 8.6.2 Mental Health Legislation Committee - October 2018  
*Charles Janczewski*
  - 8.6.2 Mental Health Minutes October 2018 Final.docx
- 8.6.3 Quality, Safety and Experience Committee - January 2019  
*Susan Elsmore*
  - 8.6.3 QSE Minutes December v3.docx
- 8.6.4 Finance Committee - January 2019  
*John Antoniazzi*
  - 8.6.4 Confirmed Minutes Finance Committee 3rd January 2019 v2.docx
- 8.6.5 Strategy and Delivery Committee - January 2019  
*Charles Janczewski*
  - 8.6.5 S&D Minutes Jan 2019.docx
- 8.6.6 Charitable Funds Committee - December 2018  
*Akmal Hanuk*
  - 8.6.6 Charitable Funds Minutes 11 December 2018 v3.docx
- 8.7 ADVISORY GROUP MINUTES
- 8.7.1 Stakeholder Reference Group - January 2019  
*Richard Thomas*
  - 8.6.7 Stakeholder Ref Group Minutes 24 January 2019.docx
- 8.7.2 Local Partnership Forum - February 2019  
*Martin Driscoll*
  - 8.6.8 Local Partnership Forum minutes 10 December 2018.docx
- 9 ITEMS FOR NOTING AND INFORMATION
- 9.1 Wales Audit Office Structured Assessment 2018/19
  - 9.1 - CVUHB Structured Assessment report 2018 (1).pdf
- 9.2 Wales Audit Office Annual Report 2018
  - 9.2 - CVUHB\_Annual\_Audit\_Report\_2018\_Final.pdf
- 9.3 Public Accounts Committee - Closure Report
  - 9.3 Public Accounts Committee - closure report.docx
  - 9.3.1 Public Accounts Committee Action Plan.doc
- 9.4 REPORTS FROM COMMITTEE AND ADVISORY GROUP CHAIRS SINCE JANUARY TO BRING TO THE ATTENTION OF THE BOARD:
- 9.4.1 Audit Committee - Chair's Report February 2019

*John Union*

9.4.1 Chair Report Audit Committee March 2019.docx

9.4.1.1 AC Annual Report - append to AC Chair's Report.docx

9.4.2 Mental Health Legislation Committee - Chair's Report February 2019

*Charles Janczewski*

9.4.2 - MHCLC - Chair's Report.docx

9.4.2.1 Annual Report Committee MHCLC.docx

9.4.3 Quality, Safety and Experience Committee - Chair's Report February 2019

*Susan Elsmore*

9.4.3 - Quality Safety and Experience Chair's Report.docx

9.4.3.1 QSE Committee Annual Report.docx

9.4.4 Finance Committee - Chair's Report February 2019

*John Antoniazzi*

9.4.4 Finance Committee Chair's Report.docx

9.4.4.1 - Finance Committee Annual Report (2).docx

9.4.5 Strategy and Delivery Committee - Chair's Report March 2019

*Charles Janczewski*

9.4.5 Strategy and Delivery Chair's Report.docx

9.4.5.1 S&D Committee Annual Report.docx

9.4.6 Charitable Funds Committee - Chair's Report March 2019

*Akmal Hanuk*

9.4.6 Charitable Funds Committee Annual Report - covering report (1).docx

9.4.6.1 - Charitable Funds Committee Annual Report.docx

9.4.7 Health and Safety Committee - Chair's Report

*Michael Imperato*

9.4.7 - Health and Safety Committee Report.docx

9.4.8 Stakeholder Reference Group - Chair's Report March 2019

*Richard Thomas*

9.4.8 Chairs Report SRG.docx

9.4.9 Local Partnership Forum - Chair's Report February 2019

*Martin Driscoll*

9.4.9 - LPF Chair's Report( Feb 2019).docx

9.4.9.1 - App 1 LPF Work Programme 2019-20.docx

10 AGENDA FOR PRIVATE MEETING

10.1 Costs and Savings of Woodland House

10.2 New Dialysis Unit Name

10.3 Out of Hours / Hospital at Night

11 REVIEW OF MEETING

12 DATE AND TIME OF NEXT MEETING:

*Thursday, 30 May 2019 at 1pm Boardroom, Llandough Hospital*

**CARDIFF AND VALE UNIVERSITY HEALTH BOARD  
BOARD MEETING  
Held on 28 March 2019 at 1.00pm**

**BOARD ROOM, UNIVERSITY HOSPITAL, LLANDOUGH**

## AGENDA

<b>Feedback from Canterbury Visit</b>		
<b>1</b>	Welcome & Introductions	Maria Battle
<b>2</b>	Apologies for Absence	Maria Battle
<b>3</b>	Declarations of Interest	Maria Battle
<b>4</b>	Minutes of the Committee Meeting held on 31 January 2019	Maria Battle
<b>5</b>	Action Log – 31 January 2019	Maria Battle
<b>6</b>	Chairs Action taken since last meeting	Maria Battle
<b>7</b>	<b>Items for Review and Assurance</b>	
<b>7.1</b>	Chairs Report	Maria Battle
<b>7.2</b>	Chief Executive Report	Len Richards
<b>7.3</b>	Quality Safety and Experience Report	Ruth Walker
<b>7.4</b>	Performance Report	Sharon Hopkins
<b>7.5</b>	Board Assurance Framework 2018/19	Nicola Foreman
<b>7.6</b>	Cancer Performance	Caroline Bird
<b>7.7</b>	Cluster IG Framework	Sharon Hopkins
<b>7.8</b>	Winter Resilience Programme	Sharon Hopkins
<b>8</b>	<b>Items for Approval/Ratification</b>	
<b>8.1</b>	Annual Review of Standing Orders	Nicola Foreman
<b>8.2</b>	Committee Terms of Reference and Work Plans for 2019-20	Nicola Foreman
<b>8.3</b>	Report of the Director of Corporate Governance	Nicola Foreman
<b>8.4</b>	Annual Report of the Director of Public Health <a href="https://sway.office.com/6QLeWnDIJVFgqoCx">https://sway.office.com/6QLeWnDIJVFgqoCx</a>	Fiona Kinghorn
<b>8.5</b>	UHB Research and Development – Strategy Implementation Plan	Graham Shortland
<b>8.6</b>	<b>Committee Minutes:</b> i. Audit Committee – December 2018 ii. Mental Health Legislation Committee – October 2018 iii. Quality, Safety and Experience Committee – December 2018 iv. Finance Committee – January 2019 v. Strategy and Delivery Committee – January 2019 vi. Charitable Funds Committee – December 2018	Committee Chairs John Union Charles Janczewski Susan Elsmore  John Union Charles Janczewski Akmal Hanuk

<b>8.7</b>	<b>Advisory Group Minutes:</b>	
	<ul style="list-style-type: none"> <li>i. Stakeholder Reference Group – January 2019</li> <li>ii. Local Partnership Forum – February 2019</li> </ul>	<p style="text-align: center;">Richard Thomas Martin Driscoll</p>
<b>9</b>	<b>Items for Noting and Information</b>	
<b>9.1</b>	Wales Audit Office Structured Assessment 2018	Nicola Foreman
<b>9.2</b>	Wales Audit Office Annual Report 2018	Nicola Foreman
<b>9.3</b>	Public Accounts Committee Closure Report	Nicola Foreman
<b>9.4</b>	<p>Reports from Committee and Advisory Group Chairs since January to bring to the attention of the Board:</p> <ul style="list-style-type: none"> <li>i. Audit Committee – February 2019</li> <li>ii. Mental Health Legislation Committee – February 2019</li> <li>iii. Quality, Safety and Experience Committee – February 2019</li> <li>iv. Finance Committee – February 2019</li> <li>v. Strategy and Delivery Committee – March 2019</li> <li>vi. Charitable Funds Committee – March 2019</li> <li>vii. Health and Safety – 22 January 2019</li> <li>viii. Stakeholder Reference Group – January 2019</li> <li>ix. Local Partnership Forum – February 2019</li> </ul>	<p style="text-align: center;">John Union Charles Janczewski Susan Elsmore</p> <p style="text-align: center;">John Union Charles Janczewski Akmal Hanuk Michael Imperato Richard Thomas Martin Driscoll</p>
<b>10</b>	<b>Agenda for Private Meeting:</b>	
<b>10.1</b>	Costs and Savings of Woodland House	Abigail Harris
<b>10.2</b>	New Dialysis Unit Name	Graham Shortland
<b>10.3</b>	Out of Hours / Hospital at Night	Graham Shortland
<b>11</b>	<b>Review of the Meeting</b>	Maria Battle
<b>12</b>	<b>Date and time of next Meeting</b>	
	Thursday, 30 May 2019 at 1.00pm Boardroom, Llandough Hospital	

To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960].

**UNCONFIRMED MINUTES OF A MEETING OF CARDIFF AND VALE  
UNIVERSITY HEALTH BOARD HELD ON 31<sup>st</sup> JANUARY 2019  
BOARD ROOM, UNIVERSITY HOSPITAL, LLANDOUGH**

**Present:**

Maria Battle	MB	Chair
Charles Janczewski	CJ	Vice Chair
Len Richards	LR	Chief Executive
John Antoniazzi	JA	Independent Member –Estates
Gary Baxter	GB	Independent Member - University
Eileen Brandreth	EB	Independent Member – ICT
Steve Curry	SC	Chief Operating Officer
Martin Driscoll	MD	Director of Workforce and OD
Susan Elsmore	SE	Independent Member – Local Authority
Akmal Hanuk	AK	Independent Member – Community
Abigail Harris	AH	Director of Planning
Michael Imperato		Independent Member - Legal
Dr Fiona Jenkins	FJ	Director of Therapies and Health Sciences
Fiona Kinghorn	FK	Consultant in Public Health
Dr Graham Shortland	GS	Medical Director
John Union	JU	Independent Member – Finance
Ruth Walker	RW	Executive Nurse Director
Dawn Ward	DW	Independent Member – Trade Unions

**In attendance:**

Stephen Allen	SA	Community Health Council
Indu Deglurkar	ID	Cardiothoracic Consultant
Nicole Foreman	NF	Director of Corporate Governance
Dr Sharon Hopkins	SH	Director of Public Health
Chris Lewis	CL	Deputy Finance Director

**Secretariat:**

Sheila Elliot	SE	Governance Team
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**Apologies:**

Sara Moseley	SM	Independent Member – Third Sector
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19/01/001	WELCOME AND INTRODUCTIONS	ACTION
	The Chair welcomed everyone to the meeting.	
	The Chair welcomed back Robert Chadwick, Director of Finance	
	The Chair congratulated Fiona Kinghorn on her new role as Director of Public Health	
19/01/002	<b>APOLOGIES FOR ABSENCE</b>	
	Apologies for absence were noted.	
19/01/003	<b>DECLARATIONS OF INTEREST</b>	

Charles Janczewski declared his interest as Chair of the Quality and Patient Safety Committee at WHSCC.

19/01/004

### **MINUTES OF THE BOARD MEETING HELD ON 29th NOVEMBER 2018**

The Board reviewed the Minutes from the meeting held on 29<sup>th</sup> November meeting.

#### **Resolved that:**

The Board approved the minutes of the meeting held on 29<sup>th</sup> November 2018.

19/01/005

### **ACTION LOG FOLLOWING THE LAST MEETING HELD ON 29<sup>TH</sup> NOVEMBER**

The Board reviewed the Action Log from the meeting held on 28<sup>th</sup> November.

The Executive Nurse Director made the following comments:

- 18/174 - The National Safeguarding Forum were reviewing the issue regarding co-sleeping on a national basis.
- 18/174 - Regarding the issue of a community death and the link to mental health, the death was not related to the mental health care the patient was receiving.
- 18/174 - On reviewing early discharges, no issues had been reported. The Health Board were encouraging GP's to report any issues. This would continue to be monitored closely over the winter period, but there were no particular trends or issues noted.
- 18/175 - A verbal update regarding cancer results performance was given on the 62 day results. The percentage was 81% in November, 85% in December and 86% in January. There was ongoing work on neurology and GI occurring. Steve Curry, Chief Operating Officer would provide a written update and a timeline for the next meeting.
- 18/178 - A second draft of the Framework was agreed, with five domains which were the same five domains used by WHSCC. The implementation plan was progressing.
- 18/119 - An update from Welsh Government regarding the relocation of the Links Centre was imminent and the Director of Strategic Planning would advise the Board when she knew.

**SC**

10/01/006

The Executive Nurse Director will review the briefing note for Board members undertaking patient's safety walk rounds, to consider some key questions that could be asked around the culture of the organisation in the utilisation and access to policies and procedures.

**RW**

**Resolved that:**

- (a) The Board reviewed the action log from the meeting held on 28<sup>th</sup> November and noted the updates received from Executive colleagues.

**19/01/007**

**REPORT FROM THE CHAIR**

The Chair introduced the report and highlighted the following key points:

- The visit to the hospital gym with the Chief Executive to meet the Senior Physiotherapist and the Consultant Oncoplastic Surgeon had been very enjoyable.
- The Charitable Funds Away Day was a real success and showcased all the good work of the Committee and what had been achieved.
- The Christmas Competition and Carol Service at Llandough was also a great event.

**Resolved that:**

- (a) The Board noted the report from the Chair.  
(b) The Board endorsed the use of the seal.  
(c) The Board approved the action of signing contracts.

**19/01/008**

**REPORT FROM THE CHIEF EXECUTIVE**

The Chief Executive introduced the report.

- There was a joint team meeting with the Welsh Government which went well. Cardiff and Vale were delivering against the commitments set out, and feedback from Welsh Government was good.
- The aim for this year was for Cardiff and Vale to have an approvable plan.
- The CHC report on the Assessment Unit raised a number of issues which need to be addressed and once the work plan has been completed the Accident and Emergency flow should improve.
- It was recognised that the Assessment Unit was challenged by an increase in patient numbers, complexity of patients and the increasing demands on the service.
- Brexit was discussed. An internal group meeting held fortnightly mainly reviewed the risks around a 'no deal' and making sure that the Health Board had mitigating actions in place. The issue was also being overseen at a national level.
- Regarding suppliers of bloods and medicines there were plans in place to ensure continuity and stockpiling was occurring as appropriate.
- Regarding staff, the Registration Scheme was open and working.

Cardiff Council have advisers in community hubs and the scheme would be launched the following week.

- A local resilience forum was to take place in early February and on 22<sup>nd</sup> February the emergency services would be testing various worst-case scenarios. We were not expecting any staff behavioural changes following Brexit. From 14<sup>th</sup> February onwards Social Services would be providing support and information.
- It was difficult to plan due to the lack of information. It was not envisaged that there would be substantial additional costs and no financial resource was currently required. The Government would be taking any financial pressures from the NHS although national rising prices may have a knock-on effect. Time was the main factor and storage and a storage facility had been acquired to counteract this.
- The apprenticeship scheme was now up and running. The Chief Executive and the Chair would clarify for the next meeting if the scheme was paying the living wage

MD

**Resolved that:**

- (a) The Board noted the Chief Executives report.

19/01/009

**QUALITY SAFETY AND EXPERIENCE REPORT**

The Executive Nurse Director introduced the report.

- The UHB continued to see a steady and sustained improvement in 30-day response times. The latest overall Health Board performance in response to 30-day concerns was **84%**, which was an increase in comparison to 80% reported previously.
- Satisfaction scores were being maintained sustaining a high level of 97%.
- Regarding the Regulation 28 notice which the Health Board had received recently the Coroner accepted that the medication was the patient's own property and that we couldn't do much about this situation.
- The number of serious incidents has increased significantly due to the requirement to report all cases of grade 3, 4 and unstageable pressure damage. Implementation of the revised guidance should see the number of reported serious incidents reduce and the UHB will monitor this over the next six months.
- The issue of 5 unexpected deaths in mental health patients was discussed. 3 deaths occurred at home and there were two suicides. There was nothing to suggest that the Health Service did anything wrong.
- An Ophthalmology patient was 'lost in the system'. The Health

Board had failed to follow up on a DNA. This was not linked to the Ophthalmology in-sourcing situation.

- The Health Board were seeing a trend of late referrals in Cardiac Surgery. 3 were received in the last few weeks breaching the pathway level. They were prioritised by other patients needing more urgent treatment. More work needed to be carried out to prevent this.
- The environmental work being carried out would link to CFC's to utilise the opportunity.
- There was a high level of stress around the issue of parking on site. Things had improved when the new system went live but had now deteriorated. The Health Board needed to check that staff were not parking in patient areas and that students were not parking inappropriately. The students could be compounding the problem.
- There was a significant safety issue for patients. Patients were missing appointments, some could not use the Park and Ride as they needed assistance with walking, and the stress caused by parking issues was not good for sick people. Staff called in for emergency situations were having to spend considerable time searching for a spot and/or then having to use the Park and Ride.
- The sustainable travel plan was still being worked on.
- Information on the park and ride needed to be advertised more and staff encouraged to use it.
- Susan Elsmore, Independent Member offered Cardiff Council's social media platforms for the Park and Ride details.
- It was suggested that the Health Board seek an external opinion from Town Planning or the University on the matter. However the Health Board were already having discussions with town planning and the Council were looking at the transport system as a whole.
- All outpatient letters should include information on the Park and ride.
- In summary:
  - (a) Patients and staff are to be encouraged to use Park and Ride
  - (b) Park and Ride details to be put on Open Board
  - (c) Park and Ridge details to be included in patient letters
  - (d) Permit scheme to be reviewed
  - (e) There should be a telephone in the parking office
  - (f) Cardiff Council to work closely with UHW

**Resolved – that:**

- (a) The Board considered the contents of the report provided by the

Executive Nurse Director.

- (b) The Board noted the areas of concern and agreed that the actions being taken were sufficient.

19/01/010

## PERFORMANCE REPORT

The Deputy Chief Executive / Director of Transformation introduced the report and made the following comments:

- The Health Board was working towards compliance of the Welsh Government target.
- The Finance trajectory was positive.
- There had been excellent performance for unscheduled care in December 2018 and an improvement over the year. Performance was good for January 2019 also and issues were down 30% on last year.
- Clinical teams were engaging well to improve things for patients.
- There was an increased attendance of 3% which equated to approximately 4,000 people
- It had been decided not to have a corridor to house patients on trolleys which offers little quality and dignity to the patient, but to look at the underlying systems and flow of patients.
- Part 1B Mental Health Measure was not at target but there has been some data collection issues which would be resolved by next board.
- A particularly busy October had produced a knock-on effect with a rise of 300 referrals and a similar increase had been nationally. The Health Board are back on target now but were trying to understand why the situation had occurred.
- GP and first point-of-contact access remained a challenge across Wales and the last survey only gave a result of 59% for easy access.
- Factors for this included Mental Health and musculo-skeletal services.
- There were 66,000 appointments in the last eighteen months.
- Roll out of the First Contact Practitioner Physiotherapists and Mental Health Liaison Model to relieve GP surgeries would commence shortly
- Mortality rates were continuing to improve – every 3 months data was published on the internet
- In-hours services perform better than out-of-hours services but this is difficult to benchmark. However there had been a terrific performance by everyone involved across the Clinical Boards

### Resolved – that:

- (a) The Board considered the UHBs current level of performance and the actions being taken.

19/01/011

## TRANSFORMATION PROGRAMME PROGRESS REPORT

The Deputy Chief Executive /Director of Transformation introduced the report and highlighted the following:

- The Website and pathways was nearly ready to go live and the link would be published.
- The UHB need to articulate what benefits would come out of the transformation program.
- The Development Session in February would be dealing with transformation progress. It was important to ensure that what has been offered is being built and grown by the staff, for staff.
- The website itemises what work is being carried out.
- The Health Board and local Government have reported that good work had been carried out on 'Get me Home'
- Staff engagement and staff stories were getting some attention.

**Resolved – that:**

- (a) The Board noted the progress made on the Transformation and Improvement Programme and its development.
- (b) The Board supported the approach detailed within the report.

19/01/012

**BOARD ASSURANCE FRAMEWORK**

The Director of Corporate Governance introduced the report.

There were 6 key risks identified within the Board Assurance Framework which could impact upon the delivery of strategic objectives.

The Director of Corporate Governance made the following comments:

- The financial risk has reduced from 15 to 10
- A Brexit continuity plan was in place. Brexit poses a risk for the organisation
- Updates had been made since the last meeting of the Board and a column added so the status could be reviewed.

**Resolved – that:**

- (a) The Board approved the BAF and the progress which had been made on the plan.

19/01/013

**ENDORSEMENT OF CARDIFF PSB HEALTHY TRAVEL CHARTER**

The Consultant in Public Health introduced the Charter:

- The full partnership Charter was ready to be signed off and this would be done on 13<sup>th</sup> March 2019 at the Cardiff PSB meeting
- A working group had been set up
- There were no plug-in points at the UHW to charge electric cars – this would be weaved into future plans
- Staff travel survey had been carried out

**Resolved – that:**

- (a) The Board supported the UHBs endorsement of the Healthy Travel Charter
- (b) The Board supported the current and subsequent initiatives

within the UHB to increase rates of sustainable travel.

**19/01/014 INTEGRATED MEDIUM TERM PLAN**

The Executive Director of Strategic Planning introduced the report and highlighted the following

- The IMTP had been presented to the S&D Committee in January.
- The documents produced were sharper and highlighted key actions and Welsh Government priorities. The plan focussed on Primary Care and Mental Health
- There was an expectation that financial balance would be achieved
- The ambition was to achieve compliance but additional resources may be required.
- The RPB were supportive of the IMTP

**Resolved – that:**

- (a) The Board approved the IMTP for 2019/20.

**19/01/015 DISPOSAL 2018 – Colcot, Lansdowne, Hamadryad Lane**

The Executive Director of Strategic Planning introduced the report and made the following comments:

- Lansdowne Hospital was being sold in order to buy Woodland House
- Some land at Hamadryad Lane was undergoing a mutual transfer
- The services from Colcot Clinic were transferring to Barry Hospital ½ mile away so the site would be disposed of, and an engagement exercise would be undertaken to ensure no issues of concern were raised.
- The Chair noted the CHC comments regarding appropriate engagement.
- The Board would keep on top of the code of practice.

**Resolved – that:**

- (a) The Board approved to declare Colcot, Lansdowne and Land at Hamadryad as surplus and subject to disposal.
- (b) The Board approved to acquire land at Hamadryad for parking
- (c) Consent for the disposal would be sought from Welsh Government.
- (d) Engagement could take place with staff, service users and key stakeholders.

**19/01/016 ADDITIONAL LEARNING NEEDS ACT IMPLEMENTATION**

The Director of Therapies and Health Sciences introduced the report.

- Out of 14,000 learners with ALN 18% have additional learning needs which is a 25% increase in the need for ALN places
- New schools are being built including the creation of 400 ALN

places and another 100 will be created at Ysgol Y Deri.

**Resolved – that:**

- (a) The Board noted the progress being taken towards implementation of the requirements for Health under the ALN Act
- (b) The Board noted the predicted 25% increase in demand for ALN places over the next 5 years in the UHB area
- (c) The Board supported the requirement for the UHB to have a formally Designated Education Clinical Lead Officer (DECLO) from September 2019.

19/01/017

**LABORATORY INFORMATION NETWORK CYMRU PROGRAMME  
OUTLINE BUSINESS CASE**

The Director of Therapies and Health Sciences introduced the report and highlighted the following:

- The report compares the existing system and proposed new system
- A paper was being sent to all Health Boards, Directors of the Informatics Group and Management Executive. Nicola Foreman, Director of Corporate Governance would advise if any other parties should receive this.
- Powys Health Board and Public Health Wales were not originally contributing to this, but they had now agreed to, so the numbers would change.
- It was noted that this report was included in the IMTP
- The services included biochemistry, haematology, and blood laboratory work and makes a slick diagnostic path.
- To get this right would be extremely beneficial

NF

**Resolved – that:**

- (a) The Board approved the business case subject to presentation to the Advisory Group at UHB to ensure revenue impacts were scrutinised.
- (b) The Board noted that the approval would allow the procurement process to proceed.

19/01/018

**AUDIT COMMITTEE**

**Resolved – that:**

- (a) The Board ratified the minutes of the Audit Committee held on 25<sup>th</sup> September 2018

19/01/019

**FINANCE COMMITTEE**

**Resolved – that:**

- (a) The Board ratified the minutes of the Finance Committee held on 31<sup>st</sup> October and 28<sup>th</sup> November 2018.

19/01/020

**HEALTH AND SAFETY COMMITTEE**

**Resolved – that:**

- (a) The Board ratified the minutes of the Health and Committee held on 9<sup>th</sup> October 2018.

19/01/021

**CHARITABLE FUNDS COMMITTEE**

**Resolved – that:**

- (a) The Board ratified the minutes of the Charitable Funds Committee held on 11<sup>th</sup> September 2018.

19/01/022

**STRATEGY AND DELIVERY COMMITTEE**

**Resolved – that:**

- (a) The Board ratified the minutes of the Strategy and Delivery Committee held on 14<sup>th</sup> June 2018.

19/01/023

**NHS WALES COLLABORATIVE LEADERSHIP FORUM**

**Resolved – that:**

- (a) The Board ratified the minutes of the NHS Wales Collaborative Leadership Forum held on 11<sup>th</sup> September 2018.

19/01/024

**STAKEHOLDER REFERENCE GROUP**

**Resolved – that:**

- (a) The Board ratified the minutes of the Stakeholder Reference Group held on 27<sup>th</sup> November 2018.

19/01/025

**LOCAL PARTNERSHIP FORUM**

**Resolved – that:**

- (a) The Board ratified the minutes of the Local Partnership Forum held on 31<sup>st</sup> October 2018.

19/01/026

**TRAUMA NETWORK PROGRESS REPORT**

The Medical Director introduced the report and highlighted the following

- The UHB were still aiming for a 'Go Live' date of April 2020 and there were ongoing discussions with WHSCC.
- Funds had been provided by the Welsh Government
- Arrangements were in hand to recruit staff

**Resolved – that:**

(a) The Board noted the update report on the Trauma Network

19/01/027

**QUALITY, SAFETY AND EXPERIENCE COMMITTEE REPORT TO BOARD**

A key issue highlighted to the Board was in relation to maternity services in other areas. These had been reviewed at CAV UHB and the Committee had been provided with assurances that the current arrangements were satisfactory.

**Resolved – that:**

(a) The Board noted the report from the Quality, Safety and Experience Committee held on 18<sup>th</sup> December 2019.

19/01/028

**AUDIT COMMITTEE REPORT TO BOARD**

**Resolved that:**

(a) The Board noted the written report provided by the Chair of Audit Committee

19/01/029

**FINANCE COMMITTEE REPORT TO BOARD**

**Resolved that**

(a) The Board noted the verbal update provided by the Chair of the Finance Committee.

19/01/030

**HEALTH AND SAFETY COMMITTEE REPORT TO THE BOARD**

**Resolved that:**

(a) The Board noted the verbal update provided by the Chair of the Health and Safety Committee.

19/01/031

**CHARITABLE FUNDS COMMITTEE REPORT TO THE BOARD**

**Resolved that:**

(a) The Board noted the written report provided by the Chair of the Charitable Funds Committee.

19/01/032

**STAKEHOLDER REFERENCE GROUP REPORT TO BOARD**

**Resolved that:**

(a) The Board noted the written report provided by the Chair of the Stakeholder Reference Group.

19/01/033

**LOCAL PARTNERSHIP FORUM REPORT TO BOARD**

**Resolved that:**

(a) The Board noted the written report provided by the Chair of the Local Partnership Board.

**19/01/034**

**AGENDA OF THE PRIVATE BOARD MEETING**

In terms of openness, the agenda for the Private meeting was published:

- HSE Prosecution
- Brexit Update
- Funded Nursing Care Update

**19/01/035**

**ANY OTHER URGENT BUSINESS**

There was no other business to raise

**19/01/036**

**DATE OF THE NEXT MEETING OF THE BOARD**

Thursday 26<sup>th</sup> March 2019, 9.30am – 12.00pm BOARD ROOM,  
UNIVERSITY HOSPITAL, LLANDOUGH

**ACTION LOG  
FOLLOWING BOARD MEETING  
JANUARY 2019**

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
<b>Actions Completed</b>					
18/174	Quality, Safety & Experience	Obtain further guidance on Co-sleeping	31/01/19	R Walker	Verbal Update - <b>COMPLETED</b>
18/174	Quality, Safety & Experience	Report further on community deaths of mental health patients	31/01/19	R Walker	Verbal Update - <b>COMPLETED</b>
18/174	Quality, Safety & Experience	Report further on patients discharged too soon	31/01/19	R Walker	Verbal Update - <b>COMPLETED</b>
18/175	Performance Report	A report to be presented outlining how we can improve our cancer results performance	31/01/19	S Curry	Verbal Update - <b>COMPLETED</b>
18/178	Falls Framework	Investigate Falls Framework System Developed by WHSCC	31/01/19	F Jenkins	Verbal Update - <b>COMPLETED</b>
18/181	IM Questions	Llandough Stairway – clean	31/01/19	N Foreman	Email sent to Peter Welsh - <b>COMPLETED</b>
		Hafan Y Coed Courtyard is overgrown	31/01/19	N Foreman	Email sent to Peter Welsh - <b>COMPLETED</b>
UHB 18/114	Transformation Report	Item on Transformation to be taken at a Board Development Day.	26/07/18	S Hopkins	Board Development Day – February 2019 - <b>COMPLETED</b>
UHB 18/122	Transformation Report	Details of learning alliance to be brought to the next Board.	26/07/18	S Hopkins	Board Development Day – February 2019 - <b>COMPLETED</b>
UHB 18/177	Transformation & Improvement	Health Pathway		S Hopkins	Board Development Day – February 2019 - <b>COMPLETED</b>
<b>Actions In Progress</b>					
18/082	Medical and Dental Training	Report on Out of Hours/Hospital at Night to November Board. Proposal is currently being considered for the 2019-2020 IMTP.	26/03/19	G Shortland	Report to be presented <b>28<sup>th</sup> March 2019</b> Board
18/083	Community Mental	Report on progress to be received at	31/05/18	I Wile	Board Meeting <b>30<sup>th</sup> May 2019</b>

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
	Health Services - implementing a new model of care	Board in Spring 2019.			
18/149	QSE Report	Report on developing a staffing model in the stroke rehabilitation centre UHL that seeks to address patient needs and a sustainable solution to support a rehabilitation model that improved quality of care	27/09/18	F Jenkins	Report to be presented to Board Meeting in <b>May 2019</b>
18/154	RCS Review of Paediatric Surgery	Review how situation was handled from 2013 to learn lessons.	TBC	L Richards	A review has been commissioned by Chair and Chief Executive Officer and will be reported to the Board once the process is completed.
18/181	IM Questions	Report on the costs and savings for Woodlands House	31/01/19	A Harris	Report on agenda for Private Board Meeting on <b>28<sup>th</sup> March 2019</b>
19/01/005	18/119- Relocation of the Links Centre	An update from Welsh Government regarding the relocation of the Links Centre was imminent and the Director of Strategic Planning would advise the Board once she was aware	26/03/2019	A Harris	Verbal update to be provided at <b>28<sup>th</sup> March 2019</b> Board Meeting
19/01/005	18/175 – Cancer results performance	The Chief Operating Officer to provide a written report on cancer performance including a timeline for improvement	26/03/2019	S Curry	Report on agenda for Board Meeting <b>28<sup>th</sup> March 2019</b>
19/01/006	Patient walk-arounds	Review of questions asked on patient walk arounds to be undertaken to gain an understanding of the culture of the organisation	31/01/2019	R Walker	Verbal update to be provided at <b>28<sup>th</sup> March Board</b>
19/01/008	Apprenticeship Scheme	To clarify if apprentices were paid the living wage	31/01/2019	M Driscoll	Verbal update to be provided at <b>28<sup>th</sup> March Board</b>
19/01/011	Transformation	A report to be presented to the Board which detailed the benefits likely to come out of the Transformation Programme	31/01/2019	S Hopkins	Report to be presented <b>28<sup>th</sup> March 2019</b> Board

<b>MINUTE REF</b>	<b>SUBJECT</b>	<b>AGREED ACTION</b>	<b>DATE</b>	<b>LEAD</b>	<b>STATUS/COMMENT</b>
19/01/017	LIMS	Advise on appropriate parties to receive the paper	31/01/2019	N Foreman	Verbal update to <b>28<sup>th</sup> March 2019 Board</b>
<b>Actions referred to Committees of the Board/Board Development</b>					
UHB 18/053	R&D Implementation	Bring clinical innovation work to a Board Development Day	29/03/18	A Harris	<b>Board Development Day – Date to be confirmed</b>

<b>Report Title:</b>	<b>CHAIR'S REPORT</b>						
<b>Meeting:</b>	CARDIFF AND VALE UHB BOARD MEETING					<b>Meeting Date:</b>	28.03.19
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	✓	<b>For Approval</b>	✓	<b>For Information</b>
<b>Lead Executive:</b>	N/A						
<b>Report Author (Title):</b>	<b>DIRECTOR OF CORPORATE GOVERNANCE</b>						

## SITUATION

At each public Board meeting, the Chair presents a report on key issues to be brought to the attention of the Board since its last meeting. This written report provides an update on relevant matters, outlining where the Chair has been required to affix the Common Seal of the Health Board and, where appropriate, Chair's Action has been taken in line with Standing Orders which requires ratification of the Board.

## BACKGROUND

This over-arching report highlights the key areas of activity, some of which may be referred to within the business of the Board meeting and also highlights topical areas of interest to the Board.

### 1. Chair and Chief Executive Meetings with the Health Minister

At the Chairs and Chief Executives meeting with the Health Minister and the Deputy Minister for Social Services held on 7 February, updates were provided on the Integrated Medium Term Plans for 2019-22 and the Health Regional Planning Fora and Regional Partnership Boards. Integrated Winter Delivery and RTT performance was discussed alongside the financial position. Helpful updates in relation to the implementation of Healthier Wales, the National Hip Fracture Audit, the Emergency Services Map, Brexit planning and prevention were provided and next steps explored.

The NHS Wales Chair Peer Group met on 5 March 2019 to further update on the planning for Brexit, a Healthier Wales and key service and performance issues.

### 2. Sexual Assault Services (SARC) Implementation Group

I Chaired the All-Wales SARC Implementation Group on 12 February. At this meeting, as well as receiving updates from sub-groups, agreed in principle the service models for paediatric services and Forensic Medical Examiner provision. Recommendations will come to Health Boards in South and West Wales and Powys.

### 3. Cardiff and Vale of Glamorgan Regional Partnership Board Workshop

A workshop was held on 14 February 2019 commencing the design of a systems outcomes

framework focusing on what matters to the people we all serve. The workshop brought together partners and leaders from across Cardiff and the Vale to focus on transformation priorities

#### **4. Opening of Mary Lennox Room**

I was delighted join Jane Hutt AM on 14 February to open the newly refurbished Mary Lennox Room at Barry Hospital.

As Board Members will be aware, Barry Hospital will soon be celebrating its 25<sup>th</sup> Anniversary. The hospital was opened in 1995 as a 'community hospital' with a range of facilities for staff, visitors, third sector and community groups to use. As part of the Health Board's 'Shaping our Future Well-being Strategy', Barry Hospital will be an integrated health and wellbeing hub for the Vale of Glamorgan.

To improve facilities for everyone using the hospital, Cardiff & Vale Health Charity supported the refurbishment of the Mary Lennox meeting room which is proudly named after the first female Medical Officer of Health for Barry. The Community Payback Scheme helped to redecorate the room, alongside colleagues from the Health Board's Capital, Estates and Facilities department. I'd like to pay thanks to Peter Welsh, the manager of the hospital and Simone Joslyn for the wonderful art work being exhibited as part of the Charitable funded "First Impressions" project.

#### **5. National Primary care Board**

On 21 February I attended the National Primary Care Board. The Board received a number of interesting presentations, including:

- An overview of the results arising from the Rhondda Cluster Pilot of Population Segmentation & Risk Stratification;
- An update on Dental and Oral health; and
- An overview of the tender for evaluation tools in respect of the Primary Care Model for Wales.

Other areas discussed included an update on the delivery mechanism for taking forward the work streams as set out in the Strategic Programme for Primary Care; the draft peer review report on Urgent Primary Care (Out of Hours) and 111; and a Review of 2018/19 Pacesetter Programme and Proposals for the 2019/2020 Programme.

#### **6. Board Development**

I would like to thank Board members for their contribution to the Board Development Session that took place on 28 February 2019. The session provided a welcome opportunity to explore the key aspects of our strategy and focus, our transformation journey; performance management; data reporting and culture and behaviours. The presentation delivered by Wales Audit Colleagues provided an helpful overview of governance and the Board's role in respect of this.

#### **7. St David's Day Celebrations**

UHB staff ensured that St David's Day was celebrated in style this year, with welsh cakes and daffodils being in abundant supply. We were lucky to have a visit from local artist, Nathan Wyburn. Nathan was in the concourse at UHW painting coffee portraits of people who have

been influential to healthcare in Wales. Professor Sir Mansel Aylward, a leading voice in Wales' public health and Chair of the Bevan Commission, joined Nathan in the concourse to have his portrait painted.

## 8. Staff Recognition Awards

I was honoured and proud to be part of the fantastic Staff Recognition Awards event with the Chief Executive and many of the Board members on 15 March. It was an inspirational evening where we could reflect and celebrate the amazing care and compassion given across all teams in the Health Board. I am sure that Board Members will join me in thanking everyone who organised and contributed to the event and in congratulating all our worthy winners and runners up.

## 9. Medical Director

On behalf of the Board and personally I would like to thank Dr Graham Shortland for the huge contribution he has made to the Health Board over many years, the last nine as Medical Director. He will be greatly missed and leaves an important legacy. I am delighted that he will continue paediatric work for us for a few days a week.

## 10. Fixing the Common Seal / Chair's Action and other signed documents

This section details the action that the Chair has taken on behalf of the Board since the last meeting. The Board is requested to ratify these decisions in accordance with Standing Orders.

### a. Affixing the UHB Common Seal

The UHB Common Seal has been applied to 10 documents in accordance with requirements. A record of the sealing of these documents was entered into the Register kept for this purpose and has been signed in accordance with Section 8 of the Standing Orders.

Seal No.	Description of Document Sealed
866	Service Level Agreement between Vale of Glamorgan Flying Start and Cardiff and Vale UHB 2018-19
867	Lease relating to Units 3&5, Cardiff Medi-centre between Cardiff University and Cardiff University Health Board
868	Lease relating to Units 24, Cardiff Medi-centre between Cardiff University and Cardiff and Vale University Health Board
869	Call Off Contract, Supply Chain Partner for the Well-Being Hub at Penarth
870	Parent Company Guarantee, Supply Chain Partner for the Well-Being Hub at Penarth
871	WA794531 – Transfer of Title, Land being Colcot Clinic, Barry, between Cardiff and Vale University Health Board and The Vale of Glamorgan Council
872	Sale of Freehold Land with vacant possession between Cardiff and Vale Health Board and Vale of Glamorgan
873	Car Parking Licence to Lansdowne Surgery Partnership
874	WA 807328 - Transfer of Part of Registered Titles Land

	at Royal Hamadrayad Hospital between Cardiff and Vale Health Board and Cardiff County Council
875	CYM 677698 - Transfer of Part of Registered titles Land on the South Side of Hamadryad between Cardiff County Council and Cardiff and Vale University Health Board

**b. Chair’s Action / Contracts**

Chairs Action has been take in relation to the following contracts, purchases and policies:

- **30/01/2019** – Pentyrch Surgery Development
- **30/01/2019** - Orthodontic Services
- **05/02/2019** – Organisational Change Policy
- **13/02/2019** – Whitchurch Road Surgery Development
- **05/03/2019** – Replacement of Neurosurgical Navigation System
- **13/03/2019** – Purchase of Hitachi HT7800 120KV TEM
- **13/03/2019** – Purchase of Illumina Novaseq 6000 System
- **13/03/2019** – Kits for DNA Extraction

**c. Other signed legal documents**

Since the last Board meeting the following documents have been signed:

- **21/02/2019** – Delivery Agreement Part A – Cardiff Royal Infirmary Domestic Violence Unit, CFMSO134
- **13/03/2019** – Licence to carry out works, Colcott Clinic

**ASSURANCE AND RECOMMENDATION:**

**ASSURANCE** is provided by:

- Discussion at the Governance Co-ordinating Group
- Discussions with the Director of Corporate Governance

The Board is recommended to:

- **NOTE** the report
- **ENDORSE** the affixing of the Common Seal
- **APPROVE** the Chairs Actions and signing of legal documents

**Shaping our Future Wellbeing Strategic Objectives**

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

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

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

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

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

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

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

<b>Report Title:</b>	<b>CHIEF EXECUTIVE'S REPORT</b>				
<b>Meeting:</b>	CARDIFF AND VALE UHB BOARD MEETING			<b>Meeting Date:</b>	28.03.19
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>For Approval</b>	<b>For Information</b>	
<b>Lead Executive:</b>	<b>CHIEF EXECUTIVE</b>				
<b>Report Author (Title):</b>	<b>DIRECTOR OF CORPORATE GOVERNANCE</b>				

## SITUATION

At each public Board meeting, the Chief Executive presents a report on key issues which have arisen since its last meeting. The purpose of this Chief Executive report is to keep the Board up to date with important matters which may affect the organisation.

A number of issues raised within this report may also feature in more detail in Executive Directors' reports as part of the Board's business.

## REPORT

### BACKGROUND

This is the seventh written report being presented and, where appropriate, has been informed by updates provided by members of the Executive Team.

This report will continue to be developed, focusing on our Strategy and related objectives and specifically on providing strong governance and assurance.

### ASSESSMENT

#### GOVERNANCE AND ASSURANCE

##### 1. Joint Escalation and Intervention Arrangements

Under the Joint Escalation and Intervention Arrangements, the Welsh Government meets with the Wales Audit Office and Healthcare Inspectorate Wales twice a year to discuss the overall assessment of each health board and trust in relation to the arrangements.

I am delighted to advise the Board that on the basis of the tripartite group discussion, Welsh Government officials recommended to the Minister that the escalation status of the UHB be reduced from 'targeted intervention' to 'enhanced monitoring'. Board Members will wish to note that the prompt recruitment of a new Medical Director was highlighted as an issue that the Board needed to address. Interviews are taking place on 27 March 2019 and a verbal update will be provided at the Board meeting.

The position will be reviewed further once the performance outturn for 2018/19 has been confirmed and following assessment of the draft IMTP submitted by the Board.

## 2. Welsh Health Specialised Services Committee (WHSSC)

The Committee's last scheduled meeting took place on 26 March 2019. Board members will wish to note that following items were scheduled for decision or discussions:

- Rehabilitation: Monitoring Arrangements for Driving Change
- Integrated Commissioning Plan 2019-22: Work Plan
- Update on the Commissioning of Mechanical Thrombectomy

The following Routine Reports and Items for Information were received:

- Integrated Performance Report
- Financial Performance Report
- Reports from the Joint Sub-Committees
- Reports from the Joint Advisory Groups

The agenda and papers, including the minutes of the meeting held on 22 January 2019 can be accessed via the following link: <http://www.whssc.wales.nhs.uk/2018-19-whssc-joint-committee>

## 3. Emergency Ambulance Service Committee (EASC)

Board members will wish to note that the EASC last met on 26 March 2019. For ease of reference the link to the agenda and papers for the March meeting is provided below:

<http://www.wales.nhs.uk/easc/committee-meetings>

A copy of the unconfirmed minutes of the meeting that took place on 5 February 2019 can be found in the papers for the March meeting.

## 4. NHS Wales Shared Services Partnership Committee (NWSSP)

Board Members will wish to note that the Committee last met on 14 March 2019. Key issues discussed included:

- An update on current progress of the All Wales Laundry Facilities review project
- A review of Employment Services
- The GP Indemnity Protocol
- A review of the Shared Services Partnership Committee Standing Orders (*these will be brought to the Board for approval in May 2019*)
- Brexit - Medical Consumables Options

Board members can access the agenda and papers for the March meeting via the following link:

<http://www.nwssp.wales.nhs.uk/sspc-papers-2019>

## 5. Health Education Improvement Wales (HEIW) Paediatric Surgery Visit on 20 March 2019

HEIW, together with Speciality Advisory Committee (SAC) in Paediatric Surgery and General Medical Council representatives undertook a review of the UHB's training provision for

Paediatric Surgical Doctors. HEIW and SAC agreed that the Career Grade Trainees could return to Cardiff in October 2019, subject to confirmation of there being an adequate case-mix. The visit team commented that there had been a significant change in culture within the Paediatric Surgical Unit, which allowed them to consider the return of the Career Grade Trainee to Cardiff.

## **6. Cardiff Medicentre Joint Venture Agreement between Cardiff University and Cardiff and Vale University Health Board – Extension of Initial Period**

The Cardiff Medicentre is a business incubator for bio-tech and med-tech start-ups based at the Heath Park Campus and represents a Joint Venture between Cardiff University and Cardiff and Vale University Health Board (“the Parties”) in support of the ‘Clinical Innovation Partnership’. In 2016 a Joint Venture agreement was signed for an Initial Period of three years for the lease of the Medicentre, with Cardiff University taking the role of the managing agent and majority stakeholder (89%). This Initial Period ends on 31 March 2019.

The Joint Venture agreement states that Cardiff University and Cardiff and Vale University Health Board will review performance of the Joint Venture, and unless the review identifies issues of a material and adverse nature the Initial Period will be extended by an additional three years subject to the approval of both Parties. Cardiff University Management Executive approved a three year extension at their meeting held on 7 February 2019.

This continuation of the Joint Venture will safeguard the support of the growing healthcare and life sciences start-up and in the South East Wales region as well as committing to new initiatives such as the £24m European Structural Funds part-funded initiative, ACCELERATE, the Welsh Health Innovation Technology Accelerator which is key to the continued success of the Clinical Innovation Partnership for new innovative project development.

Subject to the Board being content I will arrange for a three year extension to be signed prior to 31 March 2019. A strategic review of the Medicentre Joint Venture Partnership will be undertaken during the 2019-2022 period to assess the continued long-term benefit of this investment to the partners.

## **7. Brexit**

We continue to work closely with all of our partners across Cardiff and the Vale and Welsh Government to ensure that we are as prepared as possible. Robust business continuity plan in place that reflects actions taking place at an all-Wales level, supplemented with local actions.

We are continually reviewing our own business continuity plans and engaging with local and regional partners across the health and social care sector to review all identified potential risks and arrangements.

The EU Settlement Scheme will open fully on 30 March, arrangements are in place to support staff through the process and provide them with up to date information. Our partners Cardiff Council are holding a number of face-to-face support sessions to help with the completion of applications in venues throughout Cardiff.

## **STRATEGY, INNOVATION AND ENGAGEMENT**

## **8. Transformation – Shaping our Future Wellbeing**

Engagement with the new primary care resource HealthPathways has been really positive since its launch in February, with increasing numbers of clinicians utilising the digital platform. HealthPathways is an information resource available via both desktop and mobile 3 that offers consistent pathway information to all Cardiff and Vale clinicians, supporting them to give patients the right care at the right time. The pathways have been written by subject matter experts in adherence to NICE guidelines with the aim of improving equity and reducing harm, waste and variation in line with the Shaping Our Future Wellbeing strategy, which in turn reduces the number of unnecessary appointments. To find out more, please contact [HealthPathways@wales.nhs.uk](mailto:HealthPathways@wales.nhs.uk).

More information about all of the above is available on the Shaping Our Future Wellbeing website, your resource for transformation and improvement at Cardiff and Vale UHB.

## **9. Using Technology to Highlight Eating Disorders**

Eating Disorders week commenced on 25 February, and to coincide with this the UHB launched a suite of animations developed by its Adult Eating Disorder team in conjunction with service users, Valley and Vale Community Arts and BAFTA-winning animator, Jane Hubbard. “Getting the Message Across” is a series of short animations designed to do just that; the hand-drawn animations convey the true experience of five service users as they discuss the physical and emotional effects of eating disorders, the cycle of bingeing and purging associated with bulimia, and their road to recovery.

These incredibly moving films will be used to improve staff training and awareness raising around eating disorders, but also as informative resources for those with conditions themselves to help them feel better informed and less isolated.

## **10. Executives Live!**

As reported at the January Board meeting ‘Executives Live’ continues, this is where members of the Executive Team spend time in a Cardiff and Vale UHB setting giving staff the opportunity to ask the Executive Team direct questions.

The next session takes place on 1 April 2019 at the Dinas Powys Medical Centre.

## **10. Clinical Senate**

The agenda of the Clinical Senate meeting held on 14 March was well attended. Informative and inspiring presentations were delivered by clinical leaders from across the health board. Attendees were provided with an overview of the updated Falls Framework; the findings and recommendation arising from an audit of Neutropenic Sepsis (a common complication of intensive treatment) and the BUMPES research study. The BUMPES study won the 2018 BMJ research paper of the year.

## **11. Staff Recognition Awards**

The Staff Recognition Awards (SRA) was a fantastic celebration of the very best of what Cardiff and Vale UHB has delivered to our patients and communities. Every award had its own story

behind it of excellent service and going above and beyond what is required, but it also embodied the values that we hold dear and demonstrate every single day across Cardiff and Vale UHB; kindness and caring, and putting the patient at the heart of everything we do.

The awards covered the breadth of services, clinical and non-clinical, and of course our wonderful army of volunteers who do so much to support the working life of the Health Board, its staff and patient. I was proud to be part of such a wonderful celebration and would like to give my personal thanks to our winners and runners up:

Award	Winner	Runner Up
Research and Development Award	Dr Karen Pardy	Beverley Curtis
Education & Development Award	Melanie Jones, Rhiannon Joseph & Louise Owen, Ward B2	Dr Emilly Hill
Manager of the Year Award	Linda Edwards Paul Harrison	Mo Fletcher
Quality, Sustainability and Efficiency Award	Paul Twose	Sian Hughes
Equality, Diversity and Human Rights Award	Dr Lorraine Lewis, Audiologist, UHW	Wendy Ansell
Health at Work and Wellbeing Award	Charlotte Bloodworth and Deborah Perring	Occupational Therapy Technician Service
Leadership Award	Jeff Turner	Isabel Allabarton
Acting Today for a Better Tomorrow Award	Dr Tom Porter	The Homeless Team
Welsh Language Award	Ward A2 Nursing Staff	Cardiff Community Resource Team
Volunteer of the Year Award	Mary Bollingham	Alf Williams
Patient Experience Award	Jayne Marchant and Team	Ward A4 Team
Living Our Values Award	Delyth Tomkinson	Staff at Aroma Café, UHL
People's Choice Award	Emilohi Adedejai	
Star of the Year	Paul Harrison	Cardiac Nurses
The Chair and Chief Executives Award	Claire Porter	Security Team
The Chairs Commendation Awards	Dr Marina Arulandam Amy Ferrer Linda Edwards	

**ASSURANCE** is provided by:

The Executive Team contributing to the development of information contained in this report.

**RECOMMENDATION:**

The Board is asked to **NOTE** the report

**Shaping our Future Wellbeing Strategic Objectives**

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

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

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

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

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

Not Applicable



<b>REPORT TITLE:</b>	<b>PATIENT SAFETY QUALITY AND EXPERIENCE REPORT – V8</b>				
<b>MEETING:</b>	Board Meeting			<b>MEETING DATE:</b>	29.03.19
<b>STATUS:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>For Approval</b>	<b>For Information</b>	
<b>LEAD EXECUTIVE:</b>	Executive Nurse Director				
<b>REPORT AUTHOR (TITLE):</b>	Assistant Director, Patient Safety and Quality – 029 2184 6117 Assistant Director, Patient Experience – 029 2184 6108				
<b>PURPOSE OF REPORT:</b>					

## SITUATION:

The purpose of this paper is to present an integrated Quality, Safety and Experience report which covers the period from January to February 2019.

## REPORT:

### BACKGROUND:

The development of an integrated Patient Safety Quality and Experience report, presents an opportunity for greater triangulation and analysis of information. It enables Clinical Boards and the Corporate Teams to identify areas of good practice but also to identify emerging trends and issues that require action in order to improve safety and quality of services.

The UHB has a wide range of data which provides a level of assurance on the safety and quality of services, as well as on the experience of patients and families. This report provides an analysis of information drawn from the reporting of patient safety incidents, Serious Incidents (SIs) and Never Events, as well as concerns raised by patients and families and feedback from national and local patient surveys. Themes emerging from internal and external inspections of clinical areas also provide a very valuable level of assurance in relation to the quality and safety of clinical services.

Where available, benchmarking data with peers is provided. Assurance in relation to the action that is being taken to address areas for improvement is also described.

### ASSESSMENT

The Board should note that:

**Serious Incidents** - The number of serious incidents being reported on a monthly basis has reduced significantly and this is as a result of revised Guidance on the reporting of Pressure Damage which was issued in December 2018. This now requires the UHB to retrospectively report pressure damage of Grade 3, 4 or unstageable if the investigation concludes that it was avoidable and healthcare acquired.

**Concerns performance** - In Quarter 3, 2018, the All Wales percentage of concerns that had received a final reply (regulation 24) or an interim reply (regulation 26) within 30 days, was 81% in comparison to 59% in Quarter 3 2017 – a significant improvement.

**Number of concerns received** - Concerns data for January and February 2019, shows a marked increase in the number of concerns received. There were 495 in total, in comparison to the previous 2

months, where 393 concerns were logged. There are no particular themes or issues that account for this rise in the number received. This is a trend that the UHB will continue to monitor.

**The Health Board’s Information and Support Centers** have been awarded the Macmillan Quality Standard for Cancer Information and Support Services.

**RECOMMENDATION:**

The Board is asked to:

- **CONSIDER** the content of this report.
- **NOTE** the areas of current concern and **AGREE** that the current actions being taken are sufficient.

**SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:**

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

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

Please highlight as relevant the Five Ways of Working (Sustainable Development Principles) that have been considered. Please click [here](#) for more information

Sustainable development principle: 5 ways of working	Prevention	Long term	Integration	Collaboration	Involvement

**EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:**

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



## Serious patient safety incidents (SIs reportable to Welsh Government)

### How are we doing?

During January and February 2019, the following Serious Incidents and No Surprises have been reported to Welsh Government:

Serious Incidents		
Clinical Board	Number	Description
Children & Women	1	<ul style="list-style-type: none"> <li>There was a delay in the treatment of a child due to a breakdown in the referral process between Health Boards.</li> </ul>
Medicine	5	<ul style="list-style-type: none"> <li>Grade 3, 4 or unstageable healthcare acquired pressure damage. This is a decrease since the previous reporting timeframe.</li> </ul>
	1	<ul style="list-style-type: none"> <li>Further clinical investigations required by a patient being treated for malignant melanoma were not undertaken for a considerable period of time.</li> </ul>
Mental Health	3	<ul style="list-style-type: none"> <li>Falls where the patient sustained significant injury.</li> </ul>
	1	<ul style="list-style-type: none"> <li>A patient was absent without leave from a secure ward area. He was later found by police and was unharmed following the incident.</li> </ul>
	1	<ul style="list-style-type: none"> <li>A patient has potentially self-harmed and sustained significant injuries requiring admission to Critical Care</li> </ul>
	5	<ul style="list-style-type: none"> <li>Unexpected deaths of patients known to Mental Health services, including substance misuse services. It is thought that the Coroner is likely to conclude suicide in 3 of the patient's deaths. For the remaining 2 patients, the circumstances of their deaths are not yet confirmed.</li> </ul>
Primary Care & Intermediate Care	1	<ul style="list-style-type: none"> <li>A medication error occurred on a Mental Health Services for Older People's ward whereby oramorph (an oral solution to treat pain) was accidentally injected sub-cutaneously. This is being managed as a Never Event.</li> </ul>
		<ul style="list-style-type: none"> <li>Grade 3, 4 or unstageable healthcare acquired pressure damage. This is a decrease since the previous reporting</li> </ul>

		timeframe.
<b>Specialist</b>	1	<ul style="list-style-type: none"> <li>Grade 3, 4 or unstageable healthcare acquired pressure damage. This is a decrease since the previous reporting timeframe.</li> </ul>
<b>Surgery</b>	2	<ul style="list-style-type: none"> <li>Grade 3, 4 or unstageable healthcare acquired pressure damage. This is a decrease since the previous reporting timeframe.</li> </ul>
	4	<ul style="list-style-type: none"> <li>Falls where the patient sustained significant injury. This is an increase since the previous reporting timeframe.</li> </ul>
	1	<ul style="list-style-type: none"> <li>A retrospective SI has been reported following receipt of an independent expert's report for an issue raised through the clinical negligence claims process. It relates to a woman whose diagnosis of a high grade lymphoma was delayed due to misdiagnosis.</li> </ul>
<b>Total</b>	<b>27</b>	

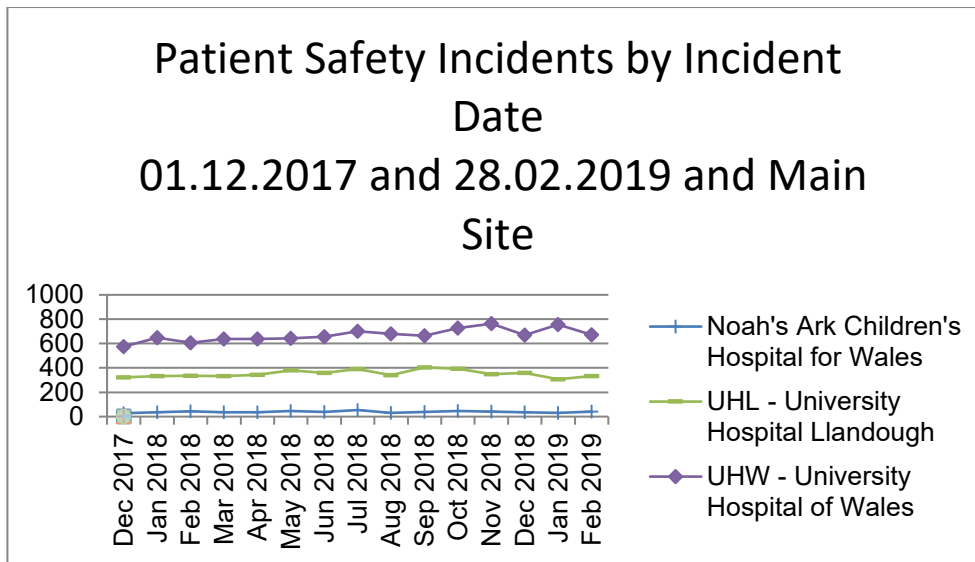
<b>No Surprises</b>		
<b>Clinical Board</b>	<b>Number</b>	<b>Description</b>
<b>Children &amp; Women</b>	1	<ul style="list-style-type: none"> <li>A No Surprises was reported to Welsh Government ahead of media coverage following the death of a child well known to the Children's Hospital for Wales.</li> </ul>
	1	<ul style="list-style-type: none"> <li>A No Surprises was reported following a couple anonymously contacting the media following their experience in the Women's Unit.</li> </ul>
<b>Executive Nurse</b>	1	<ul style="list-style-type: none"> <li>The UHB was informed that hospital property had been found at the home of a nurse who had previously been employed within the Health Board on an agency basis.</li> </ul>
	1	<ul style="list-style-type: none"> <li>It was reported that a nurse was convicted in court of salary overpayments from her former employer, prior to joining Cardiff and Vale UHB.</li> </ul>
<b>Medicine</b>	1	<ul style="list-style-type: none"> <li>Welsh Government was alerted to an Ombudsman Section 16 public report which was published in January 2019. This was described in the last reports to Board and Quality, Safety and Experience</li> </ul>

	1	<p>Committee. Concerns were raised regarding recognition of Acute Kidney Injury, the management of a Safeguarding concern and implementation of the Putting Things Right process.</p> <ul style="list-style-type: none"> <li>An outbreak of Norovirus temporarily affected ward areas.</li> </ul>
<b>PCIC</b>	1	<ul style="list-style-type: none"> <li>A patient known to the healthcare wing in HMP Cardiff died. His death was due to physical ill health and was reported in line with procedures following a death in custody.</li> </ul>
<b>Surgery</b>	2	<ul style="list-style-type: none"> <li>An outbreak of diarrhoea and vomiting and respiratory illness temporarily affected ward areas.</li> </ul>
<b>Other Health Board</b>	2	<ul style="list-style-type: none"> <li>An outbreak of diarrhoea and vomiting and respiratory illness temporarily affected ward areas.</li> </ul>
<b>Total</b>	<b>11</b>	

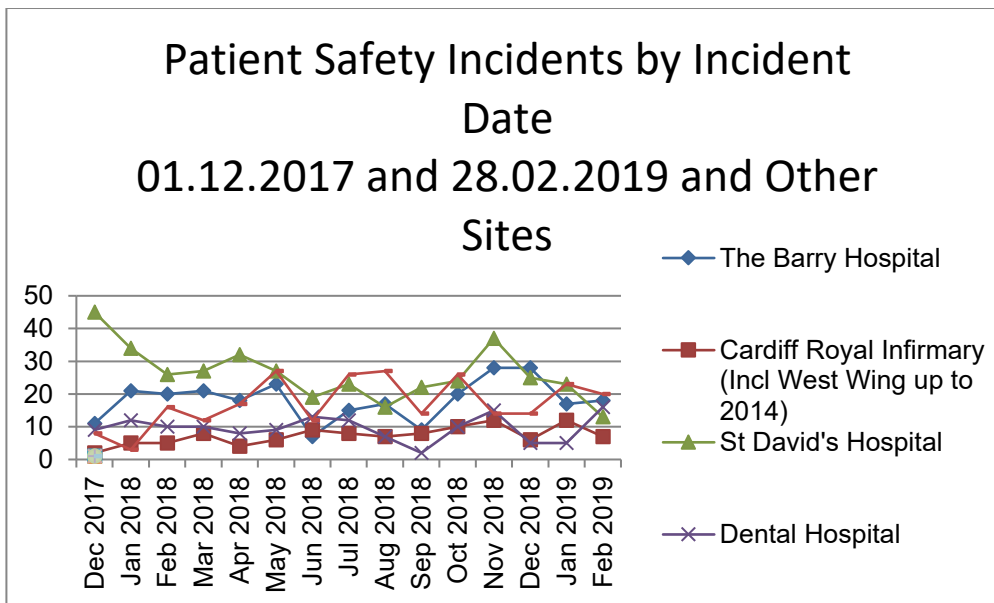
### How do we compare to our Peers?

There is no updated information available from Welsh Government regarding the position across Wales on Serious Incident reporting.

In terms of general incident reporting, the following graph demonstrates the patient safety incidents reported on to the UHB's Datix risk management system by main sites between December 2017 and February 2019. As would be anticipated, the majority of the incidents were recorded at the University Hospital of Wales (UHW) followed by University Hospital Llandough (UHL) which reflects the size and activity at those sites. The Patient Safety Team continues to monitor the incident reporting rates across the sites. The majority of reported incidents cause no harm or minor harm to patients and this is within the context of well over a million contacts by patients with healthcare services each year.



The graph below demonstrates the patient safety incidents reported onto the UHB's Datix risk management system by other sites between December 2017 and February 2019. The lower volume of incidents reported reflects the size and activity levels at the sites.



## Never Events

### All Wales position

There is no updated information available from Welsh Government regarding the position across Wales on Never Events.

The UHB has unfortunately reported a new Never Event to Welsh Government in this reporting timeframe. A patient on a Mental Health ward for Older People was

prescribed oramorph. This is an oral solution to treat pain. Unfortunately, it was accidentally administered sub-cutaneously. The patient was not harmed by the error.

### What are we doing about it?

It is currently under investigation but a number of immediate actions have been undertaken including:

- An Internal Safety Notice has been circulated to highlight the incident that has occurred and to guide staff in the correct procedure.
- A Medicines Safety Executive Briefing was circulated in February 2019 via Pharmacy to inform staff about the incident and correct procedure.

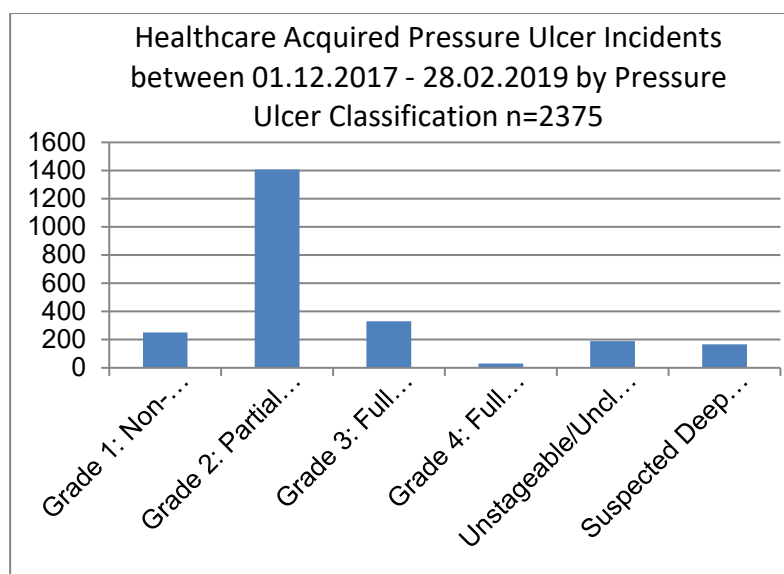
Two previously reported Never Events remain open to Welsh Government including a wrong lens inserted during an ophthalmic procedure and a retained guidewire following central line insertion. Both incidents remain in the investigation process. A series of actions are being undertaken to manage the issues arising from the ophthalmic procedure which was performed by an external provider commissioned by the UHB.. The improvement plan for the central line incident is being strengthened to ensure that lessons learnt are being embedded into clinical practice.

### Pressure Ulcers

#### How are we doing?

Pressure ulcers are frequently reported on the UHB's risk management database as a patient safety incident. Analysing pressure ulcer incident forms continues to be complex. This is because it is not always immediately obvious as to where the pressure damage is likely to have originated, whether it is healthcare acquired and whether there has been duplicate reporting of the same incident due to the patient moving between departments.

Between 01.12.2017 and 28.02.2019, 3,444 incidents of pressure ulcers were reported as patient safety incidents. Of these staff indicated that 2,375 (69%) were healthcare acquired, which means that the patient was in receipt of NHS funded healthcare at the time the pressure ulcer developed. It is evident that the majority of the reported incidents are grade 2 pressure ulcers and that 38% of the incidents were recorded as having occurred in the home setting.



### How do we compare with our Peers?

There is currently no benchmarking information available. Welsh Government has recently revised SI reporting procedures for pressure ulcers. From January 2019, they now require Health Boards to retrospectively report to them healthcare acquired grade 3, 4 and unstageable pressure ulcers that have been determined to be avoidable. The UHB is working to embed processes to meet the revised requirements.

Additionally, Welsh Government has asked all Health Boards to report all healthcare acquired pressure ulcer incident reporting data to them on a monthly basis. This will allow them to see the extent of the issue across Wales and it is hoped that this information will be shared across Wales in due course.

### What are we doing about it?

The UHB's pressure ulcer task and finish group continues to be an active forum taking forwards improvement work required.

A recent pressure ulcer prevalence audit has been undertaken, led by the Tissue Viability Nurses in conjunction with Medstrom. The outcome of their findings will be presented to the task and finish group.

The Patient Safety and Datix Teams continue to take forwards system developments to embed the revised SI reporting requirements. The aim is to ensure improved data quality and accuracy via the Datix incident reporting system to help with analysing the incidents which will inform priorities for action.

The Patient Safety Team are also reviewing all of the pressure ulcer SIs reported to Welsh Government in 2018 with a view to informing the task and finish group regarding improvement work required.

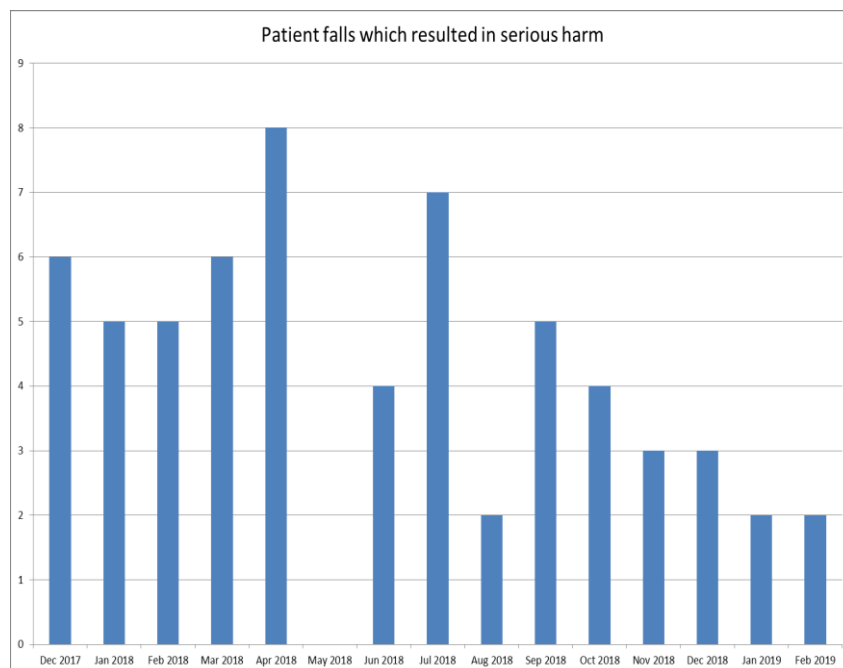
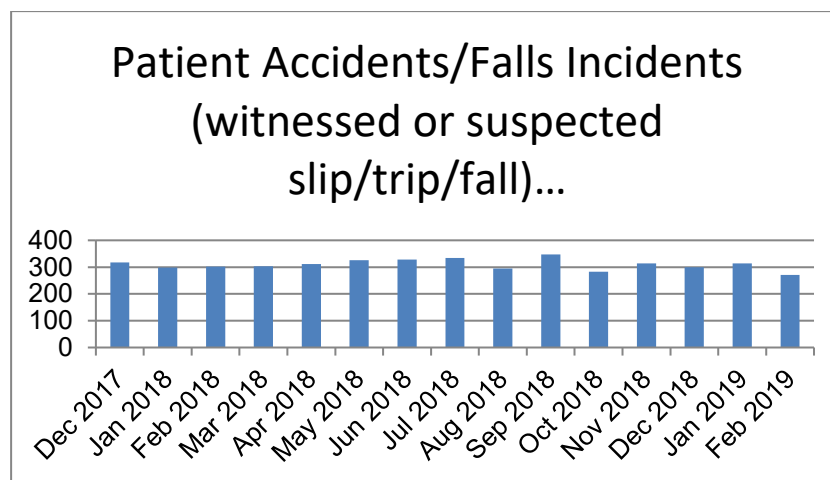
## Patient Falls

### How are we doing?

Patient falls continue to be a frequently reported patient safety incident. Reliable benchmarking information is not currently available.

### How do we compare with our Peers?

The following table indicates the number of patient accidents/falls reported between December 2017 and February 2019. The majority of falls continue to result in no significant injury to patients and there appears to be a downward trend in terms of what requires SI reporting relating to falls during the same time period. The UHB will continue to monitor this.



## What are we doing about it?

At the Clinical Senate on 8<sup>th</sup> March 2019, there were a number of presentations on work underway as part of the transformation of falls services in the UHB. The UHB's new falls framework was launched; an update was provided regarding the Cardiff and Vale Community Falls Prevention Alliance, Stay Steady community falls clinics in Cardiff, inpatient falls simulation training, community strength and balance classes and the Staying Steady Schools scheme.



The new falls framework is available for download on the UHB website here: <http://www.cardiffandvaleuhb.wales.nhs.uk/falls-prevention/>



## Regulation 28 reports

One Regulation 28 report has been issued to the UHB in the current reporting timeframe.

It relates to an incident that was previously reported to Board, having occurred in 2015 on a Mental Health Services for Older People's ward. There was a delay in proceeding with the inquest due to crown court procedures needing to conclude first. Investigation and management of the incident has included safeguarding, disciplinary processes and the reporting of the staff involved to the Nursing and Midwifery Council.

The Coroner concluded that the gentleman with early onset dementia and prone to seizures as a result, had fallen to the floor following a witnessed seizure during which he sustained a serious head injury. Regrettably, the Coroner determined that incomplete and inappropriate physical and neurological observations were undertaken during the period that followed the incident. The serious nature of the patient's condition was not recognised for some hours; the patient was later transferred to UHW where he sadly died.

The Coroner raised the following concerns:

- There was a lack of knowledge of falls management and neurological observations by the ward's nursing staff. Evidence clearly revealed a head injury had occurred and should have been suspected.
- Continued observation of the patient on the ward in conjunction with use of the National Early Warning Scoring system (NEWS) was lacking.

The UHB has been able to respond to the Coroner outlining improvements in falls management since 2015. The Mental Health Clinical Board implemented a bespoke falls training programme. The sessions specifically include training on falls risk management (to identify measures to reduce the risk of a patient falling), post falls management, responding to an unwitnessed or witnessed fall and performing neuro observations. 75% of the nursing staff within the MHSOP directorate have attended, with arrangements in place for the remaining staff to attend this ongoing programme.

A new neuro observation chart was introduced in August 2018 and it is now UHB policy that only registered nurses perform this task.

The learning from this incident is being taken forwards across the UHB and the role of the Falls Strategy Implementation Lead has been an important component of this.

The simulation suite has since become available and a falls scenario is available to aid staff training.

## Outcomes of internal and external inspection processes

### Internal observations of care

Twenty unannounced inspections took place during January and February 2019; these took place across five Clinical Boards. Eighteen inspections were undertaken under the usual inspection schedule, one was undertaken at the request of the Executive Nurse Director and another was requested by one of the Clinical Board's Director of Nursing.

#### **Areas of notable practise:**

- As reported previously, staff were noted to be kind and caring; respectful, warm interaction was noted between staff and patients across all twenty areas.
- Increased evidence of good leadership and team working has been observed, evidence of this includes observation of good communication between different disciplines, positive comments from staff relating to leadership on the ward and calm, organised ward areas.
- Complimentary feedback was shared by patients consistently across all areas.
- A good standard of documentation was reported across the majority of areas visited, particularly in relation to comprehensive risk assessment completion and review.
- Very positive visits were reported for Ash, B4 Neuro, A4, Island, Dental Theatres and Willow wards.

#### **How are we doing and what are we doing about it?**

#### **Areas for improvement:**

- Concerns were highlighted in relation to medicines management in six of the twenty areas visited. The issues highlighted included medications left at bedside, medication cupboards unlocked, oxygen not prescribed and medications not being stopped in line with procedure. Any concerns identified were re-laid to the nurse in charge at the time of the inspection to allow steps to be taken to rectify the problem immediately; the Nurse Advisor for medications management is also informed. This will be discussed at the next Medication Safety Group meeting.
- As highlighted in previous reports, outstanding maintenance issues are of concern. Ward Sister/Charge Nurse and Senior Nurses continue to chase up these outstanding requests.
- Whilst storage space continues to be an issue for the majority of wards visited; staff continue to try and make the best use of the space available to them.

#### **Patient Experience**

#### **Real Time**

The All Wales Framework for Assuring Service User Experience describes four quadrants which group together a wide range of feedback including **real time**, **retrospective**, **proactive/reactive** and **balancing**. The UHB employs a wide variety of methods across the four quadrants in order to gain the views of service users so that this rich, qualitative information can be considered and used to improve services.

#### **How are we doing?**

The patient satisfaction scores from the all surveys administered across the Health Board are illustrated in the table below. It is pleasing to note the sustained high level of patient satisfaction.

	January	February
<b>UHL</b>	96%	95%
<b>UHW</b>	97%	93%

Whilst there has been slight decrease in the patient satisfaction score at UHW this is not attributable to any particular area.

Staff are amazing and a credit to the NHS. Nothing was ever too much for the nurses, they made me feel calm, safe and anxiety free and for an OCD sufferer that's an accomplishment.

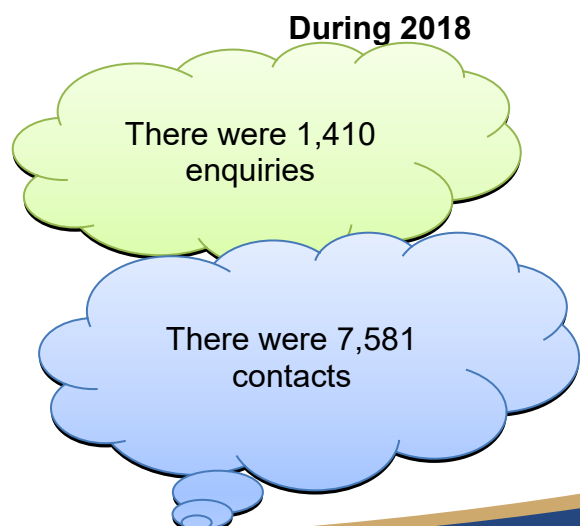
### Macmillan Quality Standard for Cancer Information and Support Services Award

The Health Board's Information and Support Centres are hugely beneficial for carers, patients, visitors and staff; with invaluable face-to-face support provided. Their importance has been recognised with the Macmillan Centre at the Concourse, UHW recently being awarded the MQulSS. This is the Macmillan Quality Standard for Cancer Information and Support Services.

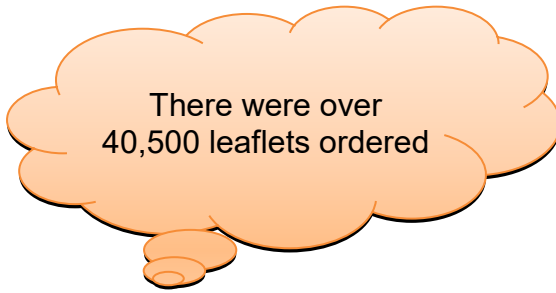
This award recognises excellence in developing, delivering and improving information and support services and meeting the changing needs of people affected by cancer.

The award covers 12 interlinked 'quality areas' looking at all aspects of a well-managed service which include:

1. Planning
2. Governance
3. Leadership
4. User-centred service
5. Managing people
6. Learning and development
7. Managing money
8. Managing resources and information
9. Communication and promotion
10. Working with others
11. Monitoring and evaluation



## 12. Results



### **Patient Experience Network National Awards (PENNA)**

For the second year running the Patient Experience Team has been shortlisted for the PEN National Awards. This year the Health Board has the following entries submitted:

1. Support for Carers in GP Practices.
2. Listening and Learning Together to Improve Patient Experience.
3. Developing a Patient-Centred Service for Neuroendocrine Cancer across South Wales through Commissioning and Co-production.

The award ceremony is taking place in the Repertory Theatre in Birmingham on 20<sup>th</sup> March 2019.

### **Retrospective**

#### **Diabetes Services- Young Adults**

Young Adults are to be surveyed in relation to diabetes services, specifically focusing on their experience. This will be retrospective comprehensive survey with two sections including;

1. Question about the clinic appointment
2. General questions relating to their diabetes

There will also be opportunity for qualitative feedback.

#### **Learning Disability Questionnaire**

Each week Learning Disability questionnaires are sent to patient and their carers who have accessed our Inpatient and Outpatient Services. This information is then shared with the Lead Nurse Surgery, who is leading on this important agenda.

#### **Acute Oncology Service:**

Retrospective surveys are undertaken in a variety of departments. The Acute Oncology Services recently received a report whereby junior doctors were surveyed in relation to the Acute Oncology Service (AOS). Questions included;

1. Are you aware of the Acute Oncology Service (AOS) in UHW?
2. How did you contact the service?
3. What additional teaching/training would you like the AOS to provide?

In response to feedback provide in relation to Question 3, the Acute Oncology Service are meeting to review existing training and will discuss further developing their training program and raising awareness of the service. This will be for all staff, with the ultimate aim of improving patient experience and outcomes.

Positives qualitative feedback included;



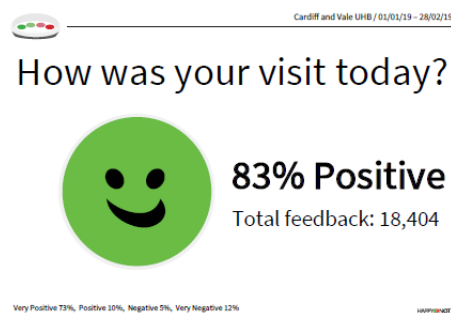
Excellent service. Thank you for your specialist input

Very useful linking service with team at Velindre. Overall very pleased. Thank you for your valuable input.

### Proactive and Reactive

In April 2019, we will be launching the revised national survey every quarter to all of our in-patients. It includes the key questions we have been asked to survey by Welsh Government. We have taken the opportunity to review our Inpatient and Outpatient surveys to include some of the Health Board aims and therefore we ask patients whether they have had the opportunity to discuss discharge planning, have been encouraged to get up, get dressed and get moving. Have they been given the opportunity to be involved in activities and to check if people feel informed about their care and involved in decisions.

There are seven 'Happy of Not' Kiosks situated across the Health Board. For this data report they were in UHW, UHL, Barry Hospital, St David's Hospital, Dental Hospital, various Primary Care settings and Children's Hospital for Wales. Over 18,000 responses have been received to this question



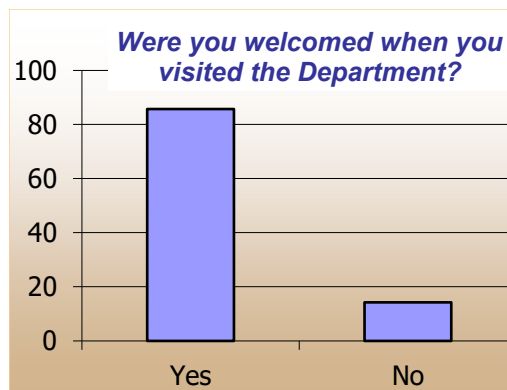
We have recently placed three 'Happy or Not' machines in the Emergency Unit; two for patients/visitors/carers and one for staff to plot satisfaction scores against activity from the various perspectives.

### Ward Feedback Kiosks



We have recently placed a feedback clinic in the Department of Sexual Health and the initial feedback is very positive

Previously concerns had been expressed regarding the ability to make an initial appointment – it is pleasing to note that the feedback regarding this is now very positive.



## Balancing

### Concerns

Between 1<sup>st</sup> January 2018 and 29<sup>th</sup> February 2019, the Health Board has received 3146 complaints, of which, 58% were managed through our informal process, with less than 1% being converted to a formal complaint.

The highest number of concerns, 1,272 in total, related to concerns about clinical diagnosis, treatment and assessment, followed by, 658 concerns raised in the same period regarding waiting times, cancellation of appointments/admission.

Surgery Clinical Board continues to receive the highest number of formal and informal concerns; in total they received 1,017 concerns. The highest number of concerns, 462, registered for Surgical Clinical Board relate to the ENT, Ophthalmology and Urology Directorate.

Medicine had the second highest number of concerns, 543 in total.

As reported in the last Board Report, the Concerns Team continues to receive a high volume of calls and emails relating to car parking and these are being shared with the Director of Planning. A key theme is the difficulties people have with directly accessing the parking company to raise concerns or to discuss their cases.

Concerns data for January and February shows a marked increase in the number of concerns received, 495 in total, in comparison to the previous 2 months, where 393 concerns were logged. This will reflect the Christmas period as there was a reduction during December. Of the 495 Concerns logged during January and February, 307 were managed informally, which exceeds the target of 60%.

The Clinical Boards have demonstrated a continued commitment to working with the Concerns Team to maintain the improvement in the 30-day response times, meeting

weekly to discuss all active concerns. It is disappointing to note a decrease in the Health Boards 30 day response times, which is currently 80%, however, this is possibly as a result of the increase in the volume of concerns, increased winter activity and the Holiday Period

## Compliments

During the period 1<sup>st</sup> January 2018 to 28<sup>th</sup> February, the Health Board received 583 compliments. Medicine Clinical Board continues to receive the highest number of compliments (211), in particular for the Emergency Unit. This is followed by Surgery receiving 151 compliments for the same period. It should also be noted that the Concerns Team will often receive large bundles of compliments from various areas and therefore, compliments can be logged retrospectively.

## How do we compare to our Peers?

In Quarter 3, 2018, the All Wales percentage of concerns that had received a final reply (regulation 24) or an interim reply (regulation 26) within 30 days, was 59 % in comparison to Cardiff and Vale' s response time of 81% in Quarter 3

## What are we doing?

You Said	We Did
I would like to see a priest more often, because I am Roman Catholic	Chaplaincy Team contacted; the Roman Catholic Priest attended the ward that day
'Get another TV remote'	Three ordered; now available
Two staff members went out of their way to welcome my 7 year old son. I would like to nominate them as Health Care Professionals of the year	Shared with Communications department, lady contacted and will be nominating staff for February's 'Health Hero'
A child, was admitted for a diagnostic laparoscopy. When the surgical drapes were removed, it was noticed that the patient had sustained two small burns to his upper right thigh. The tip of the endoscope had come into contact with the patient, unbeknownst to staff during the procedure.	A formal procedure on the management of laparoscopic equipment has now been implemented. Theatre training booklets have been amended to include the potential risks of leaving unconnected light leads on a patient. An Internal Safety Notice has been disseminated within the Peri-Operative Care Directorate to highlight the risks present when using light leads.
During an operation, patient experienced a period of anaesthetic awareness.	Following the incident, posters were designed and circulated in all operating theatres. These place an emphasis on minimizing distraction at the point of transferring the patient from the anaesthetic room and re-establishing anesthesia in the

	operating room.
No discharge information received by patients GP regarding the fitting of a pacemaker	Discharge Advice Letter was generated on discharge but was not approved by consultant, therefore not sent. Unapproved letters will now be flagged on a weekly basis to eliminate this.
Lack of cots on the post-natal wards	New cots have been purchased. An escalation flow chart has been devised to provide clarity for staff if this situation should ever arise again.
Patient felt unsupported and not communicated with whilst attending the ward for a procedure.	All patients attending ward for a procedure will now have a named nurse. The Clinical Board is also developing an information leaflet to give relevant information for patients.
Patient was admitted to undergo right internal jugular vein central venous catheter insertion (CVC). A chest X-ray was performed to confirm the line position, but this X-ray was not reviewed.	Guidelines have now been drawn up for the insertion and checking of the position of CVC's, including clear instruction as to whether the CVC is safe to use.
Patients husband struggling with wife's cancer diagnosis and ongoing treatment whilst an inpatient.	Clinical Board has arranged for husband to receive support and counselling from McMillan services that are usually only for patients.

<b>Report Title:</b>	<b>Performance Report</b>				
<b>Meeting:</b>	UHB Board			<b>Meeting Date:</b>	28.03.19
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	<b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	Deputy Chief Executive				
<b>Report Author (Title):</b>	Members of the Performance and Information Department (tel 029 20745602)				

## SITUATION

The full Performance Report sets out the UHB's performance against Welsh Government (WG) Delivery Framework and other priority targets up to June 2018 and provides more detail on actions being taken to improve performance in areas of concern.

## REPORT

### BACKGROUND

The UHB is presently compliant with 27 of its 68 performance measures (January = 24/67, March 2018=18/60) and is making satisfactory progress towards delivering a further 18 (January = 24, March 2018 = 23).

Since the last report 5 measures have improved to green.

#10 – The emergency crude mortality rate has reduced to 2.89%, the lowest rate for 5 years.

# 13 – The number of emergency hospital readmissions into Cardiff and Vale UHB's hospitals within a year for a basket of 8 chronic conditions has reduced from 190 per 100,000 population to a 4 year low of 181 per 100,000 population.

#24 – An assessment of our primary care contractor status indicates an element of improvement in the latest quarter

#31 - The number of patients who had a potentially preventable Hospital Acquired Thrombosis (VTE) up to 90 days post discharge was zero in quarter 2.

#37b – The UHB's cash flow forecast has improved from a deficit of £2.418m to a surplus of £1.856m

There were four measures where a deterioration in performance was observed.

#20 The number of emergency hospital admissions into Cardiff and Vale UHB's hospitals for the basket of 8 chronic conditions per 100,000 population increased from 997 to 1023.

#32 – The proportion of patients whose nutrition score was completed and appropriate action taken within 24 hours of admission fell from 97% in December to 92% in February.

#34 – The proportion of staff members compliant with the World Health Organisation’s 5 moments standards for hand hygiene deteriorated marginally from 95% to 94%

#56 – The proportion of medical staff undertaking performance appraisal in the previous 12 months reduced from 80% at the end of quarter 2 to 68% at the end of quarter 3.

As a result there are now 23 measures where performance is either below the expected standard or progress has not been made sufficiently quickly to ensure delivery by the requisite timescale.

This is summarised in the table below:

Policy Objective	Green	Amber	Red	Score
Delivering for our population	9	8	5	13/22
Delivering our service priorities	3	2	1	4/6
Delivering sustainably	14	6	11	17/31
Improving culture	1	2	6	2/9
Total	27	18	23	36/68

## ASSESSMENT

Section 2 provides commentary on the following areas of performance which have been prioritised by the Board and the actions being taken to drive improvement. These are:

- Condition specific mortality rates
- Mental Health Measures
- Unscheduled care report incorporating Emergency Department and ambulance response and handover times and delayed transfers of care
- GP Out of Hours services
- Stroke
- Cancer
- Elective access including dementia and diagnostic waiting times and postponed admissions
- Finance

Commentary and assessment on the latest quality and safety indicators is provided in a separate report from the Director of Nursing.

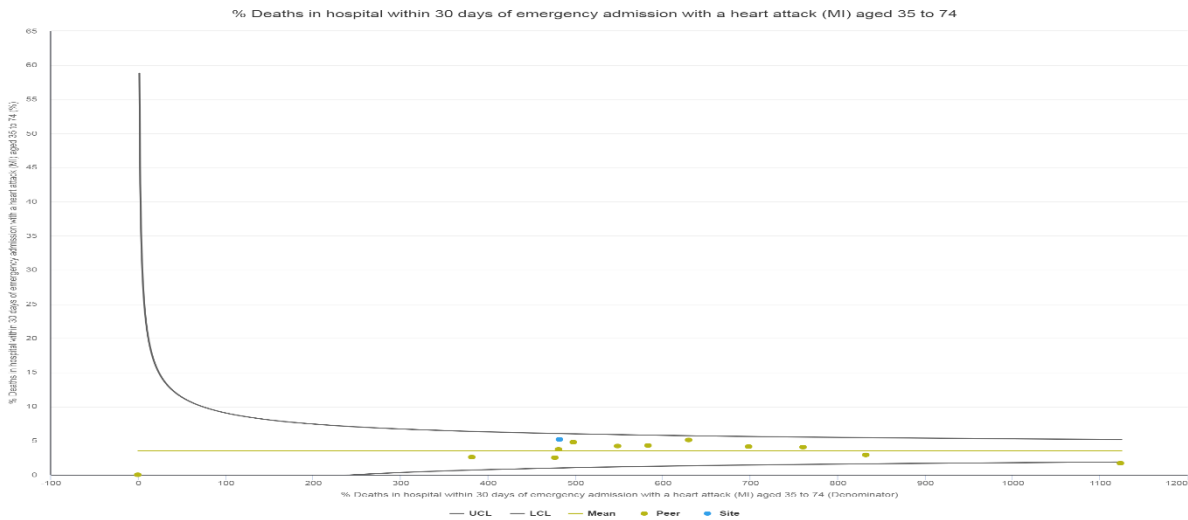
- **MORTALITY**

### How are we doing?

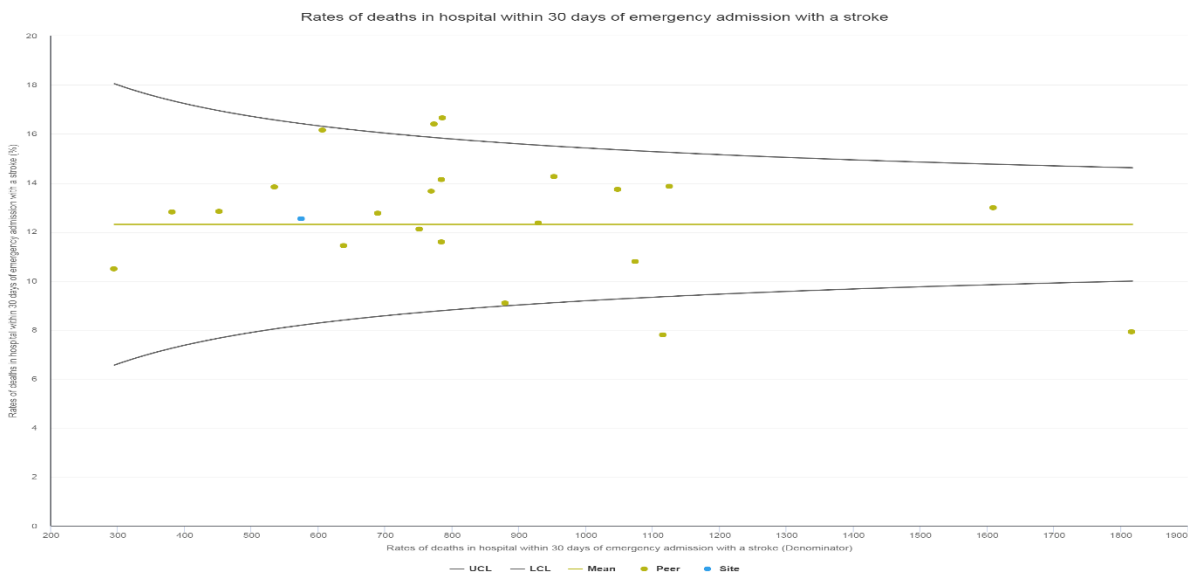
In addition to measuring overall crude and risk adjusted mortality rates, the UHB monitors many condition specific mortality rates. Hip fracture, myocardial infarction and stroke are three higher volume, higher impact conditions, which are subject to national audit, and for which the UHB

continues to progress improvement programmes. Since the start of the year CHKS data has indicated the following changes in the UHB's 30 day crude mortality rates for these conditions:

- for patients aged 35-74 suffering a myocardial infarction rate, the rate has increased from 3.7% to 5.2%. Whilst this is marginally higher than the UHB's CHKS UK peer group for Cardiology, from the chart below our rates remain within a 95% confidence limit. (The blue circle represents C&V and the green circles our peer organisations).



- for stroke the 30 day crude mortality rate has remained at 12.5%, in line with other UK acute teaching hospitals in England and Wales outside of London.



- for patients admitted with a fracture neck of femur the latest data from the National Hip Fracture dataset identifies the UHB's 12 month 30 day mortality rate to be 9% against the national average of 6.5%

### Overall performance - UHW. University Hospital of Wales

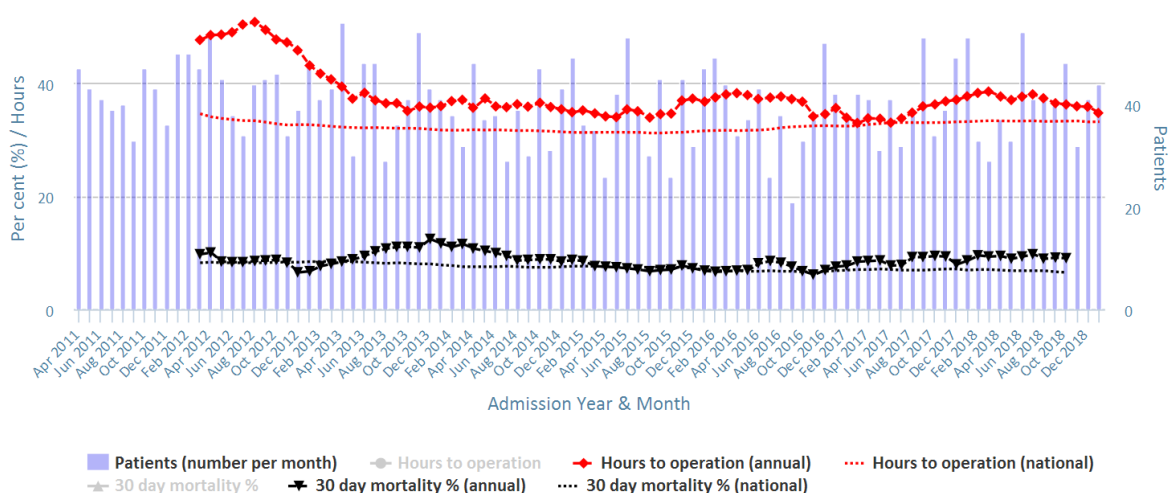


Chart data is indicative status only - [www.nhfd.co.uk](http://www.nhfd.co.uk) (c) Royal College of Physicians - Technology by Crown Informatics

### How do we compare with our peers?

The UHB's performance relative to the other Welsh Health Boards as reported by CHKS is shown below. It is worth noting that flows are on a regional basis, and consequently the casemix for Myocardial Infarction and Stroke varies by Health Board.

Dec'17 - Nov'18	AB	ABM	C&V	CT	HD	BC
% Deaths in hospital within 30 days of Emergency admission with a heart attack aged 34-75	1.14	4.51	4.59	2.98	4.14	3.83
% Deaths in hospital within 30 days of Emergency admission with a stroke	12.1	12.7	13.4	14	15.7	14.3
% Deaths in hospital within 30 days of Emergency admission with a hip fracture (age>65)	6.9	6.4	4.8	4.3	3.6	4.8

### Risks

Condition specific mortality is a useful indicator for measuring the UHB's effectiveness in providing safe, clinically effective care and for the early identification of harm occurring. Case note review is considered to be the gold standard for determining whether appropriate care has been provided to patients and as the basis for learning.

### What are we doing?

In respect of myocardial infarctions, the development of a new regional pathway which is streaming patients who have suffered an out of hospital cardiac arrest directly into UHW is hypothesised to be the primary cause of the increase. This evidence based development is intended to reduce overall mortality rates for this higher risk cohort of patients by expediting their access to specialist critical care and cardiac services.

The outcomes of the new model are being subject to clinical audit and are appraised via the clinical audit and safety meetings.

In respect of hip fractures, the UHB has a falls prevention programme to reduce the numbers of patients fracturing their hip. The actions being taken forward on an Alliance basis include:

- Improving the falls pathways, enhance community level falls prevention intervention and improve screening of older people at risk of falling, including establishing a first point of contact and community falls clinics
- Promote the Steady on Stay Safe falls prevention campaign amongst the population of Cardiff & Vale through working with local partners, utilising social media and incorporating into MECC where appropriate
- Providing Falls Brief Intervention training to key professionals working with older people, giving them the skills to identify and address falls risks and signpost to support

Within the hospital environment the UHB is an active participant in the Royal College of Physician’s “*Falls and Fragility Fracture Audit Programme*” and *contributory to the National Hip Fracture Database*. As part of this programme the UHB is striving to improve outcomes and processes against the 6 key metrics shown in the chart below.

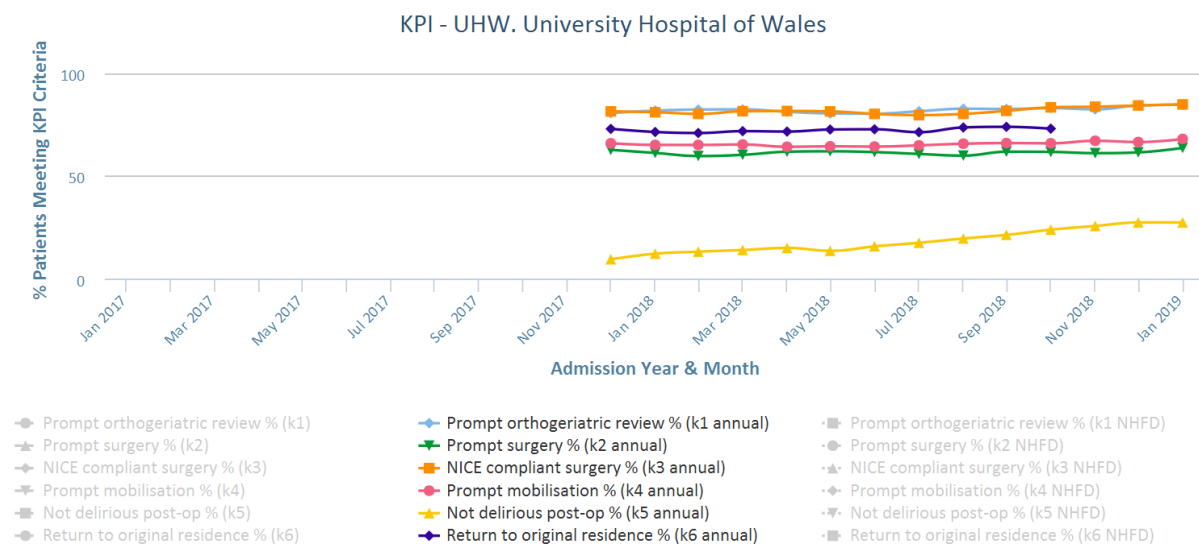


Chart data is indicative status only - © Royal College of Physicians - Technology by Crown Informatics (ID: KPI03)

Actions for stroke are in improving processes in line with the Stroke improvement plan and the Royal College of Physician’s *Sentinel Stroke National Audit Programme*, details of which are provided in the dedicated section of this performance report.

## 2) MENTAL HEALTH

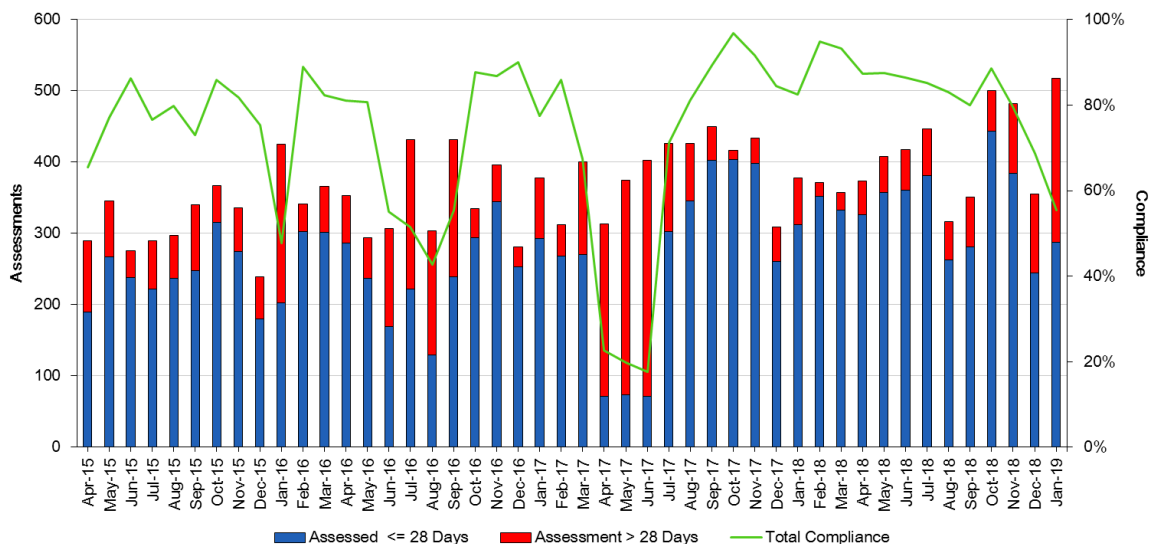
### How are we doing?

#### Part 1a: Service users to receive an assessment within 28 days

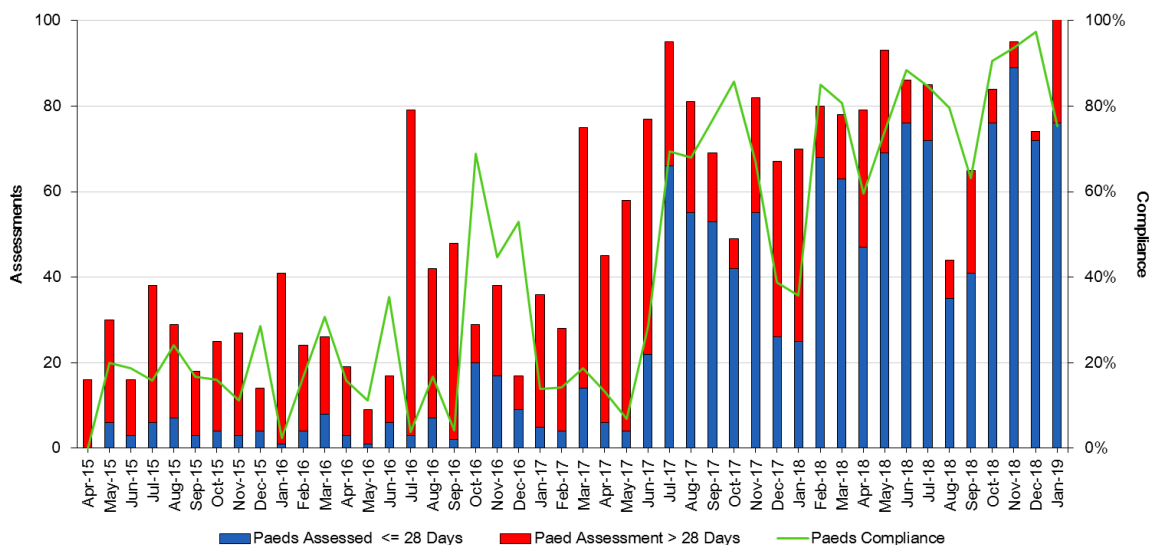
Overall 56% of service users seen in January 2019 were assessed by the Local Primary Mental Health Support Service (LPMHSS) within 28 days of referral, against the Welsh Government's minimum standard of 80%.

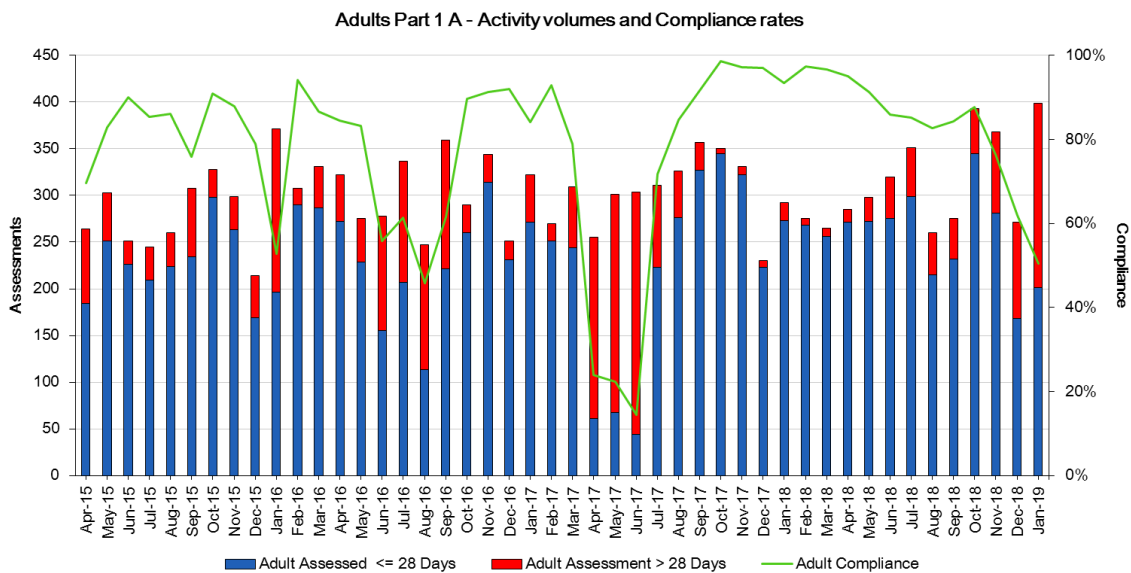
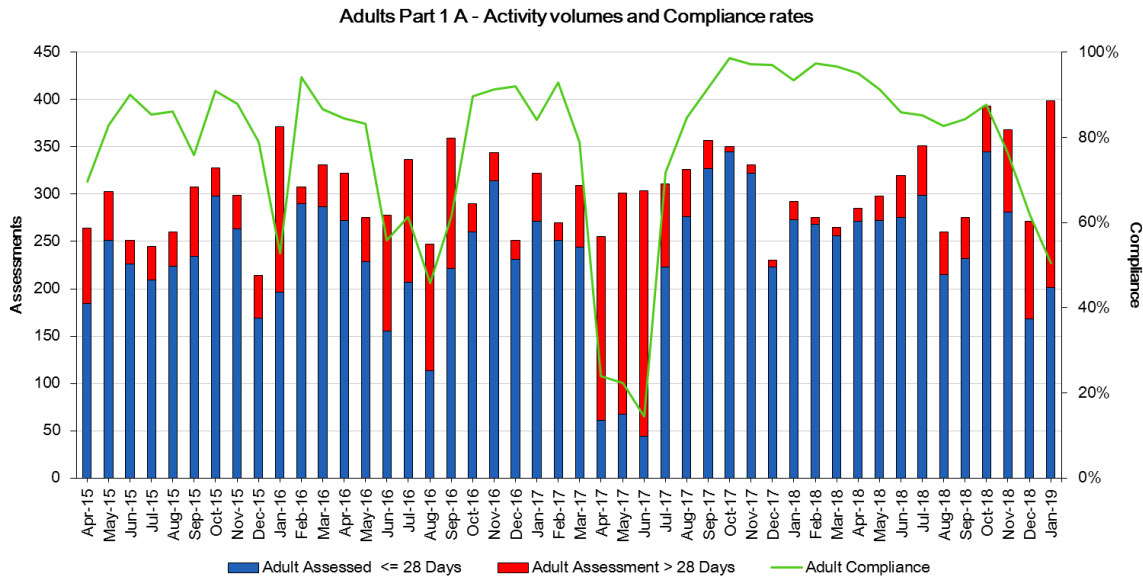
All services have experienced a decrease in performance against the access rates within 28 days in January 2019, caused by exceptional referrals in both October and January. At a service level Child and adolescent service performance decreased from 94% in November 2018 to 75% in January 2019; Adult services performance decreased from 76% in November 2018 to 50% in January 2019 and Older People's Service performance decreased from 74% in November 2018 to 59% in January 2019.

Total Part 1 A - Activity volumes and Compliance rates



CAMHS Part 1 A - Activity volumes and Compliance rates





Part 1b: Overall 90% of service users started a therapeutic intervention in January 2019 following assessment by the Local Primary Mental Health Support Service (LPMHSS) within 28 days of their assessment against a standard of 80%.

Part 2: Overall 84% of LHB residents had a valid Community Treatment Plan completed at the end of January 2019 (data quality issues have recently been identified for later months). The standard is 90%.

Part 3. 100% of former users assessed under part 3 of the measure were sent their outcome of assessment report within 10 days.

Part 4 of the measure relating to the advocacy service continues to be met.

## How do we compare with our peers?

In December 2018 the UHB's performance for Part 1a of the measure deteriorated to 6<sup>th</sup> in ranking compared to the other LHBs and level of performance in respect of delivering parts 1b is 3<sup>rd</sup> in ranking compared with in other Health Boards.

December 2018	Part 1a	Part 1b	Part 2	Part 3
	Part 1a. % of assessments by the LPMHSS undertaken within 28 days from the receipt of the referral	Part 1b. % of Therapeutic Interventions started within 28 days following an assessment by the LPMHSS	% of residents with a valid CTP	% of residents sent their outcome assessment report within 10 days of their assessment.
ABM	83.8%	85.2%	91.3%	100.0%
AB	84.0%	80.4%	90.2%	100.0%
BCU	75.1%	73.8%	89.7%	100.0%
C&V	68.7%	86.0%	83.9%	100.0%
CTaf	61.5%	97.3%	86.0%	100.0%
HDda	93.5%	93.8%	92.5%	100.0%
Powys	87.1%	77.8%	96.6%	100.0%
Rank	6/7	3/7	7/7	-/7

## What are the main areas of risk?

The main risk to achieving the target is the lack of resilience within the services' capacity at periods of relatively higher demand. This risk materialised in October 2018 when there was an unprecedented demand of 1180 referrals into the adult service, which took the service approximately 2 months to recover from. A double spike occurred with demand in January 2019 reaching 1003, far outstripping the service's capacity of circa 900.

## What actions are we taking?

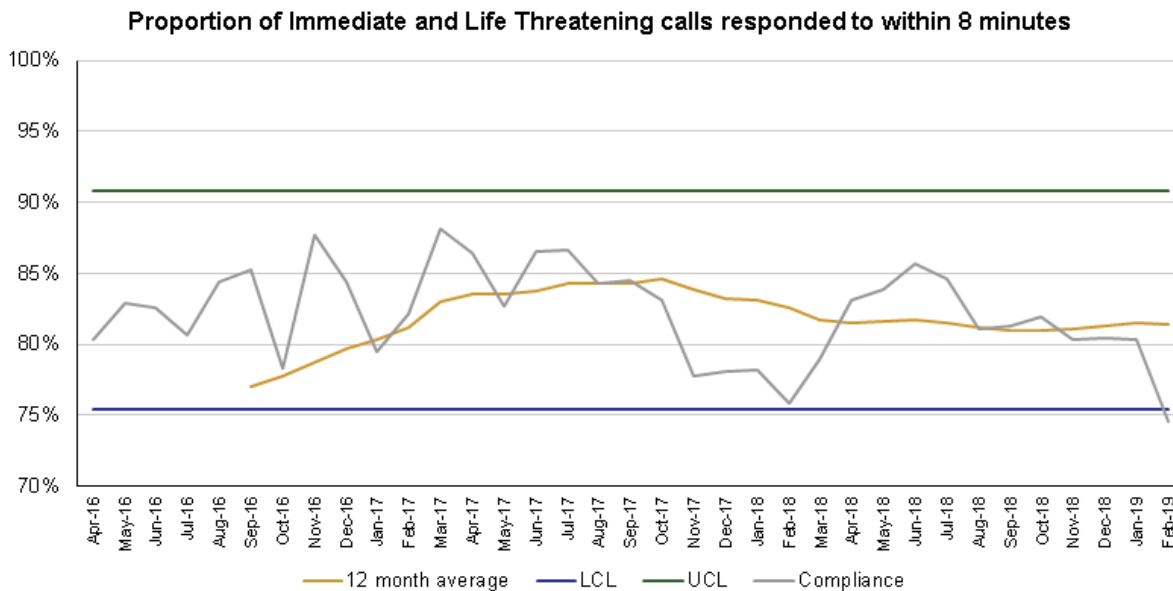
Part 1a – All services have been invoking additional bank sessions, to provide the additional capacity required to cope with the additional demand experienced and to address the backlog that has resulted.

Part 1b – The recent Matrix Cymru recommendations which have led to an extension of psychological therapy interventions has meant that a number of group therapies have been included within the scope of the act. Within these, there are a number of conditions which are relatively rare and there is difficulty in securing a critical mass of patients to deliver the therapy within a 56 day cycle (28 day assessment, 28 day intervention). The UHB continues to strive to meet this target, along with opening discussions with WG officials on the practicalities of compliance.

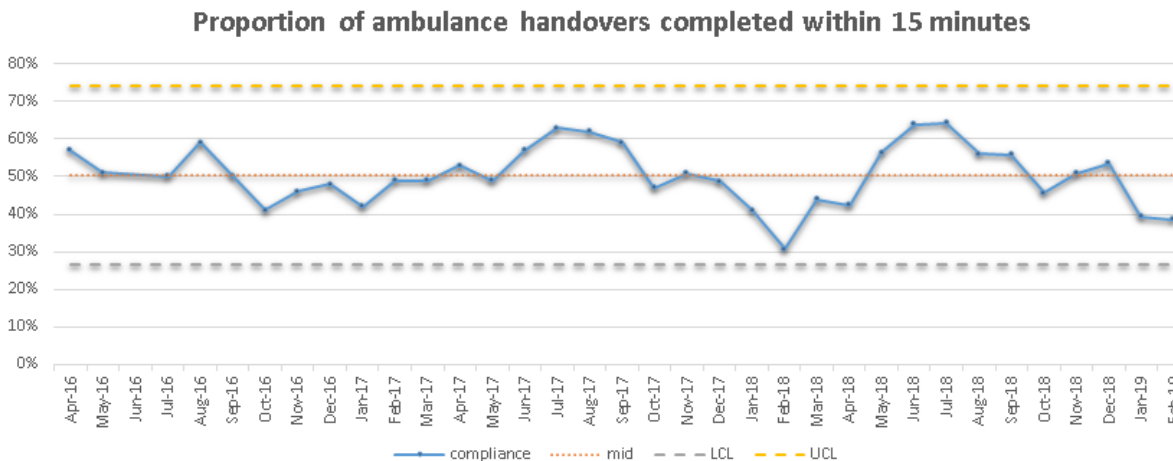
Part 2 – The drop in performance is related to doctor-led care planning. The Mental Health Clinical Board has introduced a process to ensure the psychiatrist's case-mix is commensurate with the level of need. This will improve access and stream patients to the appropriate level of support.

### 3) UNSCHEDULED CARE

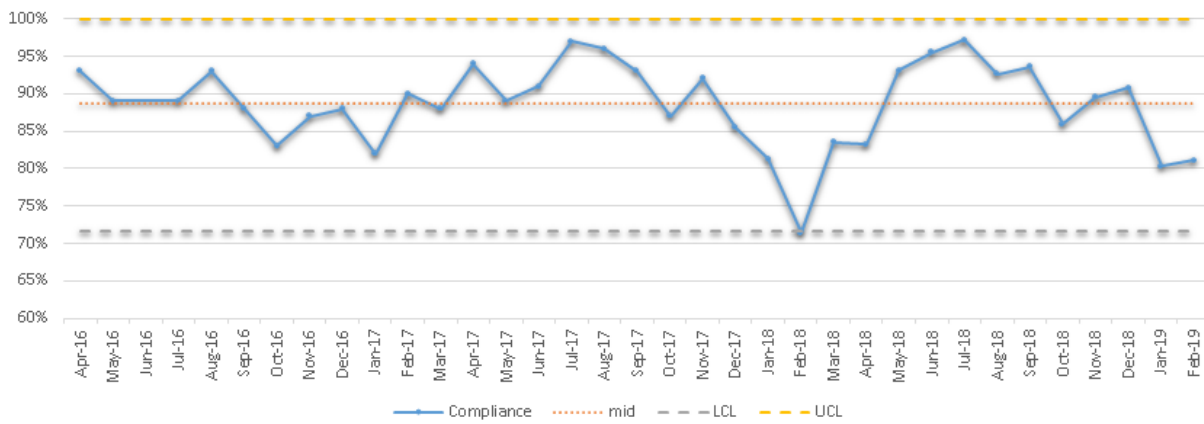
The proportion of immediate and life threatening calls responded to within 8 minutes was 74.6% in February; with the 12 month performance marginally decreasing to 81.4% reflecting a marginal decline on that observed in February 2018. Performance still remains above the Welsh Government target of 65%.



In respect of ambulance handovers, 39% of patients were handed over within 15 minutes and 81% of patients handed over within an hour which is below the WG minimum standard of 60% within 15 minutes, and 100% within 60 minutes.

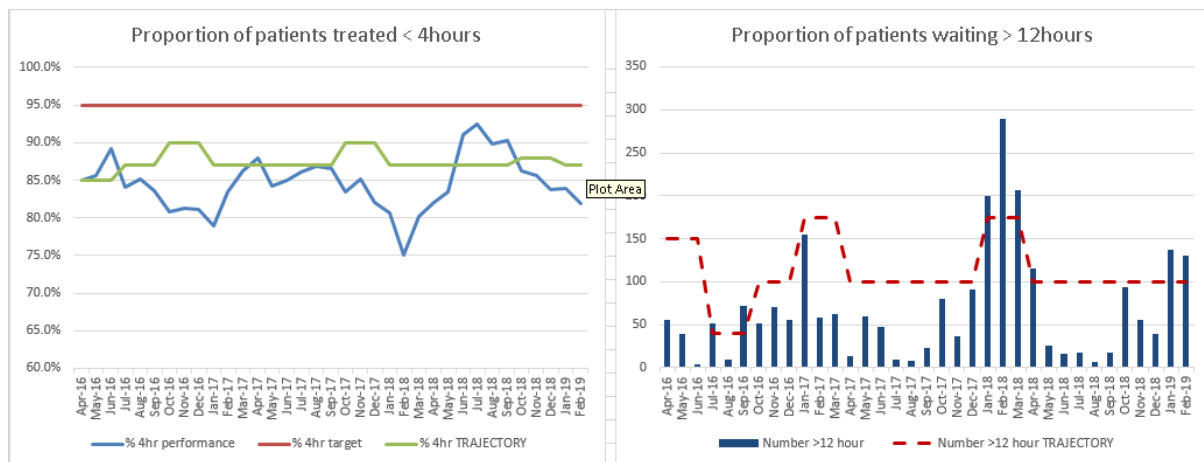


### Proportion of ambulance handovers completed within 60 minutes



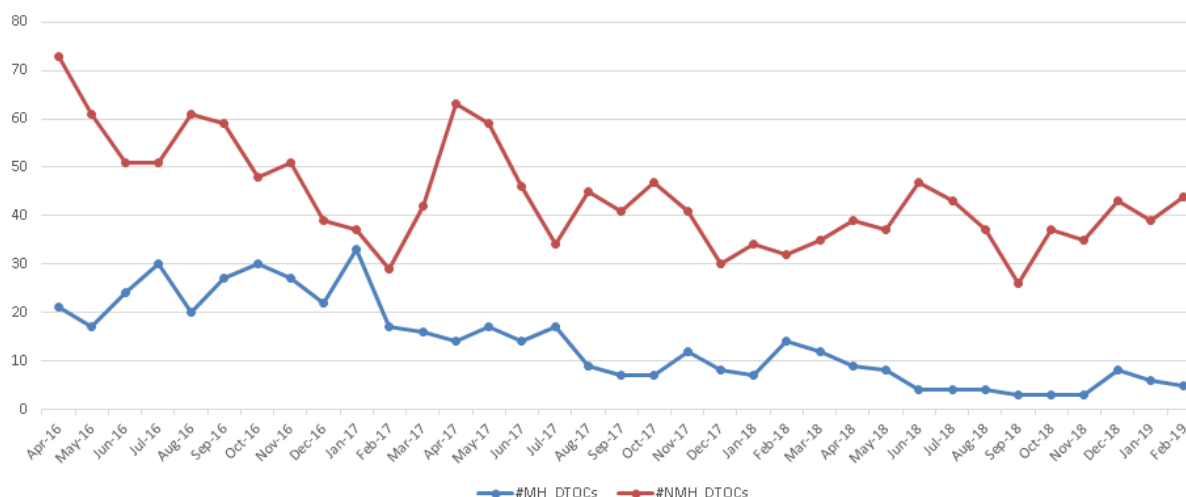
The proportion of patients admitted, discharged or transferred within 4 hours rose in February to 82%, a 7% improvement on last February, but below both the WG target of 95% and the UHB's IMTP trajectory of 88%.

The number of patients waiting in excess of 12 hours increased to 130 in February, an improvement of 160 in comparison to February 2018, and an overall seasonal improvement in comparison to 2018. The performance for the quarter did not meet the WG's expected standard of zero, nor the 100 projected in our annual plan. These figures continue to exclude patients where there has been clinical justification for the patient requiring extended periods of care and observation within the Emergency Department footprint.



At the February 2019 census point, the UHB recorded that 49 patients had their care pathway delayed as per formal WG definitions. The number of bed days attributed to patients whose care was delayed was 1205 in the month, equating to 43 beds per day.

Number of Delayed Transfers of Care within the UHB



### How do we compare with our peers?

The latest performance data available indicates that UHB ranked third in comparison to its peers for the recorded unscheduled care access measures in January 2019.

HB	Red Call <8 Minutes	Ambulance Waits >1 Hr
ABM	78.2%	1164
AB	69.4%	689
BCU	75%	690
C&V	74.6%	430
CT	69.9%	2
HD	64.5%	376
<b>C&amp;V Rank</b>	<b>3/6</b>	<b>3/6</b>

The latest performance data available indicates that UHB ranked 1<sup>st</sup> for patients >12 Hrs and 2<sup>nd</sup> for 4 Hour compliance care access measures in December 18.

HB	4 Hour	Patients >12Hrs
ABM	78.0%	759
AB	76.5%	470
BCU	67.6%	1552
C&V	83.8%	39
CT	82.5%	390
HD	84.6%	690
<b>C&amp;V Rank</b>	<b>2/6</b>	<b>1/6</b>

The UHB is ranked 4<sup>th</sup> for mental health delayed transfers of care of patients and is ranked 3<sup>rd</sup> for its non-mental health delayed transfers of care.

12 months to Dec 18	ABM	AB	BC	CV	CT	HD	Pow	CV Rank
# MH DTOC	320	46	208	79	71	99	31	4/6
# non-MH DTOC	865	930	1150	445	274	500	196	3/6

### What are the main areas of risk?

As reported in the last Board report, there are two main risks:

- Firstly the additional pressure Winter brings on the Unscheduled Care system due to demand increases and higher levels of acuity; and
- Secondly recruitment and retention of clinical staff, in particular the high level of nursing vacancies and high reliance on temporary staffing.

### What actions are we taking?

The Health Board continues with the schemes outlined and implemented as part of the 2018-19 integrated winter plan. This plan is system wide, recognising the need to mitigate the risk of both increased pressure in-hospital but also that to our wider community as a result of ambulance turnaround delays.

'Get me Home plus', a project funded through the Welsh Government transformation fund, continues. Developed by the Cardiff and Vale Regional Partnership Board, the project is aiming to integrate health and social care to bring care closer to home.

The Health Board increased its critical care capacity by four beds in February 2019.

The Health Board continues with a number of schemes to improve the recruitment and retention of nursing staff. In addition to the normal recruitment campaigns, the Health Board is also progressing a student streamlining scheme for third year student nurses. The approach to balancing risk on a daily basis continues i.e. senior nursing teams consider the position across all wards and take the necessary action, e.g. moving staff between wards, to mitigate any risk.

## 4) GP OUT OF HOURS SERVICES (OOH)

### How are we doing?

The UHB monitors the performance of the Out of Hours service using the Welsh Government Quality and Monitoring Standards. In January the UHB was compliant with 7 of the standards and February the UHB was compliant with 5 of the standards, and within 10% of the required level for 5 of the standards.

### Cardiff and Vale of Glamorgan Out of Hours Monthly Data Report

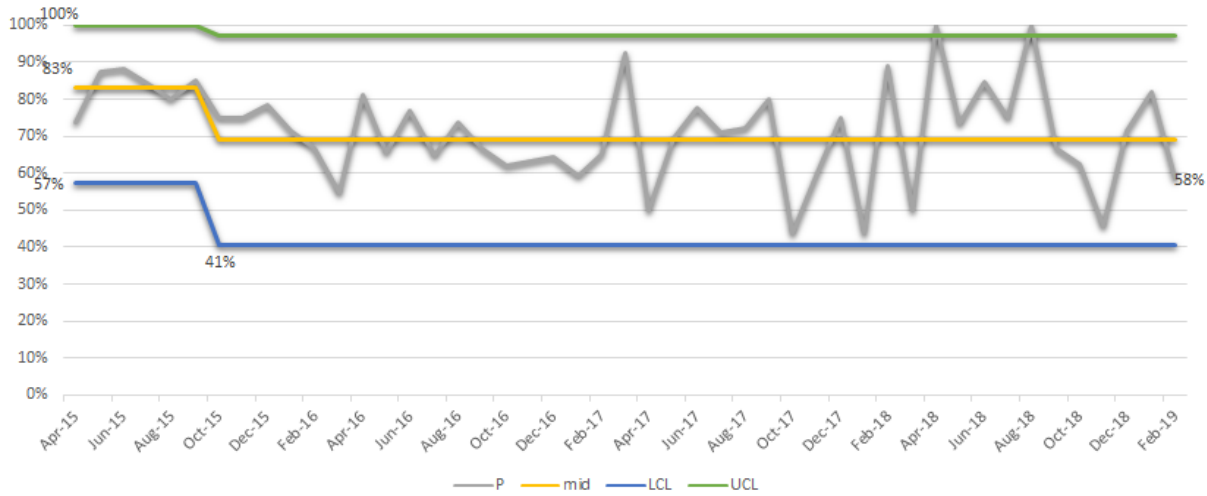
\*\* Please note the percentages are rounded to the nearest whole number.

Standard			Jan-19			Feb-19		
Standard	Description	Target	Total	Result	Score	Total	Result	Score
Telephone Services								
Telephone Calls	Number of calls answered within set timeframes	95% ans. in 60 seconds	7563	6834	90%	7754	6810	88%
		100% ans. in 120 seconds	7563	7183	95%	7754	7207	93%
Abandoned Calls	Number of callers who abandon their attempt after 60 secs.	No more than 5%	7563	140	2%	7754	177	2%
Handling	% of calls recording the correct patient demographic information	100% Correct	7563	7563	100%	7754	7754	100%
Telephone Triage Services								
Urgent Triage	Number of urgent calls, logged & returned within set timeframes	98% triaged within 20 minutes	2846	2224	78%	2480	1850	75%
	Longest time to triage an urgent call	Longest time		523			500	
	Average of the 10 longest times to triage an urgent call	Average time		385			417	
Routine Triage	Number of routine calls, logged & returned within set timeframes	98% triaged within 60 minutes	3971	3233	81%	3540	2799	79%
	Longest time to triage a routine call	Longest time		920			934	
	Average of the 10 longest times to triage a routine call	Average time		660			756	
Immediate Life Threatening (ILT) Conditions								
Referral	Number of life threatening conditions identified	100% within 3 minutes	235	235	100%	189	189	100%
Home Visiting								
Home Visits	The number and percentage of home visits	No target	8611	579	7%	7632	499	7%
HV P1 (Emergency)	The number of face to face contacts within one hour	75% seen within one hour	11	9	82%	12	7	58%
	The number of face to face contacts within two hours	100% seen within two hours	11	11	100%	12	11	92%
HV P2 (Urgent)	The number of face to face contacts within two hours	98% seen within two hours	196	139	71%	170	117	69%
HV P6 (Less Urgent)	The number of face to face contacts within six hours	98% seen within six hours	372	254	68%	317	224	71%
Primary Care Centre Appointments								
PCC	The number and percentage of PCC attendances	No target	8611	2684	31%	7632	2528	33%
PCC P1 (Emergency)	The number of face to face contacts within one hour	75% seen within one hour	14	9	64%	24	17	71%
	The number of face to face contacts within two hours	100% seen within two hours	14	14	100%	24	22	92%
PCC P2 (Urgent)	The number of face to face contacts within two hours	98% seen within two hours	257	197	77%	234	190	81%
PCC P6 (Less Urgent)	The number of face to face contacts within six hours	98% seen within six hours	2413	2323	96%	2270	2225	98%
Transmissions								
Transmissions	The number of reports sent to GP Practice by OOH	100% by 9am	9167	9167	100%	8211	8211	100%
Other Data								
Outcomes	The number of calls ending in telephone advice	No target	8611	2580	30%	8211	2144	26%
	The number of calls advised to contact their GP within 24hrs.	No target	8611	1132	13%	8211	965	12%
Referrals OUT	The number of referrals to the Emergency Department	No target	8611	674	8%	8211	534	7%
	The number of referrals to WAST	No target	8611	235	3%	8211	222	3%
	The number of referrals for direct admission	No target	8611	264	3%	8211	237	3%
Referrals IN	The number of referrals from the Emergency Department	No target	8611	25	0.3%	8211	44	0.5%
	The number of referrals from WAST	No target	8611	162	2%	8211	133	2%
Rota	Shift fill rate (reported in hours)	100% of shifts filled	4809	3872	81%	4227	3467	82%
Complaints/Incidents								
Complaints	Total number of complaints received & number upheld	No target		1			3	
Compliments	Total number of compliments received	Volume only		3			0	
Significant Events	Total number of significant events recorded	Volume only		0			0	
Serious Incidents	Total number of serious incidents recognised	Volume only		0			1	

The number of calls received in January and February has returned was lower by around 20% than in December.

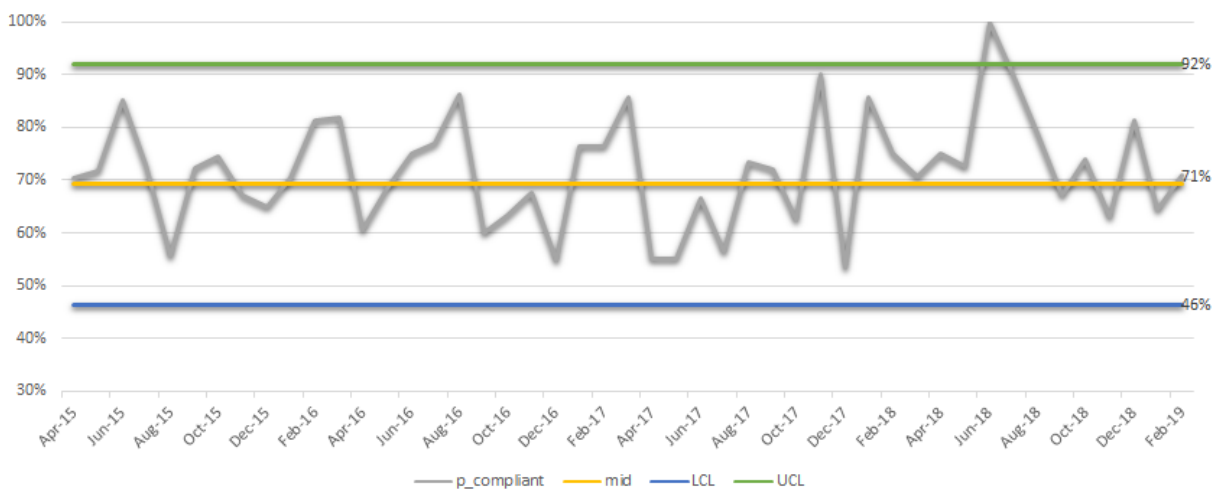
Despite this the proportion of home visits for patients prioritised as “emergency” which were provided within 1 hour continues to fluctuate wildly, between limits of 41% and 97%. Discrete performance in January was 82% meeting Welsh Governments standards of 75% but fell short in February with performance falling to 58%. The wide variation being reflective of the small volumes.

### Proportion of emergency GP OOH patients requiring a home visit seen within 1 hour



The proportion of primary care centre appointments provided within 1 hour for those prioritised as “emergency” was 71% in February, 4% under the WG standard of 75%.

### Proportion of GP OOH "emergency" patient attending a primary care centre appointment within 1 hour



### How do we compare with our peers?

Welsh Government has chosen to publish comparative data for 2 of the indicators relating to the timeliness of urgent triage and the timeliness of consultations for urgent patients. Despite the data being available for all organisations in August 2018, performance data for only 4 Health Boards has been published for November 2018.

Nov-18	AB	BC	C&V	CT
%Urgent calls logged & patient started definitive clinical assessment <=20 mins of call being answered	80%	77%	81%	70%
% very urgent patients seen<= 60 mins following clinical assessment	71%	54%	44%	87%

### What are the main areas of risk?

The two areas of concern are:

- An ability to provide home visits within 60 minutes for all areas of Cardiff and Vale when considering the geographical area covered and the variation in average travel times across our dense urban areas.
- The ability to attract staff onto the roster at peak periods and certain times of the week and the subsequent reliance on bank staff, who provide less certainty as to their availability.

### What actions are we taking?

Additional elements of the services plans to for work force development in the medium term and the ongoing attempts to maintain sufficiently filled rosters, which are taking place include:

- **National standards** – The national standards are due to change in April 2019. Engagements with Local Health Boards have taken place. OOHs within C&V are starting to review performance against these new standards.
- **Workforce planning** – Capacity and Demand exercises have been completed alongside best practice reviews. Following this a three year workforce plan is being developed to implement MDT working arrangements to improve shift fill rates at peak times also remote working for clinicians to make the role more attractive.
- **Spreading innovative practice** – 111 are funding a number of initiatives this includes HCSW and Minor Illness Clinicians, the evaluations for this will be fed into the whole of Wales.
- **National leadership arrangements** – HEIW are creating a leadership programme for clinical and non-clinical staff specially working in OOHs areas.

## 5) PRIMARY CARE

### How are we doing?

The UHB is presently engaged with Welsh Government and other Health Boards in Wales to develop a standard approach to reporting risk in relation to General Medical Services (GMS). The UHB's present status in respect of three of the key metrics that are expected to be adopted, are reported on below:

- a) **Sustainability applications:** The UHB currently has zero active applications from GPs to support with the sustainability of their services and there are no lists presently closed to new registrations.

**b) Contract terminations:** In January 2019 the UHB successfully concluded a competitive tender exercise to establish a new provider for a GP practice in South Cardiff. The notice from a GP practice in the Vale of Glamorgan of their intention to resign from their GMS contract, notified to the board in January has been retracted and we are currently working with the practice to develop a sustainable service model going forward.

**c) Directly managed GP services:** The UHB presently has no directly managed primary medical care services

**d) Other contract variations:** The UHB is currently in discussion with 2 GP practices and relevant stakeholders (i.e. CHC and LMC) regarding the closure of branch surgeries and the potential consolidation of services on a single site.

### How do we compare with our peers?

Data to inform the all Wales position in respect of GMS is presently under development.

### What are the main areas of risk?

Primary care is essential to delivery of the organisation's strategy and strategic objectives, affecting all dimensions of health and care. Owing to a number of factors, the UHB is facing challenges in recruiting and retaining sufficient numbers of General Medical Practitioners to meet the demands of a growing, aging population, who have increasingly complex clinical needs from some fairly antiquated estate.

The key risk factors presently used across Wales to assess the risk of GP sustainability at a practice level are:

- Age distribution of the Practice population age spread
- Number of sites/branch surgeries within the practice group
- Condition of premises
- Capacity of premises
- Whether it is a Partnership or singlehanded partnership
- Patients per GP & per senior clinician (GP, Advanced Practitioner, Pharmacists)
- Age profile of the GPs in the partnership
- Current vacancies & Length of vacancies within the practice
- Number of unfilled clinical sessions per week
- Income loss arising after 'Minimum Practice Income Guarantee' redistribution
- Recent changes to opening hours (per site)
- Merger discretionary payment scheme development to support practice mergers and the costs associated with this.

### What actions are we taking?

In collaboration with our GPs and the LMC the UHB has progressed a number of initiatives to support and advance the sustainability of our GMS services. In addition to those previously notified to the board in January, further initiatives include:

- UHB agreement to provide IM&T solutions (clinical templates, searches, reporting) to all GP practices in C&V to help improve disease prevalence and offer more targeted clinical interventions. This is also expected to help reduce waste and variation.
- UHB agreement to explore the benefits of web based file sharing and collaborative space to improve collaboration between practices, support cluster development, reduce waste and variation.
- Introduction of a GP Fellowship scheme as a means of developing the GP workforce in Cardiff & Vale.
- Introduction of the Nurse Trainee Scheme as a means of developing the primary care nursing workforce and improving general practice skills.

## 6) STROKE

### How are we doing?

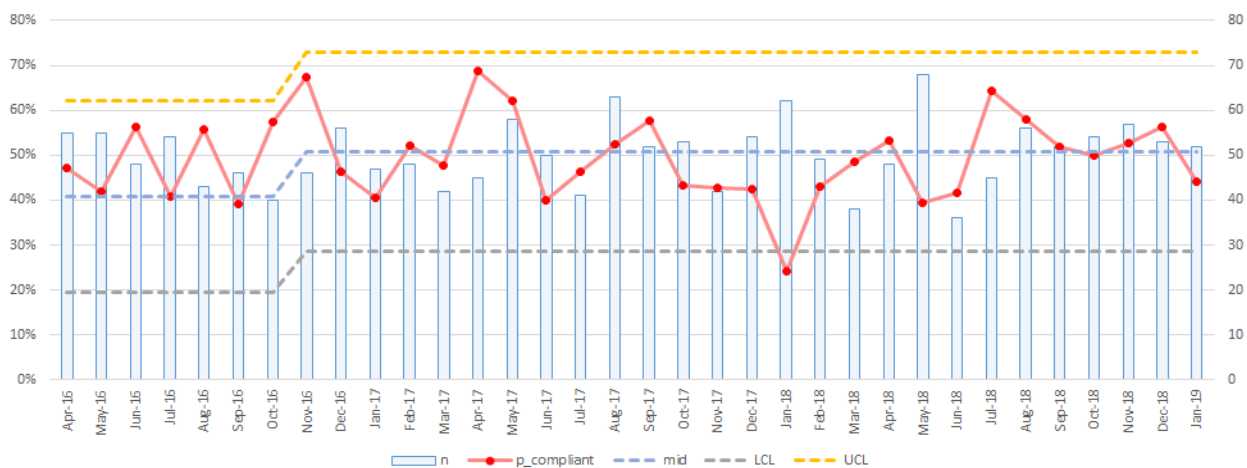
The expectation on the UHB is to demonstrate continuous improvement over the course of the year with the objective of achieving the SSNAP UK average by the end of the financial year. (SSNAP is the audit tool used throughout the UK to record detailed data on stroke patients treated in hospitals).

The Welsh Government has chosen four areas within the Quality Improvement Measures (QIMs) to focus on for All-Wales benchmarking. There is a target for three of them, whilst an improvement trend is required for the other. Of the measures, providing thrombolysis within 45 minutes of arrival for non-haemorrhagic continues to present the greatest challenge.

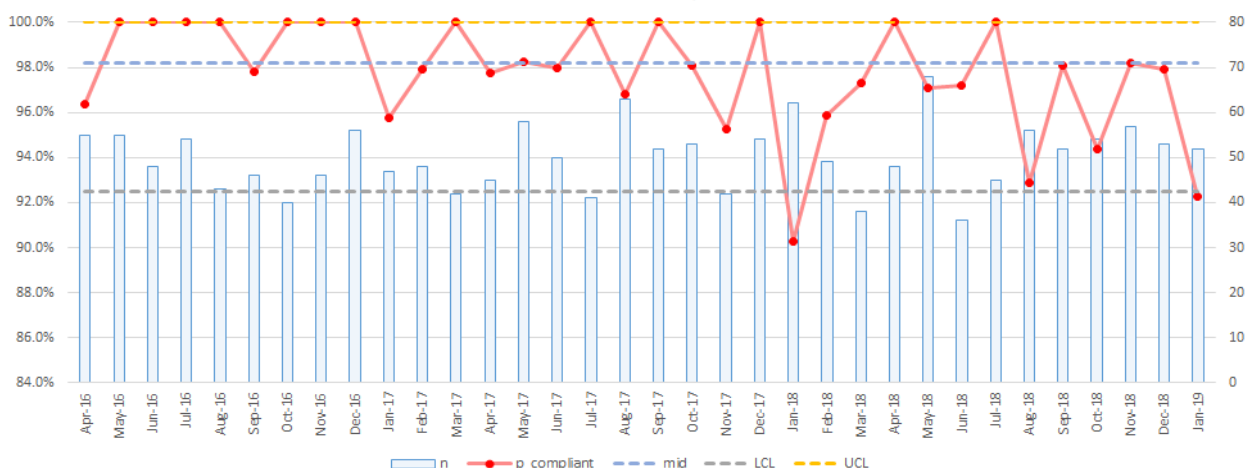
WG benchmarking standard		IMTP trajectory	UHB in Dec-18
4 Hour QIM	Direct Admission to Acute Stroke Unit within 4hours	65%	65%
12 Hour QIM	CT Scan within 12 hours	99%	98%
24 Hour QIM	Assessed by a Stroke Consultant within 24 hours	80%	83%
45 Minute QIM	Thrombolysis Door to Needle within 45 minutes	35%	17%

Trends in performance in delivering the full bundles are shown below.

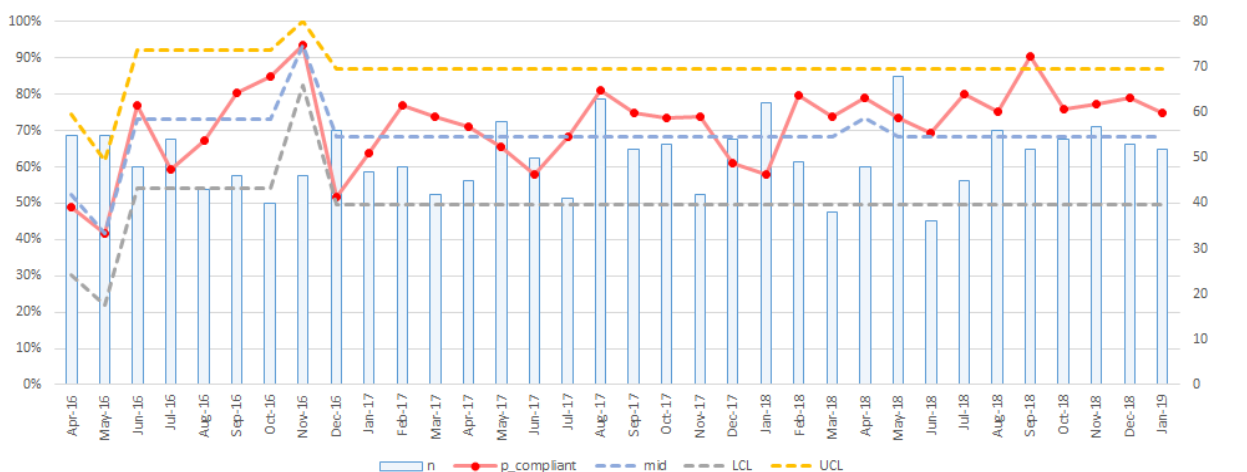
### Stroke bundle 1 compliance



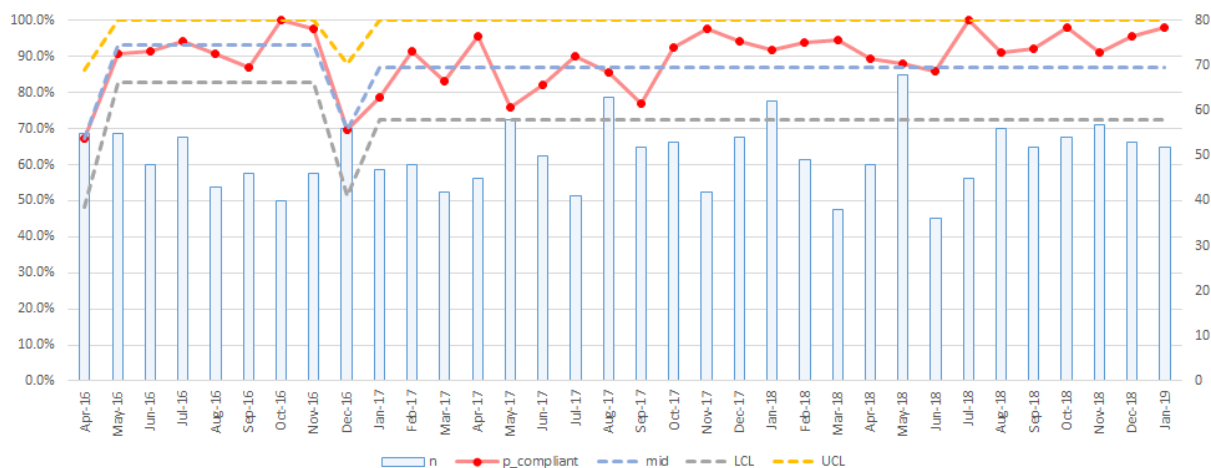
### Stroke bundle 2 compliance



### Stroke bundle 3 compliance



Stroke bundle 4 compliance



Performance in delivering the first day bundle (Bundle 2), which measures access to a dedicated stroke bed and a swallow screen within the first 24 hours was detrimentally affected by higher bed occupancy rates and a lower rate of flow across the health system, which resulted in reduced bed availability on the acute stroke unit.

We have maintained a Level B for our acute site (UHW) with 74 points overall. (6 points off an A)

Thrombolysis has also improved from a Level D to a C for this reporting period.

	Trust	Cardiff and Vale University Health Board	Cardiff and Vale University Health Board	Cardiff and Vale University Health Board	Cardiff and Vale University Health Board
	Team	University Hospital of Wales	University Hospital of Wales	University Hospital of Wales	University Hospital of Wales
	Time period	Dec 2017-Mar 2018	Apr-Jun 2018	Jul-Sep 2018	Oct-Dec 2018
SSNAP level		B	C	B	B
SSNAP score		70	67.5	75	74
Case ascertainment band		A	A	A	A
Audit compliance band		A	B	A	A
Combined Total Key Indicator level		B	B	B	B
Combined Total Key Indicator score		70	71	75	74
Number of records completed:	Team-centred post-72h all teams cohort	202	154	158	165
<b>Patient-centred KI levels:</b>					
Patient-centred Domain levels:	1) Scanning	A	A	A	A
	2) Stroke unit	E	D	C	C
	3) Thrombolysis	C	C	D	C
	4) Specialist Assessments	D	C	B	C
	5) Occupational therapy	C	C	C	C
	6) Physiotherapy	B	B	B	B
	7) Speech and Language therapy	B	C	C	D
	8) MDT working	B	B	A	B
	9) Standards by discharge	B	B	B	B
	10) Discharge processes	A	A	A	A
Patient-centred KI level	Patient-centred Total KI level	B	B	B	B
	Patient-centred Total KI score	70	72	76	74
Patient-centred SSNAP level	Patient-centred SSNAP level (after adjustments)	B	C	B	B
	Patient-centred SSNAP score	70	68.4	76	74
<b>Team-centred KI levels:</b>					
Team-centred Domain levels:	1) Scanning	A	A	A	A
	2) Stroke unit	E	D	C	C
	3) Thrombolysis	C	C	D	C
	4) Specialist Assessments	D	D	B	C
	5) Occupational therapy	C	C	C	C
	6) Physiotherapy	B	B	B	B
	7) Speech and Language therapy	A	B	C	C
	8) MDT working	B	B	B	B
	9) Standards by discharge	B	B	B	B
	10) Discharge processes	A	A	A	A
Team-centred KI level	Team-centred Total KI level	B	B	B	B
	Team-centred Total KI score	70	70	74	74
Team-centred SSNAP level	Team-centred SSNAP level (after adjustments)	B	C	B	B

## How do we compare with our peers?

The latest available benchmarking data across Wales indicates that all Health Boards are facing challenges in providing direct admission to the acute stroke ward and thrombolysis within 45 minutes on a sustainable basis.

In October 2018	ABM	AB	BCU	C&V	CT	HD	C&V Rank
Direct admission to Acute stroke unit <4h	53%	38%	40%	65%	45%	60%	1/6
CT scan <1h	49%	53%	36%	68%	60%	79%	2/6
Assessed by a stroke consultant <24h	86%	99%	72%	83%	62%	88%	4/6
Thrombolysis door to needle (<=45min)	29%	29%	25%	17%	13%	36%	5/6

## What are the main areas of risk?

- The median DTN time for thrombolysis in hours is within the 45mins target for non-complicated stroke, however DTN time out of hours remains a challenge
- Swallow screen within 4hrs of arrival

## What actions are we taking?

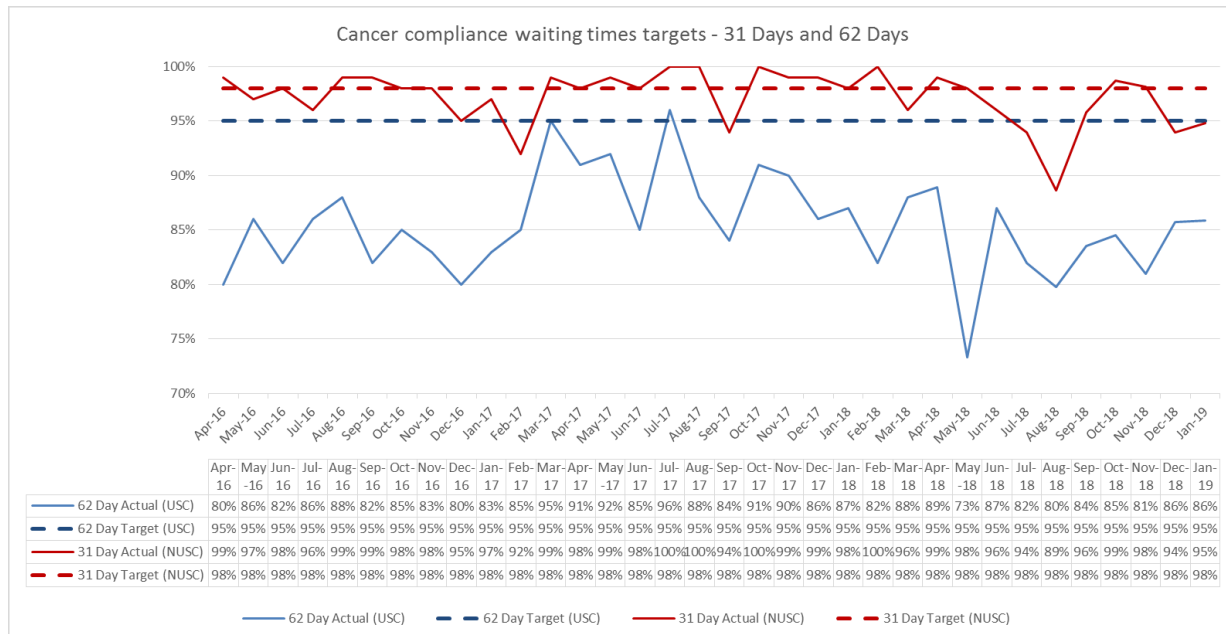
- At a system level the organisation continues its improvement work to reduce acute hospital bed day consumption, which will improve the availability of stroke beds and thus access to the acute stroke unit for our patients.
- Operationally the stroke programme has been re-established to focus on Clinical Standards, inpatient practice and the development of a Hyper Acute Stroke Unit (HASU). This includes a Thrombolysis Task & Finish group which aims to address the inherent variation in providing this timely intervention between in and out of hours
- Funding has been secured to initiate a Stroke Thrombolysis Response Nurse project, intended to train ward-based stroke nurses in the delivery of thrombolysis and to develop the competencies of the ward workforce to a level which will be 'HASU-ready'. The programme is currently in recruitment phase, and is expected to commence in June 2019
- A training plan has been put in place intended to enable nurses within the emergency department to safely and reliably undertake swallow assessments.

## 7) CANCER

### How are we doing?

The proportion of cancer patients who were treated within 62 days of their referral with suspected cancer was 86% in January 2019. Performance remains below the IMTP trajectory of 92% and the Welsh Government's standard of 95%. 12 patients waited in excess of 62 days for treatment, across the following tumour sites: Head and Neck – 2; Lower GI – 2; Urology – 5; Haematology – 1; Breast - 2.

The proportion of cancer patients who were treated within 31 days of a cancer having received a confirmed cancer diagnosis and who were not on a 62 cancer pathway was 95% in January 2019. There was 1 Lung, 2 urology and 2 breast patient who waited more than 31 days for treatment. The WG's standard is for 98% of patients to be treated within 31 days.



### What are the main areas of risk?

The UHB has increased its focus on clearing the backlog of patients waiting > 62 days in GI for treatment. This is the right thing to do for the patient but will have a detrimental impact on our performance in February and March.

Our other issues and challenges remain largely similar to those reported in previous month:

- Increase in demand in a number of tumour sites, with exceptional demand in a number of tumour sites – including urology and GI, which has contributed to excessive waits for diagnosis.
- Balancing demand and capacity, including the need to balance waiting time target demands and clinical urgency across all categories of referrals. This is particularly challenging for diagnostics
- Challenges in recruiting healthcare professionals to key (and often specialist) posts

### What actions are we taking?

Action remain largely similar to last month:

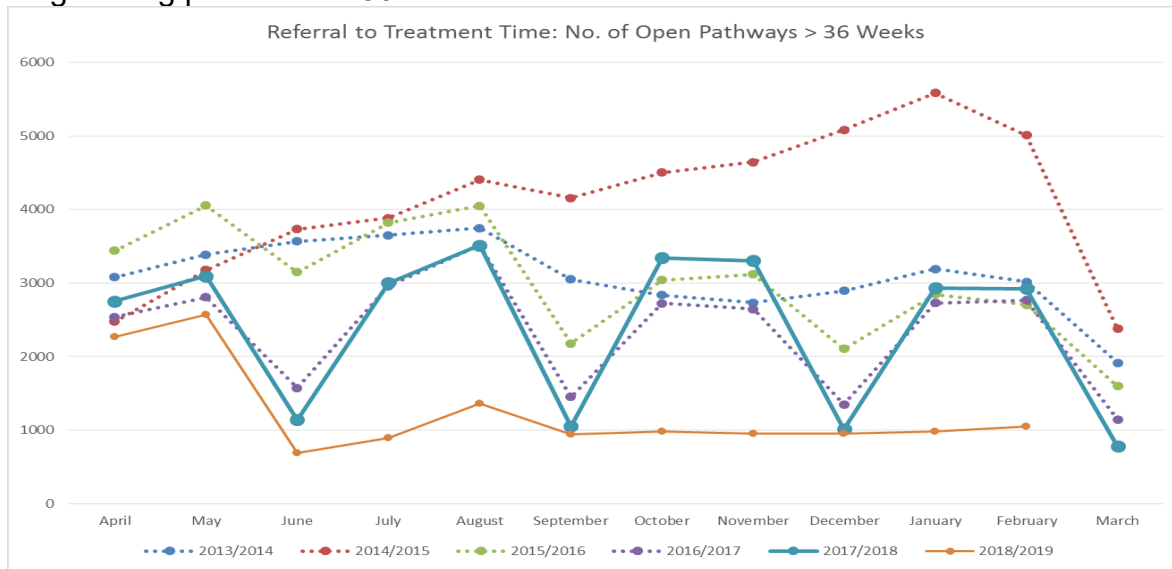
- The Board will receive a separate paper in March 2019 on the actions the Health Board is taking to improve cancer performance

## 8) ELECTIVE ACCESS

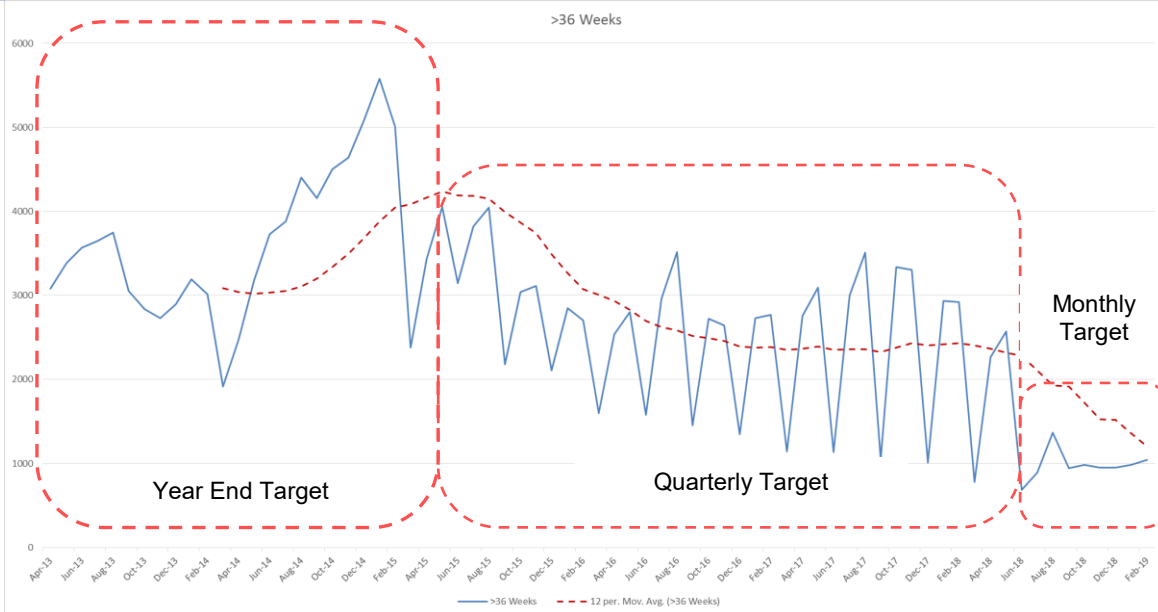
### How are we doing?

There were 10,372 patients waiting in excess of 26 weeks on an elective referral to treatment time pathway at the end of February 2019, equating to 86% of patients waiting under 26 weeks, (IMTP trajectory = 86%).

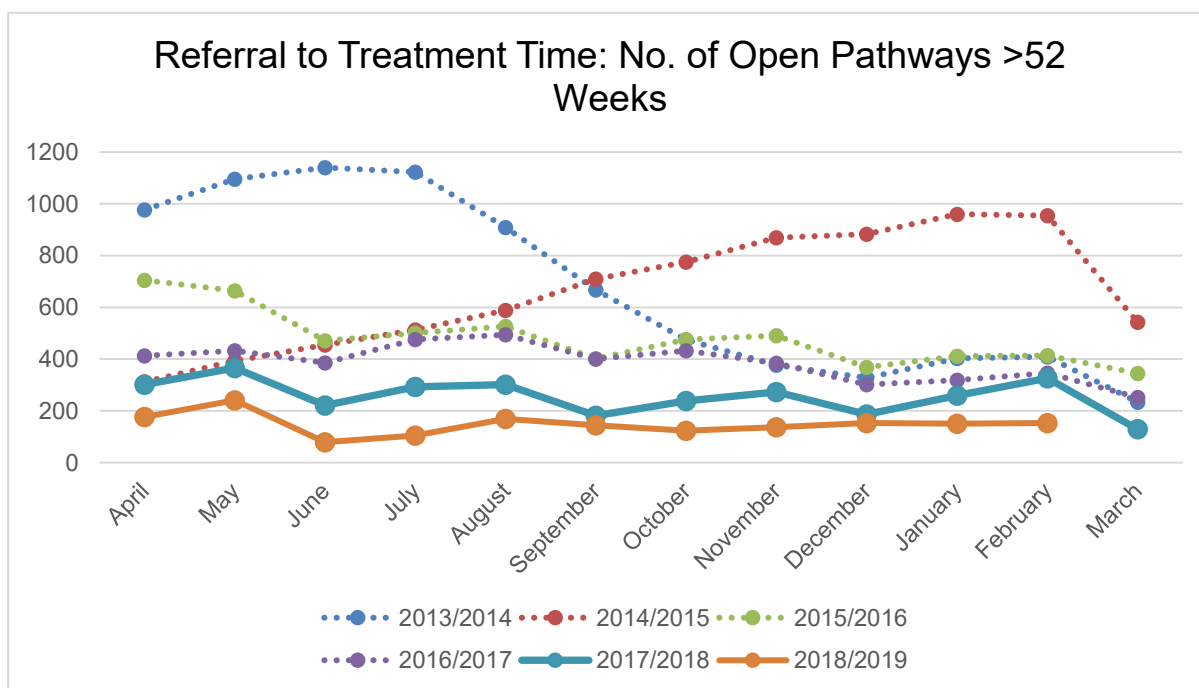
The number of patients waiting over 36 weeks has increased slightly to 1046 at the end of February 2019. The end of quarter trajectory is to have reduced the number of long waiting patients to 450.



The target monitoring periods have changed over time (from yearly to quarterly to now monthly) which has had an impact on how many patients are waiting over 36 weeks. Since the monthly monitoring periods for all specialties commenced in August there has been a dampening of the variation in reported volumes, improving overall access times, whilst reducing the Health Board's ability to manage the variation in both the casemix and volume of demand.

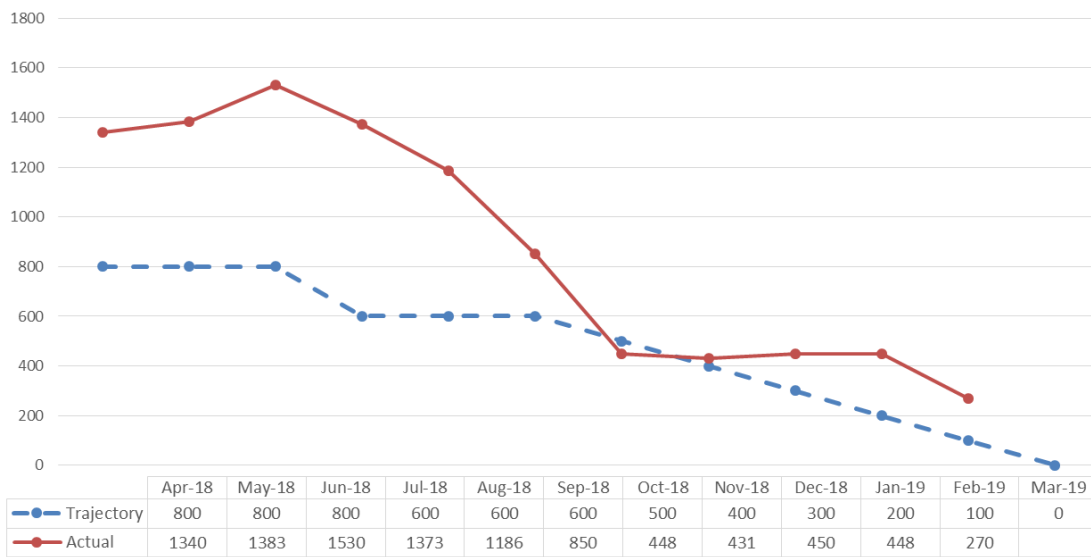


The number of patients waiting greater than 52 weeks at the end of February 2019 was 153. This is in line with the numbers reported over the past 6 months.



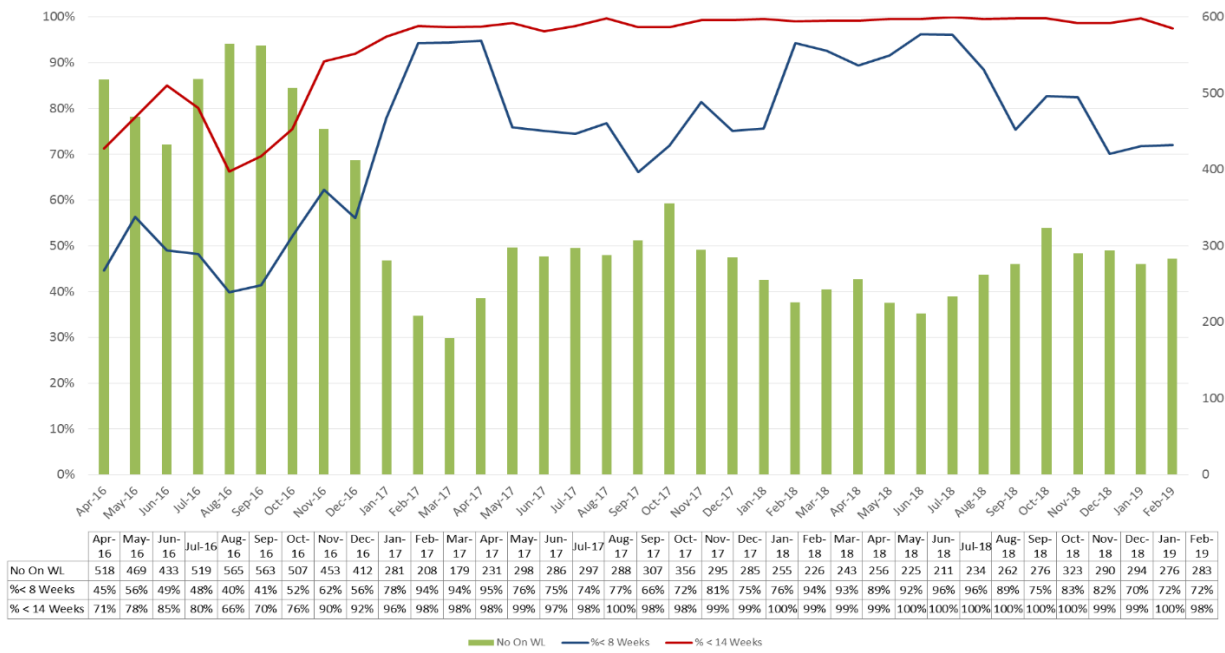
The UHB has 270 patients waiting greater than 8 weeks for a diagnostic test at the end of February 2019, a reduction on the previous month but marginally above the planned trajectory of 100.

Number of patients waiting >8 weeks for a diagnostic compared with IMTP trajectory



At the end of February 2019, 98% of patients requiring a memory assessment were waiting less than 14 weeks, against a standard of 95%. The number of patients waiting less than 8 weeks has deteriorated further to 72% in February 2019.

Number of patients awaiting assessment with the memory team and the proportion of those patients waiting < 8 and < 14 weeks



### How do we compare with our peers?

The All-Wales waiting time position at the end of December 2018, shown below, indicates that Cardiff & Vale ranked 5<sup>th</sup> for the proportion of patients waiting less than 26 weeks, 3<sup>rd</sup> for the lowest number of patients waiting in excess of 36 weeks and 4<sup>th</sup> for the number of patients waiting in excess of 8 weeks for a diagnostic.

Dec 2018	Wales	ABM	AB	BC	C&V	CT	HD	C&V Rank
% < 26 weeks -RTT	86.9%	88.0%	90.4%	82.7%	85.5%	88.8%	87.4%	5/6
No. > 36 weeks - RTT	12982	3030	249	7064	948	297	1394	3/6
No. > 8 weeks diagnostic	3135	693	4	1486	450	270	82	4/6

## What are the main areas of risk and what actions are we taking to mitigate them?

There are two types of risk – the first relates to the impact on patients whose treatment is delayed and the second relates to specific issues presenting a risk to delivery of the agreed RTT trajectory as agreed with Welsh Government

The Health Board continues with its targeted approach to reduce the longest waits, with continued focus on those specialties assessed as having the highest potential clinical risk. Actions are underway to formalise the process of monitoring long waits through Clinical Board Quality, Safety and Experience governance structures.

The risks related to delivery remain largely unchanged from those previously reported, namely: demand increases and capacity gaps; Medical staff vacancies and unplanned absences; reliance on external providers; and the increased pressure across the whole system as a result of winter. The UHB continues to mitigate these risks through:

- Development and monitoring of specialty specific delivery plans
- Insourcing, outsourcing and commissioning of additional internal activity to address activity gaps
- UHB has developed, in conjunction with its partners, an Integrated Winter Plan

Dec 2018	Wales	ABM	AB	BC	C&V	CT	HD	C&V Rank
% < 26 weeks -RTT	86.9%	88.0%	90.4%	82.7%	85.5%	88.8%	87.4%	5/6
No. > 36 weeks - RTT	12982	3030	249	7064	948	297	1394	3/6
No. > 8 weeks diagnostic	3135	693	4	1486	450	270	82	4/6

## 9) FINANCE

### How are we doing?

The UHB's 2018/19 operational plan includes a £9.9m planned deficit. This is dependent upon managing the following key challenges:

- identifying and delivering a £33.780m savings target;
- identifying and delivering a further £9.266m of financial improvement;
- the management of operational cost pressures and financial risks within delegated budgets.

The UHB has a full savings programme and financial improvement plan in place and the delivery of these is key to the success of the plan. The underspend reported against the operational plan increased by £0.015m in February from £0.268m at the end of January to £0.283m. The UHB has

undertaken a detailed budget forecasting exercise which provides assurance that the UHB will deliver its forecast position by the year end.

## Background

The UHB considered a draft IMTP at its January 2018 Board Meeting. This was submitted to Welsh Government by the end of January 2018 but was not approvable due to assumptions around additional funding. Following this the UHB revised its financial plan and consequently it was not in a position to submit an IMTP to Welsh Government for approval as it was significantly away from being financially balanced.

The requirement was therefore now to agree an acceptable one year Operational Plan with Welsh Government and the UHB wrote to Welsh Government setting out a revised 2018/19 position which was a deficit of £29.2m. This was discussed at Targeted Intervention meetings and the UHB was encouraged to seek further improvement.

The Health Board reconsidered its position at its March 2018 Board Meeting and reduced its projected deficit to £19.9m. The Board accepted that it would need to work throughout the year to deliver this £9.3m financial improvement.

This decision was shared with Welsh Government and on 10<sup>th</sup> July the UHB submitted its one year operational plan to Welsh Government. This position has been accepted and the UHB has received £10m additional annual operating plan funding and consequently the UHB has reduced its forecast deficit to £9.9m.

## Reported month 11 position

At month 11 the UHB is reporting a deficit of £8.792m comprised of the following:

- £9.075m planned deficit (11/12th of £9.900m);
- £0.283m favourable variance against plan.

The underspend against the plan increased by £0.015m in month from £0.268m to £0.283m.

## Income and Expenditure Analysis

### Summary Financial Position for the period ended 28<sup>th</sup> February 2019

Income/Pay/Non Pay	In Month			Year to Date			Full Year		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Forecast £m	Variance (Fav)/Adv £m
Income	(118.227)	(117.703)	0.524	(1,250.813)	(1,248.397)	2.416	(1,381.687)	(1,381.687)	0.000
Pay	52.532	51.921	(0.611)	562.274	560.298	(1.976)	612.412	612.412	0.000
Non Pay	66.520	66.592	0.072	697.615	696.891	(0.723)	779.175	779.175	0.000
Variance to Draft Plan £m	0.825	0.810	(0.015)	9.076	8.792	(0.283)	9.900	9.900	0.000
Planned Deficit	(0.825)	0.000	0.825	(9.075)	0.000	9.075	(9.900)	0.000	9.900
Total £m	(0.000)	0.810	0.810	0.000	8.792	8.792	(0.000)	9.900	9.900

## Progress against savings targets

The UHB has agreed a 3% recurrent savings target of £25.3m and a further 1% non-recurrent savings targets of £8.4m for delegated budget holders.

At month 11 the UHB has fully identified schemes to deliver against the £33.780m savings target.

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total £m	33.780	33.780	0.000

In addition the UHB has a fully established £9.266m financial improvement plan.

### Underlying deficit position

The underlying deficit position brought forward into 2018/19 was £49.0m. If the 2018/19 financial plan is fully delivered the forecast 2019/20 brought forward underlying deficit will be £36.3m.

### Creditor payment compliance

Non-NHS Creditor payment compliance was 95.2% for the 11 months to the end of February, achieving the 95% 30 day target.

### Remain within Capital expenditure resource limit

The UHB had an approved annual capital resource limit of £46.727m at the end of February. Capital expenditure at the end of February was £30.273m against a plan of £33.083m.

### Cash

The UHB has a forecast year end cash surplus of £1.856m. The UHB cash balance at the end of February was £4.112m.

### What are our key areas of risk?

The previously identified key risks in delivering the plan have now been mitigated and the UHB is confident that it will deliver its year end forecast.

### What actions are we taking to improve?

**Managing within current budgets** - overspending Clinical Boards must provide robust recovery action plans as part of the Clinical Board Performance Review escalation process.

**Managing down the underlying deficit** – a greater focus on recurrent savings supporting the continued reduction in the underlying deficit.

**ASSURANCE** is provided by:

The fact that the UHB is making progress in delivering our Operational Delivery Plan for 2018/9 by achieving compliance with 27 of its 68 performance measures

## RECOMMENDATION

The Board is asked to:

- **CONSIDER** the UHB's current level of performance and the actions being taken where the level of performance is either below the expected standard or progress has not been made sufficiently quickly to ensure delivery by the requisite timescale

### Shaping our Future Wellbeing Strategic Objectives

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

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

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

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

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





<b>Report Title:</b>	Board Assurance Framework March 2019						
<b>Meeting:</b>	UHB Board					<b>Meeting Date:</b>	28.03.19
<b>Status:</b>	<b>For Discussion</b>	✓	<b>For Assurance</b>	✓	<b>For Approval</b>	✓	<b>For Information</b>
<b>Lead Executive:</b>	Director of Corporate Governance						
<b>Report Author (Title):</b>	Director of Corporate Governance						

## SITUATION

The Board Assurance Framework (BAF) was first presented to the Board in November 2018 for approval and it highlighted the principle risks to the achievement of strategic objectives.

The BAF provides a structure and process that enables the organisation to focus on those risks that might compromise achieving its most important objectives, to map out the key controls to managing or mitigating those risks and to confirm the assurance about the effectiveness of those controls.

The benefits of a working BAF are:

- A simple and comprehensive method for managing risks to achievement of objectives
- It provides evidence to support the Annual Governance Statement
- It helps to simplify Board reporting and prioritisation which allows more effective performance management
- It provides assurances about where risks are being managed effectively and objectives delivered
- It allows the Board to determine where to make efficient use of resources
- It allows the identification of priorities for Board to provide confidence that the organisation is able to understand capacity to deliver.

## REPORT

### BACKGROUND

The BAF has been developed by the Director of Corporate Governance to replace the CRAF which had previously received negative feedback from Wales Audit Office (WAO) regarding its complexity and the regularity in which it was updated and presented to the Board.

### ASSESSMENT

At the Board Meeting in November the following risks were agreed as the main risks to the achievement of Cardiff and Vale UHB's Objectives:

1. Workforce
2. Financial Sustainability
3. Sustainable Primary and Community Care
4. Safety and Regulatory Compliance
5. Sustainable Culture Change
6. Capital Assets (including Estates, IT and Medical Equipment)

The risk of a 'no deal Brexit' could also have an impact on the delivery of Cardiff and Vale UHB's Objectives and a detailed Business Continuity Plan is in place for this issue.

The above risks have been reviewed and updated by the Director of Corporate Governance and the Executive Lead for each individual risk. The BAF was also reviewed by the Management Executive Team on 25<sup>th</sup> March prior to submission to the Board.

An update column has been added to the BAF so Board Members can monitor the progress which has been made in relation to the actions and the mitigation and management of the risk.

Other changes have been highlighted in red so the Board Members can see what has happened since the BAF was last presented to the Board in November.

In the last report to the Board a series of next steps was also identified in order to ensure that the organisation continues to develop robust risk management arrangements. These are:

1. Ensure that the work on the Corporate and Clinical Board Risk Registers is completed within a timely manner and then reported to the Board alongside the Board Assurance Framework - This work was initially due for completion by April 2019 however, this timescale is likely to be later due to other priorities currently within the Governance Team.
2. Assess the organisation's 'Risk Appetite' - this will be undertaken with the Management Executive and then presented to the Board by the end of the financial year – WAO have suggested that this could be done as part of a Board Development session – This is currently scheduled in to take place the April Board Development.
3. Report the new process to the Audit Committee so the Committee can provide assurance to the Board – complete, the new BAF was presented to the Audit Committee at the beginning of December and has been referenced in the WAO Structured Assessment.
4. Report individual risks on the BAF to the relevant Committees of the Board to allow the Committees to undertake a more detailed review and then provide assurance to the Board – This will happen with this next cycle of meetings starting with the Finance Committee on 30<sup>th</sup> January – complete and ongoing. Risks from the BAF were specifically discussed at the Quality, Safety and Experience Committee, Finance Committee, Strategy and Delivery Committee.
5. Continue to develop and then update the BAF with Executive Directors to ensure it remains a dynamic and live document – ongoing.

**ASSURANCE** is provided by:

- Discussion with individual Executive Directors and Management Executive Team on 25<sup>th</sup> March 2019.

## **RECOMMENDATION**

The Board is asked to:

- **APPROVE** the BAF and progress which has been made in relation to the actions, management and mitigation of the key risks to the achievement of objectives.

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**Shaping our Future Wellbeing Strategic Objectives**

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

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

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

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

## BOARD ASSURANCE FRAMEWORK 2018/19 – JANUARY 2019

It is essential that Cardiff and Vale University Health Board is aware of the major risks which could impact upon the delivery of Strategic Objectives as set out in Shaping Our Future Wellbeing.

### Strategic Objectives

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

### Principle Risks

Risk	Gross Risk	Net Risk	Target Risk	Context	Executive Lead	Committee
1. Workforce	25	15	10	Across Wales there have been increasing challenges in recruiting healthcare professionals. Meeting the requirements of a growing population which is older and with more complex health needs as well as increasing demand on health services has led for an increasing need in clinical staff. Staff costs represent the largest expense for the NHS in Wales. The pay bill has continued to increase year on year, with a significant increase over the last three years.	Executive Director of Workforce and OD	Strategy and Delivery Committee
2. Financial Sustainability	25	20	5	Across Wales, Health Boards and Trusts are seeking to manage their financial pressures by driving out inefficiencies, while at the same time looking to derive greater value from their resources through innovative ways of working and practicing prudent healthcare. As well as the NHS, public sector services, the third sector, and the public have significant roles to play to achieve a sustainable health and care system in the future.	Executive Director of Finance	Finance Committee

3. Sustainable Primary and Community Care	20	15	10	<p>The strategy of “Care closer to home” is built on the assumption that there are a significant number of patients that are either referred to or turn up at a Hospital setting because there is no viable alternative at the time at which they become sick. They are then typically admitted because at that stage similarly there is no viable alternative to manage/support these patients in their local setting or their place of residence. Therefore it is important to create firstly the capacity of primary and Community Care, and then increase the capability of Primary and Community Care to be able to respond to the individual and varied needs of those patients in both crisis intervention but more commonly preventative and support arrangements.</p>	Chief Operating Officer	Strategy and Delivery Committee
4. Safety and Regulatory Compliance	16	12	4	<p>Patient safety and compliance with regulatory standards should be above all else for the Cardiff and Vale University Health Board.</p> <p>Safer patient care includes the identification and management of patient-related risks, reporting and analysis of patient safety incidents, concerns, claims and learning from such then implementing solutions to minimise/mitigate the risk of them recurring.</p>	Executive Nurse Director	Quality, Safety and Experience
5. Sustainable Culture Change	16	12	8	<p>In line with UHB’s Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to transfer our services to ensure we can meet our future challenges and opportunities. Creating a belief which continues to build upon our values and behaviours framework will make a positive cultural change in our health system for our staff and the population of Cardiff and the Vale.</p>	Executive Director of Workforce and OD	Strategy and Delivery Committee
6. Capital Assets (Estates, IT Infrastructure, Medical Devices)	25	20	10	<p>The UHB delivers services through a number of buildings across Cardiff and the Vale of Glamorgan, from health centres to the Tertiary Centre at UHW. All NHS organisations have statutory responsibilities to manage their assets effectively: an up to date estate strategy is evidence of the management of the estate. The IT SOP sets out priorities for the next five years and Medical Equipment is replaced in a timely manner.</p>	Executive Director of Strategic Planning, Deputy Chief Executive, Executive Director of Therapies and Health Science	Strategy and Delivery Committee, IG & T Committee, Quality, Safety and Experience Committee

## 1. Workforce

Across Wales there have been increasing challenges in recruiting healthcare professionals. Meeting the requirements of a growing population which is older and with more complex health needs as well as increasing demand on health services has led for an increasing need in clinical staff.

<b>Risk</b> <b>Date added:</b> 12.11.2018	There is a risk that the organisation will not be able to recruit and retain a clinical workforce to deliver high quality care for the population of Cardiff and the Vale		
<b>Cause</b>	<p>Increased vacancies in substantive clinical workforce</p> <p>Requirements of the Nurse Staffing Act and BAPM Standards</p> <p>Ageing workforce</p> <p>Insufficient supply of Nurses at UK national level</p> <p>High nurse turnover in Medicine and Surgery Clinical Boards</p> <p>Insufficient supply of Doctors in certain specialties at UK national level (e.g., Adult Psychiatry, Anaesthetics, General Medicine, Histopathology, Neurosurgery)</p> <p>Changes to Junior Doctor Training Rotations (Deanery)</p> <p>Brexit</p>		
<b>Impact</b>	<p>Increase in agency and locum usage</p> <p>Increase in costs of using agency and locum</p> <p>Impact on quality of care provided to the population</p> <p>Rates above Welsh Government Cap (Medical staff)</p> <p>Low Staff moral and sickness</p> <p>Poor attendance at statutory and mandatory Training</p> <p>Potentially inadequate levels of staffing</p>		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	<b>25 (Extreme)</b>
<b>Current Controls</b>	<p>Project 95% Nurse Recruitment and Retention Programme</p> <p>Medical international recruitment strategies (including MTI)</p> <p>Recruitment campaign through social media with strong branding</p> <p>Job of the week</p> <p>Staff engagement with recruitment drive</p> <p>Programme of talent management and succession planning</p> <p>Values based recruitment</p> <p>Medical Training Initiative (MTI) 2 year placement scheme</p> <p>Comprehensive Retention Plan introduced from October 2018</p>		
<b>Current Assurances</b>	<p>Workforce metrics reported to Strategy and Delivery Committee</p> <p>High conversion rates from media campaign and Open Day</p> <p>Highest percentage of students in Wales applied to Cardiff and Vale UHB (23.2%)</p> <p>Nurse monitoring at Nurse Productivity Group (NPG)</p> <p>Medical monitoring at Medical Workforce Advisory Group (MWAG)</p> <p>Trajectory showing next vacancies in nursing</p> <p>Paediatric Surgery now fully established</p> <p>A &amp; E fully established by February 2019</p> <p>Extra capacity put in place to deal with winter pressure – winter ward</p>		
Impact Score: 5	Likelihood Score: 4	Net Risk Score:	<b>20 (Extreme)</b>
<b>Gap in Controls</b>	<p><del>Continuation of Open days uncertain</del></p> <p><del>Plan for recruitment of overseas staff</del></p>		
<b>Gap in Assurances</b>	<p><del>Trajectory showing net vacancies in nursing</del></p>		

Actions	Lead	By when	Update since 30.01.2019
1. Trajectory to be developed showing recruitment and when numbers arrive plus leavers providing a net effect	RW/MD	31/12/2018	<b>Complete</b> – trajectory presented to Management Executives 3.12.2018
2. Plan for overseas recruitment of nursing staff to be developed	MD	31/03/2019	<b>Complete</b> – plan in place to recruit from overseas
3. Plan to be developed for continuation of social media campaign and open day	MD/JB	31/03/2019	<b>Complete</b> – next Open Day planned for 26.01.2019 and plan in place for April 2019.
4. Nursing capacity of Heulwen South to be agreed	RW	31/01/2019	<b>Complete</b> – discussion and agreement on Winter Ward capacity and Management Executives 10.01.2019
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	<b>10 (High)</b>

## 2. Financial Sustainability

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.

<b>Risk</b> <b>Date added:</b> 12.11.2018	There is a risk that the organisation will not be able to deliver its ambition within the financial resources available		
<b>Cause</b>	Budgets overspent (three <del>four</del> Clinical Boards currently in escalation) Cost Improvement Programme not yet met in all areas recurrently Significant nursing overspend of £1.8m Reduction in income received		
<b>Impact</b>	Unable to deliver balanced plan No £10m recurrent funding from Welsh Government Reputational Loss <del>Remain in Targeted Intervention or Special Measures Turnaround</del>		
<b>Impact Score: 5</b>	Likelihood Score: 5	Gross Risk Score:	<b>25 (Extreme)</b>
<b>Current Controls</b>	Full savings programme and financial improvement plan in place Finance Committee meets monthly and formally reports into the Board Performance Meetings held monthly with Clinical Boards Financial performance is a standing agenda item on Management Executives Meeting Standing Financial Instructions in place with clear delegations of authority		
<b>Current Assurances</b>	Performance Meeting outcomes reported monthly to Management Executives Clinical Boards placed in escalation where not meeting budget or agreed financial forecast Finance report presented to every Finance Committee Meeting demonstrating progress and reporting variances		
Impact Score: 5	Likelihood Score: <del>2</del> 4	Net Risk Score:	<b>20 (Extreme)</b>
<b>Gap in Controls</b>	No gaps currently identified.		
<b>Gap in Assurances</b>	<del>Recovery plans from overspending Clinical Boards</del> Not all Clinical Boards have a CIP in place recurrently		

Actions	Lead	By when	Update since 30.01.2019
1. Set a balanced deliverable plan for 2019/20	RC	31/01/2019	<b>Complete</b> – report presented to Board 31.01.2019
2. Overspending Clinical Boards to provide robust recovery plans	SC	31/12/2018	<b>Complete</b> – recovery plans presented to Management Performance Meeting in December
3. Identification of further opportunities to eliminate underlying deficit – transformation, efficiency framework, clinical variation and waste <b>and corporate areas.</b>	Exec Directors	<del>31/01/2019</del> <del>31/03/2019</del> 30/05/2019	<b>Ongoing</b> – work being undertaken to identify full value of savings gap
Impact Score: 5	Likelihood Score: 1	Target Risk Score:	<b>5 (moderate)</b>

### 3. Sustainable Primary and Community Care

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

<b>Risk</b> <b>Date added:</b> 12.11.2018	The risk of losing resilience in the existing service and not building the capacity or the capability of service provision in the Primary or Community care setting to provide the necessary preventative and responsive services.		
<b>Cause</b>	<p>Not enough GP capacity to respond to and provide support to complex patients with multiple co-morbidities and typically in the over 75 years age bracket.            GP’s being drawn into seeing patients that could otherwise be seen by other members of the Multi-disciplinary Team.            Co-ordination of Health and Social Care across the communities so that a joined up response is provided and that the patient gets the right care.            Poor consistency in referral pathways, and in care in the community leading to significant variation in practice.            Practice closures and satellite practice closures reducing access for patients.            Lack of development of a multidisciplinary response to Primary Care need.            Significant increase in housing provision</p>		
<b>Impact</b>	<p>Long waiting times for patients to access a GP            Referrals to hospital because there are no other options            Patients turning up in ED because they cannot get the care they need in Primary or Community care.            Poor morale of Primary and Community staff leading to poor uptake of innovative solutions            Stand offs between Clinical Board and Primary care about what can be safely done in the community            Impact reinforces cause by effecting ability to recruit</p>		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	<b>20 (red)</b>
<b>Current Controls</b>	<p>Me, My Home , My Community            Signals from Noise to create a joined up system across Primary, Community, Secondary and Social Care.            Development of Primary Care Support Team            Contractual negotiations allowing GP Practices to close to new patients            Care Pathways</p>		
<b>Current Assurances</b>	<p>Improved access and response to GP out of hours service            Sustainability and assurance summary developed to RAG rate practices and inform action            Three workshops held to develop way forward with engagement of wider GP body in developing future models</p>		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	<b>15 (red)</b>
<b>Gap in Controls</b>	<p>Actively scale up multidisciplinary teams to ensure capacity            Achieving scale in developing joint Primary/Secondary Care patient pathways            Recruitment strategies to sustain and improve GP availability and develop multidisciplinary solutions</p>		
<b>Gap in Assurances</b>	No gaps currently identified.		

Actions	Lead	By when	Update since 31.01.2019
1. Health Pathways – to create a protocol driven of what should and can be done in Primary care/Community care.	SH	31/03/2019	<b>On track</b> – this has started
2. Roll out of Mental Health and MSK MDT's to reduce the primary care burden on GP's	SC	Start by 31/01/2019	<b>Commenced</b> - see No 4 update
3. Roll out digital solutions for smart working (join up system – Vision 360 degree)	SH	31/03/2020	<b>Commenced</b> - Discussion planed for Management Executives
4. Development of recruitment strategies for GP and non GP service solutions	MD	Ongoing	GP Support Unit helps with recruitment and finding GP alternatives action also lined to No 2 above.
5. Develop Health and Social Care Strategies to allow seamless solutions for patients with health and or social needs	SH	30/09/2019	<b>Not due</b>
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	<b>10 (high)</b>

#### 4. Safety and Regulatory Compliance

Patient safety and compliance with regulatory standards 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 feedback. Undertaking a high quality level of investigation to identify the root causes. Implementing solutions to minimise/mitigate the risk of them recurring.

<b>Risk</b> <b>Date added:</b> 12.11.2018	There is a risk that systems of safety and regulatory compliance are potentially not as robust as they could be and this has been demonstrated by the HTA Review, poor decontamination systems and the commissioning of services outside the Health Board which were not of a high quality.		
<b>Cause</b>	<p>Non-compliance with regulatory or statutory requirements</p> <p>Non-compliance with effective decontamination processes to support the delivery of high quality patient care</p> <p>Appointment of contractor without required quality checks being in place to ensure service delivered was of a high standard</p>		
<b>Impact</b>	<p>Harm and distress caused to patients and their families</p> <p>Reputational damage to the Health Board</p> <p>Increase in clinical claims</p> <p>Financial consequences</p>		
<b>Impact Score: 4</b>	Likelihood Score:4	Gross Risk Score:	<b>16 (Extreme)</b>
<b>Current Controls</b>	<p>Human Tissue Act</p> <p>HTA Licencing Standards</p> <p>Statutory Designated Individual in post</p> <p>Clinical Board QSE arrangements; CD&amp;T – regulatory compliance group</p> <p>Quality, Safety and Experience Committee in place supported by robust governance and reporting structure</p> <p>Office of Professional Leadership shares responsibility for Quality Agenda (Medical Director, Executive Nurse Director, Executive Director of Therapies and Health Science)</p> <p>Quality and Safety Team</p> <p>Patient Experience Team</p> <p>Health and Care Standards</p> <p>Decontamination and reusable devices procedure in place</p> <p>Decontamination Group</p> <p>Weekly Executive led concerns/claims and serious incidents meeting</p> <p>Monitoring of ongoing investigations</p> <p>Quality control system that triangulates areas of concern</p>		
<b>Current Assurances</b>	<p>Annual Report to Quality, Safety and Effectiveness Committee on key quality and safety areas</p> <p>External accreditation processes</p> <p>Monitoring of incident trends, noise in the system or any concerns arising from inspections</p> <p>Health and Care Standard Self-Assessment undertaken on key areas and reported into the Quality, Safety and Experience Committee</p> <p>Internal Audit reviews on quality and safety</p> <p>Health and Safety Committee</p>		
<b>Impact Score: 4</b>	Likelihood Score:3	Net Risk Score:	<b>12 (High)</b>

<b>Gap in Controls</b>	<p>Lack of central decontamination Unit</p> <p>Lack of robust QSE criteria/monitoring in procurement and commissioning processes</p> <p>Capacity of the Patient Safety and Patient Experience team to enable more proactive approach to quality improvement and data analysis</p> <p>Limited Assurance Internal Audit Report on Legislative/ Regulatory Compliance</p> <p><b>Lack of robust patient identification processes</b></p>			
<b>Gap in Assurances</b>	<p>Robust ongoing monitoring and assurance reporting on historical areas of concern</p> <p>Internal audit programme needs to be more closely aligned to areas of greatest risk</p>			
<b>Actions</b>		<b>Lead</b>	<b>By when</b>	<b>Update since 31.01.2019</b>
1. Discuss and agree a way forward in relation to central decontamination unit		RW / FJ	<del>31/12/2018</del> 22.04.2019	Investigation of endoscopy decontamination incident will highlight issues which need addressing. A central decontamination unit is likely to be a recommendation from the investigation.
2. Review of procurement and commissioning processes to be undertaken to ensure that robust quality, safety and experience criteria and included		RW/ RC	<del>31/03/2019</del> 30.04.2019	Process of investigation been undertaken on ophthalmology insourcing incident – Terms of Reference for investigation include procurement processes in relation to clinical services.
3. Review of capacity of Patient Safety and Patient Experience Team to be undertaken		RW	31/03/2019	Team currently being reviewed.
4. Actions within Limited Assurance Internal Audit report on Legislative and Regulatory Compliance to be completed		NF	<del>28/02/2019</del> 30/04/2019	Regulatory compliance tracker presented to Audit Committee on 26/02/2019. Currently being populated to ensure all areas of statutory, mandatory and regulated activities are covered and then monitored appropriately
5. Internal audit plan to be aligned to areas of greatest risk		RW/NF	31/03/2019	Internal audit presented to ME on 25.03.2019 to ensure highest risks covered off.
6. Review of IRMER breaches to be undertaken to identify trends and themes		RW	31.05.2019	New action added March 2019
Impact Score: 4	Likelihood Score:2	Target Risk Score:		<b>8 (High)</b>

## 5. Leading Sustainable Culture Change

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 is building 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.

<b>Risk</b>	There is a risk that the cultural change required will not be implemented in a sustainable way		
<b>Cause</b>	<p>Current climate within the organisation is high in bureaucracy and low in trust. Staff reluctant to engage with the case for change as unaware of the UHB strategy and the future ambition.</p> <p>Staff not understanding the part their role plays for the case for change due to lack of communication filtering through all levels of the UHB.</p>		
<b>Impact</b>	<p>Staff morale may decrease</p> <p>Increase in absenteeism</p> <p>Difficulty in retaining staff</p> <p>Transformation of services may not happen due to staff reluctance to drive the change through improvement work.</p> <p>Patient experience ultimately affected.</p>		
Impact Score: 4	Likelihood Score: 4	Gross Risk Score:	<b>16 (Extreme)</b>
<b>Current Controls</b>	<p>Values and behaviours Framework in place</p> <p>Task and Finish Group weekly meeting</p> <p>Cardiff and Vale Transformation story and narrative</p> <p>Leadership and Management Development Programme</p> <p>Programme of talent management and succession planning</p> <p>Values based recruitment</p> <p>Staff survey results and actions taken – led by an Executive ( WOD )</p> <p>Patient experience score cards</p> <p>CEO sponsorship for the Values and behaviours (culture) enabler.</p> <p>Executive Director of WOD highly engaged with this enabler</p> <p>Raising concerns relaunched in October 2018</p>		
<b>Current Assurances</b>	<p>Transformation activity reported to monthly to Management Executives, HSMB and Strategy and Delivery and Board.</p> <p>Engagement of staff side through the Local partnership Forum (LPF)</p>		
Impact Score: 4	Likelihood Score: <del>3</del> 2	Net Risk Score:	<b>12 8 (High)</b>
<b>Gap in Controls</b>	Lack of resources allocated to the culture change agenda.		
<b>Gap in Assurances</b>	Outcomes to measure culture are not explicit due to other factors influencing this enabler.		

Actions	Lead	By when	Update since 30.01.2019
1. An experiential leadership suite of programmes to be launched in 2019	MD / RG	31/05/2019	<b>Commenced</b> - Compassionate Leadership sessions facilitated by Professor West undertaken in November for senior leaders and other staff
2. Tier 1, 2 and 3 leaders within the UHB to undertake a leadership programme looking at styles and the climate we work in.	MD/RG	To commence by 31/03/2019	<b>Commenced</b> – Programme of work being finalised with external company to train top 70 leaders
3. A staff survey task and finish group established (led by Executive Director of WOD) with representation of staff and staff side to action a delivery plan in response to the survey.	MD	30/11/2018	<b>Complete and ongoing</b> – group established and action plan being finalised
4. Learning from Canterbury Model with a Model Experiential Leadership Programme	MD	<del>June 2019</del> 31/10/2019	<b>Commenced</b> – planning and design of programme has started.
5. Leadership Styles and Climate Programme Top 80 Leaders in the organisation	MD	30/06/2019	<b>New action</b> – Individual feedback to staff taking place during April which will be followed by with workshops in June. There are 2 cohorts and this is the first cohort.
6. Wellbeing Service for staff	MD	30/06/2019	<b>New action</b> – This is being increased for 2 years with a bid going to the Charitable Funds Committee in June 2019.
Impact Score: 4	Likelihood Score: <del>2</del> -1	Target Risk Score:	<b>8 4 (Moderate)</b>

## 6. Capital Assets (Estates, IT Infrastructure, Medical Devices)

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.

<b>Risk</b> <b>Date added:</b> 12.11.2018	The condition and suitability of the estate, IT and Medical Equipment impacts on the delivery of safe, effective and prudent health care.		
<b>Cause</b>	<p>Significant proportion of the estate is over-crowded, not suitable for the function it performs, or falls below condition B.</p> <p>Investment in replacing facilities and proactively maintaining the estate has not kept up the requirements, with compliance and urgent service pressures being prioritised.</p> <p>Lack of investment in IT also means that opportunities to provide services in new ways are not always possible and core infrastructure upgrading is behind schedule.</p> <p>Insufficient resource to provide a timely replacement programme, or meet needs for small equipment replacement</p>		
<b>Impact</b>	<p>The health board is not able to always provide services in an optimal way, leading to increased inefficiencies and costs.</p> <p>Service provision is regularly interrupted by estates issues and failures.</p> <p>Patient safety and experience is sometimes adversely impacted.</p> <p>IT infrastructure not upgraded as timely as required increasing operational continuity and increasing cyber security risk</p> <p>Medical equipment replaced in a risk priority where possible, insufficient resource for new equipment or timely replacement</p>		
<b>Impact Score: 5</b>	Likelihood Score: 5	Gross Risk Score:	<b>25 (Extreme)</b>
<b>Current Controls</b>	<p>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.</p> <p>The strategic plan sets out the key actions required in the short, medium and long term to ensure provision of appropriate estates infrastructure.</p> <p>IT SOP sets out priorities for next 5 years, to be reviewed in early 2019</p> <p>Medical equipment WAO audit action plan to ensure clinical boards manage medical equipment risks</p> <p>The annual capital programme is prioritised based on risk and the services requirements set out in the IMTP, with regular oversight of the programme of discretionary and major capital programmes.</p> <p style="color: red;"><b>Additional discretionary capital £1.7m for IT and £1.6m for equipment which enabled purchasing of equipment urgently needing replacement.</b></p>		
<b>Current Assurances</b>	<p>The estates and capital team has a number of business cases in development to secure the necessary capital to address the major short/medium term service estates issues. Work is starting on the business case to secure funding to enable a UHW replacement to be build.</p> <p>The statutory compliance areas are monitored every month in the Capital Management Group to ensure that the key areas of risk are prioritised.</p>		

<p>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.</p> <p>IT risk register regularly updated and shared with NWIS. Health Care Standard completed annually</p> <p>Medical equipment risk registers developed and managed by Clinical Boards, reviewed at UHB medical equipment group, health care standard completed annually.</p>			
Impact Score: 5	Likelihood Score: 4	Net Risk Score:	<b>20 (Extreme)</b>
<b>Gap in Controls</b>	<p>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 3 services. In year requirements further impact and require the annual capital programme to be funded by capital to be re-prioritised regularly.</p>		
<b>Gap in Assurances</b>	<p>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.</p> <p>Medical equipment is also subject to regulatory requirements, and therefore requires re-prioritisation during the year</p>		
<b>Actions</b>	<b>Lead</b>	<b>By when</b>	<b>Update since 30.01.2019</b>
1. Progress implementation on the estates strategic plan	AH	Ongoing	Forms part of IMTP
2. Separate discussion with WG Director of Strategy to ensure shared understanding of risks and plans	AH	31/12/2018	<b>Complete</b>
3. Regular reporting on capital programme and risks to Capital Management, Management Executive and Strategy and Delivery Committee	AH	Ongoing	<b>Ongoing</b>
4. Review of IT SOP to be undertaken	SH	31/03/2019	<b>Commenced</b> – new Director in post who will be taking this forward
5. Strengthen Clinical Board engagement with Medical Equipment Group	FJ	31/03/2019	<b>Commenced</b>
6. Medical Equipment prioritisation is managed through the Medical Equipment Group	FJ	Ongoing	<b>Ongoing</b>
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	<b>10 (high)</b>

**Key:**

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

<b>Report Title:</b>	<b>CANCER PERFORMANCE</b>					
<b>Meeting:</b>	<b>Board Meeting</b>				<b>Meeting Date:</b>	<b>28/03/19</b>
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	✓	<b>For Approval</b>	<b>For Information</b>	
<b>Lead Executive:</b>	<b>Chief Operating Officer</b>					
<b>Report Author (Title):</b>	<b>Deputy Chief Operating Officer</b>					

## SITUATION

The purpose of this paper is to highlight current challenges and the actions being taken to address these in relation to meeting the 62 day Urgent suspected cancer (USC) performance trajectory outlined in the Health Board's 2019-22 Integrated Medium Term Plan (IMTP).

## BACKGROUND

Following a verbal report on cancer performance from the Chief Operating Officer at the Board meeting on 28<sup>th</sup> January 2019, a written report was requested on actions being taken to improve cancer performance. This was against the backdrop of concerns relating to compliance against the 62 day USC target, with reported performance in December at 86%.

## ASSESSMENT

The Health Board's ambition in its 2019-22 IMTP is to reach and then sustain 95% performance against the 62 day USC target by March 2020, showing continuous improvement in 2019-20 by increasing compliance by 0.5% each quarter. This was on the assumption that the Health Board would achieve 93% in April 2019.

The latest reported performance in January 2019 is 86%, with a total of 12 breaches. Appendix 1 details overall compliance against the target and also the breach volume trend by cancer tumour site. Current performance levels, whilst showing some improvement in the last two months, are not at the required level. As highlighted by the breach volumes, Urology and Upper and Lower GI combined remain the biggest challenges for the Health Board, constituting circa 60% of the total breaches. The next highest breach volumes are in breast and lung. To consistently achieve 93% and then 95% compliance, we need to initially reduce breaches to an average of 6-7 and then further to no more than 4-5.

In the short term, the improvement actions fall broadly into two categories – firstly tumour site specific actions and secondly strengthening tracking arrangements. Tumour site specific plans in summary are to balance demand and capacity and to work in partnership – both internally across Clinical Boards and with our external partners - to track and expedite patients through their pathway. Medium term, in line with implementation of the Single Cancer Pathway, the Health Board's improvement approach is to agree and implement standardised optimal pathways. The remainder of this paper will focus on actions being taken in the immediate term to improve performance.

Whilst work on improving the Lower **GI pathway** continues through an improvement group led by the Medical Director, the three relevant Clinical Boards – Medicine, Surgery and CD&T - are working together to improve the turnaround times for endoscopy and radiology specifically as these are predominately the two biggest constraints for the GI pathway. The improvement work being undertaken in the context of a 17% increase in demand this year compared to last – see Appendix 2. The actions are:

- To balance demand and capacity in endoscopy the short term, significant additional capacity has been undertaken through insourcing. This will continue into at least the first quarter of 2019-20.

Recognising that this is not a sustainable solution, the UHB has also engaged with an external partner organisation on a programme of work to improve productivity and efficiency. Sustainability plans also involve increasing our nurse endoscopist workforce.

- Prioritising cancer referrals and streamlining the endoscopy booking process so that patients are booked within 10-14 days of referral. This has necessitated a move to a direct booking process. Since the change in September 2018, there has been a marked improvement with average waiting times reducing from 30 days in September 2018 to 14 days in January 2019.
- Following a mapping process in radiology, it was identified that complexities of the pathway and inconsistent information flows were the key constraints, with 5 routes of entry for referrals which were not standardised. From January 2019, new unique identifiers have been used to allow radiology to identify those patients marked on the USC pathway and to expedite their appointment and reporting of scan. In the first instance this has been limited to CT.

The initial increase in the breaches in **Urology** from May 2018 coincided with an exceptional demand increase over March and April 2018, a nationally witnessed trend. Overall demand year to date is 32% higher than last year – see Appendix 2. This was compounded later in the year with a high number of unplanned consultant absences over a number of months. Significant additional capacity has been insourced to support prioritisation of cancer and urgent referrals in core capacity. Whilst the Directorate have focused on clearing the backlog of patients as this is the right thing to do for our patients, this is having a detrimental impact on performance and is anticipated to do so through to the end of March 2019. Capacity for robotic procedures in light of increased demand has also been identified as constraint. Whilst the short term solution is to backfill lists, the Directorate need to develop a longer term sustainable plan for five day working.

The main cause of breaches in **breast** are that patients are waiting too long for a first new outpatient appointment. This initial appointment is a one stop clinic i.e. you will have a consultation and relevant diagnostic tests e.g. mammogram, biopsy in the same visit. Unplanned absences and workforce gaps, particularly with consultant radiologist cover, have impacted on the Health Board's ability to deliver a timely first new appointment. The Health Board secured a locum radiologist to support the breast service and has subsequently seen a reduction in the time to first new appointment from an average of 45 days to 35 days. Continuation of the locum to the year-end has been agreed to support a further reduction.

A **Lung-Oncology** Working group was established in 2018, with key internal stakeholders (including representatives from internal medicine, pharmacy and CD&T) and Velindre NHS Trust. Initially the group's establishment was to agree pathway processes and identify constraints adding to delays for patients. Since its establishment the group has improved communication, gained agreement on the pathway and reduced the delays and breaches for lung cancer, as demonstrated in Appendix 1.

Tracking and expediting patients through the USC 62 day pathway remains an important element in helping to ensure efficient and timely access for all patients. Whilst some Directorates have increased their resources and / or strengthened their tracking and expedite processes e.g. lung and GI, this remains an area for further improvement. The transfer of Cancer Services, from 1<sup>st</sup> April 2019, to a 'hosting' arrangement under the Children & Women's Clinical Board presents an opportune time to review how Cancer Services and Clinical Boards work more closely together to track, expedite and coordinate patients through their pathways.

In summary, therefore, some exceptional demand increases in the last year have compounded a number of pre-existing process and capacity constraints. An evidenced based recovery plan has now been established. The exceptional challenges of the last year mean that the starting point for improvement will be more challenging than originally anticipated. The Health Board, however, remains committed to achieving 95% compliance in 2019-20 – in keeping with its IMTP commitment.

**ASSURANCE** is provided by:

- The actions being taken across a number of tumour sites to improve performance against the 62

day urgent suspected cancer target.

## RECOMMENDATION

The Board is asked to:

- **NOTE** the actions being taken to improve performance and to achieve the Health Board's trajectory, as set out in its Integrated Medium Term Plan

### Shaping our Future Wellbeing Strategic Objectives

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

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

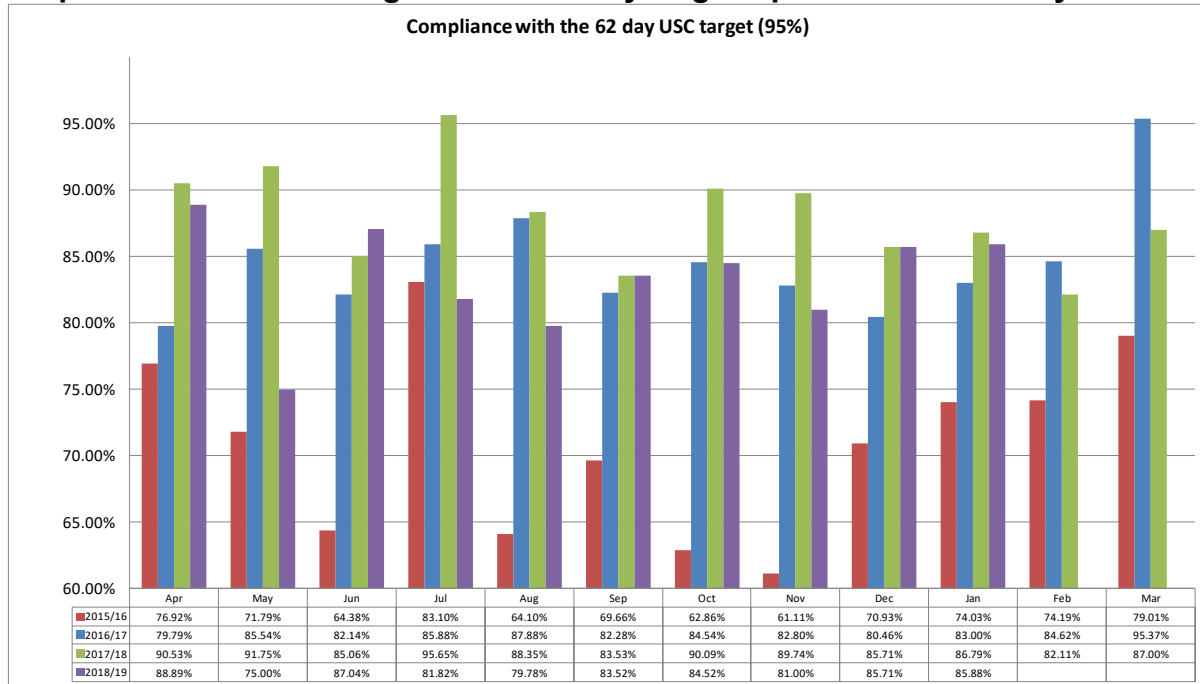
### Five Ways of Working (Sustainable Development Principles) considered

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

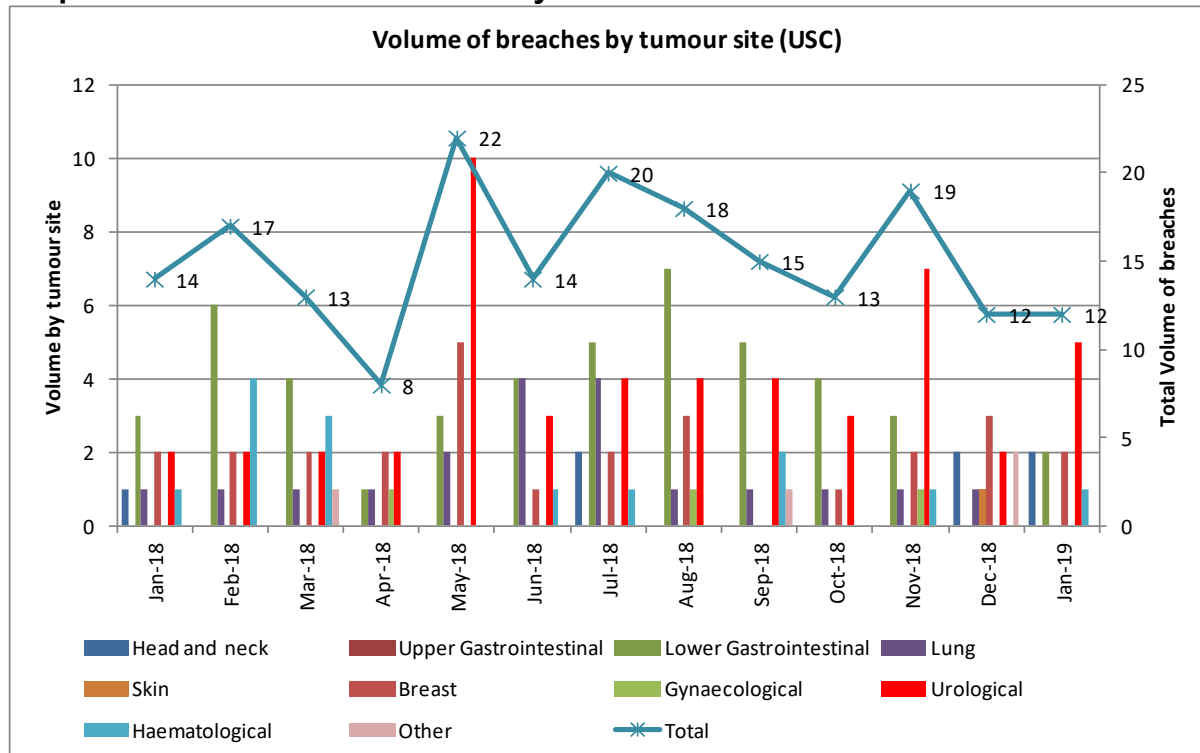
Prevention		Long term		Integration		Collaboration	√	Involvement	
<b>Equality and Health Impact Assessment Completed:</b>	Not Applicable								

Overall performance and breach volume trend by cancer tumour site

Graph 1 – Performance against the 62 day target April 2015 to January 2019



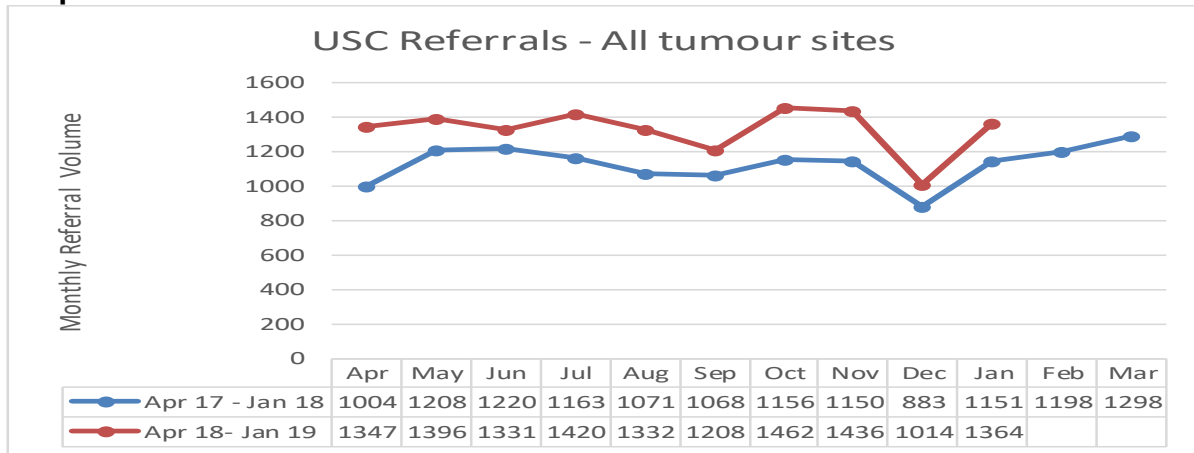
Graph 2 – Total each volume and by tumour site



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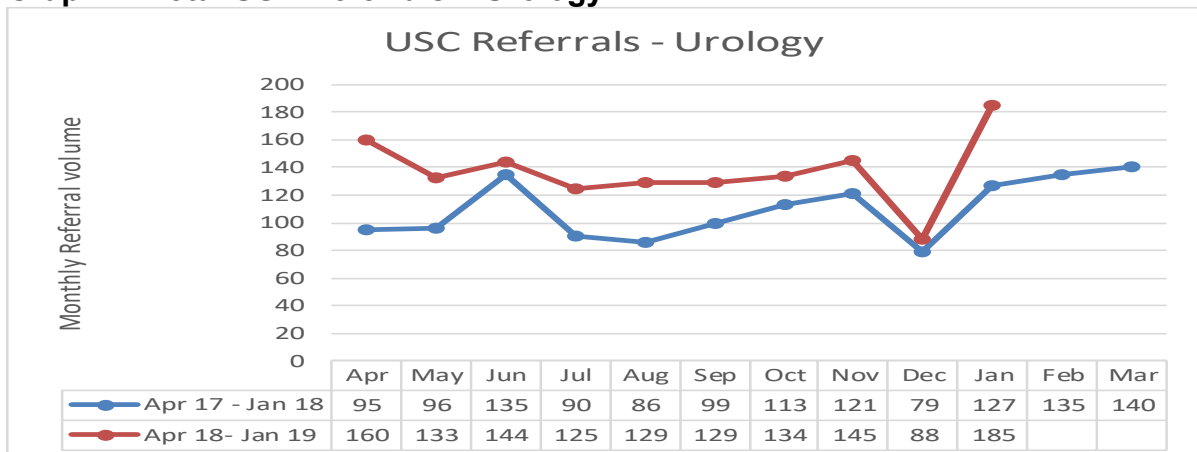
**Urgent suspected Cancer referrals: April 2017 to January 2019**

**Graph 3: Total USC Referrals – All tumour sites**



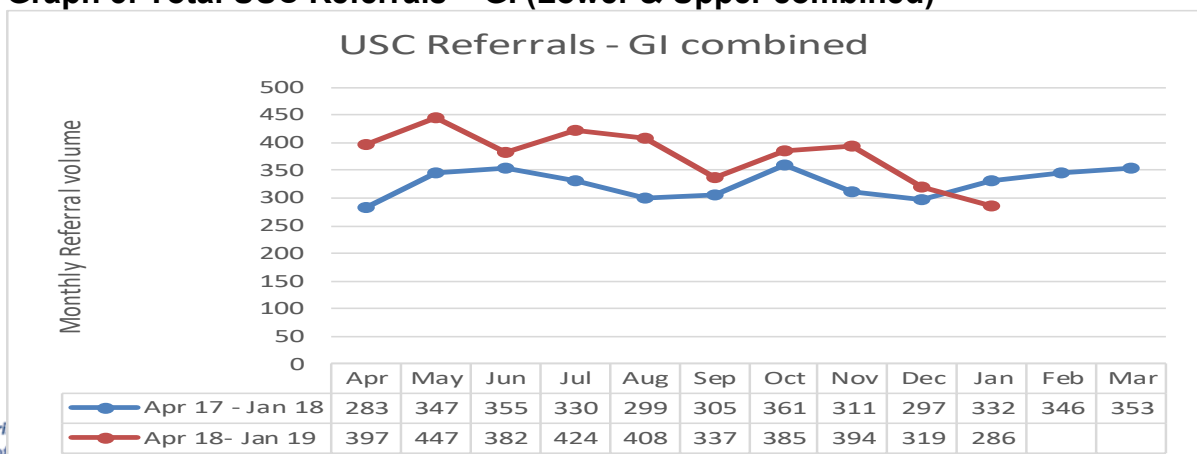
Note: 20% increase year to date (April to January) this year compared to last

**Graph 4: Total USC Referrals – Urology**



Note: 32% increase year to date (April to January) this year compared to last

**Graph 5: Total USC Referrals – GI (Lower & Upper combined)**



Note: 17% increase year to date (April to January) this year compared to last

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<b>Report Title:</b>	<b>Cardiff and Vale Cluster Information Governance Framework</b>					
<b>Meeting:</b>	Cardiff and Vale UHB Board Meeting				<b>Meeting Date:</b>	26 <sup>th</sup> March 2019
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	X	<b>For Approval</b>	
<b>Lead Executive:</b>	<b>Chief Executive Officer</b>					
<b>Report Author (Title):</b>	<b>Assistant Director of Operations, PCIC Clinical Board</b>					

## SITUATION

This paper provides an update on the work to ensure Information Governance (IG) arrangements are in place and appropriate to allow for effective cluster based working, to include the sharing of information between staff working on behalf of the cluster, and individual practices within the cluster.

## BACKGROUND

Information Governance (IG) concerns the way in which we manage the confidentiality, integrity, and availability of information (CIA) about patients, families, staff and about the organisation itself. Effective IG provides assurance that clusters will comply with the legislation and standards and supports the delivery of patient centred services, making best use of resources.

Following a number of GMS sustainability workshops held during 2018, proposals were developed and a business case prepared to provide support to general practice, to roll out two cluster pilots demonstrating significant impact, to all Cardiff and Vale clusters. This was based on two cluster models:

- Providing GPs with access to First Contact Practitioner Physiotherapists (MSK)
- Expansion of the Mental Health Primary Care Liaison Model (MHL).

To support the roll out of these two models, and other cluster based models, an IG cluster framework has been developed and will be implemented to support the effective and efficient sharing of patients' digital data along patient pathways.

As clusters are not a legal entities in their own right, they cannot currently employ staff. As such, it is important that there is clarity on the respective responsibilities of the various parties.

For the purposes of data protection and IG, staff working within the cluster or across the cluster are considered employees of the organisation with whom they hold their employment contract. The staff providing these new models of care will be employed by Cardiff and Vale UHB and they will be 'hosted' to work either within GP practices or across GP practices via a cluster based service model. If a service is commissioned by Cardiff and Vale UHB to work at cluster level e.g. from the third sector, honorary contracts will be required with Cardiff and Vale UHB to allow this framework to apply.

## ASSESSMENT

The IG framework developed ensures the required documentation is in place for individual practices within the cluster, the UHB, and clinical system suppliers to allow the appropriate sharing of information, in line with legislation including the Common Law Duty of Confidentiality,

GDPR (2016) and the DPA (2018) and in keeping with the Caldicott principles. At all times the sharing of the clinical record will be the provision of direct care.

The documentation below sets out the requirements in order for UHB staff, or staff commissioned to work on behalf of Cardiff and Vale UHB to appropriately access Vision 360 (soon to be Vision Anywhere), or the individual practice clinical system, to input to the patient clinical record.

## IG Framework Requirements

**Joint Controller Agreement (JCA):** This Agreement governs access to personal data of service users for the purpose of providing direct care. The JCA is a joint data controller framework, the overall aim of this document is to describe each Controller's responsibilities and set out a lawful and consistent approach to the sharing of information that will benefit service users while protecting the confidentiality of their personal data. The JCA sets out the data being shared, and the controls of which the data can be shared if they wish. The JCA is the joint data controller framework for all of the data. In the event of a data breach the Information Commissioners Office (ICO) will look at the responsible data controller, in the event that a member of the MSK/MHL community team are responsible, liability is with Cardiff and Vale as the data controller.

**WASPI self-assessment checklist:** As part of the JCA, practices are asked to complete the WASPI self-assessment checklist as good practice.

**Data Processing Contract:** A Data Processing contract between individual practices and the GP clinical system supplier is required, this is likely to already be in place for many practices, but may need to be updated to reflect Vision 360 (Anywhere) use. A data processing contract is also required between Cardiff and Vale UHB and Vision / the GP clinical system supplier.

**Data Privacy Impact Assessment (DPIA):** This impact assessment tool has been drafted by Cardiff and Vale UHB, which is now required by law, to identify and mitigate any potential IG risks associated with cluster working.

**Honorary Contracts:** This will only be required if the staff working on behalf of the cluster, are not directly employed by Cardiff and Vale UHB. In this scenario, an honorary contract with Cardiff and Vale UHB will result in Cardiff and Vale UHB becoming the data controller, and therefore liable for any IG breaches for which those staff are responsible for.

## ASSURANCE

This framework has been co-developed with input from the PCIC Clinical Board, Information Governance dept, Cluster Community Directors (via CD Forum), the Bro Taf Local Medical Committee (LMC), as well as advice and input from the UHB's solicitors, NWIS, and the ICO. Support in rolling this framework out to facilitate effective cluster working was provided by Bro Taf LMC at the PCIC LMC Liaison meeting held on the 13<sup>th</sup> February 2019.

## RECOMMENDATION

The Board is asked to:

- **Note** the framework developed to facilitate effective cluster working and information sharing between practices, the Health Board and with partner organisations.

## Shaping our Future Wellbeing Strategic Objectives

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

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

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

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

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
<b>Equality and Health Impact Assessment Completed:</b>	No								

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Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol

**CARING FOR PEOPLE  
KEEPING PEOPLE WELL**



**GIG  
CYMRU  
NHS  
WALES**

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

<b>Report Title:</b>	<b>Winter Resilience Programme</b>					
<b>Meeting:</b>	UHB Board				<b>Meeting Date:</b>	28 March 2019
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	
<b>Lead Executive:</b>	Dr Sharon Hopkins					
<b>Report Author (Title):</b>	<b>Senior Service Improvement Programme Manager</b>					

## SITUATION

This report provides an update to the Board on the impact of the Medicine Clinical Board (MCB) Winter Resilience Programme. This work, led by the Clinical Board, and involving frontline teams, was informed by data presented in 'Signals from Noise' ('SfN') with some expertise from Lightfoot Solutions (Lightfoot) and the Cardiff and Vale Transformation Team.

## REPORT

### BACKGROUND

During the summer the UHB undertook a procurement exercise for support to deliver whole system improvements in flow and capacity management over the winter of 2018/19. Following an OJEU process, Lightfoot were assessed as the successful bidder. Lightfoot proposed a collaborative approach with Canterbury District Health Board underpinned by predictive analytics within the 'SfN' tool based on the principles of Statistical Process Control.

In October 2018 Lightfoot undertook an initial baseline review using four years' worth of data to help inform strategies for improving the Health Board's resilience during the winter of 2018/19. This analysis identified high occupancy levels in the first few weeks of January with the impact of the bed congestion continuing to affect the system for some months after. In November 2018, Lightfoot undertook a number of engagement workshops with Health Board clinical and managerial staff to provide further intelligence as to the causes of the increase in bed occupancy and to identify potential solutions. Following these workshops the Winter Resilience Programme was set up by the MCB with the agreed principles and objectives of:

- Reducing length of stay,
- Reducing occupancy,
- Improving the daily discharge profile and
- Improving 'recovery' post-Christmas period.

Three work streams were established focused on:

1. Bed and capacity management
2. Admission avoidance and early supported discharge
3. 'SAFER' ward processes.

The MCB Winter Plan was complementary to the Winter Resilience Programme work streams and Lightfoot continued to support the process, making available various 'views' of the data through the 'SfN' application to support the work streams and initiatives.

Other clinical boards have also engaged with Lightfoot in using 'SfN' to identify 'hot spots' and have proactively implemented strategies to mitigate the impact over periods of pressure.

**ASSESSMENT**

The MCB reports the Winter Resilience Programme, supported by Lightfoot and the Cardiff and Vale Transformation Team, as a success with reductions in length of stay and bed occupancy (including a reduction in medical outliers on surgical wards); and improvements in the daily discharge profile and 'recovery' in the post-Christmas period. The analysis from 'SfN' is demonstrated in Appendix 1.

The collaboration between the MCB and Lightfoot has had a positive effect on the Health Board's winter resilience and the availability of clear and useful analysis via 'SfN' has informed and supported decision making. The MCB are now developing plans for a longer term, cross Clinical Board piece of work, with support from 'SfN' analysis, which will incorporate seasonal resilience, and move towards affecting more transformation change.

**RECOMMENDATION**

The Board is asked to:

- **NOTE** the success of the MCB Winter Resilience Programme

**Shaping our Future Wellbeing Strategic Objectives**

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

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

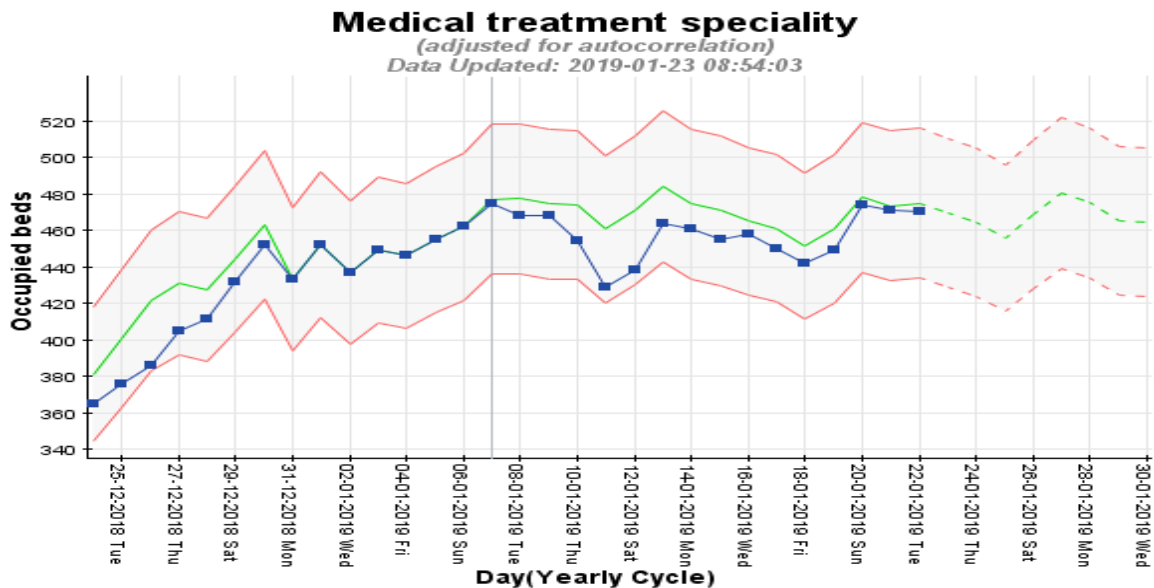
**Five Ways of Working (Sustainable Development Principles) considered**

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

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

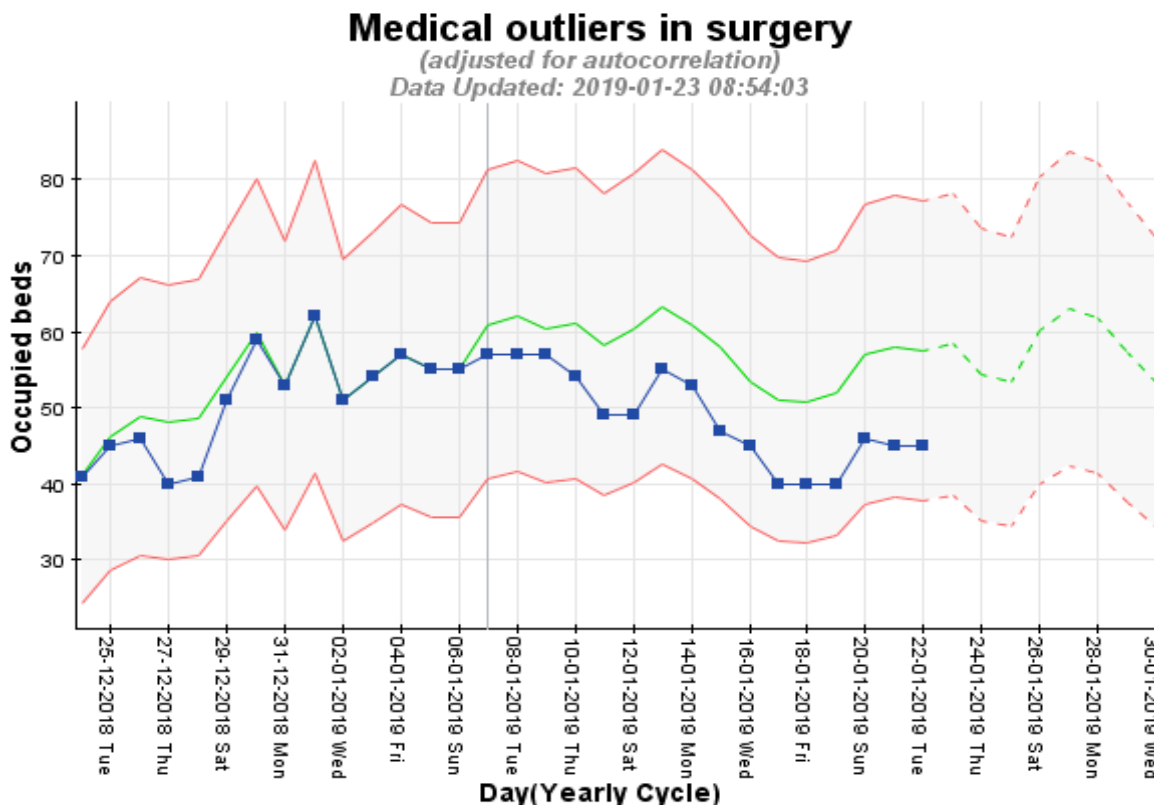
## Appendix 1: 'SfN' analysis

**Chart 1** demonstrates the significant improvement in the Medicine Clinical Board's (MCB) daily bed occupancy compared with that of the last four years' average; with all points beyond the 7<sup>th</sup> January falling below the green line of the four years' average.



**Chart 1**

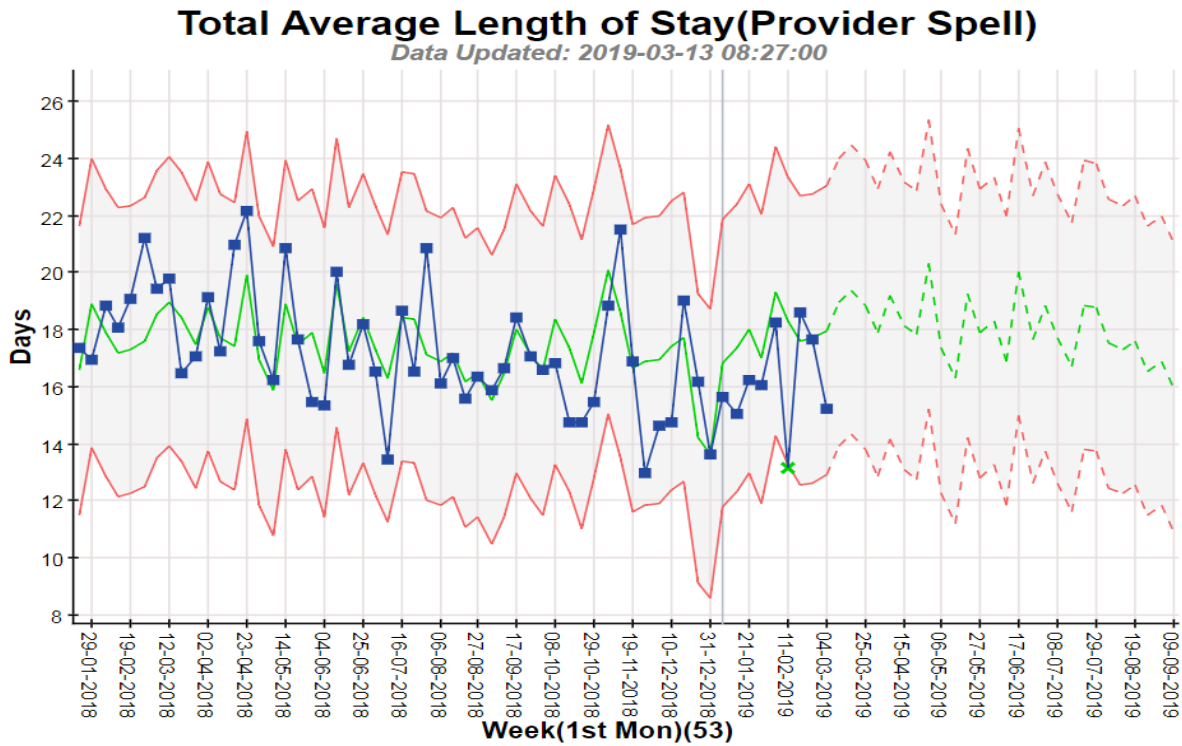
**Chart 2** illustrates the significant reduction in medical outliers in surgical beds compared to that of the last four years' average; with all points beyond the 7<sup>th</sup> January falling below the green line of the four years' average.



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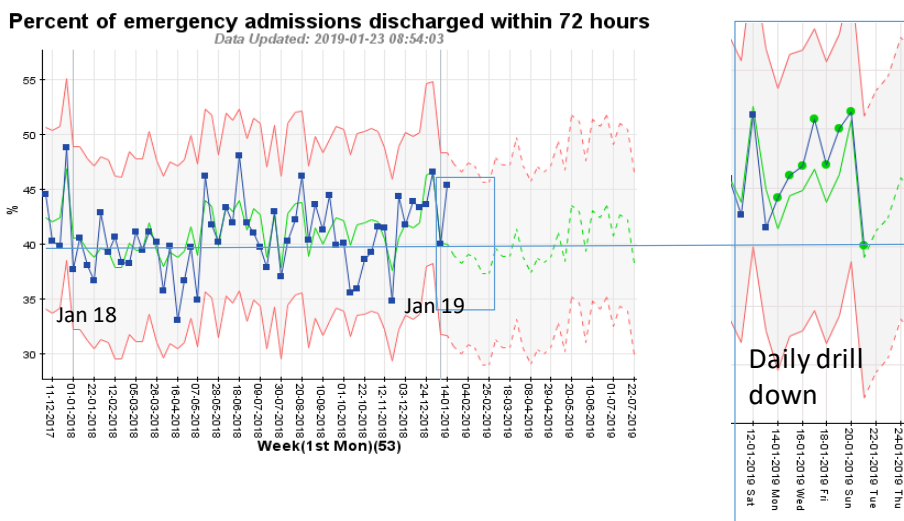
**Chart 2**

**Chart 3** identifies the reduction in the weekly average length of stay for MCB patients compared to that of the last four years' average; with all points except one beyond the 7<sup>th</sup> January falling below the green line of the four years' average.



**Chart 3**

**Chart 4** shows the significant increase in the percent of emergency admissions discharged within 72 hours; identified by the daily drill down with every point after 14<sup>th</sup> January above the green line of the last four years' average.



**Chart 4**

<b>Report Title:</b>	<b>Annual Review of Standing Orders and Reservation and Delegation of Powers</b>					
<b>Meeting:</b>	Board Meeting				<b>Meeting Date:</b>	28.03.19
<b>Status:</b>	<b>For Discussion</b>	x	<b>For Assurance</b>		<b>For Approval</b>	x <b>For Information</b>
<b>Lead Executive:</b>	Director of Corporate Governance					
<b>Report Author (Title):</b>	Interim Head of Corporate Governance					

## SITUATION

The purpose of this report is to seek the Board's approval to revisions to the University Health Board's Standing Orders and Reservation and Delegation of Powers. The amendments were considered by the Audit Committee when it met in February and Members agreed that they should be recommended to the Board for approval

## REPORT

### BACKGROUND

Cardiff and Vale University Health Board's (UHB's) Standing Orders were last reviewed in 2015, following the issue of revised Model Standing Orders by the Welsh Government in 2014. The Model Standing Orders were to be used as a guide with amendments and adaptations being made to reflect the requirements of the individual boards. With a few exceptions, the health board's current Standing Orders reflect the Model Standing Orders issued in 2014.

As the Board has been previously advised, the Board Secretary Peer Group agreed to review Standing Orders and the Scheme of Delegation in 2017. The outcome of this work was fed through to the Welsh Government to be considered as part of the discussions related to the White Paper *Services fit for the future - Quality and Governance in health and care in Wales*. Welsh Government are currently reviewing Standing Orders but a date for their finalisation has not been confirmed.

### *Requirements for Annual Review*

Standing Order (SO) 11, as set out in the 2015 version of UHB's Standing Orders (SOs) and Reservation and Delegation of Powers, states that SOs shall be reviewed annually by the Audit Committee, which shall report any proposed amendments to the Board for consideration. The requirement for review extends to all documents having the effect as if incorporated in to the SOs, including the Terms of Reference of each of the Committees of the Board.

The Board Secretary is responsible for advising the Board of the implications of any decision to vary or amend SOs, and Section A (xxviii) makes it clear that such a decision may only be made if:

- The variation or amendment is in accordance with regulation 15 of the Constitution Regulations and does not contravene a statutory provision or direction made by the Welsh Ministers; and
- The proposed variation or amendment has been considered and approved by the Audit

Committee and is the subject of a formal report to the Board.

- A notice of motion under SO 6.5.14 has been given.

## **ASSESSMENT**

A thorough review of the UHB's SOs has been undertaken and consideration given to the recommendations made to Welsh Government by the Board Secretary Peer Group. A copy of the draft revised SOs (with tracked amends) is provided at Appendix 1. A summary of the key amendments made and recommended to the Board for approval is provided below:

### Foreword:

This has been amended to:

- Reflect the fact that when agreeing SOs LHBS must ensure that they are made in accordance with directions issued by Welsh Ministers.
- Make it clear that all supporting schedules adopted by the LHB shall be treated as though they are incorporated in to the SOs.

### Section A – Introduction

#### *Statutory Framework*

This has been amended to reflect the following Directions, Acts, Regulations and Standards:

- The Emergency Ambulance Services Committee (Wales) Directions 2014 (2014/8 (W.08)) as amended by the Emergency Ambulance Services (Wales) Amendment Directions 2016 (2016/8 (W.8)).
- The Social Services and Well-being (Wales) Act 2014 (2014 anaw 4) and the Partnership Arrangements (Wales) Regulations 2015 (2015 No.1989 (W.299)), made under Part 9 of the Social Services and Well-being (Wales) Act 2014 are referenced at (xi and xiv).
- The Welsh Language (Wales) Measure 2011 (2011 nawm 1); replacing Section 5 of the Welsh language Act 1993.
- The Health and Care Standards which came into force from 1 April 2015.

#### *NHS framework*

This section has been amended to:

- Reference the Well-being of Future Generations (Wales) Act 2015 (2015/2).
- Replace references to the Assembly Government with Welsh Government.
- Replace the reference to Ministerial letters with Welsh Health Circulars; from 2014 WHCs replaced Ministerial letters.

## *Applying Standing Orders*

In this section reference is now made to the Terms of reference of Joint Committees; these will be included in Schedule 4 of the document.

### *The role of the Board Secretary*

The accountability and reporting arrangements of the Board Secretary have been updated to reflect those set out in the model Role Profile for the Board Secretary issued in 2009.

## Section B – Standing Orders

### *SO 1: The Local Health Board*

- Paragraph 1.1.1 has been amended to reflect arrangements for the appointment of all Board Members.

### *SO 2: Reservation and Delegation of LHB Functions*

- Paragraph 2.0.3 has been updated to reflect requirements of The Social Services and Well-being (Wales) Act 2014
- 2.1 Delegation of Board functions - the wording of paragraph 2.2.1 wording has been added to reinforce that some matters cannot be delegated

### *SO 3: Committees*

- 3.5.2: Joint Committees of the Board - The Emergency Ambulance Services Committee (EASC) and the NHS Wales Shared Services Partnership Committee are now referenced.

### *SO4: Advisory groups*

This section has been streamlined with the wording relating to the terms on terms of reference and operating arrangements, support, advice and feedback being moved to the front of the section and not duplicated under specific advisory groups.

### *SO5: Working in Partnership*

This SO has been amended to reflect the Social Services and Well-being (Wales) Act 2014 and current partnership arrangements, including Regional Partnership and Public Service Boards.

### *SO6: Meetings*

- 6.1 Putting Citizens First: Now includes reference to the provisions made in response to the compliance notice issued by the Welsh Language Commissioner under section 44 of the Welsh Language (Wales) Measure 2011.
- 6.2. Annual Plan of Board Business: Paragraph 6.2.5 has been amended to reflect revised arrangements required by Welsh Government. Under these arrangements the

UBH is required to hold an Annual General Meeting before the 31 July.

▪ 6.4 Preparing for Meetings:

Paragraph 6.4.3 has been amended to confirm that Board members will be sent an Agenda and a complete set of supporting papers at least 10 clear days before a meeting. The 2015 Standing Orders referred to 7 days, which was not in compliance with Schedule 3 of The Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009.

Paragraph 6.4.4 now reflects that impact assessments need to cover a range of aspects such as Welsh language etc.

Paragraph 6.5.2 now reinforces the requirement for committees of Board to conduct as much of their formal business in public.

- 6.6 Record of Proceedings: Paragraph 6.6.2 now references the General Data Protection Regulation 2018.

*SO 9: Gaining Assurance on the Conduct of Board Business*

Paragraphs 9.0.4 and 9.0.5 have been added to strengthen arrangements for The Welsh Health Specialised Services Committee (WHSSC) and The Emergency Ambulance Services Committee (EASC). Further, *9.3: External Assurance* has been amended following advice received from Wales Audit to better reflect the role of the Auditor General and Public Accounts Committee.

**RECOMMENDATION**

The Board is asked to:

**REVIEW** the proposed amendments to Standing Orders.

**AGREE TO ADOPT** the proposed amendments.

**NOTE** that once they have been reviewed and agreed by the relevant Committee or Advisory Group, the Terms of Reference of each of the Board’s Committees and Advisory Groups will be included in Schedule 3 and 4 of the Standing Orders.

**NOTE** that work on the Scheme of Reservation and Delegation is ongoing. This will be brought to the Board for approval when it meets in May 219.

**NOTE** that once approved by the Board SOs will be proof read and the contents page updated.

**Shaping our Future Wellbeing Strategic Objectives**

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

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

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

Sustainable Development Principles: Five ways of working	Prevention	x	Long term		Integration		Collaboration		Involvement	
<b>Equality and Health Impact Assessment Completed:</b>	Not Applicable									



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NHS  
WALES

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Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

# STANDING ORDERS RESERVATION AND DELEGATION OF POWERS

Version ~~3-4~~ (Draft 1): ~~April 2015-04-02~~ February 2019

~~Note: Executive Responsibilities of the Director of Workforce and Organisational Development are currently being performed by the Chief Operating Officer.~~

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Caerdydd a'r Fro  
Cardiff and Vale University Health Board is the operational name of Cardiff and Vale University Local Health Board

## Foreword

These Standing Orders are based on the -Model Standing Orders ~~are~~ issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Local Health Boards (LHBs) in Wales must agree Standing Orders (SOs) for the regulation of their proceedings and business. - When agreeing SOs LHBs must ensure they are made in accordance with directions issued by Welsh Ministers. They-These SOs are designed to translate the statutory requirements set out in the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (S.I. 2009/779 (W.67)) into day to day operating practice, and, together with the adoption of a Scheme of decisions reserved to the Board; a Scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the LHB.

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These documents form the basis upon which the LHB's governance and accountability framework is-has been developed and, together with the adoption of the LHB's Values and Standards of Behaviour framework, is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All LHB Board members and officers must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content. The Board Secretary will be able to provide further advice and guidance on any aspect of the Standing Orders or the wider governance arrangements within the LHB.

All supporting schedules adopted by the LHB shall be considered to be incorporated in to these Standing Orders.

Further information on governance in the NHS in Wales may be accessed at [www.wales.nhs.uk/governance-emanual/](http://www.wales.nhs.uk/governance-emanual/)

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**Contents [the contents page will be updated when the Audit Committee have considered the draft amends]**

□ Foreword .....	Error! Bookmark not defined.	2
□ <b>Section A – Introduction</b> .....	Error! Bookmark not defined.	7
□ Statutory framework .....	Error! Bookmark not defined.	7
□ NHS framework .....	Error! Bookmark not defined.	10
□ Local Health Board Framework .....	Error! Bookmark not defined.	11
□ Applying Standing Orders .....	Error! Bookmark not defined.	11
□ Variation and amendment of Standing Orders .....	Error! Bookmark not defined.	12
□ Interpretation .....	Error! Bookmark not defined.	12
□ The role of the Board Secretary .....	Error! Bookmark not defined.	12
□ <b>Section B – Standing Orders</b> .....	Error! Bookmark not defined.	14
□ 1. THE LOCAL HEALTH BOARD .....	Error! Bookmark not defined.	14
□ 1.1 Membership of the Local Health Board .....	Error! Bookmark not defined.	14
□ <i>Officer Members [to be known as Executive Directors]</i> .....	Error! Bookmark not defined.	15
□ <i>Non Officer Members [to be known as Independent Members]</i> .....	Error! Bookmark not defined.	15
□ <i>Associate Members</i> .....	Error! Bookmark not defined.	15
□ <i>Use of the term ‘Independent Members’</i> .....	Error! Bookmark not defined.	15
□ 1.2 Joint Directors .....	Error! Bookmark not defined.	16
□ 1.3 Tenure of Board members .....	Error! Bookmark not defined.	16
□ 1.4 The Role of the LHB Board and responsibilities of individual members .....	Error! Bookmark not defined.	16
□ <i>Role</i> .....	Error! Bookmark not defined.	16
□ <i>Responsibilities</i> .....	Error! Bookmark not defined.	17
□ 2. RESERVATION AND DELEGATION OF LHB FUNCTIONS .....	Error! Bookmark not defined.	18
□ 2.1 Chair’s action on urgent matters .....	Error! Bookmark not defined.	20
□ 2.2 Delegation of Board functions .....	Error! Bookmark not defined.	20
□ 2.3 Delegation to officers .....	Error! Bookmark not defined.	21
□ 3. COMMITTEES .....	Error! Bookmark not defined.	21
□ 3.1 LHB Committees .....	Error! Bookmark not defined.	21
□ <i>Use of the term ‘Committee’</i> .....	Error! Bookmark not defined.	21
□ 3.2 Joint Committees .....	Error! Bookmark not defined.	22
□ 3.3 Sub-Committees .....	Error! Bookmark not defined.	22
□ 3.4 Committees established by the LHB .....	Error! Bookmark not defined.	22
□   ▪ Quality and Safety; .....	Error! Bookmark not defined.	22
□   ▪ Audit; .....	Error! Bookmark not defined.	22
□   ▪ Information governance; .....	Error! Bookmark not defined.	22
□   ▪ Charitable Funds; .....	Error! Bookmark not defined.	22
□   ▪ Remuneration and Terms of Service; and...	Error! Bookmark not defined.	22
□   ▪ Mental Health Act requirements .....	Error! Bookmark not defined.	22

□	<b>3.5 Joint Committees established by the LHB..</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>23</u></b>
□	<b>Joint Committee Standing Orders, terms of reference and operating arrangements.....</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>24</u></b>
□	<b>3.6 Other Committees .....</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>24</u></b>
□	<b>3.7 Confidentiality.....</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>24</u></b>
□	<b>3.8 Reporting activity to the Board .....</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>25</u></b>
□	<b>4. ADVISORY GROUPS .....</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>25</u></b>
□	<b>4.1 Terms of reference and operating arrangements .....</b>	<b><u>27</u></b>	<b><u>25</u></b>
□	<b>4.2 Support to the Advisory Groups .....</b>	<b><u>28</u></b>	<b><u>26</u></b>
□	<b>4.3 Confidentiality.....</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>26</u></b>
□	<b>5.2 Reporting activity .....</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>27</u></b>
□	<b>5.3 THE STAKEHOLDER REFERENCE GROUP (SRG)</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>27</u></b>
□	<b>Role</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>27</u></b>
□	<b>5.4 Terms of reference and operating arrangements .....</b>	<b><u>30</u></b>	<b><u>28</u></b>
□	<b>5.5 Membership .....</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>28</u></b>
□	<b>5.6 Member Responsibilities and Accountability:</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>29</u></b>
□	<b>The Chair .....</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>29</u></b>
□	<b>The Vice Chair.....</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>29</u></b>
□	<b>Members .....</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>30</u></b>
□	<b>5.7 Appointment and terms of office .....</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>30</u></b>
□	<b>5.8 Resignation, suspension and removal of members</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>32</u></b>
□	<b>5.9 Relationship with the Board .....</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>32</u></b>
□	<b>5.10 Relationship between the SRG and others</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>33</u></b>
□	<b>5.11 Working with Community Health Councils</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>33</u></b>
□	<b>5.12 THE HEALTHCARE PROFESSIONALS' FORUM (HPF)</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>33</u></b>
□	<b>Role</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>33</u></b>
□	<b>5.13 Terms of reference and operating arrangements .....</b>	<b><u>38</u></b>	<b><u>34</u></b>
□	<b>5.14 Membership.....</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>34</u></b>
□	<b>5.15 Member Responsibilities and Accountability:</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>35</u></b>
□	<b>The Chair .....</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>35</u></b>
□	<b>The Vice Chair.....</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>35</u></b>
□	<b>Members .....</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>35</u></b>
□	<b>5.16 Appointment and terms of office.....</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>36</u></b>
□	<b>5.17 Resignation, suspension and removal of members</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>37</u></b>
□	<b>5.18 Relationship with the Board.....</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>38</u></b>
□	<b>5.19 Rights of Access to the LHB Board for Professional Groups</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>38</u></b>
□	<b>5.20 Relationship with the National Professional Advisory Group</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>39</u></b>
□	<b>5.21 THE LOCAL PARTNERSHIP FORUM (LPF)</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>39</u></b>
□	<b>Role</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>39</u></b>
□	<b>5.22 Membership.....</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>39</u></b>
□	<b>Management Representatives .....</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>39</u></b>
□	<b>Staff Representatives .....</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>39</u></b>
□	<b>In attendance.....</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>40</u></b>
□	<b>5.23 Member Responsibilities and Accountability</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>40</u></b>
□	<b>Joint Chairs .....</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>40</u></b>
□	<b>Joint Vice Chairs.....</b>	<b><u>Error! Bookmark not defined.</u></b>	<b><u>40</u></b>

□	<b>Members</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>41</b>
□	<b>5.24 Appointment and terms of office</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>41</b>
□	<b>5.25 Removal, suspension and replacement of members</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>42</b>
□	<b>5.26 Relationship with the Board and others ..</b>	<a href="#">Error! Bookmark not defined.</a> <b>42</b>
□	<b>5.27 Support to the LPF</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>43</b>
□	<b>5. WORKING IN PARTNERSHIP</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>43</b>
□	<b>5.1 Community Health Councils (CHCs)</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>44</b>
□	<b>Relationship with the Board</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>45</b>
□	<b>6. MEETINGS</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>45</b>
□	<b>6.1 Putting Citizens first</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>45</b>
□	<b>6.2 Annual Plan of Board Business</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>46</b>
□	<b>Annual General Meeting (AGM)</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>46</b>
□	<b>6.3 Calling Meetings</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>47</b>
□	<b>6.4 Preparing for Meetings</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>47</b>
□	<b>Setting the agenda</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>47</b>
□	<b>Notifying and equipping Board members</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>47</b>
□	<b>Notifying the public and others</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>48</b>
□	<b>6.5 Conducting Board Meetings</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>48</b>
□	<b>Admission of the public, the press and other observers</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>48</b>
□	<b>Addressing the Board, its Committees and Advisory Groups</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>49</b>
□	<b>Chairing Board Meetings</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>50</b>
□	<b>Quorum</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>50</b>
□	<b>Dealing with motions</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>51</b>
□	<b>Voting</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>52</b>
□	<b>6.6 Record of Proceedings</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>53</b>
□	<b>6.7 Confidentiality</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>53</b>
□	<b>7. VALUES AND STANDARDS OF BEHAVIOUR</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>53</b>
□	<b>7.1 Declaring and recording Board members' interests</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>53</b>
□	<b>7.2 Dealing with Members' interests during Board meetings</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>54</b>
□	<b>7.3 Dealing with officers' interests</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>56</b>
□	<b>7.4 Reviewing how Interests are handled</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>56</b>
□	<b>7.5 Dealing with offers of gifts and hospitality</b> ..	<a href="#">Error! Bookmark not defined.</a> <b>56</b>
□	<b>7.6 Register of Gifts and Hospitality</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>58</b>
□	<b>8. SIGNING AND SEALING DOCUMENTS</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>59</b>
□	<b>8.1 Register of Sealing</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>59</b>
□	<b>8.2 Signature of Documents</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>59</b>
□	<b>8.3 Custody of Seal</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>59</b>
□	<b>9. GAINING ASSURANCE ON THE CONDUCT OF LHB BUSINESS</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>60</b>
□	<b>9.1 The role of Internal Audit in providing independent internal assurance</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>60</b>
□	<b>9.2 Reviewing the performance of the Board, its Committees and Advisory Groups</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>61</b>
□	<b>9.3 External Assurance</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>61</b>
□	<b>10. DEMONSTRATING ACCOUNTABILITY</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>62</b>
□	<b>11. REVIEW OF STANDING ORDERS</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>62</b>
□	<b>Schedule 1</b> .....	<a href="#">Error! Bookmark not defined.</a> <b>63</b>

□	<b>MODEL SCHEME OF RESERVATION</b> .....	<u>Error! Bookmark not defined.</u>	<b>64</b>
□	<b>AND DELEGATION OF POWERS</b> .....	<u>Error! Bookmark not defined.</u>	<b>64</b>
□	<b>MODEL SCHEME OF RESERVATION</b> .....	<u>Error! Bookmark not defined.</u>	<b>66</b>
□	<b>AND DELEGATION OF POWERS</b> .....	<u>Error! Bookmark not defined.</u>	<b>66</b>
□	<b>Introduction</b> .....	<u>Error! Bookmark not defined.</u>	<b>66</b>
□	<b>DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE:</b>	<u>Error! Bookmark not defined.</u>	<b>67</b>
□	<b>GUIDING PRINCIPLES</b> .....	<u>Error! Bookmark not defined.</u>	<b>67</b>
□	<b>HANDLING ARRANGEMENTS FOR THE RESERVATION AND</b>		
	<b>DELEGATION OF POWERS: WHO DOES WHAT</b>	<u>Error! Bookmark not defined.</u>	<b>68</b>
□	<b>The Board</b> .....	<u>Error! Bookmark not defined.</u>	<b>68</b>
□	<b>The Chief Executive</b> .....	<u>Error! Bookmark not defined.</u>	<b>68</b>
□	<b>The Board Secretary</b> .....	<u>Error! Bookmark not defined.</u>	<b>68</b>
□	<b>Individuals to who powers have been delegated</b>	<u>Error! Bookmark not defined.</u>	<b>69</b>
□	<b>SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND</b>		
	<b>DELEGATION OF POWERS</b> .....	<u>Error! Bookmark not defined.</u>	<b>69</b>
□	<b>Schedule 2</b> .....	<u>Error! Bookmark not defined.</u>	<b>78</b>
□	<b>KEY GUIDANCE, INSTRUCTIONS AND</b> .....	<u>Error! Bookmark not defined.</u>	<b>78</b>
□	<b>OTHER RELATED DOCUMENTS</b> .....	<u>Error! Bookmark not defined.</u>	<b>78</b>
□	<b>LHB framework</b> .....	<u>Error! Bookmark not defined.</u>	<b>78</b>
□	<b>NHS Wales framework</b> .....	<u>Error! Bookmark not defined.</u>	<b>78</b>
□	<b>Schedule 3</b> .....	<u>Error! Bookmark not defined.</u>	<b>79</b>
□	<b>BOARD COMMITTEE ARRANGEMENTS</b> .....	<u>Error! Bookmark not defined.</u>	<b>79</b>
□	<b>Schedule 4</b> .....	<u>Error! Bookmark not defined.</u>	<b>80</b>
□	<b>JOINT COMMITTEE ARRANGEMENTS</b> .....	<u>Error! Bookmark not defined.</u>	<b>80</b>
□	<b>Schedule 5</b> .....	<u>Error! Bookmark not defined.</u>	<b>81</b>
□	<b>ADVISORY GROUPS</b> .....	<u>Error! Bookmark not defined.</u>	<b>81</b>
□	<b>Terms of Reference and Operating Arrangements</b>	<u>Error! Bookmark not defined.</u>	<b>81</b>

## Section A – Introduction

### Statutory framework

- i) The Cardiff and Vale University Local Health Board (the LHB) is a statutory body that was established on 1<sup>st</sup> June 2009 and became operational on the 1 October 2009 under **The Local Health Boards (Establishment and Dissolution) (Wales) Order 2009 (S.I. 2009/778 (W.66))**, “the Establishment Order”.
- ii) The principal place of business is – Cardiff and Vale University Local Health Board, Headquarters, University Hospital of Wales, Heath Park, Cardiff, CF14 4XW.
- iii) All business shall be conducted in the name of Cardiff and Vale University Health Board, as the operational name of the LHB, and all funds received in trust shall be held in the name of the LHB as a corporate Trustee.
- iv) LHBs are corporate bodies and their functions must be carried out in accordance with their statutory powers and duties. Their statutory powers and duties are mainly contained in the **NHS (Wales) Act 2006 (c.42)** which is the principal legislation relating to the NHS in Wales. Whilst the **NHS Act 2006 (c.41)** applies equivalent legislation to the NHS in England, it also contains some legislation that applies to both England and Wales. The NHS (Wales) Act 2006 and the NHS Act 2006 are a consolidation of the NHS Act 1977 and other health legislation which has now been repealed. The NHS (Wales) Act 2006 contains various powers of the Welsh Ministers to make subordinate legislation and details how LHBs are governed and their functions.
- v) Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Minister has made **the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (S.I. 2009/779 (W.67))** (“The Constitution Regulations”) which set out the constitution and membership arrangements of LHBs. Sections 12 and 13 of the NHS (Wales) Act 2006 provide for Welsh Ministers to confer functions on LHBs and to give directions about how they exercise those functions. LHBs must act in accordance with those directions. Most of the LHB’s statutory functions are set out in the **Local Health Boards (Directed Functions) (Wales) Regulations 2009 (S.I. 2009/1511 (W.147))**.
- vi) However in some cases the relevant function may be contained in other legislation. In exercising their powers LHBs must be clear about the statutory basis for exercising such powers.

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vii) **The Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35)** provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of specialised and tertiary services and for the purpose of jointly exercising those functions will establish the Welsh Health Specialised Services Committee (“the Joint Committee”). Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Minister has made **The Welsh Health Specialised Services Committee (Wales) Regulations 2009 (S.I. 2009/3097 (W.270))** which make provision for the constitution and membership of the Joint Committee including its procedures and administrative arrangements.

viii) **The Emergency Ambulance Services Committee (Wales) Directions 2014 (2014/8 (W.08))** as amended by the **Emergency Ambulance Services (Wales) Amendment Directions 2016 (2016/8 (W.8))** provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of emergency ambulance services and for the purpose of jointly exercising those functions will establish the Emergency Ambulance Services Committee. Under powers set out in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006, the Minister has made **The Emergency Ambulance Services Committee (Wales) Regulations 2014 (2014/566 (W.67))** which make provision for the constitution and membership of the Joint Committee including its procedures and administrative arrangements.

ix) In addition to directions the Welsh Ministers may from time to time issue guidance which LHBs must take into account when exercising any function.

x) As a statutory body, the LHB has specified powers to contract in its own name and to act as a corporate trustee. The LHB also has statutory powers under sections 194 and 195 of the NHS (Wales) Act 2006 to fund projects jointly planned with local authorities, voluntary organisations and other bodies.

x) **The National Health Service Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000 (S.I. 2000/2993 (W.193))** made under section 33 of the NHS (Wales) Act 2006 enable LHBs, NHS Trusts and Local Authorities to enter into any partnership arrangements to exercise certain NHS functions and health-related functions as specified in the Regulations. The arrangement can only be made if it is likely to lead to an improvement in the way in which NHS functions and health-related functions are exercised, and the partners have consulted jointly with all affected parties, and the arrangements fulfil the objectives set out in the health improvement plan of the relevant health plan Area Plan developed

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in accordance with the **Social Services and Well-being (Wales) Act 2014 (2014 anaw /4)**. ~~health improvement plan of the relevant health plan.~~

- xi) Section 72 of the NHS Act 2006 places a duty on NHS bodies to co-operate with each other in exercising their functions.
- xii) Section 82 of the NHS Act 2006 places a duty on NHS bodies and local authorities to co-operate with one another in order to secure and advance the health and welfare of the people of England and Wales.

xiii) Further duties and powers placed on health boards in relation to co-operation, partnership and pooled funds with local authorities and other partners are set out in the **Partnership Arrangements (Wales) Regulations 2015 (2015 No.1989 (W.299))**, made under Part 9 of the **Social Services and Well-being (Wales) Act 2014**.

~~xii)~~ Guidance on the provisions of Part 9 can be found at <https://gov.wales/docs/dhss/publications/151218part9en.pdf>

xiv) **The Welsh Language (Wales) Measure 2011 (2011 nawm 1)** makes provision with regards to the development of standards of conduct relating to the Welsh language, ~~which will~~ these standards replace the requirement ~~for existing system of a Welsh Language Schemes~~ previously provided for by Section 5 of the Welsh Language 1993 Act (c.38). The Welsh Language Standards (No.7) Regulations 2018 (2018 No. 411 (W.77)) came into force on the 29 June 2018. The Local Health Board will ensure that it has arrangements in place to meet the provisions of the compliance notice issued by the Welsh Language Commissioner under section 44 of the 2011 Measure.

~~xiii)~~ Section 5 of the Welsh Language Act 1993 (c.38) places a duty on public bodies to implement a Welsh Language Scheme which outlines how the LHB will comply with its statutory responsibility to provide services through the medium of Welsh. The Welsh Language (Wales) Measure 2011 (2011 nawm 1) makes provision with regards to the development of standards of conduct relating to the Welsh language which will replace the existing system of Welsh Language Schemes provided for by the 1993 Act.

~~xiv)~~ xv) LHBs are also bound by any other statutes and legal provisions which govern the way they do business. The powers of LHBs established under statute shall be exercised by LHBs meeting in public session, except as otherwise provided by these SOs.

~~xv)~~ xvi) LHBs shall issue an indemnity to any Chair and Independent Member in the following terms: "A Board [or Committee] member, who has acted honestly and in good faith, will not have to meet out of their personal

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resources any personal liability which is incurred in the execution of their Board function. Such cover excludes the reckless or those who have acted in bad faith”.

## NHS framework

~~xvi)~~xvii) In addition to the statutory requirements set out above, LHBs must carry out all business in a manner that enables them to contribute fully to the achievement of the ~~Assembly Government's~~Welsh Government's vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government's Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that ~~is-are~~ expected at all levels of the service, locally and nationally.

~~xvii)~~xviii) Adoption of the principles will better equip LHBs to take a balanced, holistic view of their organisations and their capacity to deliver high quality, safe healthcare services for all its citizens within the NHS framework set nationally.

xix) The overarching NHS governance and accountability framework incorporates these SOs; the Schedules of Reservation and Delegation of Powers; SFIs together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework; The Health and Care Standards that came into force from 1 April 2015~~the 'Doing Well, Doing Better: Standards for Health Services in Wales' (formally the Healthcare Standards) Framework, the NHS Risk and Assurance Framework,~~ and the NHS planning and performance management systems.

~~xviii)~~ The NHS Wales Values and Standards of Behaviour Framework can be accessed via the following link:  
<http://www.wales.nhs.uk/governance-emanual/values-and-standards-of-behaviour-framew>

xx) The Welsh Ministers, reflecting their constitutional obligations and legal duties under the **Well-being of Future Generations (Wales) Act 2015 (2015/2)**, has stated that sustainable development should be the central organising principle for the public sector and a core objective for the ~~restructured~~ NHS in all it does.

xxi) The **Well-being of Future Generations (Wales) Act 2015** also places duties on LHBs and some Trusts in Wales. Sustainable development in the context of the Act means the process of improving economic, social, environmental and cultural well-being of Wales by taking action, in

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accordance with the sustainable development principle, aimed at achieving the well-being goals.

~~xix) The Welsh Ministers, reflecting their constitutional obligations, have stated that sustainable development should be the central organising principle for the public sector and a core objective for the restructured NHS in all it does.~~

~~xx)xxii) Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Government’s Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual which can be accessed at [www.wales.nhs.uk/governance-emanual/](http://www.wales.nhs.uk/governance-emanual/). Directions or guidance on specific aspects of LHB business are also issued ~~in hard copy~~electronically, usually under cover of a ~~Ministerial letter~~Welsh Health Circular.~~

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### **Cardiff Local Health Board’s Framework**

~~xxi)xxiii) Schedule 2 provides details of the key documents that, together with these SOs, make up the LHB’s governance and accountability framework. These documents must be read in conjunction with these SOs and will have the same effect as if the details within them were incorporated within the SOs themselves.~~

~~xxii)xxiv) The LHBs will from time to time agree and approve policy statements which apply to ~~its~~the LHB’s Board members and/or all or specific groups of staff employed by Cardiff and Vale University LHB and others. The decisions to approve these policies will be recorded in an appropriate Board minute and, where appropriate, will also be considered to be an integral part of the LHB’s SOs and SFIs. Details of the LHB’s key policy statements are also included in Schedule 2.~~

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~~xxiii)xxv) LHBs shall ensure that an official is designated to undertake the role of the Board Secretary (the role of which is set out in paragraph ~~xxxiii~~ below).~~

~~xxiv)xxvi) For the purposes of these SOs, the members of the LHB shall collectively to be known as “the Board” or “Board members”; the officer and non-officer members shall be referred to as Executive Directors and Independent Members respectively; and the Chief Officer and the Chief Finance Officer shall respectively be known as the Chief Executive and the Director of Finance – SOs 1.1.2 refers.~~

### **Applying Standing Orders**

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Standing Orders, Reservation and Delegation of Powers for Cardiff and Vale University Local Health Board

Version ~~3-4~~ (Draft 1): ~~April 2015~~February 2019

~~xxvii~~) The SOs of the LHB (together with SFIs and the Values and Standards of Behaviour Framework), will, as far as they are applicable, also apply to meetings of any formal Committees established by the LHB, including any Advisory Groups, sub-Committees, joint-Committees and joint sub-Committees. These SOs may be amended or adapted for the Committees as appropriate, with the approval of the Board. *Further details on committees may be found in Schedule 3 of these SOs, - and further details on joint-Committees may be found in Schedule 4.*

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~~xxvi~~)~~xxviii~~) Full details of any ~~non-compliance~~~~non-compliance~~ with these SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Board Secretary, who will ask the Audit Committee to formally consider the matter and make proposals to the Board on any action to be taken. All Board members and LHB officers have a duty to report any ~~non-compliance~~~~non-compliance~~ to the Board Secretary as soon as they are aware of any circumstance that has not previously been reported.

**Ultimately, failure to comply with SOs is a disciplinary matter that could result in an individual's dismissal from employment or removal from the Board.**

### Variation and amendment of Standing Orders

~~xxvii~~)~~xxix~~) Although these SOs are subject to regular, annual review by the LHB, there may, exceptionally, be an occasion where it is necessary to vary or amend the SOs during the year. In these circumstances, the Board Secretary shall advise the Board of the implications of any decision to vary or amend SOs, and such a decision may only be made if:

- The variation or amendment is in accordance with regulation 15 of the Constitution Regulations and does not contravene a statutory provision or direction made by the Welsh Ministers;
- The proposed variation or amendment has been considered and approved by the Audit Committee and is the subject of a formal report to the Board; and
- A notice of motion under Standing Order 6.5.14 has been given.

### Interpretation

~~xxviii~~)~~xxx~~) During any Board meeting where there is doubt as to the applicability or interpretation of the SOs, the Chair of the LHB shall have the final say, provided that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair shall take appropriate advice from the Board Secretary and, where appropriate the

Chief Executive or the Director of Finance (in the case of SFIs).

~~xxix)~~xxxi) The terms and provisions contained within these SOs aim to reflect those covered within all applicable health legislation. The legislation takes precedence over these SOs when interpreting any term or provision covered by legislation.

### The role of the Board Secretary

~~xxx)~~xxxii) The role of the Board Secretary is crucial to the ongoing development and maintenance of a strong governance framework within LHBs, and is a key source of advice and support to the LHB Chair and other Board members. Independent of the Board, the Board Secretary acts as the guardian of good governance within the LHB:

- Providing advice to the Board as a whole and to individual Board members on all aspects of governance;
- Facilitating the effective conduct of LHB business through meetings of the Board, its Advisory Groups and Committees;
- Ensuring that Board members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;
- Ensuring that in all its dealings, the Board acts fairly, with integrity, and without prejudice or discrimination;
- Contributing to the development of an organisational culture that embodies NHS values and standards of behaviour; and
- Monitoring the LHB's compliance with the law, SOs and the governance and accountability framework set by the Welsh Ministers.

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~~xxxii)~~ As advisor to the Board, the *Board Secretary's* role does not affect the specific responsibilities of Board members for governing the organisation. The Board Secretary is directly accountable for the conduct of their role to the Chair in respect of matters relating to responsibilities in respect of the Board, its Committees and Advisory Groups, [and Chief Executive], and reports on a day to day basis to the Chief Executive with regard to the wider governance of the organisation and their personal responsibilities. ~~The Board Secretary is directly accountable for the conduct of their role to the Chair [and Chief Executive], and reports on a day to day basis to the Chief Executive.~~

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~~xxxiii)~~xxxiv) Further details on the role of the Board Secretary within Cardiff and Vale University LHB, including details on how to contact them, are available at <http://www.cardiffandvaleuhb.wales.nhs.uk/board-members>

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## Section B – Standing Orders

### 1. THE LOCAL HEALTH BOARD

- 1.0.1 The LHB's principal role is to ensure the effective planning and delivery of the local NHS system, within a robust governance framework, to achieve the highest standards of patient safety and public service delivery, improve health and reduce inequalities and achieve the best possible outcomes for its citizens, and in a manner that promotes human rights.
- 1.0.2 The LHB was established by the **Local Health Boards (Establishment and Dissolution) (Wales) Order 2009** (S.I. 2009/778 (W.66)) and most of its functions are contained in the **Local Health Boards (Directed Functions) (Wales) Regulations 2009** (S.I. 2009/1511 (W.147)). The LHB must ensure that all its activities are in exercise of those functions or other statutory functions that are conferred on it.
- 1.0.3 To fulfil this role, the LHB will work with all its partners and stakeholders in the best interests of its population.

#### 1.1 Membership of the Local Health Board

- 1.1.1 The membership of the LHB shall be no more than 20 members comprising the Chair and the Vice Chair, non officer members (both appointed by the Minister for Health and Social Services), the Chief Executive (appointed by the Board with the involvement of the Chief Executive, NHS Wales) and officer ~~and non-officer~~ members (appointed by the Board).
- 1.1.2 For the purposes of these SOs, the members of the LHB shall collectively to be known as "the Board" or "Board members"; the officer and non-officer members (which will include the Chair) shall be referred to as Executive Directors and Independent Members respectively; and the Chief Officer and the Chief Finance Officer shall respectively be known as the Chief Executive and the Director of Finance. All such members shall have full voting rights. There may also be Associate Members who do not have voting rights.

*Officer Members [to be known as Executive Directors]*

- 1.1.3 A total of 9 (including the Chief Executive), appointed by the Board, whose responsibilities include the following areas: Medical; Finance; Nursing; Primary Care and Community and Mental Health Services; Strategic and Operational Planning; Workforce and Organisational Development; Public

Health; Therapies and Health Science. Executive Directors may have other responsibilities as determined by the Board and set out in the scheme of delegation to officers.

Non Officer Members [to be known as Independent Members]

- 1.1.4 A total of 9, appointed by the Minister for Health and Social Services, including: an elected member of a local authority whose area falls within the LHB area; a current member or employee of a Third Sector organisation within the LHB area; a trade union official; a person who holds a post in a University that is related to health; and five other Independent Members who together have experience and expertise in legal; finance; estates; Information Technology; and community knowledge and understanding.

Associate Members

- 1.1.5 The following Associate Members, appointed by the Minister for Health and Social Services, will attend Board meetings on an ex-officio basis, but will not have any voting rights:
- Director of Social Services (nominated by local authorities in the LHB area)
  - Chair of the Stakeholder Reference Group
  - Chair of the Healthcare Professionals' Forum

- 1.1.6 The Board may appoint an additional Associate Member to assist in carrying out its functions, subject to the agreement of the Minister for Health and Social Services.

Use of the term 'Independent Members'

- 1.1.7 For the purposes of these SOs, use of the term 'Independent Members' refers to the following voting members of the Board:
- Chair
  - Vice Chair
  - Non Officer Members

unless otherwise stated.

**1.2 Joint Directors**

- 1.2.1 Where a post of Executive Director of the LHB is shared between more than one person because of their being appointed jointly to a post:

- i Either or both persons may attend and take part in Board meetings;
- ii If both are present at a meeting they shall cast one vote if they agree;
- iii In the case of disagreement no vote shall be cast; and
- iv The presence of both or one person will count as one person in relation to the quorum.

### **1.3 Tenure of Board members**

- 1.3.1 Independent Members and Associate Members appointed by the Minister for Health and Social Services shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. These members can be reappointed but may not serve a total period of more than 8 years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.
- 1.3.2 Any Associate Member appointed by the Board will be for a period of up to one year, with a maximum term of four years if re-appointed.
- 1.3.3 Executive Directors' tenure of office as Board members will be determined by their contract of appointment.
- 1.3.4 All Board members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements, so far as they are applicable, as specified in Schedule 2 of the Constitution Regulations. Any member must inform the Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The Chair will advise the Minister in writing of any such cases immediately.
- 1.3.5 The LHB will require Board members to confirm in writing their continued eligibility on an annual basis.

### **1.4 The Role of the LHB Board and responsibilities of individual members**

#### Role

- 1.4.1 The principal role of the LHB is set out in SO 1.0.1. The Board's main role is to add value to the organisation through the exercise of strong leadership and control, including:
- Setting the organisation's strategic direction
  - Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour
  - Ensuring delivery of the organisation's aims and objectives through

effective challenge and scrutiny of the LHB's performance across all areas of activity.

### Responsibilities

- 1.4.2 The Board will function as a corporate decision-making body, Executive Directors and Independent Members being full and equal members and sharing corporate responsibility for all the decisions of the Board.
- 1.4.3 Independent Members who are appointed to bring a particular perspective, skill or area of expertise to the Board must do so in a balanced manner, ensuring that any opinion expressed is objective and based upon the best interests of the health service. Similarly, Board members must not place an over reliance on those individual members with specialist expertise to cover specific aspects of Board business, and must be prepared to scrutinise and ask questions about any contribution that may be made by that member.
- 1.4.4 Associate Members, whilst not sharing corporate responsibility for the decisions of the Board, are nevertheless required to act in a corporate manner at all times, as are their fellow Board members who have voting rights.
- 1.4.5 All Board members must comply with their terms of appointment. They must equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes, engaging fully in Board activities and promoting the LHB within the communities it serves.
- 1.4.6 **The Chair** – The Chair is responsible for the effective operation of the Board, chairing Board meetings when present and ensuring that all Board business is conducted in accordance with these SOs. The Chair may have certain specific powers delegated by the Board and set out in the Scheme of Delegation.
- 1.4.7 The Chair shall work in close harmony with the Chief Executive and, supported by the Board Secretary, shall ensure that key and appropriate issues are discussed by the Board in a timely manner with all the necessary information and advice being made available to the Board to inform the debate and ultimate resolutions.
- 1.4.8 **The Vice-Chair** – The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing chair resumes their duties or a new chair is appointed.
- 1.4.9 In addition to their corporate role across the breadth of the Board's

responsibilities, the Vice-Chair has a specific brief to oversee the LHB's performance in the planning, delivery and evaluation of primary care, community health and mental health services ensuring a balanced care model to meet the needs of the population within the LHB's area.

1.4.10 **Chief Executive** – The Chief Executive is responsible for the overall performance of the executive functions of the LHB. They are the appointed Accountable Officer for the LHB and shall be responsible for meeting all the responsibilities of that role, as set out in their Accountable Officer Memorandum.

1.4.11 **Lead roles for Board members** – The Chair will ensure that individual Board members are designated as lead roles or “champions” as required by the Welsh Ministers or as set out in any statutory or other guidance. Any such role must be clearly defined and must operate in accordance with the requirements set by the LHB, the Welsh Ministers or others. In particular, no operational responsibilities will be placed upon any Independent Member fulfilling such a role. The identification of a Board member in this way shall not make them more vulnerable to individual criticism, nor does it remove the corporate responsibility of the other Board members for that particular aspect of Board business.

## 2. RESERVATION AND DELEGATION OF LHB FUNCTIONS

2.0.1 Subject to any directions that may be given by the Welsh Ministers, the Board shall make arrangements for certain functions to be carried out on its behalf so that the day to day business of the LHB may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Board must set out clearly the terms and conditions upon which any delegation is being made.

2.0.2 The Board's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:

- i Schedule of matters reserved to the Board;
- ii Scheme of delegation to committees and others; and
- iii Scheme of delegation to officers.

all of which must be formally adopted by the Board in full session and form part of these SOs.

2.0.3 Subject to Standing Order 2.0.4, the LHB retains full responsibility for any functions delegated to others to carry out on its behalf. Where LHBs have a joint duty, e.g. to produce a Health, Social Care and Well Being Strategy or for the provision of Shared/Hosted Services, the LHB remains fully

responsible for its part, and shall agree through the determination of a written Partnership Agreement the governance and assurance arrangements for the partnership, setting out respective responsibilities, ways of working, accountabilities and sources of assurance of the partner organisations.

#### 2.0.4 NHS Wales Shared Services

##### ***Background Information***

In 2011 the NHS bodies in Wales, together with the Welsh Assembly Government (as it then was) decided to bring together various support services functions across the NHS in Wales under a single management team as a “virtual” Shared Services entity.

In September 2011 the Welsh Ministers gave authority to proceed with the transfer of responsibility for the provision of Shared Services from the virtual model to a body hosted within NHS Wales.

Following an invitation to all NHS bodies to express an interest in becoming the host organisation, Velindre NHS Trust was confirmed as the host organisation on 22<sup>nd</sup> November 2011.

##### ***Arrangements from ~~1<sup>st</sup>~~ June 2012***

From ~~1<sup>st</sup>~~ June 2012 the function of managing and providing Shared Services to the health service in Wales was given to Velindre NHS Trust. The Trust’s Establishment Order has been amended to reflect the fact that the Shared Services function has been conferred on it.

The **Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012** (S.I. 2012/1261 (W.156)) (“the Shared Services Regulations”) require the Trust to establish a Shared Services Committee which will be responsible for exercising the Trust’s Shared Services functions. The Shared Services Regulations prescribe the membership of the Shared Services Committee in order to ensure that all LHBs and Trusts in Wales have a member on the Shared Services Committee and that the views of all the NHS organisations in Wales are taken into account when making decisions in respect of Shared Services activities.

The Director of Shared Services will be designated as Accountable ~~Officer~~ for Shared Services.

These ~~new~~ arrangements ~~also~~ necessitate putting in place a new Memorandum of Co-operation Agreement and a Hosting Agreement

between all LHBs and Trusts setting out the obligations of NHS bodies to participate in the Shared Services Committee and to take collective responsibility for setting the policy and delivery of the Shared Services to the health service in Wales. Responsibility for the exercise of the Shared Services functions will not rest with the Board of Velindre NHS Trust but will be a shared responsibility of all NHS bodies in Wales.

The Shared Services Committee is to be known as the Shared Services Partnership Committee for operational purposes.

## 2.1 Chair's action on urgent matters

- 2.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.
- 2.1.2 Chair's action may not be taken where either the Chair or the Chief Executive has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair or the Executive Director acting on behalf of the Chief Executive will take a decision on the urgent matter, as appropriate.

## 2.2 Delegation of Board functions

- 2.2.1 The Board shall agree the delegation of any of their functions, except for those set out within the 'Schedule of Matters Reserved for the Board' within the Model Standing Orders (see paragraph 2.0.2.(i)) to Committees and others, setting any conditions and restrictions it considers necessary and following any directions or regulations given by the Welsh Ministers. These functions may be carried out:
- i By a Committee, sub-Committee or officer of the LHB (or of another LHB or Trust); or
  - ii By another LHB; NHS Trust; Strategic Health Authority or Primary Care Trust in England; Special Health Authority; or
  - iii Jointly with one or more bodies including local authorities through a joint-Committee, sub-Committee or joint sub-Committee.
- 2.2.2 The Board shall agree and formally approve the delegation of specific executive powers to be exercised by Committees, sub-Committees,

joint-Committees or joint sub-Committees which it has formally constituted.

## 2.3 Delegation to officers

- 2.3.1 The Board ~~will~~may delegate certain functions to the Chief Executive. For these aspects, the Chief Executive, when compiling the Scheme of Delegation to Officers, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Chief Executive will still be accountable to the Board for all functions delegated to them irrespective of any further delegation to other officers.
- 2.3.2 This must be considered and approved by the Board (subject to any amendment agreed during the discussion). The Chief Executive may periodically propose amendments to the Scheme of Delegation to Officers and any such amendments must also be considered and approved by the Board.
- 2.3.3 Individual Executive Directors are in turn responsible for delegation within their own directorates/departments/localities in accordance with the framework established by the Chief Executive and agreed by the Board.

## 3. COMMITTEES

### 3.1 LHB Committees

- 3.1.1 The Board may and, where directed by the Welsh Ministers must, appoint Committees of the LHB either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees. The Board shall, wherever possible, require its Committees to hold meetings in public unless there are specific, valid reasons for not doing so.

#### Use of the term 'Committee'

- 3.1.2 For the purposes of these SOs, use of the term 'Committee' incorporates the following:
- Board Committee
  - joint-Committee
  - sub-Committee
  - joint sub-Committee

unless otherwise stated. The Board's Advisory Groups are referred to separately.

### **3.2 Joint Committees**

- 3.2.1 The Board may, and where directed by the Welsh Ministers must, together with one or more LHBs or NHS Trusts or the local authorities operating within the LHB's area, appoint joint-Committees or joint sub-Committees. These may consist wholly or partly of the LHB's Board members or Board members of other health service bodies or of persons who are not LHB Board members or Board members of other health service bodies. Any such appointments must be made in accordance with the Board's defined requirements on membership (including definition of member roles, powers and terms and conditions of appointment) and any directions given by the Welsh Ministers.

### **3.3 Sub-Committees**

- 3.3.1 A Committee appointed by the Board may establish a sub-Committee to assist it in the conduct of its business provided that the Board approves such action. Where the Board has authorised a Committee to establish sub-Committees they cannot delegate any executive powers to the sub-Committee unless authorised to do so by the Board.

### **3.4 Committees established by the LHB**

- 3.4.1 The Board shall establish a Committee structure that it determines best meets its own needs, taking account of any regulatory or Welsh Government requirements. As a minimum, it must establish Committees which cover the following aspects of Board business:

- Quality and Safety;
- Audit;
- Information governance;
- Charitable Funds;
- Remuneration and Terms of Service; and
- Mental Health Act requirements.

- 3.4.2 In designing its Committee structure and operating arrangements, the Board shall take full account of the need to:

- Embed corporate standards, priorities and requirements, e.g., equality and human rights across all areas of activity; and
- Maximise cohesion and integration across all aspects of governance and assurance.

*Full details of the Committee structure established by the Board, including detailed terms of reference for each of these Committees are set out in Schedule 3.*

- 3.4.3 Each Committee established by or on behalf of the Board must have its own SOs or detailed terms of reference and operating arrangements, which must be formally approved by the Board. These must establish its governance and ways of working, setting out, as a minimum:
- The scope of its work (including its purpose and any delegated powers and authority);
  - Membership and quorum;
  - Meeting arrangements;
  - Relationships and accountabilities with others (including the Board its Committees and Advisory Groups)
  - Any budget and financial responsibility, where appropriate;;
  - Secretariat and other support;
  - Training, development and performance; and
  - Reporting and assurance arrangements.
- 3.4.4 In doing so, the Board shall specify which aspects of these SOs are not applicable to the operation of the Committee, keeping any such aspects to the minimum necessary. ~~Detailed terms of reference and operating arrangements for the Committees established by the Board are set out in Schedule 3.~~
- 3.4.5 The membership of any such Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Board, based on the recommendation of the LHB Chair, and subject to any specific requirements, directions or regulations made by the Welsh Ministers. Depending on the Committee's defined role and remit, membership may be drawn from the LHB Board, its staff (subject to the conditions set in Standing Order 3.4.6) or others not employed by the LHB.
- 3.4.6 Executive Directors or other LHB officers shall not normally be appointed as Committee Chairs, nor should they be appointed to serve as members on any Committee set up to review the exercise of functions delegated to officers or to review Mental Health Tribunals (in accordance with the Mental Health Act 1983). Designated LHB officers shall, however, be in attendance at such Committees, as appropriate.

### **3.5 Joint Committees established by the LHB**

- 3.5.1 The LHB has a duty to co-operate with other NHS bodies in exercising its

functions, and with local authorities in order to secure and advance the health and welfare of its citizens. To help discharge these duties and meet the Board's commitment to working in partnership, the Board may and, where directed by the Welsh Ministers must, establish joint-Committees to support it in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others on its behalf. The Board shall wherever possible determine, in agreement with its partners, that its joint-Committees hold meetings in public unless there are specific, valid reasons for not doing so.

3.5.2 The Board shall establish, as a minimum, the following joint-Committee:

- The Welsh Health Specialised Services Committee (WHSSC).
- The Emergency Ambulance Services Committee (EASC).
- ~~NHS Wales Shared Services Partnership Committee~~The Shared Services Committee

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*Joint Committee Standing Orders, terms of reference and operating arrangements*

3.5.3 The Board shall formally approve SOs or terms of reference and operating arrangements for each joint-Committee established. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership (including member appointment and removal; role, responsibilities and accountability; and terms and conditions of office) and quorum;
- Meeting arrangements;
- Communications;
- Relationships and accountabilities with others (including the LHB Board its Committees and Advisory Groups);
- Any budget, financial and accounting responsibility;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

3.5.4 In doing so, the Board shall specify which aspects of these SOs are not applicable to the operation of the joint-Committee, keeping any such aspects to the minimum necessary. The detailed SOs or terms of reference and operating arrangements for those joint-Committees established by the Board are set out in Schedule 4.

### 3.6 Other Committees

3.6.1 The Board may also establish other Committees to help the LHB in the conduct of its business.

### 3.7 Confidentiality

3.7.1 Committee members and attendees must not disclose any matter dealt with by or brought before a Committee in confidence without the permission of the Committee's Chair.

### 3.8 Reporting activity to the Board

3.8.1 The Board must ensure that the Chairs of all Committees operating on its behalf report formally, regularly and on a timely basis to the Board on their activities. Committee Chairs shall bring to the Boards specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

## 4. ADVISORY GROUPS

4.0.1 The LHB has a statutory duty to take account of representations made by persons and organisations who represent the interests of the communities it serves, its officers and healthcare professionals. To help discharge this duty, the Board may and where directed by the Welsh Ministers must, appoint Advisory Groups to the LHB to provide advice to the Board in the exercise of its functions.

4.0.2 The LHB's Advisory Groups include a Stakeholder Reference Group, Healthcare Professionals' Forum and Local Partnership Forum. *The membership and terms of reference for these groups are set out in Schedule 5.*

4.0.3 The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others to advise it in the conduct of its business. The Board shall, wherever possible, require its Advisory Groups to hold meetings in public unless there are specific, valid reasons for not doing so.

### 4.1 Terms of reference and operating arrangements

4.1.1 The Board must formally approve terms of reference and operating arrangements for the Advisory Groups. These must establish the governance arrangements and ways of working, setting out, as a minimum:

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- The scope of its work (including its purpose and any delegated powers and authority);
- Membership (including member appointment and removal, role, responsibilities and accountabilities, and terms and conditions of office) and quorum;
- Meeting arrangements;
- Communications;
- Relationships with others (including the LHB Board, its Committees and Advisory Groups) as well as other relevant local and national groups);
- Any budget and financial responsibility;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

4.1.2 In doing so, the Board shall specify which of these SOs are not applicable to the operation of the Advisory Group, keeping any such aspects to the minimum necessary. The detailed terms of reference and operating arrangements are set out in Schedule 5.

4.1.3 The Board may determine that the Advisory Group shall be supported by sub-groups to assist it in the conduct of its work, or the Advisory Group may itself determine such arrangements, provided that the Board approves such action.

## **4.2 Support to the Advisory Groups**

4.2.1 The LHB's Board Secretary, on behalf of the Chair, will ensure that the Advisory Groups are properly equipped to carry out their role by:

- Co-ordinating and facilitating appropriate induction and organisational development activity;
- Ensuring the provision of governance advice and support to the Advisory Group Chair on the conduct of its business and its relationship with the LHB and others;
- Ensuring the provision of secretariat support for Advisory Group meetings (for specific arrangements relating to Local Partnership Forum see XXXX);
- Ensuring that the Advisory Group receives the information it needs on a timely basis;
- Ensuring strong links to communities/groups/professionals as appropriate; and
- Facilitating effective reporting to the Board

enabling the Board to gain assurance that the conduct of business within

the Advisory Group accords with the governance and operating framework it has set.

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#### **4.14.3 Confidentiality**

4.3.1 Advisory Group members and attendees must not disclose any matter dealt with by or brought before a Group in confidence without the permission of the Advisory Group Chair.

#### **4.4 Advice and feedback**

4.4.1 The LHB may specifically request advice and feedback from the Advisory Groups on any aspect of its business, and they may also offer advice and feedback even if not specifically requested by the LHB. The Groups may provide advice to the Board:

- At Board meetings, through the SRG and HPF Chair's participation as Associate Members;
- In written advice;
- In any other form specified by the Board.

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#### **4.24.5 Reporting activity**

4.2.14.5.1 The Board shall ensure that the Chairs of all Advisory Groups report formally, regularly and on a timely basis to the Board on their activities. Advisory Group Chairs shall bring to the Board's specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

4.2.24.5.2 Each Advisory Group shall also submit an annual report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub-groups it has established.

4.2.34.5.3 Each Advisory Group shall report regularly on its activities to those whose interests they represent.

#### **4.34.6 THE STAKEHOLDER REFERENCE GROUP (SRG)**

##### Role

4.3.14.6.1 The SRG's role is to provide independent advice on any aspect of LHB business. This may include:

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- Early engagement and involvement in the determination of the LHB's overall strategic direction;
- Provision of advice on specific service proposals prior to formal consultation; as well as
- Feedback on the impact of the LHB's operations on the communities it serves.

4.3.24.6.2 The SRG provides a forum to facilitate full engagement and active debate amongst stakeholders from across the communities served by the LHB, with the aim of reaching and presenting a cohesive and balanced stakeholder perspective to inform the LHB's decision making.

4.3.34.6.3 The SRG's role is distinctive from that of Community Health Councils (CHCs), who have a statutory role in representing the interests of patients and the public in their areas. The SRG shall represent those stakeholders who have an interest in, and whose own role and activities may be impacted by the decisions of the LHB. Membership may include community partners, provider organisations, special interest and other groups operating within the LHBs area.

4.3.44.6.4 It does not cover those stakeholders whose interests are represented within the remit of other Advisory Groups established by the LHB, e.g., the Healthcare Professionals' Forum and Local Partnership Forum.

4.3.54.6.5 The LHB may specifically request advice and feedback from the SRG on any aspect of its business, and the SRG may also offer advice and feedback even if not specifically requested by the LHB. The SRG may provide advice to the Board:

- At Board meetings, through the SRG Chair's participation as Associate Member;
- In written advice; and
- In any other form specified by the Board.

## **4.7 Terms of reference and operating arrangements**

4.7.1 In addition to the provisions in XXXX above the Board must set out, the relationships and accountabilities with others, such as the Regional Partnership Board.

## ~~4.4 Terms of reference and operating arrangements~~

~~4.4.1 The Board must formally approve terms of reference and operating~~

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~~arrangements for the SRG. These must establish its governance and ways of working, setting out, as a minimum:~~

- ~~• The scope of its work (including its purpose and any delegated powers and authority);~~
- ~~• Membership (including member appointment and removal, role, responsibilities and accountabilities, and terms and conditions of office) and quorum;~~
- ~~• Meeting arrangements;~~
- ~~• Communications;~~
- ~~• Relationships with others (including the LHB Board, its Committees and Advisory Groups) as well as community partnerships such as Local Service Boards;~~
- ~~• Any budget and financial responsibility;~~
- ~~• Secretariat and other support;~~
- ~~• Training, development and performance; and~~
- ~~• Reporting and assurance arrangements.~~

~~4.4.2 In doing so, the Board shall specify which of these SOs are not applicable to the operation of the SRG, keeping any such aspects to the minimum necessary. The detailed terms of reference and operating arrangements are set out in Schedule 5.~~

~~4.4.3 The Board may determine that the SRG shall be supported by sub-groups to assist it in the conduct of its work, or the SRG may itself determine such arrangements, provided that the Board approves such action.~~

#### **4.54.8 Membership**

~~4.5.14.8.1~~ The membership of the SRG, including the approval of nominations to the Group; the appointment of Chair and Vice Chair; definition of member roles, powers and terms and conditions of appointment (including remuneration and reimbursement) will be determined by the Board, taking account of the views of its stakeholders.

~~4.5.24.8.2~~ There shall be no minimum or maximum requirement in terms of membership size. In determining the number of members, the Board shall take account of the need to ensure the SRG's size is optimal to ensure focused and inclusive activity.

~~4.5.34.8.3~~ Membership must be drawn from within the area served by LHB, and shall ensure involvement from a range of bodies and groups operating within the communities serviced by the LHB. Where the Board determines it appropriate, the LHB may extend membership to individuals in order to represent a key stakeholder group where there are not already formal bodies or groups established or operating within the area and who may

represent the interests of these stakeholders on the SRG.

| 4.5.44.8.4 In determining the overall size and composition of the SRG, the Board must take account of the:

- Demography of the areas served by the LHB;
- Need to encourage and reflect the diversity of the locality, to incorporate different ages, race, religion and beliefs, sexual orientation, gender, including transgender, disability and socio-economic status. Where appropriate, the LHB shall support positive action to increase representation;
- Balance needed in both the range of difference stakeholders and the geographical areas covered, taking particular care to avoid domination by any particular stakeholder type or geographical area;
- Design and operation of the partnership/stakeholder fora already influencing the work of the LHB at local community levels;
- Need to complement, and not duplicate the work of CHCs; and
- Need to guard against the over involvement of particular stakeholders through their roles across the range of partnership/stakeholder arrangements in place.

| 4.5.54.8.5 The Board shall keep under review the size and composition of the SRG to ensure it continues to reflect an appropriate balance in stakeholder representation.

#### | **4.64.9 Member Responsibilities and Accountability:**

##### *The Chair*

| 4.6.14.9.1 The Chair is responsible for the effective operation of the SRG:

- Chairing Group meetings;
- Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Group business is conducted in accordance with its agreed operating arrangements; and
- Developing positive and professional relationships amongst the Group's membership and between the Group and the LHB's Board and its Chair and Chief Executive.

| 4.6.24.9.2 The Chair shall work in close harmony with the Chairs of the LHB's other advisory groups, and, supported by the Board Secretary, shall ensure that key and appropriate issues are discussed by the Group in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

4.6.34.9.3 As Chair of the SRG, they will be appointed as an Associate Member of the LHB Board. The Chair is accountable for the conduct of their role as Associate Member on the LHB Board to the Minister, through the LHB Chair. They are also accountable to the LHB Board for the conduct of business in accordance with the governance and operating framework set by the LHB.

#### The Vice Chair

4.6.44.9.4 The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing Chair resumes their duties or a new chair is appointed, and this deputisation includes acting in the role of Associate Member of the LHB Board.

4.6.54.9.5 The Vice Chair is accountable, through the SRG Chair to the LHB Board, for their performance as Vice Chair, and to their nominating body or grouping for the way in which they represent their views at the SRG.

#### Members

4.6.64.9.6 The SRG shall function as a coherent Advisory Body, all members being full and equal members and sharing responsibility for the decisions of the SRG.

4.6.74.9.7 All members must:

- Be prepared to engage with and contribute fully to the SRG's activities and in a manner that upholds the standards of good governance – including the values and standards of behaviour – set for the NHS in Wales;
- Comply with their terms and conditions of appointment;
- Equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
- Promote the work of the SRG within the communities it represents.

4.6.84.9.8 SRG members are accountable, through the SRG Chair to the LHB Board for their performance as Group members, and to their nominating body or grouping for the way in which they represent the views of their body or grouping at the SRG.

#### **4.74.10 Appointment and terms of office**

4.7.14.10.1 Appointments to the SRG shall be made by the Board, based upon nominations received from stakeholder bodies/groupings. The Board may seek independent expressions of interest to represent a key stakeholder

group where it has determined that formal bodies or groups are not already established or operating within the area that may represent the interests of these stakeholders on the SRG.

4.10.2 The nomination and appointment process shall be open and transparent, and in accordance with any specific requirements or directions made by the Welsh Ministers. The appointments process shall be designed in a manner that meets the communication and involvement needs of all stakeholders eligible for appointment.;

4.7.24.10.3 The Board Secretary, on behalf of the Chair of the LHB, will oversee the process of nomination and appointment to the SRG.

4.7.34.10.4 Members shall be appointed for a period specified by the Board, but for no longer than 3 years in any one term. Those members can be reappointed but may not serve a total period of more than 5 years consecutively. The Board may, where it considers it appropriate, make interim or short term appointments to the SRG to fulfil a particular purpose or need.

4.7.44.10.5 The **Chair** shall be nominated from within the membership of the SRG, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by the Welsh Ministers. The nomination shall be subject to consideration by the LHB Board, who must submit a recommendation on the nomination to the Minister for Health and Social Services. The appointment as Chair shall be made by the Minister, but it shall not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board, and the appointment of the Chair to this role is on the basis of the conditions of appointment for Associate Members set out in the Regulations.

4.7.54.10.6 The Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Chair for an additional one (1) year, in line with that individual's term of office as a member of the SRG. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Chair has ended.

4.7.64.10.7 The **Vice Chair** shall be nominated from within the membership of the SRG, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by the Welsh Ministers. The nomination shall be subject to consideration and appointment by the LHB Board. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board. In the SRG Chair's absence, the Vice Chair shall also perform the role of Associate Member on the LHB Board. The appointment of the Vice Chair is therefore also on the basis of

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the conditions of appointment for Associate Members set out in the Regulations.

| ~~4.7.74.10.8~~ 4.7.84.10.8 The Vice Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Vice Chair for an additional one (1) year, in line with that individual's term of office as a member of the SRG. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Vice Chair has ended.

| ~~4.7.84.10.9~~ 4.7.94.10.9 A member's tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements determined for the position. A member must inform the SRG Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The SRG Chair will advise the Board in writing of any such cases immediately.

| ~~4.7.94.10.10~~ 4.7.94.10.10 The LHB will require SRG members to confirm in writing their continued eligibility on an annual basis.

| ~~4.84.11~~ 4.84.11 **Resignation, suspension and removal of members**

| ~~4.8.14.11.1~~ 4.8.14.11.1 A member of the SRG may resign office at any time during the period of appointment by giving notice in writing to the SRG Chair and the Board.

| ~~4.8.24.11.2~~ 4.8.24.11.2 If the Board, having consulted with the SRG Chair and the nominating body or group, considers that:

- It is not in the interests of the health service in the area covered by the SRG that a person should continue to hold office as a member; or
- It is not conducive to the effective operation of the SRG

it shall remove that person from office by giving immediate notice in writing to the person and the relevant nominating body or group.

| ~~4.8.34.11.3~~ 4.8.34.11.3 A nominating body or group may request the removal of a member appointed to the SRG to represent their interests by writing to the Board setting out an explanation and full reasons for removal.

| ~~4.8.44.11.4~~ 4.8.44.11.4 If an SRG member fails to attend any meeting of the Group for a period of six months or more, the Board may remove that person from office unless they are satisfied that:

- i The absence was due to a reasonable cause; and
- ii The person will be able to attend such meetings within such period

as the Board considers reasonable.

| ~~4.8.54.11.5~~ 4.8.11.5 Before making a decision to remove a person from office, the Board may suspend the tenure of office of that person for a limited period (as determined by the Board) to enable it to carry out a proper investigation of the circumstances leading to the consideration of removal. Where the Board suspends any member, that member shall be advised immediately in writing of the reasons for their suspension. Any such member shall not perform any of the functions of membership during a period of suspension.

#### | 4.94.12 Relationship with the Board

| ~~4.9.14.12.1~~ 4.9.12.1 The SRG's main link with the Board is through the SRG Chair's membership of the Board as an Associate Member.

| ~~4.9.24.12.2~~ 4.9.12.2 The Board may determine that designated Board members or LHB officers shall be in attendance at Advisory Group meetings. The SRG's Chair may also request the attendance of Board members or LHB officers, subject to the agreement of the LHB Chair.

| ~~4.9.34.12.3~~ 4.9.12.3 The Board shall determine the arrangements for any joint meetings between the LHB Board and the SRG.

| ~~4.9.44.12.4~~ 4.9.12.4 The Board's Chair shall put in place arrangements to meet with the SRG Chair on a regular basis to discuss the SRG's activities and operation

#### | 4.104.13 Relationship between the SRG and others

| ~~4.10.14.13.1~~ 4.10.13.1 The Board must ensure that the SRG's advice represents a balanced, co-ordinated stakeholder perspective from across the local communities served by the LHB. The SRG shall:

- Ensure effective links and relationships with other advisory groups, local and community partnerships and other key stakeholders who do not form part of the SRG membership;
- Ensure its role, responsibilities and activities are known and understood by others; and
- Take care to avoid unnecessary duplication of activity with other bodies/groups with an interest in the planning and provision of NHS services, e.g., ~~Local Service Boards~~, Regional Partnership Boards.

#### | 4.114.14 Working with Community Health Councils

| ~~4.11.14.14.1~~ 4.11.14.1 The SRG shall make arrangements to ensure designated CHC

members receive the SRG's papers and are invited to attend SRG meetings.

4.11.24.14.2 The SRG shall work together with CHCs within the area covered by the LHB to engage and involve those within the local communities served whose views may not otherwise be heard.

#### **4.12— Support to the SRG**

4.12.1 The LHB's Board Secretary, on behalf of the Chair, will ensure that the SRG is properly equipped to carry out its role by:

- ~~Overseeing the process of nomination and appointment to the SRG;~~
- ~~Co-ordinating and facilitating appropriate induction and organisational development activity;~~
- ~~Ensuring the provision of governance advice and support to the SRG Chair on the conduct of its business and its relationship with the LHB and others;~~
- ~~Ensuring the provision of secretariat support for SRG meetings;~~
- ~~Ensuring that the SRG receives the information it needs on a timely basis;~~
- ~~Ensuring strong links to communities/groups; and~~
- ~~Facilitating effective reporting to the Board~~

~~enabling the Board to gain assurance that the conduct of business within the SRG accords with the governance and operating framework it has set.~~

#### **4.134.15 THE HEALTHCARE PROFESSIONALS' FORUM (HPF)**

##### *Role*

4.13.14.15.1 The HPF's role is to provide a balanced, multi disciplinary view of healthcare professional issues to advise the Board on local strategy and delivery. Its role does not include consideration of healthcare professional terms and conditions of service.

4.13.24.15.2 The HPF shall facilitate engagement and debate amongst the wide range of clinical interests within the LHB's area of activity, with the aim of reaching and presenting a cohesive and balanced healthcare professional perspective to inform the LHB's decision making.

4.13.34.15.3 The LHB may specifically request advice and feedback from the HPF on any aspect of its business, and the HPF may also offer advice and feedback even if not specifically requested by the LHB. The HPF may provide advice to the Board:

- At Board meetings, through the HPF Chair's participation as Associate Member;
- In written advice; and
- In any other form specified by the Board.

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#### **4.16 Terms of reference and operating arrangements**

~~5.13.1 In addition to the provisions in XXXX above the The Board must formally approve terms of reference and operating arrangements for the HPF. These must establish its governance and ways of working, setting out, as a minimum the relationships and accountabilities with others, as well as the National Professional Advisory Group. ÷~~

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#### **4.14 Terms of reference and operating arrangements**

~~4.14.1 The Board must formally approve terms of reference and operating arrangements for the HPF. These must establish its governance and ways of working, setting out, as a minimum:~~

- ~~▪ The scope of its work (including its purpose and any delegated powers and authority);~~
- ~~▪ Membership (including member appointment and removal, role, responsibilities and accountability, and terms and conditions of office) and quorum;~~
- ~~▪ Meeting arrangements;~~
- ~~▪ Communications;~~
- ~~▪ Relationships and accountabilities with others, (including the LHB Board, its Committees and Advisory Groups) as well as the National Professional Advisory Group;~~
- ~~▪ Any budget and financial responsibility;~~
- ~~▪ Secretariat and other support;~~
- ~~▪ Training, development and performance; and~~
- ~~▪ Reporting and assurance arrangements~~

~~4.14.2 In doing so, the Board shall specify which aspects of these SOs are not applicable to the operation of the HPF, keeping any such aspects to the minimum necessary. The detailed terms of reference and operating arrangements are set out in Schedule 5.~~

~~4.14.3 The Board may determine that the HPF shall be supported by a range of sub- fora to assist it in the conduct of its work, e.g., special interest groups, or the HPF may itself determine such arrangements, provided that the Board approves such action.~~

#### **4.154.17 Membership**

**4.15.14.17.1** The membership of the HPF reflects the structure of the seven health Statutory Professional Advisory Committees set up in accordance with Section 190 of the NHS (Wales) Act 2006. Membership of the HPF shall therefore comprise the following eleven (11) members, as a minimum:

- Welsh Medical Committee
  - Primary and Community Care Medical representative
  - Mental Health Medical representative
  - Specialist and Tertiary Care medical representative
- Welsh Nursing and Midwifery Committee
  - Community Nursing and Midwifery representative
  - Hospital Nursing and Midwifery representative
- Welsh Therapies Advisory Committee
  - Therapies representative
- Welsh Scientific Advisory Committee
  - Scientific representative
- Welsh Optometric Committee
  - Optometry representative
- Welsh Dental Committee
  - Dental representative
- Welsh Pharmaceutical Committee
  - Hospital Pharmacists representative
  - Community Pharmacists representative

**4.15.24.17.2** Where the Board determines it appropriate, the LHB may extend membership to other individuals in order to ensure an appropriate balance in representation amongst healthcare professional groupings and across the range of primary, community and secondary service provision.

#### **4.164.18 Member Responsibilities and Accountability:**

##### *The Chair*

**4.16.14.18.1** The Chair is responsible for the effective operation of the HPF:

- Chairing meetings;
- Establishing and ensuring adherence to the standards of good

governance set for the NHS in Wales, ensuring that all business is conducted in accordance with its agreed operating arrangements; and

- Developing positive and professional relationships amongst the HPF's membership and between the HPF and the LHB's Board, and in particular its Chair, Chief Executive and clinical Directors.

| ~~4.16.24.18.2~~ The Chair shall work in close harmony with the Chairs of the LHB's other advisory groups, and, supported by the Board Secretary, shall ensure that key and appropriate issues are discussed by the HPF in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

| ~~4.16.34.18.3~~ As Chair of the HPF, they will be appointed as an Associate Member of the LHB Board. The Chair is accountable for the conduct of their role as Associate Member on the LHB Board to the Minister, through the LHB Chair. They are also accountable to the LHB Board for the conduct of business in accordance with the governance and operating framework set by the LHB.

#### The Vice Chair

| ~~4.16.44.18.4~~ The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing chair resumes their duties or a new chair is appointed, and this deputisation includes acting in the role of Associate Member of the LHB Board.

| ~~4.16.54.18.5~~ The Vice Chair is accountable through the HPF Chair to the LHB Board for their performance as Vice Chair, and to their nominating body or grouping for the way in which they represent their views at the HPF.

#### Members

| ~~4.16.64.18.6~~ The HPF shall function as a coherent advisory group, all members being full and equal members and sharing responsibility for the decisions of the HPF.

| ~~4.16.74.18.7~~ All members must:

- Be prepared to engage with and contribute fully to the HPF's activities and in a manner that upholds the standards of good governance – including the values and standards of behaviour – set for the NHS in Wales;
- Comply with their terms and conditions of appointment;
- Equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational

- development programmes; and
- Promote the work of the HPF within the healthcare professional discipline they represent.

4.16.84.18.8 Forum members are accountable through the HPF Chair to the LHB Board for their performance as Group members, and to their nominating body or grouping for the way in which they represent the views of their body or grouping at the HPF.

#### 4.174.19 Appointment and terms of office

4.17.14.19.1 Appointments to the HPF shall be made by the Board, based upon nominations received from the relevant healthcare professional group, and in accordance with any specific requirements or directions made by the Welsh Ministers. Members shall be appointed for a period specified by the Board, but for no longer than 4 years in any one term. Those members can be reappointed but may not serve a total period of more than 8 years consecutively.

4.17.24.19.2 The **Chair** will be nominated from within the membership of the HPF, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by the Welsh Ministers. The nomination will be subject to consideration by the Board, who must submit a recommendation on the nomination to the Minister for Health and Social Services. Their appointment as Chair will be made by the Minister, but it will not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board, and the appointment of the Chair to this role is on the basis of the conditions of appointment for Associate Members set out in the Regulations.

4.17.34.19.3 The Chair's term of office will be for a period of up to two (2) years, with the ability to stand as Chair for an additional one (1) year, in line with that individual's term of office as a member of the HPF. That individual may remain in office for the remainder of their term as a member of the HPF after their term of appointment as Chair has ended.

4.17.44.19.4 The **Vice Chair** will be nominated from within the membership of the HPF, by its members, in a manner determined by the Board, subject to the condition that they be appointed from a different healthcare discipline to that of the Chair, along with any specific requirements or directions made by the Welsh Ministers. The nomination shall be subject to consideration and appointment by the Board. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board. In the HPF Chair's absence, the Vice Chair will also perform the role of Associate Member on the LHB Board. The

appointment of the Vice Chair is therefore also on the basis of the conditions of appointment for Associate Members set out in the Regulations.

| ~~4.17.54.19.5~~ The Vice Chair's term of office will be for a period of up to two (2) years, with the ability to stand as Vice Chair for an additional one (1) year, in line with that individual's term of office as a member of the HPF. That individual may remain in office for the remainder of their term as a member of the HPF after their term of appointment as Vice Chair has ended.

| ~~4.17.64.19.6~~ A member's tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements determined for the position. A member must inform the HPF Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The HPF Chair will advise the Board in writing of any such cases immediately.

| ~~4.17.74.19.7~~ The LHB will require Forum members to confirm in writing their continued eligibility on an annual basis.

| ~~4.184.20~~ **Resignation, suspension and removal of members**

| ~~4.18.14.20.1~~ A member of the HPF may resign office at any time during the period of appointment by giving notice in writing to the HPF Chair and the Board.

| ~~4.18.24.20.2~~ If the Board, having consulted with the HPF Chair and the nominating body or group, considers that:

- It is not in the interests of the health service in the area covered by the HPF that a person should continue to hold office as a member; or
- It is not conducive to the effective operation of the HPF

it shall remove that person from office by giving immediate notice in writing to the person and the relevant nominating body or group.

| ~~4.18.34.20.3~~ A nominating body or group may request the removal of a member appointed to the HPF to represent their interests by writing to the Board setting out an explanation and full reasons for removal.

| ~~4.18.44.20.4~~ If a member fails to attend any meeting of the HPF for a period of six months or more, the Board may remove that person from office unless they are satisfied that:

- i The absence was due to a reasonable cause; and

- ii The person will be able to attend such meetings within such period as the Board considers reasonable.

~~4.18.54.20.5~~ Before making a decision to remove a person from office, the Board may suspend the tenure of office of that person for a limited period (as determined by the Board) to enable it to carry out a proper investigation of the circumstances leading to the consideration of removal. Where the Board suspends any member, that member shall be advised immediately in writing of the reasons for their suspension. Any such member shall not perform any of the functions of membership during a period of suspension.

#### **~~4.194.21~~ Relationship with the Board**

~~4.19.14.21.1~~ The HPF's main link with the Board is through the HPF Chair's membership of the Board as an Associate Member.

~~4.19.24.21.2~~ The Board may determine that designated Board members or LHB officers shall be in attendance at Advisory Group meetings. The HPF's Chair may also request the attendance of Board members or LHB officers, subject to the agreement of the LHB Chair.

~~4.19.34.21.3~~ The Board shall determine the arrangements for any joint meetings between the LHB Board and the HPF.

~~4.19.44.21.4~~ The Board's Chair shall put in place arrangements to meet with the HPF Chair on a regular basis to discuss the HPF's activities and operation.

#### **~~4.204.22~~ Rights of Access to the LHB Board for Professional Groups**

~~4.20.14.22.1~~ The LHB Chair, on the advice of the Chief Executive and/or Board Secretary, may recommend that the Board afford direct right of access to any professional group, in the following, exceptional circumstances:

- i Where the HPF recommends that a matter should be presented to the Board by a particular healthcare professional grouping, e.g., due to the specialist nature of the issues concerned; or
- ii Where a healthcare professional group has demonstrated that the HPF has not afforded it due consideration in the determination of its advice to the Board on a particular issue.

~~4.20.24.22.2~~ The Board may itself determine that it wishes to seek the views of a particular healthcare professional grouping on a specific matter, in accordance with Standing Order 6.5.7.

#### **~~4.214.23~~ Relationship with the National Professional Advisory Group**

4.21.14.23.1 The HPF Chair (or HPF Vice-Chair) will be a member of the National Professional Advisory Group.

#### **4.22— Support to the HPF**

~~4.22.1 The LHB's Board Secretary, on behalf of the Chair, will ensure that the HPF is properly equipped to carry out its role by:~~

- ~~•—co-ordinating and facilitating any appropriate induction and organisational development activity;~~
- ~~•—Ensuring the provision of governance advice and support to the HPF Chair on the conduct of its business and its relationship with the LHB and others;~~
- ~~•—Ensuring the provision of secretariat support for Forum meetings;~~
- ~~•—Ensuring that the HPF receives the information it needs on a timely basis; and~~
- ~~•—Facilitating effective reporting to the Board~~

~~enabling the Board to gain assurance that the conduct of business within the HPF accords with the governance and operating framework it has set.~~

#### **4.23.24 THE LOCAL PARTNERSHIP FORUM (LPF)**

##### *Role*

4.23.14.24.1 The LPF's role is to provide a formal mechanism where the LHB, as employer, and trade unions/professional bodies representing LHB employees (hereafter referred to as staff organisations) work together to improve health services for the citizens served by the LHB - achieved through a regular and timely process of consultation, negotiation and communication. In doing so, the LPF must effectively represent the views and interests of the LHB's workforce.

4.23.24.24.2 It is the forum where the LHB and staff organisations will engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues; and inform thinking around national priorities on health matters.

~~4.23.3 The LHB may specifically request advice and feedback from the LPF on any aspect of its business, and the LPF may also offer advice and feedback even if not specifically requested by the LHB. The LPF may provide advice to the Board:~~

- ~~•—In written advice; or~~
- ~~•—In other form specified by the Board.~~

## ~~4.24 Terms of reference and operating arrangements~~

~~4.24.1 The Board must formally approve terms of reference and operating arrangements for the LPF. These must establish its governance and ways of working, setting out, as a minimum:~~

- ~~▪ The scope of its work (including its purpose and any delegated powers and authority);~~
- ~~▪ Membership (including member appointment and removal, role, responsibilities and accountability, and terms and conditions of office);~~
- ~~▪ Meeting arrangements;~~
- ~~▪ Communications;~~
- ~~▪ Relationships and accountabilities with others (including the LHB Board, its Committees and Advisory Groups, and other relevant local and national groups);~~
- ~~▪ Any budget and financial responsibility (where appropriate);~~
- ~~▪ Secretariat and other support; and~~
- ~~▪ Reporting and assurance arrangements.~~

~~4.24.2 In doing so, the Board shall specify which aspects of these SOs are not applicable to the operation of the LPF, keeping any such aspects to the minimum necessary. The LPF will also operate in accordance with the TUC six principles of partnership working. The detailed terms of reference and operating arrangements are set out in Schedule 5.1.~~

~~4.24.3 The LPF may establish sub-fora to assist it in the conduct of its work, to facilitate:~~

- ~~▪ Ongoing dialogue, communication and consultation on service and operational management issues specific to Divisions/Directorates/Service areas; and/or~~
- ~~▪ Detailed discussion in relation to a specific issue(s).~~

## **4.25 Membership**

4.25.1 The LHB shall agree the overall size and composition of the LPF in consultation with those staff organisations it recognises for collective bargaining. As a minimum, the membership of the LPF shall comprise:

### Management Representatives

- LHB Chief Executive
- Executive Director of Finance
- Executive Director of Workforce and Organisational Development

together with the following

- Clinical Boards **Members** and Operational Managers as outlined within the Terms of Reference
- Workforce and Organisational Development staff (as outlined within the Terms of Reference).

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4.25.2 The LHB may determine that other Executive Directors or others may act as members or be co-opted to the LPF.

#### Staff Representatives

4.25.3 The maximum number of staff representatives comprising representation from those staff organisations recognised by the LHB shall be decided using an agree formula.

#### In attendance

4.25.4 The Trade Union member of the LHB Board shall attend LPF meetings in an ex officio capacity.

4.25.5 The LPF may determine that full time officers from those staff organisations recognised by the LHB shall be invited to attend LPF meetings

### **4.26 Member Responsibilities and Accountability**

#### Joint Chairs

4.26.1 The LPF shall have two Chairs on a rotational basis, one of whom shall be drawn from the management representative membership, and one from the staff representative membership.

4.26.2 The Chairs shall be jointly responsible for the effective operation of the LPF:

- Chairing meetings, rotated equally between the Staff Representative and Management Representative Chairs;
- Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all business is conducted in accordance with its agreed operating framework; and
- Developing positive and professional relationships amongst the Forum's membership and between the Forum and the LHB's

Board.

4.26.3 The Chairs shall work in partnership with each other and, as appropriate, with the Chairs of the LHB's other advisory groups. Supported by the Board Secretary, Chairs shall ensure that key and appropriate issues are discussed by the Forum in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

4.26.4 The Chairs are accountable to the LHB Board for the conduct of business in accordance with the governance and operating framework set by the LHB.

#### Joint Vice Chairs

4.26.5 The LPF shall have two Vice Chairs, one of whom shall be drawn from the management representative membership, and one from the staff representative membership.

4.26.6 Each Vice Chair shall deputise for their Chair in that Chair's absence for any reason, and will do so until either the existing Chair resumes their duties or a new Chair is appointed.

4.26.7 The Vice Chair is accountable to their Chair for their performance as Vice Chair.

#### Members

4.26.8 All members of the LPF are full and equal members and collectively share responsibility for its decisions.

4.26.9 All members must:

- Be prepared to engage with and contribute to the LPF's activities and in a manner that upholds the standards of good governance set for the NHS in Wales;
- Comply with their terms and conditions of appointment;
- Equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
- Promote the work of the LPF within the professional discipline they represent.

### **4.27 Appointment and terms of office**

4.27.1 Management representative members shall be determined by the LHB

Board.

4.27.2 Staff representatives shall be determined by the staff organisations recognised by the LHB, subject to the following conditions:

- Staff representatives must be employed by the LHB and accredited by their respective trade union; and
- A member's tenure of appointment will cease in the event that they are no longer employed by the LHB or cease to be a member of their nominating trade union.

4.27.3 The *Management Representative Chair* shall be appointed by the LHB Board.

4.27.4 The *Staff Representative Chair* shall be elected from within the staff representative membership of the LPF, by staff representative members, in a manner determined by the staff representative members. The *Staff Representative Chair's* term of office shall be for one (1) year.

4.27.5 The *Management Representative Vice Chair* shall be appointed from within the management representative membership of the LPF by the Management Representative Chair.

4.27.6 The *Staff Representative Vice Chair* shall be elected from within the staff representative membership of the LPF, by staff representative members, in a manner determined by the staff representative members. The *Staff Representative Vice Chair's* term of office shall be for one (1) year.

4.27.7 A member's tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements determined for the position. A member must inform their respective LPF Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on the conduct of their role.

#### **4.28 Removal, suspension and replacement of members**

4.28.1 If an LPF member fails to attend three (3) consecutive meetings, the next meeting of the LPF shall consider what action should be taken. This may include removal of that person from office unless they are satisfied that:

- (a) The absence was due to a reasonable cause; and
- (b) The person will be able to attend such meetings within such period as the LPF considers reasonable.

4.28.2 If the LPF considers that it is not conducive to its effective operation that a

person should continue to hold office as a member, it may remove that person from office by giving immediate notice in writing to the person and the relevant nominating body.

4.28.3 Before making a decision to remove a person from office, the LPF may suspend the tenure of office of that person for a limited period (as determined by the LPF) to enable it to carry out a proper investigation of the circumstances leading to the consideration of removal. Where the LPF suspends any member, that member shall be advised immediately in writing of the reasons for their suspension. Any such member shall not perform any of the functions of membership during a period of suspension.

4.28.4 A nominating body may remove and, where appropriate, replace a member appointed to the LPF to represent their interests by giving immediate notice in writing to the LPF.

#### **4.29 Relationship with the Board and others**

4.29.1 The LPF's main link with the Board is through the Executive members of the LPF.

4.29.2 The Board may determine that designated Board members or LHB staff shall be in attendance at LPF meetings. The LPF's Chair may also request the attendance of Board members or LHB staff, subject to the agreement of the LHB Chair.

4.29.3 The Board shall determine the arrangements for any joint meetings between the LHB Board and the LPF's staff representative members.

4.29.4 The Board's Chair shall put in place arrangements to meet with the LPF's Joint Chairs on a regular basis to discuss the LPF's activities and operation.

4.29.5 The LPF shall ensure effective links and relationships with other groups/fora at a local and, where appropriate, national level.

#### **4.30 Support to the LPF**

4.30.1 The LPF's work shall be supported by two designated Secretary's, one of whom shall support the staff representative members and one shall support the management representative members.

4.30.2 The Director of Workforce and OD will act as Management Representative Secretary and will be responsible for the maintenance of the constitution of the membership, the circulation of agenda and minutes and notification of meetings.

4.30.3 The Staff Representative Secretary shall be elected from within the staff representative membership of the LPF, by staff representative members, in a manner determined by the staff representatives. The Staff Representative Secretary's term of office shall be for two (2) years.

4.30.4 Both Secretaries shall work closely with the LHB's Board Secretary who is responsible for the overall planning and co-ordination of the LHB's programme of Board business, including that of its Committees and Advisory Groups.

## 5. WORKING IN PARTNERSHIP

5.0.1 The LHB shall work constructively in partnership with others to plan and secure the delivery of an equitable, high quality, whole system approach to health, well-being and social care~~the best possible healthcare~~~~the best possible healthcare~~ for its citizens. This will be delivered, in accordance with its statutory duties and any specific requirements or directions made by the Welsh Ministers, e.g., the development of population assessments and Area Plans.

5.0.1 Health, Social Care and Well Being Strategies.

5.0.2 The Chair shall ensure that the Board has identified all its key partners and other stakeholders and established clear mechanisms for engaging with and involving them in the work of the LHB through:

- The LHB's own structures and operating arrangements, e.g., Advisory Groups; and
- The involvement (at very local and community wide levels) in partnerships and community groups – such as such as Local Service Regional Partnership and Public Service Boards~~Local Service Boards~~ – of Board members and LHB officers with delegated authority to represent the LHB and, as appropriate, take decisions on its behalf.

5.0.3 The Board shall keep under review its partnership arrangements to ensure continued clarity around purpose, desired outcomes and partner responsibilities. It must ensure timely action to change, adapt or end partnerships where they no longer serve a useful purpose, in accordance with its statutory duties; any specific requirements or directions made by the Welsh Ministers; and the agreed terms and conditions for the partnership.

### 5.1 Community Health Councils (CHCs)

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5.1.1 The **Community Health Councils Regulations 2004** (S.I. 2004/905 (W.89)) (as amended by the **Community Health Councils (Amendment) Regulations 2005** (S.I. 2005/603 W.51)) (to the extent they are still in force), the **Community Health Councils (Constitution, Membership and Procedures) (Wales) Regulations 2010** (S.I. 2010/288 (W.37)) and the **Community Health Councils (Establishment, Transfer of Functions and Abolition) (Wales) Order 2010** (S.I. 2010/289 (W.38)) place a range of duties on LHBs in relation to the engagement and involvement of CHCs in its operations.

5.1.2 In discharging these duties, the Board shall work constructively with the CHCs working jointly within the LHB's area by ensuring their involvement in:

- The planning of the provision of its healthcare services;
- The development and consideration of proposals for changes in the way in which those services are provided; and
- The Board's decisions affecting the operation of those healthcare services that it has responsibility for

and formally consulting with those CHCs working jointly within the LHB's area on any proposals for substantial development of the services it is responsible for.

5.1.3 The Board shall ensure that each relevant CHC is provided with the information it needs on a timely basis to enable it to effectively discharge its functions.

#### *Relationship with the Board*

5.1.4 The Board may determine that designated CHC members shall be invited to attend Board meetings.

5.1.5 The Board shall make arrangements for regular joint meetings between the CHC members and the Board, to be held not less than once every three calendar months and ensuring attendance of at least one third of the Board's members.

5.1.6 The Board's Chair shall put in place arrangements to meet with the relevant CHC Chair(s) on a regular basis to discuss matters of common interest.

## 6. MEETINGS

### 6.1 Putting Citizens first

6.1.1 The LHB's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens, community partners and other stakeholders. The LHB, through the planning and conduct of meetings held in public, shall facilitate this in a number of ways, including:

- Active communication of forthcoming business and activities;
- The selection of accessible, suitable venues for meetings;
- The availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read ([where requested or required](#)) and in electronic formats;
- Requesting that attendees notify the LHB of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g., arranging British Sign Language (BSL) interpretation at meetings; and
- Where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh,

in accordance with legislative requirements, e.g., Disability Discrimination Act, as well as its Communication Strategy and [provisions made in response to the compliance notice issued by the Welsh Language Commissioner under section 44 of the Welsh Language \(Wales\) Measure 2011 \(2011 nawm 1\). Welsh language requirements.](#)

6.1.2 The Chair will ensure that, in determining the matters to be considered by the Board, full account is taken of the views and interests of the communities served by the LHB, including any views expressed formally to the LHB, e.g., through the SRG or CHCs.

### 6.2 Annual Plan of Board Business

6.2.1 The Board Secretary, on behalf of the Chair, shall produce an Annual Plan of Board business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year, taking account that ordinary meetings of the Board will be held at regular intervals and as a minimum six times a year. The Plan shall also set out any standing items that will appear on every Board agenda.

6.2.2 The plan shall set out the arrangements in place to enable the LHB to meet its obligations to its citizens as outlined in paragraph 6.1.1 whilst also allowing Board members to contribute in either English or Welsh

languages, where appropriate.

6.2.3 The plan shall also incorporate formal Board meetings, regular Board Development sessions and, where appropriate, the planned activities of the Board's Committees and Advisory Groups.

6.2.4 The Board shall agree the plan for the forthcoming year by the end of March, and this plan will be included as a schedule to these SOs [\[see Schedule 6\]](#).

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#### Annual General Meeting (AGM)

6.2.5 The LHB must hold an AGM in public no later than the ~~30<sup>th</sup> September~~ [31 July](#) each year. Public notice of the intention to hold the AGM shall be given at least ~~10-14 clear~~ days prior to the meeting, and this notice shall also be made available through community and partnership networks to maximise opportunities for attendance. The AGM must include presentation of the Annual Report and audited accounts, together with (where applicable), an audited abridged version of the annual accounts and funds held on trust accounts, and may also include presentation of other reports of interest to citizens and others, such as the LHB's annual Equality Report. A record of the meeting shall be submitted to the next ordinary meeting of the Board for agreement.

### **6.3 Calling Meetings**

6.3.1 In addition to the planned meetings agreed by the Board, the Chair may call a meeting of the Board at any time. Individual Board members may also request that the Chair call a meeting provided that at least one third of the whole number of Board members, support such a request.

6.3.2 If the Chair does not call a meeting within seven days after receiving such a request from Board members, then those Board members may themselves call a meeting.

### **6.4 Preparing for Meetings**

#### Setting the agenda

6.4.1 The Chair, in consultation with the Chief Executive and Board Secretary, will set the Agenda. In doing so, they will take account of the planned activity set in the annual cycle of Board business; any standing items agreed by the Board; any applicable items received from the Board's Committees and Advisory Groups; and the priorities facing the LHB. The Chair must ensure that all relevant matters are brought before the Board on a timely basis.

6.4.2 Any Board member may request that a matter is placed on the Agenda by writing to the Chair, copied to the Board Secretary, at least 12 calendar days before the meeting. The request must set out whether the item of business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 12 day notice period if this would be beneficial to the conduct of board business.

*Notifying and equipping Board members*

6.4.3 Board members shall be sent an Agenda and a complete set of supporting papers at least 10 clear7 days before a formal Board meeting. This information may be provided to Board members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Chair is satisfied that the Board's ability to consider the issues contained within the paper would not be impaired.

6.4.4 No papers will be included for consideration and decision by the Board unless the Chair is satisfied (subject to advice from the Board Secretary, as appropriate) that the information contained within it is sufficient to enable the Board to take a reasonable decision. This will include evidence that appropriate impact assessments have been undertaken and taken into consideration. ~~Equality-I~~ ~~Impact assessments-(EIA)~~, shall be undertaken on all new or revised policies, strategies, guidance and or practice to be considered by the Board, and the outcome of that ~~EIA~~ assessment shall accompany the report to the Board to enable the Board to make an informed decision.

6.4.5 In the event that at least half of the Board members do not receive the Agenda and papers for the meeting as set out above, the Chair must consider whether or not the Board would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.

6.4.6 In the case of a meeting called by Board members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

*Notifying the public and others*

6.4.7 Except for meetings called in accordance with Standing Order 6.3, at least 10 clear days before each meeting of the Board a public notice of the time

and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh):

• ~~At the LHB's principal sites;~~

- On the LHB's website, together with the papers supporting the public part of the Agenda; as well as
- Through other methods of communication as set out in the LHB's communication strategy.

6.4.8 When providing notification of the forthcoming meeting, the LHB shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc.

## 6.5 Conducting Board Meetings

### *Admission of the public, the press and other observers*

6.5.1 The LHB shall encourage attendance at its formal Board meetings by the public and members of the press as well as LHB officers or representatives from organisations who have an interest in LHB business. The venue for such meetings shall be appropriate to facilitate easy access for attendees and translation services; and shall have appropriate facilities to maximise accessibility ~~such as an induction loop system.~~

6.5.2 The Board and its committees shall conduct as much of its formal business in public as possible. There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Board shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

6.5.3 In these circumstances, when the Board is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Board in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Board meeting held in public session.

6.5.4 The Board Secretary, on behalf of the Chair, shall keep under review the

nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.

6.5.5 In encouraging entry to formal Board Meetings from members of the public and others, the Board shall make clear that attendees are welcomed as observers. The Chair shall take all necessary steps to ensure that the Board's business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.

6.5.6 Unless the Board has given prior and specific agreement, members of the public or other observers will not be allowed to record proceedings in any way other than in writing.

*Addressing the Board, its Committees and Advisory Groups*

6.5.7 The Board will decide what arrangements and terms and conditions it feels are appropriate in extending an invitation to observers to attend and address any meetings of the Board, its Committees and Advisory Groups, and may change, alter or vary these terms and conditions as it considers appropriate. In doing so, the Board will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in the work of the LHB, (whether directly or through the activities of bodies such as CHCs and the LHB's Advisory Groups representing citizens and other stakeholders) and to demonstrate openness and transparency in the conduct of business.

*Chairing Board Meetings*

6.5.8 The Chair of the LHB will preside at any meeting of the Board unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice Chair shall preside. If both the Chair and Vice-Chair are absent or disqualified, the Independent Members present shall elect one of the Independent Members to preside.

6.5.9 The Chair must ensure that the meeting is handled in a manner that enables the Board to reach effective decisions on the matters before it. This includes ensuring that Board members' contributions are timely and relevant and move business along at an appropriate pace. In doing so, the Board must have access to appropriate advice on the conduct of the meeting through the attendance of the nominated Board Secretary. The Chair has the final say on any matter relating to the conduct of Board business.

### Quorum

- 6.5.10 At least six Board members, at least three of whom are Executive Directors and three are Independent Members, must be present to allow any formal business to take place at a Board meeting.
- 6.5.11 If the Chief Executive or an Executive Director is unable to attend a Board meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the nomination before the meeting. However, Board members' voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. If a deputy is already a Board member in their own right, e.g., a person deputising for the Chief Executive will usually be an Executive Director, they will be able to exercise their own vote in the usual way but they will not have any additional voting rights.
- 6.5.12 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Board member disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting, and must be noted in the minutes.

### Dealing with motions

- 6.5.13 In the normal course of Board business items included on the agenda are subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g. where an aspect of service delivery is a cause for particular concern, a Board member may put forward a motion proposing that a formal review of that service area is undertaken by a Committee of the Board. The Board Secretary will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the Board unless moved by a Board member and seconded by another Board member (including the Chair).
- 6.5.14 **Proposing a formal notice of motion** – Any Board member wishing to propose a motion must notify the Chair in writing of the proposed motion at least 12 days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out. Where sufficient notice has been provided, and the Chair has determined that the proposed motion is relevant to the Board's business, the matter shall be included on the Agenda, or, where an emergency motion has been proposed, the Chair shall declare the motion at the start of the

meeting as an additional item to be included on the agenda.

6.5.15 The Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of Board business.

6.5.16 **Amendments** - Any Board member may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the Board alongside the motion.

6.5.17 If there are a number of proposed amendments to the motion, each amendment will be considered in turn, and if passed, the amended motion becomes the basis on which the further amendments are considered, i.e., the substantive motion.

6.5.18 **Motions under discussion** – When a motion is under discussion, any Board member may propose that:

- The motion be amended;
- The meeting should be adjourned;
- The discussion should be adjourned and the meeting proceed to the next item of business;
- A Board member may not be heard further;
- The Board decides upon the motion before them;
- An ad hoc Committee should be appointed to deal with a specific item of business; or
- The public, including the press, should be excluded.

6.5.19 **Rights of reply to motions** – The mover of a motion (including an amendment) shall have a right of reply at the close of any debate on the motion or the amendment immediately prior to a vote on the proposal.

6.5.20 **Withdrawal of motion or amendments** – A motion or an amendment to a motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconder and the Chair.

6.5.21 **Motion to rescind a resolution** – The Board may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six months unless the motion is supported by the (simple) majority of Board members.

6.5.22 A motion that has been decided upon by the Board cannot be proposed again within six months except by the Chair, unless the motion relates to the receipt of a report or the recommendations of a Committee/Chief Executive to which a matter has been referred.

### Voting

- 6.5.23 The Chair will determine whether Board members' decisions should be expressed orally, through a show of hands, by secret ballot or by recorded vote. The Chair must require a secret ballot or recorded vote if the majority of voting Board members request it. Where voting on any question is conducted, a record of the vote shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the Minutes shall record the name of the individual and the way in which they voted. Associate Members may not vote in any meetings or proceedings of the Board.
- 6.5.24 In determining every question at a meeting the Board members must take account, where relevant, of the views expressed and representations made by individuals or organisations who represent the interests of the community and healthcare professionals within the LHB's area. Such views will usually be presented to the Board through the Chairs of the LHB's Advisory Groups and the CHC representative(s).
- 6.5.25 The Board will make decisions based on a simple majority view held by the Board members present. In the event of a split decision, i.e., no majority view being expressed, the Chair shall have a second and casting vote.
- 6.5.26 In no circumstances may an absent Board member or nominated deputy vote by proxy. Absence is defined as being absent at the time of the vote.

### **6.6 Record of Proceedings**

- 6.6.1 A record of the proceedings of formal Board meetings (and any other meetings of the board where the Board members determine) shall be drawn up as 'minutes'. -These minutes shall include a record of Board member attendance (including the Chair) together with apologies for absence, and shall be submitted for agreement at the next meeting of the Board, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.
- 6.6.2 Agreed minutes shall be circulated in accordance with Board members' wishes, and, where providing a record of a formal Board meeting shall be made available to the public both on the LHB's website and in hard copy or other accessible format on request, in accordance with any legislative requirements, e.g., Data Protection Act ~~1998~~2018, the General Data Protection Regulation 2018 and the LHB's Communication Strategy and Welsh language requirements.

## 6.7 Confidentiality

- 6.7.1 All Board members (including Associate Members), together with members of any Committee or Advisory Group established by or on behalf of the Board and LHB officials must respect the confidentiality of all matters considered by the LHB in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the Chair of the Board or relevant Committee, as appropriate, and in accordance with any other requirements set out elsewhere, e.g., in contracts of employment, within the Values and Standards of Behaviour framework or legislation such as the Freedom of Information Act 2000, etc.

## 7. VALUES AND STANDARDS OF BEHAVIOUR

- 7.0.1 The Board must adopt a set of values and standards of behaviour for the LHB that meets the requirements of the NHS Wales Values and Standards of Behaviour framework. These values and standards of behaviour will apply to all those conducting business by or on behalf of the LHB, including Board members, LHB officers and others, as appropriate. The framework adopted by the Board will form part of these SOs.

### 7.1 Declaring and recording Board members' interests

- 7.1.1 **Declaration of interests** – It is a requirement that all Board members must declare any personal or business interests they may have which may affect, or be perceived to affect the conduct of their role as a Board member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Board's business. Board members must be familiar with the Values and Standards of Behaviour Framework and their statutory duties under the Constitution Regulations. Board members must notify the Board of any such interests at the time of their appointment, and any further interests as they arise throughout their tenure as Board members.
- 7.1.2 Board members must also declare any interests held by family members or persons or bodies with which they are connected. The Board Secretary will provide advice to the Chair and the Board on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g., the Values and Standards of Behaviour framework. If individual Board members are in any doubt about what may be considered as an interest, they should seek advice from the Board Secretary. However, the onus regarding declaration will reside with the individual Board member.

7.1.3 **Register of interests** – The Chief Executive, through the Board Secretary will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all Board members. The register will include details of all Directorships and other relevant and material interests which have been declared by Board members.

7.1.4 The register will be held by the Board Secretary, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by Board members. The Board Secretary will also arrange an annual review of the Register, through which Board members will be required to confirm the accuracy and completeness of the register relating to their own interests.

7.1.5 In line with the Board's commitment to openness and transparency the Board Secretary must take reasonable steps to ensure that the citizens served by the LHB are made aware of, and have access to view the LHB's Register of Interests. This may include publication on the LHB website. The LHB's Register of Interest can be accessed via:

<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Live%20register%2005-02-2015%20-%20publishing%20v2.pdf>

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7.1.6 **Publication of declared interests in Annual Report – Board members'** directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in the LHB's Annual Report.

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## 7.2 Dealing with Members' interests during Board meetings

7.2.1 The Chair, advised by the Board Secretary, must ensure that the Board's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Board members must demonstrate, through their actions, that their contribution to the Board's decision making is based upon the best interests of the LHB and the NHS in Wales.

7.2.2 Where individual Board members identify an interest in relation to any aspect of Board business set out in the Board's meeting agenda, that member must declare an interest at the start of the Board meeting. Board members should seek advice from the Chair, through the Board Secretary before the start of the Board meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Board minutes.

- 7.2.3 It is the responsibility of the Chair, on behalf of the Board, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions made by the Welsh Ministers. The range of possible actions may include determination that:
- i The declaration is formally noted and recorded, but that the Board member should participate fully in the Board's discussion and decision, including voting. This may be appropriate, for example where the Board is considering matters of strategy relating to a particular aspect of healthcare and an Independent Member is a healthcare professional whose profession may be affected by that strategy determined by the Board;
  - ii The declaration is formally noted and recorded, and the Board member participates fully in the Board's discussion, but takes no part in the Board's decision;
  - iii The declaration is formally noted and recorded, and the Board member takes no part in the Board discussion or decision;
  - iv The declaration is formally noted and recorded, and the Board member is excluded for that part of the meeting when the matter is being discussed. A Board member must be excluded, where that member has a direct or indirect financial interest in a matter being considered by the Board.
- 7.2.4 In extreme cases, it may be necessary for the member to reflect on whether their position as a Board member is compatible with an identified conflict of interest.
- 7.2.5 Where the Chair is the individual declaring an interest, any decision on the action to be taken shall be made by the Vice-Chair, on behalf of the Board.
- 7.2.6 In all cases the decision of the Chair (or the Vice-Chair in the case of an interest declared by the Chair) is binding on all Board members. The Chair should take advice from the Board Secretary when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.
- 7.2.7 **Members with pecuniary (financial) interests** – Where a Board member, or any person they are connected with<sup>1</sup> has any direct or indirect pecuniary interest in any matter being considered by the Board, including a contract or proposed contract, that member must not take part in the

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<sup>1</sup> In the case of persons who are married to each other or in a civil partnership with each other or who are living together as if married or civil partners, the interest of one person shall, if known to the other, be deemed for the purpose of this Standing Order to be also an interest of the other.

consideration or discussion of that matter or vote on any question related to it. The Board may determine that the Board member concerned shall be excluded from that part of the meeting.

7.2.8 The Constitution Regulations define 'direct' and 'indirect' pecuniary interests and these definitions always apply when determining whether a member has an interest. These SOs must be interpreted in accordance with these definitions.

7.2.9 **Members with Professional Interests** - During the conduct of a Board meeting, an individual Board member may establish a clear conflict of interest between their role as a LHB Board member and that of their professional role outside of the Board. In any such circumstance, the Board shall take action that is proportionate to the nature of the conflict, taking account of the advice provided by the Board Secretary.

### 7.3 Dealing with officers' interests

7.3.1 The Board must ensure that the Board Secretary, on behalf of the Chief Executive, establishes and maintains a system for the declaration, recording and handling of LHB officers' interests in accordance with the Values and Standards of Behaviour Framework.

### 7.4 Reviewing how Interests are handled

7.4.1 The Audit Committee will review and report to the Board upon the adequacy of the arrangements for declaring, registering and handling interests at least annually.

### 7.5 Dealing with offers of gifts<sup>2</sup> and hospitality

7.5.1 The Values and Standards of Behaviour Framework adopted by the Board prohibits Board members and LHB officers from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way.

7.5.2 Gifts, benefits or hospitality must never be solicited. Any Board member or LHB officer who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a

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<sup>2</sup>The term gift refers also to any reward or benefit.

family member of a Board member or LHB officer. Failure to observe this requirement may result in disciplinary and/or legal action.

7.5.3 In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Board Secretary as appropriate. In assessing whether an offer should be accepted, individuals must take into account:

- **Relationship:** Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;
- **Legitimate Interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit the LHB;
- **Value:** Gifts and benefits of a trivial or inexpensive seasonal nature, e.g., diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);
- **Frequency:** Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, ~~and sport~~, cultural or social events would only be acceptable if attendance is justifiable in that it benefits the LHB; and
- **Reputation:** If the body concerned is known to be under investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations and it should always be declined.

7.5.4 A distinction may be drawn between items offered as hospitality and items offered in substitution for fees for broadcasts, speeches, lectures or other work done. There may be circumstances where the latter may be accepted if they can be used for official purposes.

7.5.4

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## 7.6 Register of Gifts and Hospitality

7.6.1 The Board Secretary, on behalf of the Chair, will maintain a register of Gifts and Hospitality to record offers of gifts and hospitality made to Board members. Executive Directors will adopt a similar mechanism in relation to LHB officers working within their Directorates.

7.6.2 Every Board member and LHB officer has a personal responsibility to volunteer information in relation to offers of gifts and hospitality, including those offers that have been refused. The Board Secretary, on behalf of the Chair and Chief Executive, will ensure the incidence and patterns of offers and receipt of gifts and hospitality are kept under active review, taking appropriate action where necessary.

7.6.3 When determining what should be included in the Register, individuals shall apply the following principles, subject to the considerations in Standing Order 7.5.3:

- **Gifts:** Generally, only gifts of material value should be recorded. Those with a nominal value, e.g., seasonal items such as diaries/calendars would not usually need to be recorded.
- **Hospitality:** Only significant hospitality offered or received should be recorded. Occasional offers of 'modest and proportionate'<sup>3</sup> hospitality need not be included in the Register.

7.6.4 Board members and LHB officers may accept the occasional offer of modest and proportionate hospitality but in doing so must consider whether the following conditions are met:

- Acceptance would further the aims of the LHB ;
- The level of hospitality is reasonable in the circumstances;
- It has been openly offered; and,
- It could not be construed as any form of inducement and will not put the individual under any obligation to those offering it.

7.6.5 The Board Secretary will arrange for a full report of all offers of Gifts and Hospitality recorded by the LHB to be submitted to the Audit Committee (or equivalent) at least annually. The Audit Committee will then review

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<sup>3</sup> Examples of 'modest and proportionate' hospitality that need not be included in a Hospitality register include a working sandwich lunch or a buffet lunch incidental to a conference or seminar attended by a variety of participants.

and report to the Board upon the adequacy of the LHB's arrangements for dealing with offers of gifts and hospitality.

## **8. SIGNING AND SEALING DOCUMENTS**

- 8.0.1 The common seal of the LHB is primarily used to seal legal documents such as transfers of land, lease agreements and other important/key contracts. The seal may only be fixed to a document if the Board or Committee of the Board has determined it shall be sealed, or if a transaction to which the document relates has been approved by the Board or Committee of the Board.
- 8.0.2 Where it is decided that a document shall be sealed it shall be fixed in the presence of the Chair or Vice Chair (or other authorised independent Member) and the Chief Executive (or another authorised individual) both of whom must witness the seal.

### **8.1 Register of Sealing**

- 8.1.1 The Board Secretary shall keep a register that records the sealing of every document. Each entry must be signed by the persons who approved and authorised the document and who witnessed the seal. A report of all sealings shall be presented to the Board at least bi-annually.

### **8.2 Signature of Documents**

- 8.2.1 Where a signature is required for any document connected with legal proceedings involving the LHB, it shall normally be signed by the Chief Executive, except where the Board has authorised another person or has been otherwise directed to allow or require another person to provide a signature.
- 8.2.2 The Chief Executive or nominated officers may be authorised by the Board to sign on behalf of the LHB any agreement or other document (not required to be executed as a deed) where the subject matter has been approved either by the Board or a Committee to which the Board has delegated appropriate authority.

### **8.3 Custody of Seal**

- 8.3.1 The Common Seal of the LHB shall be kept securely by the Board Secretary.

## 9. GAINING ASSURANCE ON THE CONDUCT OF LHB BUSINESS

9.0.1 The Board shall set out explicitly, within a Risk and Assurance Framework, how it will be assured on the conduct of LHB business, its governance and the effective management of the organisation's risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.

9.0.2 The Board shall ensure that its assurance arrangements are operating effectively, advised by its Audit Committee (or equivalent).

9.0.3 Assurances in respect of the services provided by the NHS Wales Shared Services Partnership shall primarily be achieved by the reports of the Director of Shared Services to the Shared Services Partnership Committee, and reported back by the Chief Executive (or their nominated representative). Where appropriate, and by exception, the Board may seek assurances direct from the Director of Shared Services. The Director of Shared Services and the Shared Services Partnership Committee shall be under an obligation to comply with any internal or external audit functions being undertaken by or on behalf of the LHB.

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9.0.4 Assurances in respect of the functions discharged by WHSSC and EASC shall achieved by the reports of the respective Joint Committee Chair, and reported back by the Chief Executive. Reference should be made to paragraph 3.5 above regarding the governance arrangements which should be agreed for each of the Joint Committees.

9.0.5 Arrangements for seeking and providing assurance is respect of any other services provided on behalf of or in association with the LHB shall be clearly identified and reflected within the practice of the organisation and within the relevant agreements.

### 9.1 The role of Internal Audit in providing independent internal assurance

9.1.1 The Board shall ensure the effective provision of an independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any other requirements determined by the Welsh Ministers.

9.1.2 The Board shall set out the relationship between the Head of Internal Audit

(HIA), the Audit Committee (or equivalent) and the Board. It shall:

- Approve the Internal Audit Charter (incorporating the definition of internal audit) and adopt the Internal Auditing Standards (incorporating the code of ethics);
- Ensure the HIA communicates and interacts directly with the Board, facilitating direct and unrestricted access;
- Require Internal Audit to confirm its independence annually; and
- Ensure that the Head of Internal Audit reports periodically to the Board on its activities, including its purpose, authority, responsibility and performance. Such reporting will include governance issues and significant risk exposures.

## **9.2 Reviewing the performance of the Board, its Committees and Advisory Groups**

9.2.1 The Board shall introduce a process of regular and rigorous self assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Where appropriate, the Board may determine that such evaluation may be independently facilitated.

9.2.2 Each Committee and, where appropriate, Advisory Group must also submit an annual report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-Committees it has established.

9.2.3 The Board shall use the information from this evaluation activity to inform:

- The ongoing development of its governance arrangements, including its structures and processes;
- Its Board Development Programme, as part of an overall Organisation Development framework; and
- The Board's report of its alignment with the [Assembly Welsh Government's Citizen Centred Governance Principles](#).

## **9.3 External Assurance**

9.3.1 The Board shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on the LHB's operations, e.g., the ~~Wales Audit Office~~ [Auditor General for Wales](#) and Healthcare Inspectorate Wales.

9.3.2 The Board may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that

external assurance activity shall not form part of, or replace its own internal assurance arrangements, except in relation to any additional work that the Board itself may commission specifically for that purpose.

9.3.3 The Board shall keep under review and ensure that, where appropriate, the LHB implements any recommendations relevant to its business made by the National Assembly for Wales's ~~Audit Committee, the~~ Public Accounts Committee ~~or and~~ other appropriate bodies.

9.3.4 The LHB shall provide the Auditor General for Wales with any assistance, information and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities under section 145 of and paragraph 17 to Schedule 8 of the Government of Wales Act 2006 (c.42).

## 10. DEMONSTRATING ACCOUNTABILITY

10.0.1 Taking account of the arrangements set out within these SOs, the Board shall demonstrate to the communities it serves and to the Welsh Ministers a clear framework of accountability within which it:

- Conducts its business internally;
- Works collaboratively with NHS colleagues, partners, service providers and others; and
- Responds to the views and representations made by those who represent the interests of the communities it serves and other stakeholders, including its officers and healthcare professionals.

10.0.2 The Board shall, in publishing its strategic and operational level plans, set out how those plans have been developed taking account of the views of others, and how they will be delivered by working with their community and other partners.

10.0.3 The Board shall also facilitate effective scrutiny of the LHB's operations through the publication of regular reports on activity and performance, including publication of an Annual Report.

10.0.4 The Board shall ensure that within the LHB, individuals at all levels are supported in their roles, and held to account for their personal performance through effective performance management arrangements.

## 11. REVIEW OF STANDING ORDERS

11.0.1 The Board Secretary has arranged for ~~an equality appropriate~~ impact

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assessments to

be carried out on a draft of these SOs prior to their formal adoption by the Board. The results of which were presented to the Board for consideration and action, as appropriate. ~~The Equality Impact~~

~~Assessment (EIA) was undertaken when SOs were reviewed in May 2013.~~

~~The EIA can be accessed via:~~

~~<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/EQIAs%20SO.pdf>~~

11.0.2 These SOs shall be reviewed annually by the Audit Committee ~~for~~  
~~equivalent],~~ which shall report any proposed amendments to the Board for  
- consideration. The requirement for review extends to all documents  
- having the effect as if incorporated in SOs, including the equality impact  
- assessment.

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# Schedule 1

## MODEL SCHEME OF RESERVATION AND DELEGATION OF POWERS

**This Schedule forms part of, and shall have effect as if incorporated in the  
Local Health Board Standing Orders**

## MODEL SCHEME OF RESERVATION AND DELEGATION OF POWERS

### Introduction

As set out in Standing Order 2, the Board - subject to any directions that may be made by the Welsh Ministers - shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the LHB may be carried out effectively, and in a manner that secures the achievement of the organisation's aims and objectives. The Board may delegate functions to:

- i) A Committee, e.g., Quality, Safety and Experience Committee
- ii) A sub-Committee, e.g., the Equality, Diversity and Human Right sub-Committee taking forward matters within a defined area. Any such delegation would, subject to the Board's authority, usually be via a main Committee of the Board;
- iii) A joint-Committee or joint sub-Committee, e.g., with other LHBs established to take forward matters relating to specialist services; and
- iv) Officers of the LHB (who may, subject to the Board's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

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and in doing so must set out clearly the terms and conditions upon which any these terms and conditions must include a requirement that the Board is notified of any matters that may affect the operation and/or reputation of the LHB.

The Board's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Board;
- Scheme of delegation to Committees and others; and
- Scheme of delegation to officers.

all of which form part of the LHB's SOs.

## **DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES**

The Board will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- Everything is retained by the Board unless it is specifically delegated in accordance with the requirements set out in SOs or SFIs
- The Board must retain that which it is required to retain (whether by statute or as determined by the Welsh Ministers) as well as that which it considers is essential to enable it to fulfil its role in setting the organisation's direction, equipping the organisation to deliver and ensuring achievement of its aims and objectives through effective performance management
- Any decision made by the Board to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility
- The Board must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development
- The Board must take appropriate action to assure itself that all matters delegated are effectively carried out
- The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes
- Except where explicitly set out, the Board retains the right to decide upon any matter for which it has statutory responsibility, even if that matter has been delegated to others
- The Board may delegate authority to act, but retains overall responsibility and accountability
- When delegating powers, the Board will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.

## HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT

### The Board

The Board will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

### The Chief Executive

The Chief Executive will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The Board must formally agree this scheme.

In preparing the scheme of delegation to officers, the Chief Executive will take account of:

- The guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles);
- Their personal responsibility and accountability to the Chief Executive, NHS Wales in relation to their role as designated Accountable Officer; and
- Associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in SFIs).

The Chief Executive may re-assume any of the powers they have delegated to others at any time.

### The Board Secretary

The Board Secretary will support the Board in its handling of reservations and delegations by ensuring that:

- A proposed schedule of matters reserved for decision by the Board is presented to the Board for its formal agreement;
- Effective arrangements are in place for the delegation of LHB functions within the organisation and to others, as appropriate; and
- Arrangements for reservation and delegation are kept under review and presented to the Board for revision, as appropriate.

## The Audit Committee

The Audit Committee will provide assurance to the Board of the effectiveness of its arrangements for handling reservations and delegations.

### Individuals to whom powers have been delegated

Individuals will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the LHB's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify the Board Secretary of their concern as soon as possible so that an appropriate and timely decision may be made on the matter.

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In the absence of an officer to whom powers have been delegated, those powers will normally be exercised by the individual to whom that officer reports, unless the Board has set out alternative arrangements.

If the Chief Executive is absent their nominated Deputy may exercise those powers delegated to the Chief Executive on their behalf. However, the guiding principles governing delegations will still apply, and so the Board may determine that it will reassume certain powers delegated to the Chief Executive or reallocate powers, e.g., to a Committee or another officer.

### SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within the LHB. The Scheme is to be used in conjunction with the system of control and other established procedures within the LHB.

~~The Detailed Scheme of Delegation and Earned Autonomy Framework which captures the system of internal control can be accessed via:~~

~~(Insert Link to document)~~

## SCHEDULE OF MATTERS RESERVED TO THE BOARD<sup>4</sup>

THE BOARD		AREA	DECISIONS RESERVED TO THE BOARD
1	FULL	GENERAL	The Board may determine any matter for which it has statutory or delegated authority, in accordance with SOs <sup>5</sup>
2	FULL	GENERAL	The Board must determine any matter that will be reserved to the whole Board. These are: <i>Set out in sections 3-42 below;</i>
3	FULL	OPERATING ARRANGEMENTS	Adopt the standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the LHB, including standards/requirements determined by professional bodies/others, e.g., Royal Colleges

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<sup>4</sup> Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Assembly Government requirements

<sup>5</sup> Except for those decisions delegated to the Welsh Health Specialised Services Committee (WHSSC)

4	FULL	OPERATING ARRANGEMENTS	<p>Approve, vary and amend:</p> <ul style="list-style-type: none"> <li>▪ SOs;</li> <li>▪ SFIs;</li> <li>▪ Schedule of matters reserved to the LHB;</li> <li>▪ Scheme of delegation to Committees and others; and</li> <li>▪ Scheme of delegation to officers (The Detailed Scheme of Delegation and Earned Autonomy Framework).</li> </ul> <p>In accordance with any directions set by the Welsh Ministers.</p>
5	FULL	OPERATING ARRANGEMENTS	Approve the LHB's Values and Standards of Behaviour framework
6	FULL	OPERATING ARRANGEMENTS	Approve the LHB's framework for performance management, risk and assurance
7	FULL	OPERATING ARRANGEMENTS	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Board determines it so based upon its contribution/impact on the achievement of the LHB's aims, objectives and priorities
8	FULL	OPERATING ARRANGEMENTS	Ratify any urgent decisions taken by the Chair and the Chief Executive in accordance with Standing Order requirements
9	FULL	OPERATING ARRANGEMENTS	Ratify in public session any instances of failure to comply with SOs

10	FULL	OPERATING ARRANGEMENTS	Approve arrangements relating to the discharge of the LHB's responsibility as a bailee for patients' property
11	FULL	OPERATING ARRANGEMENTS	Approve policies for dealing with complaints and incidents
12	FULL	OPERATING ARRANGEMENTS	Approve individual compensation payments in line with SFIs
13	FULL	OPERATING ARRANGEMENTS	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and officers
14	FULL	OPERATING ARRANGEMENTS	Approve proposals for action on litigation on behalf of the LHB
15	FULL	OPERATING ARRANGEMENTS	Authorise use of the LHB's official seal
16	FULL	ORGANISATION STRUCTURE & STAFFING	Ratify appointment and manage appraisal, discipline and dismissal of the Chief Executive
17	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the appointment, appraisal, discipline and dismissal of the Executive Directors and any other Board level appointments, e.g., the Board Secretary
18	FULL	ORGANISATION STRUCTURE & STAFFING	Require, receive and determine action in response to the declaration of Board members' interests, in accordance with advice received, e.g. From Audit Committee
19	FULL	ORGANISATION STRUCTURE & STAFFING	Approve, [arrange the] review, and revise the LHB's top level organisation structure and corporate policies

20	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, [arrange the] review, revise and dismiss LHB Committees, including any joint-Committees directly accountable to the Board
21	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any Committee, joint-Committee or Group set up by the Board
22	FULL	ORGANISATION STRUCTURE & STAFFING	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Board on outside bodies and groups
23	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the terms of reference and reporting arrangements of all Committees, joint-Committees and groups established by the Board
24	FULL	ORGANISATION STRUCTURE & STAFFING	Approve the arrangements relating to the discharge of the LHB's responsibilities as a corporate trustee for funds held on trust
25	FULL	STRATEGY & PLANNING	Determine the LHB's strategic aims, objectives and priorities
26	FULL	STRATEGY & PLANNING	Approve the LHB's Integrated Medium Term Plan, including the balanced Medium Term Financial Plan
27	FULL	STRATEGY & PLANNING	Approve the LHB's Risk Management Strategy and plans
28	FULL	STRATEGY & PLANNING	Approve the LHB's citizen engagement and involvement strategy, including communication

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29	FULL	STRATEGY & PLANNING	Approve the LHB's partnership and stakeholder engagement and involvement strategies
30	FULL	STRATEGY & PLANNING	Approve the LHB's key strategies and programmes related to: <ul style="list-style-type: none"> <li>▪ Population Health Needs Assessment and Commissioning Plan</li> <li>▪ The development and delivery of patient centred clinical services for their population</li> <li>▪ Improving quality and patient safety outcomes</li> <li>▪ Workforce and Organisational Development</li> <li>▪ Infrastructure, including IM &amp;T, Estates and Capital (including major capital investment and disposal plans)</li> </ul>
31	FULL	STRATEGY & PLANNING	Approve the LHB's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure)
32	FULL	STRATEGY & PLANNING	Approve new contracts for the LHB to provide, or to secure provision from providers for Personal Medical; Dental; Pharmacy; Optometry services to some or all of the LHB's population Services
33	FULL	STRATEGY & PLANNING	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Executive set out in the Standing Financial Instructions
34	FULL	PERFORMANCE & ASSURANCE	Approve the LHB's audit and assurance arrangements
35	FULL	PERFORMANCE & ASSURANCE	Receive reports from the LHB's Executive on progress and performance in the delivery of the LHB's strategic aims, objectives and priorities and approve action required, including improvement plans
36	FULL	PERFORMANCE & ASSURANCE	Receive reports from the LHB's Committees, groups and other internal sources on the LHB's performance and approve action required, including improvement plans

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37	FULL	PERFORMANCE & ASSURANCE	Receive reports on the LHB's performance produced by external regulators and inspectors (including, e.g., WAO, HIW, etc) that raise issue or concerns impacting on the LHB's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Board Committees (as appropriate)
38	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion of the LHB's Chief Internal Auditor and approve action required, including improvement plans
39	FULL	PERFORMANCE & ASSURANCE	Receive the annual management report from the Auditor General for Wales and approve action required, including improvement plans
40	FULL	PERFORMANCE & ASSURANCE	Receive the annual opinion on the LHB's performance against <i>Doing Well, Doing Better: Standards for Health Services in Wales</i> (formally the Healthcare Standards) and approve action required, including improvement plans
41	FULL	REPORTING	Approve the LHB's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Assembly Government
42	FULL	REPORTING	Receive, approve and ensure the publication of LHB reports, including its Annual Report and annual financial accounts

ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR, VICE CHAIR AND INDEPENDENT MEMBERS	
CHAIR	<ul style="list-style-type: none"> <li>Chair of Remuneration and Terms of Service Committee</li> <li>Chair of Integrated Health and Social Care Board</li> <li>Chair of Spiritual Care Group</li> <li>Public and Patient Involvement Champion (jointly with Chief Executive)</li> </ul>
VICE CHAIR	<ul style="list-style-type: none"> <li>Chair of Mental Health Legislation Committee</li> <li>Chair of People, Performance and Delivery Committee</li> <li>Member of Remuneration and Terms of Service Committee</li> <li>Mental Health Champion</li> </ul>

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ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR, VICE CHAIR AND INDEPENDENT MEMBERS	
INDEPENDENT MEMBER – FINANCE	<ul style="list-style-type: none"> <li>▲ Chair of Audit Committee</li> <li>Member of Quality, Safety and Experience Committee</li> <li>Member of People, Performance and Delivery Committee</li> <li>Member of Remuneration and Terms of Service Committee</li> </ul>
INDEPENDENT MEMBER - INFORMATION COMMUNICATION & TECHNOLOGY	<ul style="list-style-type: none"> <li>▲ Member of People, Performance and Delivery Committee</li> <li>Caldicott/Data Protection Champion (jointly with Medical Director)</li> <li>Chair of the Information Governance sub-Committee and the Information Management and Technology sub-Committee</li> </ul>
INDEPENDENT MEMBER – UNIVERSITY	<ul style="list-style-type: none"> <li>▲ Chair of Quality, Safety and Experience Committee</li> <li>Member of Audit Committee</li> <li>Patient Safety (Cleaning, Hygiene and Infection Management) Champion</li> </ul>
INDEPENDENT MEMBER - THIRD (VOLUNTARY) SECTOR	<ul style="list-style-type: none"> <li>▲ Member of Quality, Safety and Experience Committee</li> <li>Member of Mental Health Legislation Committee</li> <li>Member of Charitable Funds Committee</li> <li>Carers Champion</li> <li>Equality and Human Rights Champion</li> <li>Welsh Language Champion</li> <li>Chair of the Equality, Diversity and Human Rights sub-Committee</li> </ul>
INDEPENDENT MEMBER – ESTATES	<ul style="list-style-type: none"> <li>▲ Member of Audit Committee</li> <li>Member of People, Performance and Delivery Committee</li> <li>Design (Estates and Premises) Champion</li> <li>Older People Champion</li> </ul>
INDEPENDENT MEMBER - LOCAL GOVERNMENT	<ul style="list-style-type: none"> <li>▲ Member of Mental Health Legislation Committee</li> <li>Member of Health and Safety Committee</li> <li>Children and Young People Champion</li> </ul>

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ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR, VICE CHAIR AND INDEPENDENT MEMBERS	
INDEPENDENT MEMBER - LEGAL	<ul style="list-style-type: none"> <li>▲ Chair of Charitable Funds Committee</li> <li>Chair of Health and Safety Committee</li> <li>Member of Mental Health Legislation Committee</li> <li>Member of Quality, Safety and Experience Committee</li> <li>Member of Remuneration and Terms of Service Committee</li> <li>Health and Safety Champion</li> <li>Violence and Aggression Champion</li> </ul>
INDEPENDENT MEMBER - COMMUNITY	<ul style="list-style-type: none"> <li>▲ Member of Quality, Safety and Experience Committee</li> <li>Member of Mental Health Legislation Committee</li> </ul>
INDEPENDENT MEMBER - TRADE UNION	<ul style="list-style-type: none"> <li>▲ Member of People, Performance and Delivery Committee</li> <li>Member of Charitable Funds Committee</li> <li>Member of Remuneration and Terms of Service Committee</li> <li>Armed Forces and Veterans Champion</li> </ul>

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## DELEGATION OF POWERS TO COMMITTEES AND OTHERS<sup>6</sup>

Standing Order 2 provides that the Board may delegate powers to Committees and others. In doing so, the Board has formally determined:

- the composition, terms of reference and reporting requirements in respect of any such Committees; and
- the governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others, including the approval of policy documents and associated written control procedures in line with their individual remits and responsibilities.

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

The Board has delegated a range of its powers to the following Committees and others:

- Audit Committee
- Charitable Funds Committee
- Health and Safety Committee
- Healthcare Professionals Forum
- Local Partnership Forum
- Mental Health and Capacity Legislation Committee
- People, Performance and Delivery Committee
- Quality, Safety and Experience Committee
- Remuneration and Terms of Service Committee
- Stakeholder Reference Group
- Welsh Health Specialised Services Committee
- Shared Services Committee

The scope of the powers delegated, together with the requirements set by the Board in relation to the exercise of those powers are as set out in i) Committee Terms of Reference, and ii) formal arrangements for the delegation of powers to others. Collectively, these documents form the Board's Scheme of Delegation to Committees.

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<sup>6</sup> As defined in Standing Orders

## SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OFFICERS

The LHB SOs and SFIs specify certain key responsibilities of the Chief Executive, the Director of Finance and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the SFIs form the basis of the LHB's Scheme of Delegation to Officers.

The table below sets out those matters that the Board has agreed to delegate, whether supplementary delegations are allowable and the control documents that must be in place prior to supplier supplementary delegations being made.

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\*The Detailed Scheme of Delegation and Earned Autonomy Framework is the title of the "authorisation matrix".

Delegated matter	High level delegation	Further Delegation Allowable?	Control Documents required to be in place prior to further delegation of matters
Management of budgets	Directors	Yes	Financial delegations set out in Section 3. Further delegations subject to authorisation matrix*.
Management of cash and bank accounts	Director of Finance	Yes	Authorisation matrix. Financial policies & procedures
Approval of petty cash	Directors	Yes	Authorisation matrix. Financial policies & procedures
Reimbursement of patient monies	Directors	Yes	Authorisation matrix. Financial policies & procedures
Engagement of staff within funded establishment	Directors	Yes	Authorisation matrix. HR policies and procedures
Engagement of staff outside funded establishment	Chief Executive	Nominated deputy	In absence of Chief Executive

Standing Orders, Reservation and Delegation of Powers for Cardiff and Vale University Local Health Board

Version ~~3-4~~ (Draft 1): ~~April 2015~~ February 2019

Delegated matter	High level delegation	Further Delegation Allowable?	Control Documents required to be in place prior to further delegation of matters
Staff re-grading and awarding of incremental points	Director of Workforce & OD	Yes	Written authority to suitably qualified HR staff
Approval of overtime	Directors	Yes	Authorisation matrix. HR policies and procedures
Approval of annual leave	Directors	Yes	Authorisation matrix. HR policies and procedures
Approval of compassionate leave	Directors	Yes	Authorisation matrix. HR policies and procedures
Approval of maternity and paternity leave	Directors	Yes	Authorisation matrix. HR policies and procedures
Approval of carers leave	Directors	Yes	Authorisation matrix. HR policies and procedures
Approval of leave without pay	Directors	Yes	Authorisation matrix. HR policies and procedures
Extension of sick leave on full or ½ pay <ul style="list-style-type: none"> <li>• Directors</li> <li>• Other staff</li> </ul>	Reserved for Board Directors	Yes	Authorisation matrix. HR policies and procedures
Approval of study leave < £2k	Directors	Yes	Authorisation matrix. HR policies and procedures
Approval of study leave > £2k	Directors	No	
Approval of relocation costs	Director of Workforce & OD	Yes	Authorisation matrix. HR policies and procedures
Approval of lease cars & phones <ul style="list-style-type: none"> <li>• Directors</li> <li>• Other staff</li> </ul>	Reserved for Remuneration and Terms of Service Committee Directors	No Yes	Authorisation matrix. HR policies and procedures

<b>Delegated matter</b>	<b>High level delegation</b>	<b>Further Delegation Allowable?</b>	<b>Control Documents required to be in place prior to further delegation of matters</b>
Approval of redundancy, early retirement and ill-health retirement	Chief Executive	Yes	Authorisation matrix. HR policies and procedures
Dismissal of staff	Director of Workforce & OD	Yes	Authorisation matrix. HR policies and procedures
Management of clinical and other operational capacity	Directors	Yes	Authorisation matrix. Annual Operating Framework and operational plans
Approval to procure goods and services within budget	Directors	Yes	Standing financial instructions. Authorisation matrix. Procurement & finance policies and procedures.
Approval to procure goods and services outside of budget that would result in a budgetary overspend	Chief Executive	Yes	Authorisation matrix. Commissioning policies and procedures
Approval to commission healthcare services from other NHS bodies	Chief Executive	Yes	Authorisation matrix. Commissioning policies and procedures
Approval to commission healthcare services from voluntary sector	Chief Executive	Yes	Authorisation matrix. Commissioning policies and procedures
Approval to commission healthcare services from private and independent providers	Chief Executive	Yes	Authorisation matrix. Commissioning policies and procedures
Approval to enter into primary care contracts for GMS, dental,	Chief Executive	Yes	Authorisation matrix. Commissioning policies and procedures

Standing Orders, Reservation and Delegation of Powers for Cardiff and Vale University Local Health Board

Version ~~3-4~~ (Draft 1): ~~April 2015~~ February 2019

Delegated matter	High level delegation	Further Delegation Allowable?	Control Documents required to be in place prior to further delegation of matters
ophthalmology and pharmaceutical services			
Approval to enter into pooled budget arrangements under section 33 of the NHS (Wales) Act 2006	Chief Executive	Yes	Authorisation matrix. Commissioning policies and procedures
Approval to amend the drugs formulary	Medical Director	No	
Approval to prescribe drugs outside the formulary	Medical Director	Yes	Prescribing policies and procedures
Authorisation of sponsorship	Directors	No	
Approval of clinical trials	Medical Director	Yes	Clinical policies and procedures
Approval of research projects	Chief Executive	Yes	Research policies & procedures
Management of concerns	Chief Executive	Yes	Complaints policies & procedures
Provision of information to the press, public and other external enquiries	Chief Executive	Yes	Communication policies & procedures
Approval of use of charitable funds	Charitable Funds Committee	Yes	
Investment of charitable funds	Director of Finance	Yes	Authorisation matrix. Financial policies & procedures
Approval to condemn and dispose equipment	Directors	Yes	Authorisation matrix. Disposal policies and procedures
Approval of losses and compensation (except for	Directors	No	Within authorised limits set by WG as detailed within the Annual Accounts Manual.

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Standing Orders, Reservation and Delegation of Powers for Cardiff and Vale University Local Health Board

Version ~~3-4~~ (Draft 1): ~~April 2015~~ February 2019

Delegated matter	High level delegation	Further Delegation Allowable?	Control Documents required to be in place prior to further delegation of matters
personal effects)			
Approval of compensation for staff and patients personal effects <ul style="list-style-type: none"> <li>Up to £1000</li> <li>£1,000 &gt; £10,000</li> <li>£10,000 &gt; £50,000</li> </ul> Over £50,000	Small Claims Panel Director of Nursing Chief Executive Approval by WG	No No No No	
Approval of Clinical negligence and personal injury claims	Chief Executive	Yes	Authorisation matrix and within limits set by WG.
Approval of staff tenancy agreements	Directors	Yes	Authorisation matrix. HR policies and procedures
Approval of capital expenditure	Chief Executive / Director of Planning	Yes	Authorisation matrix and within limits set by WG.
Approval of capital expenditure	Chief Executive / Director of Planning	Yes	Authorisation matrix and within limits set by WG.
Approval to engage external building and other professional contractors	Director of Planning	Yes	Authorisation matrix and within limits set by WG.
Approval to seek professional advice and ensure the implementation of any statutory and regulatory requirements	Chief Executive	Yes	Authorisation matrix and within limits set by WG.

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This scheme only relates to matters delegated by the Board to the Chief Executive and their Executive Directors, together with certain other specific matters referred to in SFIs.

Each Executive Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.

## **FINANCIAL DELEGATIONS**

### **Contracts over £1m**

The UHB must gain written consent from the Welsh Government (WG) to enter into a contract where an individual contract exceeds £1m in any one financial year. There is also a requirement to notify the WG of contracts awarded between £250,000-£500,000 and £500,000-£1m. This requirement for consent or notification does not apply to any contract entered into pursuant to a specific statutory power and therefore does not apply to:

- i. Contracts of employment between LHBs and their staff;
- ii. Transfers of land or contracts effected by Statutory instrument following the creation of the LHB.
- iii. Out of Hours Contracts; and
- iv. All NHS contracts i.e. where one health service body contracts with another health service body.

These remain in the delegated authority of the LHB.

Each contract must be considered on a case by case basis and independent legal advice sought where appropriate.

Further detail regarding approval and notification arrangements are contained within the Standing Financial Instructions.

### Framework for the delegation of financial commitments

The following matrix sets out the framework for financial delegations to the Chief Executive, Directors and other delegated budget holders. All financial commitments above £0.5m must be approved by the Board either specifically or as part of the approval of the UHB's financial plan.

Delegation	Delegated financial limit £'000
Reserved for Board	>£500
Chief Executive	500
Directors	125
Officers below Director level	Max 75

#### The following principles apply to this framework:-

- Financial limits can be reduced at the discretion of the Board.
- In an officer's absence, financial limits can be delegated in part or in total either generally or for specific items.
- Directors can limit delegated budget holders to less than £75k at their discretion.
- These limits apply to requisition authorisation, which is where the control lies.

- In exceptional circumstances the Chair may have delegated authority on behalf of the Board. Any use of delegated authority to the Chair must be included in the minutes of the next meeting of the Board.
- Each director has the responsibility of cascading the delegation within their area and ensuring that authorised signatories are in place. It may be appropriate for some areas of expenditure to be notified to the Board even if they are within the budget holder's limits.
- Further detail regarding these delegations is contained within the Detailed Scheme of Delegation and Earned Autonomy Framework.

Each Executive Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.

## Schedule 2

### KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS

This Schedule forms part of, and shall have effect as if incorporated in the  
Local Health Board Standing Orders

#### LHB framework

The LHB's governance and accountability framework comprises these SOs, incorporating schedules of Powers reserved for the Board and Delegation to others, together with the following documents:

- *SFIs*
- *Values and Standards of Behaviour Framework*
- *Risk and Assurance Framework*
- *Key policy documents*

agreed by the Board. These documents must be read in conjunction with the SOs and will have the same effect as if the details within them were incorporated within the SOs themselves.

These documents may be accessed by: Contacting the Board Secretary via <http://www.cardiffandvaleuhb.wales.nhs.uk/board-members>

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#### NHS Wales framework

Full, up to date details of the guidance, instructions and other documents that together make up the framework of governance, accountability and assurance for the NHS in Wales are published on the NHS Wales Governance e-Manual which can be accessed at [www.wales.nhs.uk/governance-emanual/](http://www.wales.nhs.uk/governance-emanual/). Directions or guidance on specific aspects of LHB business are also issued in hard copy, usually under cover of a Ministerial Letter.

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Standing Orders, Reservation and Delegation of  
Powers for Cardiff and Vale University  
Local Health Board

Version ~~3-4~~ (Draft 1): ~~April 2015~~ February 2019



<b>Report Title:</b>	<b>Committee Terms of Reference and Work Plans for 2019-20</b>					
<b>Meeting:</b>	Board Meeting				<b>Meeting Date:</b>	28.03.19
<b>Status:</b>	<b>For Discussion</b>	x	<b>For Assurance</b>	x	<b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	Director of Corporate Governance					
<b>Report Author (Title):</b>	Interim Head of Corporate Governance					

**SITUATION**

This paper seeks the Board's AGREEMENT to the appointment of nine committees of the Board for the 2019-20 financial year, and APPROVAL of the Terms of Reference developed for these committees.

This paper also seeks the Board's APPROVAL of the 2019-20 work programmes of these committees.

**REPORT**

**BACKGROUND**

Cardiff and Vale University Health Board's (UHB's) Standing Orders (SOs) state that:

*The Board may and, where directed by the Welsh Ministers must, appoint committees of the Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions.*

The following committees of the Board were in place during 2018-19:

- Audit Committee;
- Charitable Funds Committee;
- Finance Committee;
- Health and Safety Committee;
- Mental Health Capacity and Legislation Committee;
- Quality, Safety and Experience Committee;
- Remuneration and Terms of Service Committee; and
- Strategy and Delivery Committee

*Requirement to Review the Terms of Reference of Committees Annually*

SOs all state that each Committee established by or on behalf of the Board must have its own SOs or detailed terms of reference and operating arrangements, which must be formally approved by the Board. These terms of reference should be reviewed annually by the Audit Committee and any proposed amendments brought to the Board for consideration and approval.

*Requirement to Develop Annual Work Plans for Committees*

SOs also state that:

*The Board Secretary, on behalf of the Chair, shall produce an Annual Plan of Board business.*

SOs state that the plan should incorporate planned activities of the Board's Committees and Advisory Groups.

## **ASSESSMENT**

A full and considered review of the coverage and terms of reference of the Board's committees has been undertaken. It is **recommended** that the following committees of the Board are established for the 2019-20 financial year:

- Audit and Assurance Committee;
- Charitable Funds Committee;
- Finance Committee;
- Health and Safety Committee;
- Information Governance and Technology Committee; and
- Mental Health Capacity and Legislation Committee;
- Quality, Safety and Experience Committee;
- Remuneration and Terms of Service Committee; and
- Strategy and Delivery Committee

It is also **recommended** that:

- The Audit Committee is renamed the Audit and Assurance Committee. This change would bring the Board's arrangements in line with Treasury guidance "Corporate governance in central government departments: Code of good practice 2011". Principle 5.1 of the Code provides that the board should be supported by an Audit and Risk Assurance Committee chaired by a suitably experienced non-executive board member. The Terms of Reference of the Audit and Assurance Committee have been strengthened to reflect requirements set out in Treasury guidance "Audit and Risk Assurance Committee Handbook 2016".
- That the Information Governance and Technology sub-committee is made a formal committee of the Board,

The review highlighted areas where the terms of reference of the committees needed updating. The updated terms of reference are appended to this paper (see [Appendix 1](#)). Board Members will wish to note that the Terms of Reference of the Health and Safety Committee and Information Governance and Technology Committee are being finalised and will be brought to the May Board for approval.

### *Committee Work Programmes for 2019-20*

Committee work programmes for the 2019-20 financial year have been developed in consultation with the members and executive leads for each of the committees. Care has been taken to align the work programmes to:

- the UHB's Standing Orders and Scheme of Reservation and Delegation of Powers;
- the UHBs Shaping Our Future Wellbeing Strategy;

- the UHB's Integrated Medium Term Plan for 2019-22 and related Annual Plan for 2019-20; and
- key statutory, national and best practice requirements and reporting arrangements.

It is **recommended** that the Board approves the committee work programmes for 2019-20 (see [Appendix 1](#)). The work programmes for the Health and Safety Committee and Information Governance and Technology Committee are being finalised and will be brought to the May Board for approval.

## RECOMMENDATION

In summary it is **recommended** that the Board:

- AGREES to appoint the following committees of the Board
  - Audit and Assurance Committee;
  - Charitable Funds Committee;
  - Finance Committee;
  - Health and Safety Committee;
  - Information Governance and Technology Committee; and
  - Mental Health Capacity and Legislation Committee;
  - Quality, Safety and Experience Committee;
  - Remuneration and Terms of Service Committee; and
  - Strategy and Delivery Committee
- APPROVES the revised committee terms of reference, which are provided, in alphabetical order, at Appendices 1 to 7.
- AGREES to receive the revised Terms of Reference of the Health and Safety Committee and Information Governance and Technology Committee Governance Committee in May 2019.
- APPROVES the 2019-20 committee work programmes, which are provided, in alphabetical order, at Appendices 8 to 14.
- AGREES to receive the 2019-20 work programmes of the Health and Safety Committee and Information Governance and Technology Committee Governance Committee in May 2019.

### Shaping our Future Wellbeing Strategic Objectives

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

5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	
<b>Five Ways of Working (Sustainable Development Principles) considered</b>			
Sustainable Development Principles: Five ways of working	Prevention	x Long term	Integration Collaboration Involvement
<b>Equality and Health Impact Assessment Completed:</b>	Not Applicable		



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

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

**TERMS OF REFERENCE AND  
WORKPLANS FOR COMMITTEES  
OF THE  
CARDIFF AND VALE UNIVERSITY  
HEALTH BOARD  
2019/20**

# **Audit and Risk Assurance Committee**

## **Terms of Reference**

**Reviewed by Audit Committee: 26 February 2019**

**Approved by Board : 28<sup>th</sup> March 2019**

## AUDIT AND RISK ASSURANCE COMMITTEE

### TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

#### 1. INTRODUCTION

- 1.1 The UHB Standing Orders provide that *“The Board may and, where directed by the Welsh Government must, appoint Committees of the LHB Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees”*.
- 1.2 In line with Standing Orders (3.4.1) and the UHB Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Audit and Risk Assurance Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

#### 2. PURPOSE

- 2.1 The purpose of the Audit Committee (“the Committee”) is to:
- **Advise** and **assure** the Board and the Accountable Officer on whether effective arrangements are in place - through the design and operation of the UHB’s assurance framework - to support them in their decision taking and in discharging their accountabilities for securing the achievement of the UHB’s objectives, in accordance with the standards of good governance determined for the NHS in Wales.
- 2.2 Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its assurance framework may be strengthened and developed further.

#### 3. DELEGATED POWERS AND AUTHORITY

- 3.1 With regard to its role in providing advice to the Board, the Committee will comment specifically upon:
- the adequacy of the UHB strategic governance and assurance framework and processes for risk management and internal control designed to support the Accountable Officer’s statement on internal control, providing reasonable assurance on:
    - the organisations ability to achieve its objectives;
    - compliance with relevant regulatory requirements, standards and other directions and requirements set by the Welsh Government and others;
    - the reliability, integrity, safety and security of the information collected and used by the organisation;
    - the efficiency, effectiveness and economic use of resources; and
    - the extent to which the organisation safeguards and protects all its assets, including its people
    - the adequacy of the arrangements for declaring, registering and handling interests at least annually

- the adequacy of the arrangements for dealing with offers of gifts or hospitality
- to ensure the provision of high quality, safe healthcare for its citizens;
  - the Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate);
  - the accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, the ISA 260 Report 'Communication with those charged with Governance' and managements' letter of representation to the external auditors
  - the Schedule of Losses and Compensation;
  - the planned activity and results of internal audit, external audit and the Local Counter Fraud Specialist (including strategies, annual work plans and annual reports);
  - the adequacy of executive and managements response to issues identified by audit, inspection and other assurance activity;
  - anti-fraud policies, whistle-blowing processes and arrangements for special investigations; and
  - any particular matter or issue upon which the Board or the Accountable Officer may seek advice

3.2 The Committee will support the Board with regard to its responsibilities for governance (including risk and control) by:

- reviewing the **comprehensiveness** of assurances in meeting the Board and the Accountable Officers assurance needs across the whole of the UHB's activities, both clinical and non-clinical;
- reviewing the **reliability and integrity** of these assurances; and
- considering and approving policies as determined by the Board.

3.3 To achieve this, the Committee's programme of work will be designed to provide assurance that:

- there is an effective Internal Audit function that meets the standards set for the provision of Internal Audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Accountable Officer through the Committee;
- there is an effective Counter Fraud Service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Committee;
- there is an effective clinical audit and quality improvement function that meets the standards set for the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Quality, Safety and Experience Committee;
- there are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Accountable Officer or through the work of the Board's committees

- the work carried out by key sources of external assurance, in particular, but not limited to the UHB External Auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity
- the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply;
- the systems for financial reporting to the Board, including those of budgetary control, are effective; and that
- the results of audit and assurance work specific to the UHB, and the implications of the findings of wider audit and assurance activity relevant to the UHB's operations are appropriately considered and acted upon to secure the ongoing development and improvement of the organisations governance arrangements.

### **Authority**

- 3.4 The Committee is authorised by the Board to investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB relevant to the Committee's remit, and ensuring patient/client and staff confidentiality, as appropriate. It may seek relevant information from any:
- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
  - any other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.
- 3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

### **Access**

- 3.6 The Head of Internal Audit and the Engagement Partner/Audit Manager of External Audit shall have unrestricted and confidential access to the Chair of the Audit Committee.
- 3.7 The Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.
- 3.8 The Chair of Audit Committee shall have reasonable access to Executive Directors and other relevant senior staff.

### **Sub Committees**

- 3.9 The Committee may, subject to the approval of the UHB Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

## 4. MEMBERSHIP

### Members

4.1 A minimum of three (3) members, comprising:

Chair	Independent member of the Board
Vice Chair	Chosen from amongst the Independent members on the Committee
Members	At least one other independent members of the Board <i>[one of which should be the member of the Quality and Safety Committee (or equivalent)]</i>

The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

### Attendees

4.2 In attendance:

Director of Finance (Lead Executive)  
Director of Corporate Governance  
Head of Internal Audit  
Local Counter Fraud Specialist  
Representative of External Auditor  
Other Executive Directors will attend as required by the Committee Chair

4.3 By invitation

The Committee Chair may invite:

- any other UHB officials; and/or
- any others from within or outside the organisation
- to attend all or part of a meeting to assist it with its discussions on any particular matter.

### Secretariat

4.4 Secretary - As determined by the Director of Corporate Governance

### Member Appointments

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

4.6 Committee members' terms and conditions of appointment, (including any remuneration and reimbursement) are determined by the Board, based upon the

recommendation of the UHB Chair {and on the basis of advice from the UHB's Remuneration and Terms of Service Committee}.

### **Support to Committee Members**

- 4.7 The Director of Corporate Governance , on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
  - ensure the provision of a programme of organisational development for committee members as part of the UHB's overall OD programme developed by the Director of Workforce and Organisational Development.

## **5. COMMITTEE MEETINGS**

### **Quorum**

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

### **Frequency of Meetings**

- 5.2 Meetings shall be held no less than quarterly, and otherwise as the Chair of the Committee deems necessary – consistent with the UHB annual plan of Board Business.

### **Withdrawal of Individuals in Attendance**

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

## **6. RELATIONSHIP AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS**

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 6.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 6.3 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business; and
  - sharing of information

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

- 6.4 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the UHB overall framework of assurance.
- 6.5 The Committee shall embed the UHB's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

## **7. REPORTING AND ASSURANCE ARRANGEMENTS**

- 7.1 The Committee Chair shall:
- report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of committee minutes and written reports throughout the year;
  - bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;
  - ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the UHB.
- 7.2 The Committee shall provide a written, annual report to the board and the Accountable Officer on its work in support of the Annual Governance Statement, specifically commenting on the adequacy of the assurance framework, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.
- 7.3 The Board may also require the Committee Chair to report upon the committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.
- 7.4 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

## **8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

- 8.1 The requirements for the conduct of business as set out in the UHB Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- quorum (set within individual Terms of Reference)

## **9. REVIEW**

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

<b>Audit Committee Work Plan 2019 - 20</b>									
A -Approval D- discussion I - Information	Exec Lead	26-Feb	23-Apr	21-May	30-May	24-Sep	03-Dec	25-Feb	21-Apr
<b>Agenda Item</b>									
<b>Governance</b>									
Review the system of assurance	NF					D			D
Review the risk management system	NF								D
Note the business of other Committees and review inter-relationships	NF					D	D	D	D
Review Draft AGS	NF		D		A				
Review Draft Quality Statement	RW		D		A				
Review other sources of Assurance	NF					D	D	D	D
Review the UHB Annual Report	NF		D		A				
Review of Standing Orders	NF	D						D	
Report on Declarations of Interest and Gifts and Hospitality	NF		D		D	D	D	D	D
Receive reports from Regulatory Bodies	NF	D	D			D	D	D	D
Receive tracking report from recommendations from Regulatory Bodies	NF	D	D		D	D	D	D	D
Undertake Annual Review of PAC Report	NF							D	
<b>Financial Focus</b>									
Agree final accounts timetable and plans	RC							A	
Review of audited annual accounts and financial statements	RC			D	A				D
Review changes to SFIs and changes to accounting policies	RC/NF		D						D
Review losses and special payments	RC		D		A		A		
Single Tender Actions	RC	D	D		D	D	D	D	D
<b>Internal Audit</b>									
Review and approve annual internal audit plan	IA		A						A
Review and approve internal audit Terms of Reference	IA		A						A
Review the effectiveness of internal audit	IA						D		
Review of internal audit progress reports	IA	D	D			D	D	D	D
Receive annual internal audit report and associated opinions (HoIA)	IA			D	A				
Receive Tracking Report on internal audit recommendations	NF	D	D		D	D	D	D	D

External Audit									
Agree Auditor General's Audit Plan	WAO	A						A	
Review the effectiveness of external audit	WAO						D		
Review External Audit Progress Reports	WAO	D	D				D	D	D
Receive the Auditors report to those charged with governance	WAO	D			A				
Receive the Auditors Annual Audit Report	WAO	A						A	
Receive Annual Structured Assessment Report	WAO	D						D	
Clinical Audit									
Review annual Clinical Audit Plan	RW		D						D
Review Clinical Audit Terms of Reference	RW		D						D
Review effectiveness of Clinical Audit	RW						D		
Review Clinical Audit Progress Reports	RW		D				D	D	D
Counter Fraud									
Review and approve annual counter fraud plan	CF		A	D					
Review counter fraud progress reports	CF		D				D	D	D
Review the effectiveness of Counter Fraud Specialist	CF						D		
Receive counter fraud annual report	CF		D		A				
Audit Committee									
Annual Work Plan	NF	A						A	
Self assessment of effectiveness	NF	D							
Induction Support for Committee Members	NF		D						
Review Terms of Reference	NF	A						A	
Produce annual Audit Committee Annual Report	NF	A						A	
Private discussion with internal and external auditor	NF	D	D				D	D	D
Minutes of Audit Committee Meeting	NF	A	A				A	A	A
Action log of Audit Committee Meeting	NF	D	D				D	D	D

# **Finance Committee**

## **Terms of Reference**

**Reviewed by Finance Committee: 27th February 2019**

**Approved by Board : 28<sup>th</sup> March 2019**

## **1. Introduction**

The Board shall establish a Committee to be known as Finance Committee. The detailed terms of reference and operating arrangements in respect of this Committee are set out below. This will be an interim arrangement whilst the Health Board is working with the Welsh Government during the period of "Targeted Intervention".

## **2. Constitution and Purpose**

The purpose of this Committee is to advise and assure the Board in discharging its responsibilities with regard to its current and forecast financial position, performance and delivery.

The Board has resolved to establish a Finance Committee which will allow appropriate scrutiny and review to a level of depth and detail not possible in Board Meetings in respect of performance relating to:-

- Financial plans and monitoring including delivery of savings programmes
- Scrutiny and monitoring of Financial monthly performance

The Committee will ensure that evidence based and timely interventions are implemented to drive forward improved financial performance thereby allowing the Health Board to achieve the requirements and standards determined for the NHS in Wales.

## **3. Delegated Powers**

The Committee, in respect of its provision of advice and assurance will, and is authorised by the Board to:-

- Review monthly Financial Report prior to submission to the Board
- Monitor, review and scrutinise Cost Reduction Programme and Financial Tracker System for Corporate and Clinical Boards
- Approve and monitor the IMTP financial plan
- Scrutinise the delegated budgets within the budget plan
- Receive assurances with regard to the progress and impact/pace of implementation of Health Boards Cost reduction Programmes/Savings Plan
- Seek assurance on the Financial Planning process and consider Financial Plan proposals
- Scrutinise financial performance and cash management against revenue budgets and statutory duties.
- Scrutinise submissions to be made in respect of revenue or capital funding and the service implications of such changes
- Monitor and review agreed dis-investments
- Review the Board's Scheme of Financial Delegation as and when necessary
- Receive reports arising from financial reviews, including performance and accountability reviews of Corporate and Clinical Boards

## **4. Authority**

The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:-

- Employee (and all employees are directed to co-operate with any legitimate request made by the Committee)
- Other committee, sub-committee or group set up by the Board to assist in the delivery of its functions

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

May consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business

Will review risks from the Board Assurance Framework that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.

## **5. Sub-Committees**

The Committee may, subject to the approval of the Health Board, establish sub-committees to task and finish groups to carry out on its behalf specific aspects of Committee business.

## **6. Membership**

### **Members**

Chair – Independent Member – Finance  
Two independent Members of the Board

### **In attendance**

Chief Executive  
Executive Director of Finance  
Chief Operating Officer  
Executive Director of Workforce and Organisational Development  
Executive Director of Strategic Planning  
Executive Nurse Director  
Director of Corporate Governance  
Deputy Director of Finance

Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

### **Member Appointments**

The membership of the Committee shall be determined by the Chairman of the Board taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

The Committee will be chaired by the Independent Member for Estates and supported by a Vice Chair who shall also be an Independent Member.

Appointed Independent Members shall hold office on the Committee until such time as it is stood down.

### **Secretariat**

Secretary: as determined by the Director of Corporate Governance.

### **Support to Committee Members**

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

- Arrange the provision of advice and support to Committee Members on any aspect related to the conduct of their role
- Ensure the provision of a programme of development for the Committee members as part of the overall Board Development programme

## **7. Committee Meetings**

### **Quorum**

At least two Independent Members must be present to ensure the quorum of the Committee. This should include either the Chair or the Vice Chair of the Committee. In the interests of effective governance it is expected that a minimum of two Executive Directors will also be in attendance.

### **Frequency of Meetings**

Meetings shall be routinely held on a monthly basis. This will be reviewed on a regular basis.

### **Withdrawal of individuals in attendance**

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

## **8. Relationship and Accountabilities with the Board and Its Committees/Groups**

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains the overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

The Committee, through its Chair and members, shall work closely with the Board's other Committees including Sub-Committee/Advisory Groups to provide advice and assurance to the Board through the:

- Planning and co-ordination of Board and Committee business

- Sharing of information
- In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements

The Committee shall embed the Health Board's strategy, corporate goals and priorities through the conduct of the business.

## **9. Reporting and Assurance Arrangements**

The Committee Chair shall:

- Report to each Board meeting on the Committee's key activities via the Chair's report
- Ensure the public minutes of each meeting of the Committee are presented to the Board meeting
- Ensure appropriate escalation arrangements are in place to alert the Board and Welsh Government of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

## **10. Applicability of Standing Orders to Committee Business**

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

- Quorum

## **11. Review**

These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

<b>Finance Committee Work Plan 2019 - 20</b>														
A -Approval D- discussion I - Information	Exec Lead	27-Mar	24-Apr	29-May	26-Jun	31-Jul	28-Aug	25-Sep	30-Oct	27-Nov	18-Dec	27-Jan	25-Feb	25-Mar
<b>Agenda Item</b>														
Financial Report	RC	D	D	D	D	D	D	D	D	D	D	D	D	D
Cost Reduction Programme	RC	A	D	D	D	D	D	D	D	D	D	D	D	D
Tracker System for Corporate and Clinical Boards	RC/SC	D	D	D	D	D	D	D	D	D	D	D	D	D
IMTP Financial Plan	RC								D	D	D			
Clinical Board Escalation	SC	D	D	D	D	D	D	D	D	D	D	D	D	D
Review of Financial Risk Register	RC	D	D	D	D	D	D	D	D	D	D	D	D	D
<b>Finance Committee Governance</b>														
Annual Work Plan	NF												A	
Self assessment of effectiveness	NF		D										D	
Review Terms of Reference	NF												A	
Produce annual Finance Committee Annual Report	NF												A	
Minutes of Finance Committee Meeting	NF	A	A	A	A	A	A	A	A	A		A	A	A
Action log of Finance Committee Meeting	NF	D	D	D	D	D	D	D	D	D		D	D	D

# **Quality, Safety and Experience Committee**

## **Terms of Reference**

**Reviewed by Quality Safety and Experience Committee:**

**19<sup>th</sup> February 2019**

**Approved by Board : 28<sup>th</sup> March 2019**

## 1. INTRODUCTION

- 1.1 The University Health Board (UHB) Standing Orders provide that “*The Board may and, where directed by the Welsh Government must, appoint Committees of the UHB Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees*”.
- 1.2 In line with standing orders (and the UHB Scheme of Delegation), the Board shall nominate a Committee to be known as the **Quality, Safety and Experience Committee**. This Committee’s focus is on ensuring patient and citizen quality and safety including activities traditionally referred to as ‘clinical governance’. The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are set out below.

## 2. PURPOSE

- 2.1 The purpose of the Quality, Safety and Experience Committee “the Committee” is to provide:
- evidence based and timely **advice** to the Board to assist it in discharging its functions and meeting its responsibilities with regard to quality, safety and experience of health services;
  - evidence based and timely **advice** to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality, safety and experience of public health, health promotion and health protection activities;
  - **assurance** to the Board in relation to the UHB arrangements for safeguarding and improving the quality and safety of patient and citizen centred health improvement and care services in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales;
  - **assurance** to the Board in relation to improving the experience of patients, carers citizens and all those that come into contact with our services including those provided by other organizations or in a partnership arrangement

## 3. DELEGATED POWERS AND AUTHORITY

- 3.1 The Committee will, in respect of its **provision of advice** to the Board:
- oversee the initial development of the UHB plans for the development and delivery of high quality and safe healthcare and health improvement services

consistent with the Board's overall Strategy and any requirements and standards set for NHS bodies in Wales;

- consider the implications for quality, safety and experience arising from the development of the UHB Strategy, Integrated Medium Term Plan or plans of its stakeholders and partners, including those arising from any Joint Committees of the Board;
- consider the implications for patient and citizen experience arising from internal and external review/investigation reports and actions arising from the work of external regulators;
- consider the outcomes for patient feedback methodologies in line with the National Service User Framework
- review achievement against the Health and Care Standards in Wales to inform the Annual Quality and Annual Governance Statements;
- consider and approve policies as determined by the Board.
- monitor implementation of the Quality, Safety and Improvement (QSI) Framework

3.2 The Committee will, in respect of its **assurance role**, seek assurances that governance arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe healthcare and improvement services across the whole of the UHB activities and responsibilities.

3.3 To achieve this, the Committee's programme of work will be designed to ensure that, in relation to all aspects of quality, safety and patient and citizen experience:

- there is clear, consistent strategic direction, strong leadership and transparent lines of accountability;
- the organization, at all levels has a citizen centred approach, putting citizens, patients and carers, patient safety and safeguarding above all other considerations;
- the care planned or provided across the breadth of the organization's functions is consistently applied, based on public health principles, sound evidence, clinical effectiveness and meets agreed standards;
- the organization, at all levels has the right systems and processes in place to deliver, from a patient, carer and citizen perspective - efficient, effective, timely and safe services;
- the organization has effective systems and processes to meet the Health and Care Standards;
- the workforce is appropriately selected, trained, supported and responsive to ensure safe, quality and patient centred services ensuring that regulatory arrangements, professional standards and registration/revalidation requirements are maintained;
- there is an ethos of continual quality improvement and regular methods of updating the workforce in the skills needed to demonstrate quality improvement throughout the organization;
- there is good team working, collaboration and partnership working to provide the best possible outcomes for its citizens;
- risks are actively identified and robustly managed at all levels of the organization;
- decisions are based upon valid, accurate, complete and timely data and information;
- there is continuous improvement in the standard of quality and safety across the whole organization – continuously monitored through the Health and Care Standards in Wales;

- all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality and safety of care provided, and in particular that:
  - sources of internal assurance are reliable, e.g., internal audit and clinical audit teams have the capacity and capability to deliver;
  - recommendations made by internal and external reviewers are considered and acted upon on a timely basis; and
  - appropriate review is carried out and corrective action is taken arising from incidents, complaints and claims, known collectively as 'concerns', (noting that concerns information is routinely included in the standing item on the Board agenda (Patient Safety Quality and Experience Report) and will not be duplicated in Committee)

3.4 The Committee will advise the Board on the adoption of a set of key indicators of safety, quality and patient and citizen experience against which the UHB performance will be regularly assessed and reported on through the Annual Quality Statement.

#### **Authority**

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

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- other Committee, Sub Committee or group set up by the Board to assist it in the delivery of its functions.

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

#### **Access**

3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

#### **Sub Committees**

3.8 The Board has approved the following sub-Committees:

- 8 Clinical Board Quality and Safety sub-Committees

3.8 The Committee has authority to establish short life working groups

which are time limited to focus on a specific matter of advice or assurance as determined by the Board or Committee.

## 4. MEMBERSHIP

### Members

4.1 A minimum of four (4) members, comprising:

Chair	Independent Member of the Board
Members	3 other Independent Members of the Board, to include a Member of the UHB Audit Committee.  The Committee may also co-opt additional independent 'external' members from outside the organization to provide specialist skills, knowledge and expertise.

### Attendees

4.2. The following officers **are required to be in attendance**:

- Executive Nurse Director (Lead Executive)
- Medical Director
- Executive Director of Therapies and Health Sciences
- Chief Operating Officer
- Executive Director of Public Health
- Executive Director of Finance
- Executive Director of Strategic Planning
- Director of Corporate Governance
- Assistant Director of Patient Safety and Quality
- Assistant Director of Patient Experience

Key Directors should be represented if they are unable to attend a meeting.

Other Executive Directors or deputies should attend from time to time as determined by the Committee Chair.

4.3. By invitation:

The Committee Chair may extend invitations to attend Committee meetings as required from within or outside the organization to whom the Committee considers should attend, taking account of the matters under consideration at each meeting.

- 2 x Staff Representatives and
- the Cardiff and Vale of Glamorgan Community Health Council.
-

## **Secretariat**

4.4 Secretary: as determined by the Director of Corporate Governance.

## **Member Appointments**

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

4.6 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the UHB Chair and, where appropriate on the basis of advice from the UHB Remuneration and Terms of Service Committee.

## **Support to Committee Members**

4.7 The Board Secretary/, Director of Corporate Governance on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for Committee members in conjunction with the Director of Workforce and Organizational Development.

## **5. COMMITTEE MEETINGS**

### **Quorum**

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

### **Frequency of Meetings**

5.2 Meetings shall be held bi-monthly, and otherwise as the Chair of the Committee deems necessary – consistent with the UHB Annual Plan of Board Business.

### **Withdrawal of individuals in attendance**

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

## **6. RELATIONSHIPS AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS**

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.
- 6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business; and
  - sharing of information
- in doing so, contributing to the integration of good governance across the organization, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 6.3 The Committee shall embed the UHB values, corporate standards, priorities and requirements, for example, public health, equality, diversity and human rights through the conduct of its business.

## **7. REPORTING AND ASSURANCE ARRANGEMENTS**

- 7.1 The Committee Chair shall:
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports, as well as the presentation of the Annual Quality Statement.
  - bring to the Board's specific attention any significant matters under consideration by the Committee;
  - ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.
- 7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, for example, AGM, or to community partners and other stakeholders, where this is considered appropriate, for example, where the Committee's assurance role relates to a joint or shared responsibility.
- 7.3 The Board Secretary/Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Quality and Safety Committee Handbook.

## **8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

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

## **9. REVIEW**

- 9.1 These Terms of Reference and operating arrangements shall be reviewed on a biennial basis by the Committee with reference to the Board.

The Board will keep under review the need for the 8 Quality and Safety Sub-Committees to ensure an alignment with accountabilities and responsibilities of the Clinical Board organizational model.

Quality Safety and Experience Committee Work Plan 2019 - 20								
A -Approval D- discussion I - Information	Exec Lead	16-Apr	18-Jun	13-Aug	17-Sep	15-Oct	17-Dec	18-Feb
<b>Agenda Item</b>								
<b>Standing Items</b>								
Sub Committee Assurance Reports from Clinical Boards	SC	D	D	D	D		D	D
Community Health Council Reports	RW	D	D	D	D		D	D
Patient Story	RW	Specialist	Surgery	W&C	CD&T		Medicine	MH &PCIC
<b>Quality Governance</b>								
Quality, Safety and Improvement Framework Standard 3.1	RW	D			D			
Patient Experience Framework	RW	D			D			
Annual Quality Statement	RW	A						D
Health Care Standards Self Assessment	RW				D(assess)		D(plan)	
Policies	RW	A	A	A	A		A	A
Key External Reports								
<b>Health Promotion Protection and Improvement</b>								
Reports as and when required	RW	D	D	D	D		D	D
<b>Safe Care</b>								
Serious Patient Safety Incident Report Standard 2	RW					D		
Patient Safety Solutions Standard 2	RW	D			D			
Blood Management Standard 2.8	GS				D			
Patient Safety Walkarounds Standard 2.1	RW				D			
Infection Prevention and Control Standard 2.4	RW		D					
Cleaning Standards Standard 2.4	RW		D					
Patient Falls Standard 2.3	FJ	D				D		
Medication Standard 2.6	GS		D				D	
Nutrition and hydration 2.5	RW	D			D			
Safeguarding 2.7	RW	D	D	D	D		D	D
Protecting patients from pressure damage Standard 2.2	RW		D				D	
POCT	FJ		D				D	
Care of deteriorating patient Standard 3.1	RW			D			D	
Medical Devices	FJ				D			
Claims and Concerns	RW				D			D

<b>Effective Care</b>								
Mortality and Harm Standard 3.1	GS		D				D	
Clinical Audit Plan Standard 3.1	RW	D					D	
Cancer reviews Standard 3.1	SC	D	D	D	D		D	D
Research and Development Standard 3.3	GS				D			
LIPs Standard 3.3	RW						D	
NICE Guidance Standard 3.1	GS				D			
<b>Dignified Care</b>								
HIW activity update 4.1	RW	D	D	D	D		D	D
Carer Measure 4.1	RW				D			
<b>Timely Care</b>								
Outpatient follow up and surveillance processes standard 5.1	SC							
<b>Individual Care</b>								
Sensory Loss standard 6.2	RW							
<b>Quality, Safety and Experience Committee Governance</b>								
Chairs Action	SE	I	I	I	I		I	I
Annual Work Plan	NF							A
Review of Meeting	NF	D	D	D	D		D	D
Self assessment of effectiveness	NF	D						A
Review Terms of Reference	NF							A
Produce Committee Annual Report	NF							A
Minutes of Quality, Safety & Experience Committee Meeting	NF	A	A	A	A		A	A
Action log of Quality, Safety and Experience Committee Meeting	NF	D	D	D	D		D	D

# **Strategy and Delivery Committee**

## **Terms of Reference**

**Reviewed by Strategy and Delivery Committee: 26 February 2019**

**Approved by Board : 28<sup>th</sup> March 2019**

## 1. PURPOSE

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

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

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

## 2 RESPONSIBILITIES OF THE COMMITTEE

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

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

### Part A

#### Strategy and/or Strategic Intent

### 2.1 Shaping Our Future Wellbeing (SOFW). Provide assurance to the Board that the overarching strategy (SOFW) of the UHB is being:

- a. Reviewed and progressed as intended, within the appropriate timescales to achieve desired outcomes.
- b. Provide assurance that key milestones identified in SOFW are being delivered.
- c. Provide assurance that SOFW is actively embedded and continually refreshed within the organisation
- d. Provide assurances that significant risks associated with the delivery of the SOFW are being mitigated

### 2.2 National Strategies. Provide assurance to the Board that the organisation is strategically aligned with Welsh Government's health and social care strategy which includes:

- a. The Wellbeing of Future Generations Act
- b. The Social Care and Wellbeing Act
- c. The Long Term Plan (Wales) arising in response to the Parliamentary Review (January 2018)

## Part B

### Development and Delivery of Plans that support Strategies

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

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

## Part C

### Performance

**2.7 Performance:** The Committee will scrutinise and provide assurance to the Board that key performance indicators are on track and confirm that effective actions are being taken to correct unintended variations giving full consideration to associated governance arrangements. This will include:

- a. *The key organisational Performance Indicators as determined by the Board*
- b. *Workforce Key Performance Indicators as determined by the Board*

- c. *Closer scrutiny (“Deep Dives”) on areas of concern where the committee considers it appropriate*

## Part D

### Other Responsibilities

- 2.8 Equality and Health Impact Assessments:** To provide assurance to the Board that Equality and Health Impact Assessments are fully considered and properly addressed in all service change proposals and that full consideration is given to the UHB's responsibilities for Equality, Diversity, Human Rights and the Welsh Language.
- 2.9 “Staff Wellbeing.** To provide assurance to the Board that the wellbeing of staff:
- a. Is always fully considered regularly reviewed to ensure that suitable support is made available whenever necessary.
  - b. Staff wellbeing plans are aligned with SOFW and the values of the organisation

## 3 GOVERNANCE

### 3.1 Delegated Powers of Authority

As described above.

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

### 3.2 Authority

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

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

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

### 3.4 Membership

Chair: Independent member of the Board

Members: A minimum of 2 other Independent member of the Board,  
The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

### **3.5 Attendees**

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

Other Executive Directors should attend from time to time as required by the Committee Chair  
(nominated deputies must be consistent)  
Deputy Director of Planning (Service Planning)  
Director of Capital Estates and Facilities  
Trade Union representation from the Local Partnership Forum  
Specialist Advisor to the Board for Strategy / Transformation

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

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

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

### **3.6 Secretariat**

Secretary: As determined by the Director of Corporate Governance

### **3.7 Member Appointments**

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

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

### **3.8 Support to Committee Members**

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

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

### **3.9 COMMITTEE MEETINGS**

#### **Quorum**

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

#### **Frequency of Meetings**

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

#### **Withdrawal of individuals in attendance**

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

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

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

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

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

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

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

business.

#### **4.1 REPORTING AND ASSURANCE ARRANGEMENTS**

The Committee Chair shall:

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

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

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

#### **4.2 APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

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

- Quorum (set within individual Terms of Reference)

#### **4.3 REVIEW**

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



Other Significant Plans:								
Scrutinise other significant plans associated with the delivery of SOFW to ensure they are implemented as intended including:								
1. Research and Development	GS			D				
2. Digital Healthcare	SH		D					
3. Commercial developments	AH			D				
4. Infrastructure / Estates	AH				D			
5. Key service change proposals	AH			D				
6. Major consultations or engagements that support the delivery of SOFW (As and when required)	AH							
PART C - PERFORMANCE REPORTS								
Ensure that key performance indicators are on track and that actions are taken to correct unintended variations including:								
1. Key organisational performance indicators	SC	D	D	D	D	D	D	D
2. Workforce key performance indicators	MD	D	D	D	D			
3. Undertake closer scrutiny "deep dives" when considered appropriate	CJ	D	D	D	D	D	D	D
PART D - OTHER RESPONSIBILITIES								
Equality and Health Impact Assessments								
Ensure that all Equality and Health impact assessments are fully considered including:								
1. Strategic Equality Plan	MD	D						
2. Annual Equality Statement and Report	MD	D						
3. More Than Just Words (Welsh Language)	MD			D				
4. Welsh Language Scheme	MD				D			
GOVERNANCE ARRANGEMENTS								
Minutes	NF	A	A	A	A	A	A	A
Action Log	NF	D	D	D	D	D	D	D
Approval of Policies (as and when required)	NF	A	A	A	A	A	A	A
Review Terms of Reference	NF	A	A	A	A	A	A	A
Committee Self Assessment	NF	D	A					
Committee Annual Report	NF	A						
Board Assurance Framework - To receive risks allocated to Committee	NF	D						

# **Mental Health & Capacity Legislation Committee**

## **Terms of Reference**

**Reviewed by MH&CL Committee: 12<sup>th</sup> February 2019**

**Approved by Board : 28<sup>th</sup> March 2019**

## 1. INTRODUCTION

- 1.1 The University Health Board's (UHB) Standing Orders provide that "*The Board may and, where directed by the Assembly Government must, appoint Committees of the UHB Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".
- 1.2 In line with Standing Orders (and the UHB Scheme of Delegation), the Board shall nominate annually a Committee to be known as the **Mental Health & Capacity Legislation Committee**. The detailed terms of reference and operating arrangements agreed by the Board in respect of this Committee are set out below.
- 1.3 The principal remit of this Committee is to consider and monitor the use of the Mental Health Act 1983 (MHA), Mental Capacity Act 2005 (which includes the Deprivation of Liberty Safeguards (DoLS)) (MCA) and the Mental Health (Wales) Measure 2010 (the Measure).

### **Mental Health Act**

- 1.4 The Mental Health Act 1983 covers the detention of people deemed a risk to themselves or others. It sets out the legal framework to allow the care and treatment of mentally disordered persons. It also provides the legislation by which people suffering from a mental disorder can be detained in hospital to have their disorder assessed or treated against their wishes.
- 1.5 The MHA introduced the concept of "Hospital Managers" which for hospitals managed by a Local Health Board are the Board Members. The term "Hospital Managers" does not occur in any other legislation.
- 1.6 Hospital Managers have a central role in operating the provisions of the MHA; specifically, they have the authority to detain patients admitted and transferred under the MHA. For those patients who become subject to Supervised Community Treatment (SCT), the Hospital Managers are those of the hospital where the patient was detained immediately before going on to SCT - i.e. the responsible hospital or the hospital to which responsibility has subsequently been assigned.
- 1.7 Hospital Managers must ensure that patients are detained only as the MHA allows, that their treatment and care is fully compliant with the MHA and that patients are fully informed of and supported in exercising their statutory rights. Hospital Managers must also ensure that a patient's case is dealt with in line with associated legislation.
- 1.8 With the exception of the power of discharge, arrangements for authorising day to day decisions made on behalf of Hospital Managers have been set out in the UHB Scheme of Delegation.

### **Mental Health Measure**

- 1.9 The Mental Health (Wales) Measure received Royal Assent in December 2010 and is concerned with:

- providing mental health services at an earlier stage for individuals who are experiencing mental health problems to reduce the risk of further decline in mental health;
- making provision for care and treatment plans for those in secondary mental health care and ensure those previously discharged from secondary mental health services have access to those services when they believe their mental health may be deteriorating;
- extending mental health advocacy provision.

## **Mental Capacity Act**

1.10 The MCA came into force mainly in October 2007. It was amended by the Mental Health Act 2007 to include the Deprivation of Liberty Safeguards (DoLS). DoLS came into force in April 2009.

1.11 The MCA covers three main issues –

- The process to be followed where there is doubt about a person’s decision-making abilities and decisions may need to be made for them (e.g. about treatment and care)
- How people can make plans and/or appoint other people to make decisions for them at a time in the future when they can’t take their own decisions
- The legal framework for caring for adult, mentally disordered, incapacitated people in situations where they are deprived of their liberty in hospitals or care homes (DoLS)

Thus the scope of MCA extends beyond those patients who have a mental disorder.

## **2. PURPOSE**

2.1 The purpose of the Mental Health and Capacity Legislation Committee (the Committee) is to give assurance to the Board that:

- Hospital Managers’ duties under the Mental Health Act 1983;
- the functions and processes of discharge under section 23 of the Act;
- the provisions set out in the Mental Capacity Act 2005, and
- in the Mental Health Measure (Wales) 2010

are all exercised in accordance with statute and that there is compliance with:

- the Mental Health Act 1983 Code of Practice for Wales
- the Mental Capacity Act 2005 Code of Practice
- the Mental Capacity Act 2005 Deprivation of Liberty Safeguards Code of Practice
- the associated Regulations

The Committee will also advise the Board of any areas of concern in relation to compliance with the MHA, the Measure and MCA.

## **3. DELEGATED POWERS AND AUTHORITY**

3.1 The Committee will:

- ensure that those acting on behalf of the Board in relation to the provisions of Mental Health and Capacity legislation, including the Measure, have the requisite skills and competencies to discharge the Board's responsibilities;
- identify matters of risk relating to Mental Health and Capacity legislation and seek assurance that such risks are being mitigated;
- consider and approve relevant policies and control documents in support of the operation of Mental Health and Capacity legislation;
- monitor the use of the legislation and consider local trends and benchmarks;
- consider matters arising from the Hospital Managers' Power of Discharge sub-committee;
- ensure that **all** other relevant associated legislation is considered in relation to Mental Health and Capacity legislation;
- consider matters arising from visits undertaken by Healthcare Inspectorate Wales Review Service for Mental Health in particular, issues relating to Mental Health Act 1983 and monitor action plans that inform responses to HIW reports;
- consider any reports made by the Public Services Ombudsman for Wales regarding complaints about Mental Health and Capacity legislation;
- consider any other information, reports, etc that the Committee deems appropriate.

### **Authority**

- 3.2 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference, concentrating on the governance systems in place and indicators of their effectiveness, particularly in the management of risk. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB relevant to the Committee's remit, ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:
- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
  - other Committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.
- 3.3 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the UHB's procurement, budgetary and other requirements.

### **Sub Committees**

- 3.4 In accordance with Regulation 12 of the Local Health Boards (Constitution, Procedure and Membership) (Wales) Regulations 2003 (SI 2003/149 (W.19), the Board has appointed a sub-committee, to be known as the Power of Discharge Sub-committee. Three or more members drawn from the Sub-Committee will constitute a panel to consider the possible discharge or continued detention under the MHA of unrestricted patients and those subject to SCT.
- 3.5 The Committee has authority to establish short life working groups which are time limited to focus on a specific matter of advice or assurance as determined by the Board or Committee.

## Retention of Board Responsibility

- 3.6 The Board retains final responsibility for the performance of the Hospital Managers' duties delegated to particular people on the staff of Cardiff and Vale University Health Board, as well as the Power of Discharge Group.

## 4. MEMBERSHIP

### Members

- 4.1 A minimum of four (4) members, comprising:

Chair	Vice Chair of the Board
Vice Chair	Chosen from amongst the Independent Members on the Committee
Members	A minimum of two other Independent Members of the Board  The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

### Attendees

- 4.2. The following officers and partners are expected to be in attendance so that the Committee can obtain appropriate assurances on compliance with mental health and mental capacity legislation across its breadth of statutory responsibilities:
- Chief Operating Officer (Lead Executive)
  - Director of Corporate Governance
  - Medical Director
  - Clinical Board Director Mental Health
  - Clinical Board Nurse Mental Health
  - Head of Operations and Delivery, Mental Health Clinical Board
  - Clinical Board Director (or their nominated representative) – Medicine
  - Clinical Board Director (or their nominated representative) – Primary, Community and Intermediate Care
  - Local Authority Associate Board Member (Director of Social Services)
  - Mental Health Act Manager
  - Mental Capacity Act Manager
  - Representative from Hospital Managers Power of Discharge Group
  - Chief Executive – IMHA service provider
  - Chief Executive – IMCA service provider

- 4.3. By invitation:

The Committee Chair may extend invitations to attend committee meetings to others from within or outside the organisation who the committee considers should attend, taking account of the matters under consideration.

## **Secretariat**

- 4.4 The Director of Corporate Governance shall attend every meeting and the meeting will be serviced by a member of the Corporate Governance team.

## **Member Appointments**

- 4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.
- 4.6 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the UHB Chair (and, where appropriate, on the basis of advice from the UHB Remuneration and Terms of Service sub-committee).

## **Support to Committee Members**

- 4.8 The Director of Corporate Governance, on behalf of the Committee Chair, shall:
- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
  - ensure the provision of a programme of organisational development for Committee members as part of the UHB overall OD programme developed by the Director of Workforce and Organisational Development.

## **5. COMMITTEE MEETINGS**

### **Quorum**

- 5.1 Two Independent Members, one of whom should be the committee Chair or Vice Chair.

### **Frequency of Meetings**

- 5.2 Meetings shall be held no less than three times a year and otherwise as the Chair of the Committee deems necessary – consistent with the UHB annual plan of Board Business.

### **Withdrawal of individuals in attendance**

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

### **Format of agenda**

- 5.4 The agenda for the meeting will be split into three parts comprising of:
- Mental Health Act 1983;
  - Mental Health Measure (Wales) 2010;
  - and Mental Capacity Act 2005.

The proportion of time to be spent at each meeting on the respective parts will be set out in the Committee meeting planner, alternating the focus during the cycle of meetings and according to need.

## **6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS**

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for the safety, security and use of information to support the quality and safety of healthcare for its patients through the effective governance of the organisation.
- 6.2 The Committee is directly accountable to the UHB for its performance in exercising the functions set out in these terms of reference.
- 6.3 The Committee, through its Chair and members, shall work closely with the Board's other Committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business; and
  - sharing of information.

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

- 6.4 The Committee shall embed the UHB values, corporate standards, priorities and requirements, for example equality and human rights, through the conduct of its business.

## **7. REPORTING AND ASSURANCE ARRANGEMENTS**

- 7.1 The Committee Chair shall:
- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of committee minutes and written reports, as well as the presentation of an annual report;
  - bring to the Board's specific attention any significant matters under consideration by the Committee;
  - ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the UHB.
- 7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, for example the Board's Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, for example where the Committee's assurance role relates to a joint or shared responsibility.
- 7.3 The Director of Corporate Governance, on behalf of the Board shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation, including that of any sub-committees established.

## **8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

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

- Quorum

## 9. **REVIEW**

9.1 These Terms of Reference shall be reviewed annually by the Committee with reference to the Board or sooner if required e.g. change in legislation.

<b>Mental Health and Capacity Legislation Committee Work Plan 2019 - 20</b>					
A -Approval D- discussion I - Information	Exec Lead	12-Feb	04-Jun	22-Oct	01-Feb
<b>Agenda Item</b>					
<b>Mental Health Act</b>					
MHA Monitoring Exception Report	SC	D	D	D	D
Section 17 Compliance	SC	D	D	D	D
Section 138 Partnership Arrangements	SC	D	D	D	D
Policies in support of operation of MHCL	SC	D	D	D	D
Hospital Managers Power of Discharge Sub Committee Minutes	SC	D	D	D	D
<b>Mental Health Measure Act Monitoring</b>					
Mental Health Measure Monitoring Report	SC	D	D	D	D
Care and Treatment Plans Update Report	SC	D	D	D	D
<b>Mental Capacity Act</b>					
MCA Monitoring Report	SC	D	D	D	D
DOLs Monitoring Report	SC	D	D	D	D
DOLs Audit	SC			D	
<b>Inspection Reports</b>					
HIW MHA Inspection Reports	SC	D	D	D	D
Public Service Ombudsman Wales Reports	SC	D	D	D	D
<b>Annual Reports</b>					
Hospital Managers Power of Discharge Sub Committee Annual Report	SC		D		
HIW MHA Annual Report	SC		D		
<b>MHCL Committee Governance</b>					
Annual Work Plan	NF	A			
Self assessment of effectiveness	NF	A	D		
Review Terms of Reference	NF	A			
Produce Committee Annual Report	NF	A			
Minutes of Audit Committee Meeting	NF	A	A	A	A
Action log of Audit Committee Meeting	NF	D	D	D	D

# **Remuneration and Terms of Service Committee**

## **Terms of Reference**

**Reviewed by Remuneration and Terms of Service Committee:  
28<sup>th</sup> March 2019**

**Approved by Board : 28<sup>th</sup> March 2019**

## 1. INTRODUCTION

- 1.1 The University Health Board (UHB) Standing Orders provide that “*The Board may and, where directed by the Welsh Government must, appoint Committees of the UHB Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*”.
- 1.2 In line with standing orders (and the UHB Scheme of Delegation), the Board shall nominate annually a committee to be known as the **Remuneration and Terms of Service Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

## 2. PURPOSE

- 2.1 The purpose of the Remuneration and Terms of Service Committee “the Committee” is to provide:
- **advice** to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government; and
  - **assurance** to the Board in relation to the UHB arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales
- and to perform certain, specific functions on behalf of the Board.
- 2.2 The Committee shall have no powers to develop or modify existing pay schemes.

## 3. DELEGATED POWERS AND AUTHORITY

- 3.1 The Board has delegated the following specific powers to the Committee:
- to consider and approve Voluntary Early Release scheme applications, redundancy payments and severance payments;
  - to approve any exceptions to the Relocation Expenses Policy
  - to approve the engagement of any Board members via an agency or as a contractor
- in line with Standing Orders and extant Welsh Government guidance.
- 3.2 With regard to its role in providing advice and assurance to the Board, the Committee will comment specifically upon the:

- remuneration and terms of service for the Chief Executive, Executive Directors and other Very Senior Managers (VSMs) not covered by Agenda for Change; ensuring that the policies on remuneration and terms of service as determined from time to time by the Welsh Government are applied consistently;
  - objectives for the Chief Executive and Executive Directors and their performance assessment;
  - proposals to make additional payments to medical consultants; and
  - proposals regarding termination arrangements, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance.
- 3.3 Note on an annual basis the engagement of agency workers or individual self-employed contractors into senior posts, as described in the Off Payroll Procurement Process (n.b. This information is reported to the Audit Committee as part of the compliance report and is for noting only)

### **Authority**

- 3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB, relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek relevant information from any:
- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
  - any other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.
- 3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

### **Sub Committees**

- 3.6 The Committee does not have any sub-Committees.

### **Chairs Action**

- 3.7 The Chair can, with the support of two other Independent Members, take action on behalf of the Committee in urgent matters or in relation to routine applications for Voluntary Early Release. All actions taken by the Chair must be ratified at the next Committee meeting.

## **4. MEMBERSHIP**

### **Members**

4.1 A minimum of four (4) members, comprising:

Chair	Chair of the Board
Vice Chair	Independent member of the Board
Members	At least two other independent members of the Board

The Chair of the Audit Committee will be appointed to this Committee either as Vice Chair or member.

### **Attendees**

4.2 The Committee Chair may invite:

- the Director of Corporate Governance
- the Chief Executive
- the Director of Workforce and Organisational Development (Lead Executive)
- any other UHB officials
- and/or any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter (except when issues relating to their personal remuneration and terms and conditions are being discussed).

### **Secretariat**

4.3 The Secretary of the Committee is the Director of Corporate Governance. In the event that this is not appropriate the Executive Director of Workforce will nominate a secretariat

### **Member Appointments**

4.4 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, and subject to any specific requirements or directions made by the Welsh Government.

### **Support to Committee Members**

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

- arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for committee members in conjunction with the Director of Workforce and Organisational Development.

## **5. COMMITTEE MEETINGS**

### **Quorum**

- 5.1 At least three members must be present to ensure the quorum of the Committee, one of whom must be the Chair.

### **Frequency of Meetings**

- 5.2 The Chair of the Committee, in agreement with Committee Members, shall determine the timing and frequency of meetings, as deemed necessary. It is expected that the Committee shall meet at least once a year, consistent with the UHB's annual plan of Board Business.

### **Meeting Papers**

- 5.3 The Chair and Director of Corporate Governance will check the agenda and papers prior to each meeting

### **Withdrawal of Individuals in Attendance**

- 5.4 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

## **6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS**

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens.

- 6.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

- 6.3 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

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

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

- 6.4 The Committee shall embed the UHB values, corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

## **7. REPORTING AND ASSURANCE ARRANGEMENTS**

- 7.1 The Committee Chair shall:

- report formally and on a timely basis to the Board on the Committee's activities, in a manner agreed by the Board;

- bring to the Board's specific attention any significant matter under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the Board, UHB Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the UHB.

7.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance.

## **8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

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

- Quorum

## **9. REVIEW**

9.1 These terms of reference and operating arrangements shall be reviewed on a biennial basis by the Committee with reference to the Board.

<b>Remuneration Committee Work Plan 2019 - 20</b>					
A -Approval D- discussion I - Information	<b>Exec Lead</b>	<b>Apr-19</b>	<b>Jul-19</b>	<b>Oct-19</b>	<b>Jan-20</b>
<b>Agenda Item</b>					
<b>Standard Items</b>					
Approve Voluntary Early Release Scheme applications	MD				
Approve Redundancy Payments	MD				
Approve Severance Payments	MD				
Approve exceptions to the Relocation Expenses Policy	MD				
Approve engagement of any Board Member via an agency or contractor	LR/MB				
<b>Advice and Assurance to the Board</b>					
Remuneration and Terms of Service for CEO, Executive Directors and other Very Senior Managers	MB/LR				
Approve Objectives for CEO and Executive Directors	MB/LR	A			
Review Performance Assessment for CEO and Executive Directors	MB/LR			D	
Approve proposals regarding termination arrangements	MD				
Note Engagement of Agency Workers or self employed contractors in senior posts	MD	I			
Approve appointments of CEO, Executive Directors and other Senior Managers	MB/LR				
Approve appointments of interim CEO and Executive Directors	MB/LR				
<b>Governance</b>					
Annual Work Plan	NF				A
Self assessment of effectiveness	NF		D		
Induction Support for Committee Members	NF				
Review Terms of Reference	NF				A
Produce annual RaTS Committee Annual Report	NF				A
Minutes of RaTS Committee Meeting	NF	D	D	D	D
Action log of RaTS Committee Meeting	NF	D	D	D	D

<b>Report Title:</b>	<b>Report of the Director of Corporate Governance/Board Secretary</b>					
<b>Meeting:</b>	Board Meeting				<b>Meeting Date:</b>	28.03.19
<b>Status:</b>	<b>For Discussion</b>	x	<b>For Assurance</b>	x	<b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	Director of Corporate Governance					
<b>Report Author (Title):</b>	Interim Head of Corporate Governance					

**SITUATION**

This report provides the Board with a briefing on a range of governance related issues that have arisen since the Board met in January.

**REPORT**

**ASSESSMENT**

**1. Non-Compliance with Standing Orders (SOs)**

As part of the annual review of SOs (see Agenda Item \*\*) a full audit of compliance with the UHB's SOs was also undertaken. This highlighted a number of areas where further work is needed to ensure full compliance. Section A (see page 10) of the UHB's Standing Orders (SOs) states that:

*xxix) Full details of any non-compliance with these SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Board Secretary, who will ask the Audit Committee to formally consider the matter and make proposals to the Board on any action to be taken.*

In compliance with the above requirement a summary of the areas of non-compliance is provided at Appendix 1. Details of the actions that will be taken to ensure full compliance and the deadlines for these actions are also provided.

**2. Annual Plan of Board Business for 2019-20**

The UHB's SOs (SOs) (Section 6.1), state that:

*The Board Secretary, on behalf of the Chair, shall produce an Annual Plan of Board business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year, taking account that ordinary meetings of the Board will be held at regular intervals and as a minimum six times a year. The Plan shall also set out any standing items that will appear on every Board agenda.*

Board Members will wish to note that the Annual Plan of Board Business is currently under development. A final draft will be brought to the Board Development Session scheduled for April, to provide Members with the opportunity to comment and input to it before it is submitted to the Board for approval in May 2019.

The draft Annual Plan is being developed with due regard to:

- the UHB's Standing Orders and Scheme of Reservation and Delegation of Powers;
- the UHBs Shaping Our Future Wellbeing Strategy;
- the UHB's Integrated Medium Term Plan for 2019-22 and related Annual Plan for 2019-20;
- key risks and areas where scrutiny is required by the full Board; and
- key statutory, national and best practice requirements and reporting arrangements.

### **3. Welsh Health Circulars (WHCs)**

The Welsh Government's Department for Health and Social Services will, from time to time, issue instructions and guidance to NHS bodies in relation to the conduct of certain activities. They may be specifically designed to support a key policy requirement or action, such as the performance management framework for the NHS in Wales, or may instead be more general good practice guidance focused on a particular aspect of business. Any instruction or guidance issued under cover of a Ministerial Letter or a Welsh Health Circular will have the same legal standing as a direction, and must therefore be treated as mandatory.

Board Members will wish to note that 36 WHCs have been issued since 1 April 2018.

Steps are being taken to evaluate the UHB's compliance with these WHC's and a full report will be brought to the May meeting of the Board.

### **4. Welsh Government Consultations**

The Board will wish to note that the Welsh Government is currently consulting on the following matters that are related to the health board's agenda:

[Environmental principles and governance in Wales post European Union exit](#) [closes 9 June 2019]

The Welsh Government are consulting on:

- gaps in our environmental principles and governance that may open up in Wales as a result of the UK's exit from the EU and
- how we provide a coherent and effective governance framework for the long-term improvement of our environment in line with our Wellbeing of Future Generations and Environment Act.

The consultation documents can be accessed via the following link:

<https://beta.gov.wales/environmental-principles-and-governance-wales-post-european-union-exit>

[Measuring our nation's progress](#) [closes 19 April 2019]

The Well-being of Future Generations (Wales) Act 2015 sets out 7 well-being goals for Wales. In 2016, the Welsh Government set 46 national indicators to track progress in achieving these goals. The new national milestones will set out our expectation of this progress.

Views are being sought on:

- the criteria for choosing national milestones
- the National Indicators against which we will set national milestones
- changes to the existing national indicators

The consultation documents can be accessed via the following link:

<https://beta.gov.wales/measuring-our-nations-progress>

Healthy weight: healthy Wales [closes 12 April 2019]

Views are being sought on a draft policy that has 4 main themes:

- Leadership and enabling change: to drive improved leadership and accountability to deliver Healthy Weight: Healthy Wales across all sectors.
- Healthy environments: to create an environment which supports everyone to make healthier food and activity choices.
- Healthy settings: to create healthy settings so that people can access healthy meals, snacks and drinks and be physically active.
- Healthy People: to provide the opportunities for people and communities to achieve and maintain a healthy body weight.

The consultation documents can be accessed via the following link:

<https://beta.gov.wales/healthy-weight-healthy-wales>

### **Consultations that recently Closed or Due to Close in next seven days**

Draft additional learning needs code [closed 22 March 2019]

The additional learning needs (ALN) statutory framework replaces legislation on special education needs and the assessment of children and young people with learning difficulties and/or disabilities in post-16 education and training.

Welsh Government consulted on:

- the draft ALN code
- draft regulations relating to the Education Tribunal for Wales and ALN co-ordinators
- revisions to the Social Services and Well-being (Wales) Act 2014 Part 6 Code of Practice – Looked After and Accommodated Children.

The consultation documents can be accessed via the following link:

<https://beta.gov.wales/draft-additional-learning-needs-code>

The UHB has submitted a response that was coordinated by the Head of Operations and Delivery for Community Child Health.

Draft national violence against women, domestic abuse and sexual violence indicators [closes 29 March 2019]

The consultation related to draft proposals for a list of Violence Against Women Domestic Abuse and Sexual Violence national indicators. This is the first step in identifying a full and robust set of national indicators.

Welsh Government wish to identify and develop further data sources to include in the future.

## RECOMMENDATION

The Board is asked to:

**REVIEW** Appendix 1 that outlines areas of non-compliance with Standing Orders.

**AGREE TO ADOPT** the proposed improvement actions and deadlines.

**NOTE** that work on the Annual Plan of Board Business is ongoing and will be discussed at the Board Development Session scheduled for April 2019.

**DISCUSS and AGREE** whether the Board should be formally responding to any of the Welsh Government consultations detailed at Section 4 of this report.

### Shaping our Future Wellbeing Strategic Objectives

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

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

Sustainable Development Principles: Five ways of working	Prevention	x	Long term		Integration		Collaboration		Involvement	
<b>Equality and Health Impact Assessment Completed:</b>	Not Applicable									

## Standing Orders: Areas of Non-Compliance

Standing Order	Requirement	Compliance Status	Action Taken/To be Taken
<b>Foreword</b>	All LHB Board members and officers must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content.		A Board Development Session on the requirements of Standing Orders and Standing Financial Instructions is being arranged for early in the new financial year. [ <b>Deadline June 2019</b> ]
Local Health Board Framework	LHBs will from time to time agree and approve policy statements which apply to the LHB's Board members and/or all or specific groups of staff employed by Cardiff and Vale University LHB and others. The decisions to approve these policies will be recorded in an appropriate Board minute and, where appropriate, will also be considered to be an integral part of the LHB's SOs and SFIs. Details of the LHB's key policy statements are also included in Schedule 2.		From May 2019, a summary of Policies approved will be submitted to the Board as part of the report of the Director of Corporate Governance. [ <b>Deadline May 2019</b> ]
Applying Standing Orders	xxvi) Full details of any non-compliance with these SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Board Secretary, who will ask the Audit Committee to formally consider the matter and make proposals to the Board on any action to be taken.		This report, is the first such report to Board, meets this requirement. [ <b>Compliant March 2019</b> ]
<b>Membership of the Local Health Board</b>	1.1.1 The membership of the LHB shall be no more than 20 members comprising the Chair and the Vice Chair (both appointed by the Minister for Health and Social Services), the Chief Executive (appointed by the Board with the involvement of the Chief Executive, NHS Wales) and officer and non-officer members.		The UHB complies with the requirements of the The Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009  Members of the Board comprise: <ul style="list-style-type: none"> <li>▪ the Chair</li> <li>▪ the Chief Executive</li> <li>▪ 9 Executive Directors; and</li> <li>▪ 9 Independent Members</li> </ul> [ <b>Compliant March 2019</b> ]

<p><b>1.3 Tenure of Board members</b></p>	<p>1.3.2 Any Associate Member appointed by the Board will be for a period of up to one year, with a maximum term of four years if re-appointed.</p>		<p>The tenure of Associate Members will be reviewed in readiness for the Board meeting scheduled for May 2019. <b>[Deadline May 2019]</b></p>
	<p>1.3.4 All Board members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements, so far as they are applicable, as specified in Schedule 2 of the Constitution Regulations. Any member must inform the Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The Chair will advise the Minister in writing of any such cases immediately.</p> <p>1.3.5 The LHB will require Board members to confirm in writing their continued eligibility on an annual basis.</p>		<p>An Annual Declaration of Eligibility Proforma has been developed and circulated to Board Members for completion. This requirement has been scheduled into the Corporate Governance Directorates Annual Calendar of events and action. <b>[Deadline end April 2019]</b></p>
<p><b>Lead roles for Board members</b></p>	<p>1.4.11 <b>Lead roles for Board members</b> – The Chair will ensure that individual Board members are designated as lead roles or “champions” as required by the Welsh Ministers or as set out in any statutory or other guidance. Any such role must be clearly defined and must operate in accordance with the requirements set by the LHB, the Welsh Ministers or others. In particular, no operational responsibilities will be placed upon any Independent Member fulfilling such a role. The identification of a Board member in this way shall not make them more vulnerable to individual criticism, nor does it remove the corporate responsibility of the other Board members for that particular aspect of Board business.</p>		<p>‘Champion’ roles have been assigned to Board members, but guidance and training in relation to these roles is being developed. <b>[Deadline end July 2019]</b></p> <p>Reports from Champions will be built in to the Board Work Programme. <b>[Deadline end April 2019]</b></p>
<p><b>2. RESERVATION AND DELEGATION OF LHB FUNCTIONS</b></p>	<p>2.0.2 The Board’s determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:</p> <ul style="list-style-type: none"> <li>i Schedule of matters reserved to the Board;</li> <li>ii Scheme of delegation to committees and others; and</li> <li>iii Scheme of delegation to officers.</li> </ul> <p>all of which must be formally adopted by the Board in full session and form part of these SOs.</p>		<p>A Scheme of Reservation and Delegation of Power is in place but this was last updated in 2015. This will be reviewed in readiness for the May meeting of the Board <b>[Deadline May 2019]</b></p> <p>ii. The Terms of Reference of Committees are on the agenda for approval today. See Agenda Item 8.2</p> <p>The Terms of Reference of the Health and Safety Committee and Information Management and Governance Committee will be brought to the May Board for approval. <b>[Deadline May 2019]</b></p>

<p><b>2.3 Delegation to officers</b></p>	<p>2.3.1 The Board will delegate certain functions to the Chief Executive. For these aspects, the Chief Executive, when compiling the Scheme of Delegation to Officers, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Chief Executive will still be accountable to the Board for all functions delegated to them irrespective of any further delegation to other officers.</p> <p>2.3.2 This must be considered and approved by the Board (subject to any amendment agreed during the discussion). The Chief Executive may periodically propose amendment to the Scheme of Delegation to Officers and any such amendments must also be considered and approved by the Board.</p>		<p>See above. <b>[Deadline May 2019]</b></p>
<p><b>2.3 Delegation to officers</b></p>	<p>2.3.3 Individual Executive Directors are in turn responsible for delegation within their own directorates/departments/localities in accordance with the framework established by the Chief Executive and agreed by the Board.</p>		<p>The Framework established by the Chief Executive will be brought to the May Board for approval. <b>[Deadline May 2019]</b></p>
<p><b>3. COMMITTEES</b></p>	<p>3.4.5 The membership of any such Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Board, based on the recommendation of the LHB Chair, and subject to any specific requirements, directions or regulations made by the Welsh Ministers. Depending on the Committee's defined role and remit, membership may be drawn from the LHB Board, its staff (subject to the conditions set in Standing Order 3.4.6) or others not employed by the LHB.</p>		<p>Advisory Group Annual reports and the report of the Health and Safety Committee will be prepared in readiness for the Board meeting scheduled for May 2019. <b>[Deadline May 2019]</b></p> <p>The membership of Committees will be discussed and agreed at the Board Development Session scheduled for April 2019. A formal report will then go to the May Board. <b>[Deadline May 2019]</b></p>
<p><b>3.5 Joint Committees established by the LHB</b></p>	<p><i>Joint Committee Standing Orders, terms of reference and operating arrangements</i></p> <p>3.5.3 The Board shall formally approve SOs or terms of reference and operating arrangements for each joint-Committee established. These must establish its governance and ways of working, setting out, as a minimum:</p> <ul style="list-style-type: none"> <li>▪ The scope of its work (including its purpose and any delegated powers and authority);</li> <li>▪ Membership (including member appointment and removal; role, responsibilities and accountability; and terms and conditions of office) and quorum;</li> </ul>		<p>A paper will be prepared in readiness for the May Board. <b>[Deadline May 2019]</b></p>

	<ul style="list-style-type: none"> <li>▪ Meeting arrangements;</li> <li>▪ Communications;</li> <li>▪ Relationships and accountabilities with others (including the LHB Board its Committees and Advisory Groups);</li> <li>▪ Any budget, financial and accounting responsibility;</li> <li>▪ Secretariat and other support;</li> <li>▪ Training, development and performance; and</li> <li>▪ Reporting and assurance arrangements.</li> </ul>		
<b>3.8 Reporting activity to the Board</b>	<p><b>3.8 Reporting activity to the Board</b></p> <p>3.8.1 The Board must ensure that the Chairs of all Committees operating on its behalf report formally, regularly and on a timely basis to the Board on their activities. Committee Chairs' shall bring to the Boards specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.</p>		Committee Chair's reports have recently been introduced and these are brought to each meeting of the Board. <b>[Compliant March 2019]</b>
<b>5.1 Community Health Councils (CHCs)</b>	5.1.5 The Board shall make arrangements for regular joint meetings between the CHC members and the Board, to be held not less than once every three calendar months and ensuring attendance of at least one third of the Board's members.		Regular meetings with the CHC take place but regular joint meetings between the CHC members and the Board are to be scheduled <b>[Deadline June 2019]</b>
<b>6.2 Annual Plan of Board Business</b>	<p>6.2.2 The plan shall set out the arrangements in place to enable the LHB to meet its obligations to its citizens as outlined in paragraph 6.1.1 whilst also allowing Board members to contribute in either English or Welsh languages, where appropriate.</p> <p>6.2.3 The plan shall also incorporate formal Board meetings, regular Board Development sessions and, where appropriate, the planned activities of the Board's Committees and Advisory Groups.</p>		The Annual Plan of Board Business will be discussed at the Board Development Session scheduled for April 2019. It will be submitted to the Board for formal approval in May 2019. <b>[Deadline May 2019]</b>
	6.2.4 The Board shall agree the plan for the forthcoming year by the end of March, and this plan will be included as a schedule to these SOs		See above <b>[Deadline May 2019]</b>
<b>Conducting Board Meetings</b>	6.5.3 In these circumstances, when the Board is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Board in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Board meeting held in public session.		Summary of the private session of the Board meeting held in January provided as part of the Chair's report to Board. <b>[Compliant March 2019]</b>
<b>9. GAINING ASSURANCE ON THE CONDUCT</b>	9.0.3 Assurances in respect of the Shared Services shall primarily be achieved by the reports of the Director of Shared Services to the Shared Services Partnership Committee, and reported back by the Chief		Summary of Shared Services, EASC and WHSSC meetings provided as part of the Chief Executive Officers report to Board

<b>OF LHB BUSINESS</b>	Executive (or their nominated representative). Where appropriate, and by exception, the Board may seek assurances direct from the Director of Shared Services. The Director of Shared Services and the Shared Services Partnership Committee shall be under an obligation to comply with any internal or external audit functions being undertaken by or on behalf of the LHB.		<b>[Compliant March 2019]</b>
<b>9.2 Reviewing the performance of the Board, its Committees and Advisory Groups</b>	9.2.1 The Board shall introduce a process of regular and rigorous self - assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Where appropriate, the Board may determine that such evaluation may be independently facilitated		Board and Committee Self-assessment arrangements being finalised. Outcomes to be reported to May Board meeting. . <b>[deadline May 2019]</b>
	9.2.2 Each Committee and, where appropriate, Advisory Group must also submit an annual report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-Committees it has established.		See Board Agenda Item 9.4 <b>[Compliant March 2019]</b>
	9.2.3 The Board shall use the information from this evaluation activity to inform: <ul style="list-style-type: none"> <li>▪ The ongoing development of its governance arrangements, including its structures and processes;</li> <li>▪ Its Board Development Programme, as part of an overall Organisation Development framework; and</li> <li>▪ The Board's report of its alignment with the Assembly Government's Citizen Centred Governance Principles.</li> </ul>		Board Development Programme for 2019-20 to be brought to May Board for approval. <b>[deadline May 2019]</b>
<b>11. REVIEW OF STANDING ORDERS</b>	11.0.2 These SOs shall be reviewed annually by the Audit Committee [or equivalent], which shall report any proposed amendments to the Board for consideration. The requirement for review extends to all documents having the effect as if incorporated in SOs, including the equality impact assessment.		See Board Agenda Item 8.1 <b>[Compliant March 2019]</b>

<b>REPORT TITLE:</b>	<b>Moving Forwards: Move More, More Often The Annual Report of the Director of Public Health for Cardiff and the Vale of Glamorgan 2018</b>				
<b>MEETING:</b>	Cardiff and Vale University Health Board Board Meeting			<b>MEETING DATE:</b>	28 March 2019
<b>STATUS:</b>	<b>For Discussion</b>	<b>For Assurance</b>	X	<b>For Approval</b>	<b>For Information</b>
<b>LEAD EXECUTIVE:</b>	Executive Director of Public Health				
<b>REPORT AUTHOR (TITLE):</b>	Principal Health Promotion Specialist				
<b>PURPOSE OF REPORT:</b>					

### SITUATION:

Each year the Annual Report of the Director of Public Health (DPH), a statutory requirement of the University Health Board (UHB) focuses on an issue of major public health significance. This year's report, '*Moving Forwards: Move More, More Often*' describes the importance of supporting and encouraging physical activity among our population to improve health and well-being. This briefing paper outlines the innovative format of the Report and the key recommendations for public sector, third sector and private organisations in Cardiff and Vale of Glamorgan.

### REPORT:

### BACKGROUND:

Physical inactivity contributes to and impacts on chronic conditions, mental health, social isolation and inequalities in health. Changing patterns in the way we travel and move around, how we design our environments and buildings and how we prioritise within our busy lifestyles have played a significant role in the fall in physical activity rates over the past 20 years. Physical inactivity has been estimated to cost the UHB £4.5m each year (2015 figures).

The DPH report sets out how the physical activity levels of our population remain at a low level and are reducing for some of our demographic groups, in particular children and young people. Although 57% of our adult population report meeting the guidelines of undertaking 150 minutes or more of moderate to vigorous physical activity each week, 29% of adults are inactive and undertake less than 30 minutes a week. For our children and young people, approximately one fifth are active for 60 minutes each day and the national rates are reducing.

Evidence shows that to support people to be more active, physical activity needs to be integrated into the settings in which people live, work and play. To make real and lasting change, physical activity needs to be embedded into and across everyday life, making it easy, cost effective and a normal choice for individuals, communities and organisations. Active places and spaces and healthy settings

(early years, education, workplaces and health and social care) together with community wide and one to one interventions are key to reducing sedentary behaviour and increasing physical activity rates.

Physical characteristics of neighbourhoods that support physical activity include well-kept environments, buildings designed to promote health (eg attractive stairwells), affordable and efficient public transport, safe and sociable play areas, the presence of green open space, well-lit and pedestrian friendly footpaths and street patterns that provide opportunities for informal contact among residents. Walking and cycling are key means of transportation as well as for recreation and can enable engagement in regular physical activity on a daily basis. Sport, active recreation and play can help promote physical activity for people of all ages and abilities and can contribute to reducing social isolation. At all levels, professionals (for example, health and social care professionals, land use planners) have opportunities to support individuals and groups to be more active through providing leadership, role modelling and championing, and the right policy environment, advocacy, support and/or information.

### **ASSESSMENT:**

Systematic and coordinated action at strategic, operational and patient level is required if we are to reverse these trends in physical activity and inactivity levels. The DPH Report sets out a vision for Cardiff and the Vale of Glamorgan that has the underlying message for all to 'sit less, move more and more often'. Making progress in this area of work will realise potential benefits of reduced demand for health and social care services through reduced rates of cardiovascular disease, cancer, obesity and diabetes; improvements in mental well-being; reduced sickness absence; reduced health inequalities; more cohesive communities and reduced social isolation. The UHB has a role in promoting physical activity through service delivery models in primary care, at pre-habilitation, rehabilitation and recovery stages of the patient journey together with designing an environment that promotes physical activity and supporting active travel mechanisms.

To make a significant and sustained improvement in our health and well-being Cardiff and Vale UHB and its partners have the opportunity to take decisive action now and over the next 5-10 years, in five main areas:

- Design and develop places and spaces (including new and existing facilities) that support our staff and our communities to be active
- Accelerate improvements to infrastructure to support active travel
- Support staff to choose active travel and to be active during working hours
- Train and support staff to promote physical activity with colleagues, patients and visitors
- Provide community wide and one to one interventions with local partners and services

This DPH report will be presented through stories of 6 characters and evidence based sections (walking and cycling; places and spaces; play; and physical activity and social interaction) illustrated through infographics and video case studies. The report will be web based and be accompanied by a communications plan to raise awareness of the issues described. Conversations will continue with key partners to advance action in this area as part of the Cardiff and Vale Healthy Weight Strategic Plan, from Autumn 2019.

### **RECOMMENDATION:**

The Board is asked to:

- **NOTE** the Annual Report, including the impacts on health and well-being of physical inactivity, and the potential benefits of taking action across our places and spaces, across active travel mechanisms and with our communities and our staff
- **ROLE MODEL** and champion the way
- **SUPPORT** current and future initiatives and interventions across the UHB

**SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:**

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

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

Please highlight as relevant the Five Ways of Working (Sustainable Development Principles) that have been considered. Please click [here](#) for more information

Sustainable development principle: 5 ways of working	Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
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**EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:**

Not Applicable



<b>Report Title:</b>	<b>UHB RESEARCH AND DEVELOPMENT - STRATEGY IMPLEMENTATION PLAN</b>				
<b>Meeting:</b>	<b>UHB Board Meeting</b>			<b>Meeting Date:</b>	<b>28.3.2019</b>
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>For Approval</b>	<b>For Information</b>	<b>x</b>
<b>Lead Executive:</b>	<b>Executive Medical Director</b>				
<b>Report Author (Title):</b>	<b>R&amp;D Director</b>				

## SITUATION

This paper outlines the revised Cardiff and Vale University Health Board (UHB) Research and Development Implementation Plan. Included is the Executive Summary (appendix one) and detailed Clinical Board plans can be accessed via the Medical Director if required.

A series of individual meetings has been held with the Medical Director, R&D Director and each of the Clinical Board Directors/Research Leads over the last 12 months to review the plan. In addition this was to inform them about the new Welsh Government (WG) Finance Policy and the implications for the UHB.

## REPORT

### BACKGROUND

The UHB has historically delegated its Health and Care Research Wales (HCRW) research funding allocation to the Clinical Boards. With the move from Culyer funding to activity based funding (ABF) research funding income has fallen by £7m over the last 5 years down to £5.5m in 2019/20. Most of the UHB's previous research monies that have been lost from HCRW have been passed on to other NHS organisations within Wales who are investing this money directly in research from centralised budgets.

In April 2018 WG mandated the introduction of its new R&D Finance Policy which would put the spending of all the UHB R&D funding under the control of the R&D Director, not the Clinical Boards (CB). This would result in the removal of about £2.1m from CBs as at present this amount cannot be directly accounted for by CBs in R&D activity. This money would come under the control of the UHB R&D Director which although it would be given straight back to CBs to undertake research is thought to be a financial risk to CBs. The UHBs non-commercial R&D funding continues to fall and only releasing further investment into R&D will reverse the annual fall in WG non-commercial funding, restore our reputation as a research UHB, provide new therapies for patients in line with other university hospitals throughout the UK, make further drug/device savings through clinical trials, increase commercial income (presently £1.5m per annum, UK average for UHB £6m) and allow compliance with WG R&D Key Performance Indicators.

As part of the IMTP sign off with Welsh Government they have recently requested that the new allocation process (R&D Finance Policy) be put in place fully for the financial year 2019/2020. Previously the UHB had asked this be done over a three year period not two years. This was

agreed at HSMB at the March 2019 Meeting. It will be reviewed after the first year to assess its compliance with Welsh Government policy and the impact on UHB research activity and objectives.

## **ASSESSMENT**

The UHB has a strong R&D ethos and historical track record. Ongoing changes to how R&D is funded and approved in Wales and the United Kingdom present major challenges but also major opportunities for CVUHB.

To adapt to this changing funding landscape and improve Research Performance key changes have been introduced in this revised implementation plan. This will enable delivery of the UHB's strategy with improved R&D performance and are summarised below:

1. Annual revised R&D implementation plans will be submitted by each of the eight Clinical Boards. The content of these has been assessed by the new R&D performance structure as described in point three. (The updated plans for each Clinical Board 2019/20 are available from the Medical Director if required).
2. Activity Based Funding (ABF) received from HCRW will be centrally allocated as soon as feasible and certainly within three years to the control of the R&D Director for future investment with the introduction of a revised financial operating policy for R&D funding, consistent with new Welsh Government policy. Investment of the above funding generated as a consequence of the change in financial policy will be used to build research capacity over an initial three year period. In addition to funding being directed to those that are successful in research as measured by the key performance indicators there will be active consideration of how:

Clinical Boards are:

- Encouraging a joint approach between Clinical Boards for R& D funding proposals to share costs and the associated benefits from revenue.
  - Supporting research active individuals not only from a traditional pool of medically trained staff but also nursing and therapies staff.
  - Developing a mixed portfolio of studies enabling the more poorly resourced interventional studies to be financially underpinned by taking part in simpler large observational studies.
3. The new performance structure for the Clinical Boards consists of performance reports every quarter and face to face reviews (R&D Director and Medical Director) in March and September of each year with the production of an annual UHB performance report for Executives in June of each year. Key performance indicators for the Clinical Boards will include:
    - The WG Performance Metrics as a minimum standard.

1. Increase of 10% per annum of the number of HCRW Clinical Research Portfolio (CRP) studies being undertaken within the UHB;
  2. Increase of 5% per annum of the number of commercially sponsored studies being undertaken within the UHB;
  3. Increase of 10% per annum of the number of patients recruited into HCRW CRP studies being undertaken within the UHB; and
  4. Increase of 5% per annum of the number of patients recruited into commercially sponsored studies being undertaken within the UHB.
- Monitoring the number of studies that are set up but then do not recruit any patients with a waste of significant resource and effort.
  - Reporting of the full benefits of R&D studies including the potential for significant drug savings to Clinical Boards.
  - Increase commercial income from its present level of £1.5m per annum towards the UK average for a UHB of £6m over the next 5 years with the aim of increasing research capacity.
4. Strengthen links with Cardiff University (CU). In early 2018, CU refreshed its strategy, The Way Forward, setting out what the organisation aims to achieve over the next five years, against a number of strategic themes. These themes include Innovation and Research. In October 2018 the Executive Boards of both Cardiff University and CVUHB agreed to progress with the setting up of a joint R&D Office and an Implementation group is working to achieve this. Also CVUHB is assisting CU with its ambitions to develop a biobank to assist researchers.
  5. In January 2018, CVUHB was a successful co-applicant with Swansea, Birmingham and Nottingham in a bid to Innovate UK for the setting up of an Advanced Therapy Treatment Centre. CVUHB is clinically leading this for Wales with the aim of enabling access to pioneering therapies for the people of Wales.
  6. At present CVUHB and CU researchers have difficulty in undertaking small pilot/feasibility medicines and device studies due to the prohibitive expense of procuring the input of a Clinical Trials Unit. The lack of such pilot data prevents researchers being able to make applications to the major grant giving bodies including the Medical Research Council. The R&D Director is in discussion with HCRW in addressing this shortfall in Wales.
  7. The R&D Director is in discussion with the Director of Transformation to maximize the potential use of Welsh Government Funding to harmonise R&D, innovation and transformation opportunities across Wales.

## Performance

- More recently there has been improvement in performance. Overall recruitment improved in 2017/18 despite the decrease in budget albeit there has been a fall in patients entering interventional studies. CVUHB still enters 46% of all patients into interventional studies in Wales.
- This year has seen an almost 20% increase in recruitment compared with this time last year despite underperformance in Mental Health and Primary, Community & Intermediate Care. Dental Services are currently low but has a potentially high recruiting study commenced in the last quarter. Specialist Services and Medicine have shown the biggest increases in recruitment and here is a need to continue to increase and sustain the research activity across the UHB.

**ASSURANCE** is provided by:

- The UHB R&D plan continues to evolve in the light of recent regulatory and financial changes including reduced R&D funding in Wales. It sets out rather than to just regulate the Clinical Boards, it encourages them to generate funding and resources for R&D with improved performance and resulting patient benefits.

## RECOMMENDATION

The Board is asked to:

- **APPROVE** the Research and Development Cardiff and Vale University Health Board Research and Development Implementation Plan.

## Shaping our Future Wellbeing Strategic Objectives

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

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

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

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

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

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



**CONFIRMED MINUTES OF AUDIT COMMITTEE  
ON 4 DECEMBER 2018  
CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

**Present:**

John Union	JU	Chair - Audit
Charles Janczewski	CJ	Vice Chair
Dawn Ward	DW	Independent Member – Trade Unions

**In Attendance:**

Simon Cookson	SC	Internal Audit
Nicola Foreman	NF	Director of Corporate Governance
Tom Haslam (part)	TH	Audit Manager, Wales Audit Office
Fiona Jenkins (part)	FJ	Consultant in Public Health
Christopher Lewis	CL	Deputy Director of Finance
David Poland	DP	Wales Audit Office
Mike Usher (part)	MU	Sector Lead, Wales Audit Office
Ian Virgil	IV	Deputy Head of Internal Audit

**Secretariat:**

Sheila Elliot

**Apologies:**

Eileen Brandreth	EB	Independent Member - ICT
Craig Greenstock	CG	Counter Fraud Manager
James John	JJ	Head of Internal Audit
Mark Jones	MJ	Audit Manager, Wales Audit Office

<b>AC 18/066</b>	<b>WELCOME AND INTRODUCTIONS</b>	<b>ACTION</b>
	<p>The Chair welcomed everyone to the meeting.</p> <p>The Chair asked that everyone note the changes to the Committee: John Union was with immediate effect taking over the role of Chair and Eileen Brandreth would join the Committee. Ruth Walker has stood down from this Committee as her role was overlapping with Dawn Ward.</p>	
<b>AC 18/067</b>	<b>APOLOGIES FOR ABSENCE</b>	
	Apologies for absence were noted.	
<b>AC 18/068</b>	<b>DECLARATIONS OF INTEREST</b>	
	The Chair invited Members to declare any interests in the proceedings. Mr Charles Janczewski declared that he was Chair of the WHSSC Quality and Patient Safety Committee.	

AC 18/069

**MINUTES OF THE BOARD MEETING HELD ON 25<sup>th</sup> SEPTEMBER 2018**

**Resolved – that:**

- (a) Members of the Audit Committee received and approved the minutes of the meeting held on 25<sup>th</sup> September 2018.

AC 18/070

**ACTION LOG FOLLOWING THE LAST MEETING**

**AC 18/022: Internal Audit Progress Report: Business Continuity Plan**

An update, was provided later on in the meeting - see minute reference 18/078.

**AC 18/050: Consultant Job Planning: Limited Assurance**

This will be undertaken in the first quarter of 2019/20 Internal Audit Plan. Action complete.

**AC 18/051: internal Audit Reports**

Clinical Boards were reminded of the need to respond to the Internal Audit report.

**AC 18/053: Continuing Health Care and Follow Up**

This review will be put into the Internal Audit Plan for 2019/20. Action complete.

**AC 18/054: WAO Report on Medical Equipment**

An update was provided later in meeting – see minute reference 18/071. Action Complete.

**AC 18/056: Tracking Report on WAO Reports**

An update was provided later in meeting – see minute reference 18/076. Action Complete.

**AC 18/057: Structured Assessment 2017**

Actions outstanding from the 2017 Structured Assessment would be addressed in the 2018 report. Actions would be tracked by the Corporate Governance Directorate.

**AC 18/058: Post Payment Verification**

This item would be reviewed in the Audit Committee meeting in April 2019.

**Resolved – that:**

- (a) The Committee reviewed and noted the action log for the meeting held on 25<sup>th</sup> September 2018.

AC 18/071

**WALES AUDIT OFFICE REPORT ON MEDICAL EQUIPMENT MANAGEMENT RESPONSE AND ACTION PLAN UPDATE**

The Executive Director of Therapies and Health Science introduced the report and stated that WAO auditors were happy with the

progress which had been made. The current Action Plan with 8 recommendations in the paper were all at stages of either amber or green. The recommendations were discussed:

- Medical Equipment Report had been circulated in addition to the report on Health Care Standard Equipment.
- Feedback had been received from Clinical Boards on the audit requirements. There should be a nominated person for each Clinical Board.
- Medical Devices Safety Officers need to have a risk register for medical equipment.
- A full inventory was in place and on track to deliver in April 2019
- There was no register of equipment under £5k. A question was raised about Clinical Boards advising on the feasibility of producing a register of equipment under £5k. A Medical Equipment Procurement Officer is now in post and standardising the approach to purchase and decommissioning. A register for £5k equipment could become part of this person's role.

**Resolved – that:**

- (a) The Audit Committee Members noted the update on progress received from the Director of Therapies and Health Science.
- (b) WAO to investigate and give feedback on equipment registers under £5k.

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**AC 18/072**

**WAO PROGRESS REPORT**

Mike Usher, Sector Lead, presented a paper and the following points were raised:

- Charitable Funds Committee happening the following week would discuss the finance.
- Planning for 2018/19 has started and would be documented at the February Audit meeting.
- Regional findings had been sent to the Partnership Board.
- The structured assessment was ongoing and on target for delivery to the UHB by mid-December.
- Follow-up of previous work would meet the April deadline.
- Exhibit 4 on orthopaedic follow-up had been undertaken at every Health Board and was expected in April 2019.
- Work on operating theatres in 2015 was being followed up.
- Work on IM&T recommendations in 2014 was being followed up
- Director of Corporate Governance would be a focal and liaison point for WAO.
- Responses to queries would be given at next Committee meeting on an ongoing basis so that there was an audit trail and things were not lost.
- Cardiff Out of Hours report revealed Clinical Leaders did not have enough time to monitor care.

**Primary Care Planning Update**

David Poland introduced the report on Phase 2 of the Primary Care Services and the following points were raised:

- Now moving into Phase 3 and should be consistent with the Welsh Government Plan.
- A survey performed earlier in the year of other professional groups such as pharmacists, dentists, ophthalmologist gave a good response.
- The KPI's and the dashboards were being assessed.
- There were concerns about population growth and this needed to be reviewed.
- There were issues around cluster maturity and whether leaders had time to do their role.
- Some progress had been made on shifting resource but there were still significant challenges to be overcome.
- How to change a project to a mainstream service and how the budget needs to be continued for the mainstream service.
- Regarding multi-professional roles there are often issues getting through the system regarding job specifications and bands.
- Primary Care is a priority and the performance report is focussed on Secondary Care.
- Oversight on Primary Care reporting was better but reporting was still required.
- Primary Care performance was not good. Barriers had been identified and recommendations made and accepted.
- The Assistant Director of Finance had seen this but reports should come to the Audit Committee via Management Executives.
- Clusters involve multiple partnerships.

**Resolved – that:**

- (a) The Audit Committee reviewed and noted the report.
- (b) The Audit Committee noted that the Health Board is making progress on plans and delivering care to patients.

**AC: 18/073**

**BOARD ASSURANCE FRAMEWORK**

The Director of Corporate Governance introduced the report. She stated that the Board Assurance had been presented to the Board last Thursday and it had been approved. Work was in progress on this and actions and details were being refined and the BAF would be presented back to the Board in January 2019.

The BAF would replace the CRAF and top level risks would be reported to the Board via the risk registers so the Board also had oversight of high operational risks.

Some registers are very good and over time would all be standardised with critical risk areas and key objectives.

**Resolved – that:**

- (a) The Audit Committee reviewed and noted the BAF and the work which had been done by the Director of Corporate Governance.

**AC: 18/074**

#### **TERMS OF REFERENCE**

The Director of Corporate Governance introduced the report. She stated that the Terms of Reference were last reviewed by Committee in 2016 and should be approved by the Board on an annual basis. The Terms of Reference are being updated but there are no significant changes. A final set would go to Board at end of March 2019 and would be brought to the Audit Committee at end of February. Any alterations to be back with Director of Corporate Governance by end of December 2018.

#### **Resolved – that:**

- (a) The Audit Committee reviewed the draft Audit Committee Terms of Reference and agree to bring back to the meeting in February 2019.

NF

**AC: 18/075**

#### **AUDIT COMMITTEE WORKPLAN**

The Director of Corporate Governance introduced the report. She stated that she had identified some gaps in the old Plan and so had produced a new plan for 2019/2020.

Mike Usher, Welsh Audit Office mentioned the Annual Audit Report would go to February 2019 meeting to cover a full Year.

Charles Janczewsk mentioned there should be an induction program for new committee members and Director of Corporate Governance stated that there should be a development session with Committee and the Board early next year.

#### **Resolved – that:**

- (a) The Annual Workplan both to be presented to February 2019 Meeting for final sign-off.  
(b) That a Board Development session be undertaken on the role of the Audit Committee.

NF

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**AC: 18/076**

#### **INTERNAL AUDIT PROGRESS REPORT**

Ian Virgil provided the Committee with an update on the delivery of the agreed audit plan. He identified some areas of slippage.

The Estates Time Recoding Meeting has occurred and the meeting of the PCIC interface was planned. Dawn Ward, Independent Member checked there were sufficient resources and Ian advised that things were improving now that the limited assurance reports were being sent to the Executives meeting.

Points covered:

- 4.1 - Two Limited Assurance Reports delayed.
- 4.2 - Two Limited Assurance Reports moved up to Substantial Assurance Reports.
- 4.4 - Two reports had been pushed back to the next financial year.
- Appendix B - Report on standard progress reasonably positive.
- Appendix C - Completed audits.
- Appendix D - Compliance with KPI's and response times.

Standards of behaviour had received limited assurance. Only 24 out of approximately 16,000 replies on the Declaration of Interest were received. This would be followed up early in the financial year.

**Resolved – that:**

- (a) The Audit Committee noted the Internal Audit Progress report.
- (b) The report of Standards of Behaviour would be followed-up early in the financial year.

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**AC: 18/077 TRACKING REPORTS**

The Director of Corporate Governance introduced the report and stated that she was not happy with how reports were being tracked. This report would be reviewed and developed for the February 2019 Audit Committee

NF

**Resolved – that:**

- (a) The Audit Committee noted the report and the changes the Director of Corporate Governance wished to make to ensure that the tracking of reports was strengthened going forward.

**AC: 18/078 BUSINESS CONTINUITY PROGRESS REPORT**

The report was introduced and the following comments made:

- A Group Chaired by Steve Curry, Chief Operating Officer would oversee the implementation of the actions within the report. A Strategic Group for Business Continuity was to be set up in January 2019.
- The Business Continuity Plan was tested in March 2018 when there had been heavy snowfalls and lessons were learnt from this. A lack of staff accommodation was noted. Staff often sorted out their own transport and accommodation needs and volunteers turned up to help with transport. It was suggested that in the future volunteers register to provide the transport service so we would get the balance right.
- It was found that when we do have disturbances due to flooding, or loss of electricity the business continuity plans were by default practiced and the planning usually took place

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very well.

- Clinical Boards were now using templates for their Business Continuity Plans.
- 2 staff working on these areas are particularly good and other Health Authorities were copying our idea, which was a good thing
- Brexit – A plan was in place covering staff problem, re-ordering of specialised equipment, time-critical items etc.

**Resolved – that:**

- (a) The Audit Committee discussed and noted the Business Continuity report.

**AC: 18/079 LOSSES AND SPECIAL PAYMENTS**

The Deputy Financial Director introduced the report and made the following comments:

- The Losses and Special Payments panel met bi-annually to consider write-offs and special payments for the preceding 6 months. Details would be found in the minutes of the Losses and Special Payments Meeting. Job titles needed to be added in future appendices and a graphical representation would be good.
- There was nothing of notable value in the last six months but there was discussion regarding the £8.6m maternity equipment claim which needed to be kept on the books and the cost would be met by the Welsh Government.
- Ex-gratia payment was made to one household re. noise pollution and the Board hopes that this does not set a precedent and would be reviewed by Deputy Director of Finance.

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**Resolved – that:**

- (a) The Audit Committee noted the report on losses and special payments.

**AC: 18/080 ITEMS FOR NOTING**

Clinical Negligence Claims – This was not in the Executive Nurse Directors diary and it is unclear on what was required.

**AC 18/081 ITEMS TO BE DEFERRED TO BOARD/OTHER COMMITTEE**

No other items were deferred to the Board or other Committee

**AC 18/082 ANY OTHER URGENT BUSINESS**

There was no other urgent business

**AC 18/083 DATE OF THE NEXT MEETING OF THE BOARD**

The next Audit Committee meeting would be held at **9.00am** on **26<sup>TH</sup> February 2019** in the Corporate Meeting Room, Headquarters, UHW

**CONFIRMED MINUTES OF THE  
MENTAL HEALTH AND CAPACITY LEGISLATION COMMITTEE  
(MHCLC)  
HELD AT 10.00AM ON TUESDAY 23 OCTOBER 2018  
CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

**Present:**

**Charles Janczewski**  
Eileen Brandreth  
Sara Moseley

**MHCLC Chair and Vice Chair of Cardiff and Vale UHB**  
Independent Member and MHCLC Vice Chair  
Independent Member

**In attendance:**

Steve Curry  
Nicola Foreman  
Ian Wile  
Sunni Webb

Chief Operating Officer (Lead Executive for Mental Health)  
Director of Corporate Governance  
Director of Operations, Mental Health  
Mental Health Act Manager

Julia Barrell  
Dr. Graham Shortland  
Jeff Champney Smith  
Dr. Jane Hancock  
Dr. Robert Kidd  
Amanda Morgan  
Dr. Jenny Hunt

Mental Capacity Act Manager  
Medical Director (Lead Executive for Mental Capacity)  
Chair, Hospital Managers Power of Discharge Sub-Committee  
Service User Representative  
Consultant Clinical & Forensic Psychologist  
Service User Representative  
Clinical Psychologist

**Apologies:**

Kay Jeynes  
Lucy Phelps

Director of Nursing, PCIC  
Service User Rep

**Secretariat:**

Helen Bricknell

**MHCLC 18/18      WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

**MHCLC 18/19      APOLOGIES FOR ABSENCE**

Apologies for absence were noted.

**MHCLC 18/20      DECLARATIONS OF INTEREST**

The Chair invited Members to declare any interests in the proceedings on the Agenda.

- It was noted that the Chair attends WHSSC Quality and Safety Group meetings.
- It was noted that Dr. Robert Kidd is a member of the All Wales AC Approval group.
- It was noted that the Independent Member SM had a relative on Ward East 12
- It was noted that Independent Member SM has an interest in Mind Cymru.

**MHCLC 18/21            MINUTES OF THE PREVIOUS MEETING OF THE  
MENTAL HEALTH AND CAPACITY LEGISLATION  
COMMITTEE HELD ON 26TH JUNE 2018**

The minutes were **RECEIVED** and **CONFIRMED** as a true and accurate record for 26<sup>th</sup> June 2018.

The Chair opened up for any matters arising from the minutes:  
No Matters Arising to record.

**MHCLC 18/22            ACTION LOG REVIEW**

It was noted that the actions assigned to the Medical Director are all complete.

*MHCLC 18/07: DoLS Safeguard Monitoring Report. This item is complete.*

*MHCLC 18/08: MCA Monitoring Report. This item is complete.*

*MHCLC 18/08: MCA Monitoring Report. This item is complete.*

**MHCLC 18/23            ANY OTHER URGENT BUSINESS AGREED WITH THE  
CHAIR.**

There was no other urgent business.

**MHCLC 18/24            DEPRIVATION OF LIBERTY SAFEGUARDS  
MONITORING REPORT**

The Medical Director delivered a brief outline of the report, including the limited assurance given by the recent Internal Audit on DoLS Applications for DoLS authorizations seem to have largely stabilized in the April to September

period. There will be a further audit in the final quarter of this year's audit cycle, which will be based on the HIW/CIW All-Wales DoLS Report.

The Medical Director noted that the All-Wales DoLS Report showed marked differences in the application of DoLS by the UHBs. It may be that the UHB was implementing DoLS too enthusiastically, compared to other UHBs. However, where deprivations of liberty are occurring without either a DoLS authorization or a court order, this is unlawful and could lead to the UHB being sued.

The DoLS Tripartite Partnership Board has requested a review of the processes and functions being undertaken by the DoLS team to consider efficiency savings and/or where support or resource is required.

There remains an on-going risk of DoLS authorizations not being processed in a timely manner and hence leading to unauthorized deprivations of liberty, but this is a greater risk for local authority partners as the authorisations for urgent requests – mainly from the UHB - are given priority.

The Medical Director asked for DoLS to remain on the Risk Register because of the possibility of unauthorized DoLS applications and because of the financial risks for the UHB regarding the funding arrangements with the two partner local authorities.

It was mentioned that the Mental Capacity Amendment Bill has been introduced to Parliament and it is going through the House of Lords. If passed, this Act will amend the Mental Capacity Act 2005 by replacing DoLS with a new framework, known as the Liberty Protection Safeguards (LPS).

- The Committee **RECEIVED** and **NOTED** the report.
- The Committee **AGREED** actions to be taken in light of the Internal Audit Limited Assurance
- The Committee **APPROVED** the continuing arrangements for provision of DoLS assessments.

## **MHCLC 18/25      MENTAL CAPACITY ACT MONITORING REPORT**

The Mental Capacity Act Manager gave a brief overview of the submitted report which outlined raising awareness of the Mental Capacity Act. There is poor engagement by some Medical and Dental staff with Mental Capacity Act training. A comparison of the previous quarter's training figures with the most recent quarter revealed that MCA training uptake had generally improved. However, this was not the case for Medical staff.

The following points were discussed:

- How the MCA training compliance figures have been compiled – they are produced by LED and are an aggregation of the numbers of staff

undertaking the ESR MCA e-learning and those receiving face-to-face training from the MCA Manager

- Providing run charts to show the position regarding clinician's compliance with MCA training for the next Committee meeting
- The MCA Manager explained that she had raised the issue of an All-Wales MCA training data set with Welsh Government's Mental Health Legislation Manager – she will update the Committee on progress with this. Such a data set would allow the UHB to benchmark its position against the other UHBs.
- The MCA Manager drew the Committee's attention to the public interest report from the Ombudsman, regarding a service failure by Newport Council, due to poor implementation of MCA. She explained that awareness of MCA seemed to be increasing amongst regulatory and other statutory bodies.
  
- A query was raised about who receives the Health Inspectorate Wales (HIW) reports. These are sent to the Clinical Boards' Governance leads initially. Clinical Boards will discuss them at an appropriate meeting such as Quality and Safety and will develop an action plan where necessary. Scrutiny of this process is undertaken by the Nursing Director and the Assistant Director of Patient Safety and Quality.
- Medical Staff have their appraisals through the All-Wales MARS system which is different to the UHB's appraisal process - PADR. The MARS system whilst including checks on professional behaviour and performance, educational and safeguarding checks, does not include mandatory training checks.
- Senior medical staff complete their Mental Capacity Act training in their induction programme. The MCA Manager has enquired about MCA training for junior doctors (F1/F2s) and is awaiting a response.

The Committee **NOTED** the report and in particular the action that the Medical Director and the Mental Capacity Act Manager are taking to improve clinical staff – especially doctors' - compliance with MCA training.

## **MHCLC 18/26      MENTAL HEALTH ACT EXCEPTION REPORT**

The Mental Health Act Manager, Ms. Sunni Webb gave a brief overview of the report and indicated there were no exceptional issues to report. A discussion was held about the different interpretation of the rules around the location and length of time police were required to remain with the detained person following a 136. This is subject to ongoing discussions between the health boards and the police. Further legal advice on Section 136 of the Mental Health Act will be incorporated in Richard Jones' Manual due out shortly.

- Sara Moseley declared an Interest of the Crisis Care Assurance group

The Committee opened up for discussion raising the following points;

- It would be very helpful to clarify the position taken by C&V UHB on the interpretation of 136 compared to other parts of Wales, as the South Wales police report that it is an isolated position. This matter will be discussed at the next concordat assurance group on the 13<sup>th</sup> November.
- The Chair of the Committee was pleased there were no breaches in the last quarter.

The Committee **AGREED** the report

The Committee **NOTED** the report and the **ASSURANCE** provided by the Mental Health Clinical Board Director.

## **MHCLC 18/27      MENTAL HEALTH MEASURE MONITORING REPORT**

The Director of Operations, Mr. Ian Wile presented the report and updated the Committee that there is compliance with Parts 1, 3 & 4 of the Mental Health Measure. With Part 2 of the Measure, which requires Health Boards to ensure all relevant patients in secondary mental health settings have a care and treatment plan there is an ongoing small breach of circa 5% against the 90% target. The issues are complex in relation to this which have received greater attention following a recent DU audit into compliance and quality of CTPs. Critical to this are discussions with medical staff currently having high case-loads with patients in a secondary care settings of patients who may not reach 'relevant' status, about which there are ongoing discussions. Ian Wile then presented the Deep Dive into Part 2 as a fuller response to provide assurance to the committee.

### **PART 2 MENTAL HEALTH MEASURE – CARE AND TREATMENT PLANS (CTPS) – DEEP DIVE REPORT**

Points presented and discussed as part of assurance report presented to the Committee.

- IW is to sponsor and chair the working group in MH to oversee this long term cultural change plan. There were a number of principles and challenges identified in the report:
- It was discussed that it may be beneficial to try a different approach to completing the Care and Treatment Plans to lift the compliance levels, but the quality and application of those plans were generally poor. Also completed poorly were the building blocks of good care and treatment planning such as the completion of risk management plans and use of

the CTPs as a therapeutic tool to support the measurement of outcomes that are identified as important to our service users.

- The recording of assessments and CTPs should reflect service user engagement or co-production, and to evidence this.
- The Health Board and partner agencies should ensure that the formulation of risk and the management of an individual's safety is clearly evidenced, including detailed and wherever possible, personalised crisis planning.
- The Health Board and partner agencies should ensure that formal reviews of CTPs are undertaken in a timely manner that does not exceed the statutory duty for review.
- The Health Board and partner agencies should ensure that there is an integrated and joined up approach between mental health and drug and alcohol services for people who experience co-occurring issues.
- Care Coordinators should ensure the inclusion of third sector agencies that are providing regular and ongoing support to an individual within the assessment, planning and review processes
- The difference between Adult services and Older People with Learning Disability and CAMHS along with the commissioning of Care and Treatment Plans.
- Graphical information showed a drop in performance between March and April because the caseloads were cleansed of any duplicated records or records not shut down which resulted in medical caseload numbers dropping.
- To reference to PIP had an impact also with service users.
- The pilot started between three Mental Health teams in Cardiff and the Vale which are co-located in Barry hospital. The clinical pathway has been redesigned. The referral pathway was frontloaded with more senior staff including psychologist from the third sector to ensure that decisions are made at that junction of the treatment plan and ensure people are correctly processed into the CMHT, also ensure that any further pathways are signposted. The first 6 months of the pilot has been safely transferring people into the unit and the following 6 months will be around the development of the pathways.
- Housing and third sector employment agencies have been offered space within the same premises.

The Committee is asked to:

- **AGREE** the approach taken by the Mental Health Clinical Board

**MHCLC 18/28**

**PSYCHOLOGICAL THERAPIES**

**REFERRAL TO TREATMENT – 26 WEEKS BRIEFING**

The Director of Operations, Mr. Ian Wile gave a brief overview of this new and developmental target, but will reform the paper. A new non Tier 1 RTT which applies to Mental Health of 26 weeks of Referral to Treatment for a Psychological Therapy. The first set of objectives is in line with Welsh Government and Clinical Boards were to ensure the existence of a reporting mechanism and then a reporting methodology. C&V were a little ahead due to the existence of an electronic patient record. Now the MHCB is to align the reporting arrangements with Psychological Therapies Management Committee. The next phase is the performance management to a target of 80% compliance, with C&V currently at between 70 and 80% Comparing all Wales performance there is a stark difference at any one time with 3000 people waiting for psychological intervention in C&V and numbers in double figures elsewhere. Thus indicates the WG have some refining of its understanding of the application of this target to operational services. It is the case that C&V's extremely busy within this area and can be outlined in the new submitted paper.

The Director of Operations, Mr. Ian Wile and Dr. Robert Kidd have mentioned that:

- Psychological Management Therapies Committee is open for other staff to attend the meeting and ask questions along with how we link into other venues and Boards.
- Internal waiting lists in most departments
- CAMHS – 238 cases with waiting time 14 weeks
- Child Psychology services have adopted the 26 RTT.

The Committee will **SUPPORT** the approach taken by the Mental Health Clinical Board.

**MHCLC 18/29**

**MENTAL HEALTH LEGISLATION OPERATIONAL GROUP**

Dr. Robert Kidd presented the report and mentioned that the attendance to the last meeting was very fruitful. The following was mentioned:

- The Health Board is pursuing an issue on Section 135 where the state can effectively enter someone's home and previously being reliant on the Approved Mental Health Professional going to approach the JP or Magistrate to obtain such warrant. Currently it does not have to be an Approved Mental Health Professional so how can this be pursued to get effective response during the day time service.
- The place of safety that an individual attends and when does the clock start ticking at the Accident and Emergency Unit. The different views after 36 hours the police can leave and what is the legal basis for

someone to still be there, the issue being whether they are still receiving medical treatment or not. This is addressed before the Mental Health Act assessment starts

- Safety issues surrounding the Approved Mental Health Professionals in the entrance to Hafan Y Coed.

Discussion from the Mental Health Act Hospital Managers and the quality of Care and Treatment Plans in addition to the Delivery Unit, the Hospital Managers' are picking up on issues not relating to medication factors. Cross Agencies have participated within this group and it performs extremely well.

The Committee was opened up for discussion:

- It was asked about the starting time of the Section 136 from Welsh Government, we are still waiting on clarification
- Currently the AMHP are taking the clients into Accident and Emergency in their own vehicles. Transportation wait can take up to six hours. Mental Health specialist ambulance service is not currently being used for Mental Health Act assessments.
- The Police do use their own vehicles as an option for acute symptoms and transportation of section 136 to place of safety.
- Query relating to the qualities act – whether mental health takes priority from physical health issues and the balance of resources available.

The Committee **NOTED** the report.

### **MHCLC 18/30 COMMITTEE WORKPLAN**

The patient story will be presented at the next Committee meeting in February.

The Committee's annual report will feed onto the work plan for the Board meeting at the end of the reporting year. The Committee reports to the Board every year on the effectiveness and will be providing an update.

The Chair introduced the revised Work-plan and offered for any feedback.

The Committee **AGREED** the Work-plan

### **MHCLC 18/31 HOSPITAL MANAGERS POWER OF DISCHARGE SUB COMMITTEE MINUTES**

The Chair of the Power of Discharge presented the report stating there was no further information to update. The mismatch of recording on the Care and Treatment plans and the delays are making it central to the timely process for the patients.

It was mentioned that information is poorly documented or poor care that is being provided or not being recorded effectively. Good therapeutic interaction with staff and patients and it is being recorded in full.

The Care and Treatment plan is a legally binding document but individuals do not necessarily receive what has been outlined on the Care and Treatment plans and feel that the system has failed them.

Section seven of the report whereby the patient feels they have been physically neglected the Mental Health Act Hospital Managers oversee the information but there is a correct reporting procedure whereby the necessary assessments have been undertaken and correct procedures and feedback is reported on throughout the Clinical Boards.

Mental Health Act Hospital Manager's pick up on responses that are completed in reports by the ward/clinical managers. Upon review it should be dealt with and brought to review timeframe.

No systemic ongoing issue.

Nurse practitioners will complete this work also.

The Committee **NOTED** the report

#### **MHCLC 18/32 HOSPITAL MANAGERS POWER OF DISCHARGE ANNUAL REPORT/ POD RECOMMENDATIONS**

There was no further update to the submitted report.

The Committee **SUPPORTED** the **RECOMMENDATIONS** of the Chair of the Power of Discharge Group.

#### **MHCLC 18/33 REVIEW OF THE MEETING**

The Chair asked for any opinions or views from the committee, it was mentioned that the slight changes of the agenda worked well.

#### **MHCLC 18/34 DETAILS OF NEXT MEETING**

The next meeting will be held on Tuesday 12<sup>th</sup> February 2019 at 10am, Boardroom, Headquarters, University Hospital of Wales.

**CONFIRMED MINUTES OF THE QUALITY, SAFETY AND  
EXPERIENCE COMMITTEE HELD ON 18<sup>TH</sup> DECEMBER 2018  
CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

**Present:**

Maria Battle	MB	Chair
Abigail Harris (Part)	AH	Director of Planning
Akmal Hanuk	AK	Independent Member – Community
Dawn Ward	DW	Independent Member – Trade Unions
Professor Gary Baxter	GB	Vice Chair/Independent Member – Cardiff University
Dr Fiona Jenkins	FJ	Director of Therapies and Health Sciences
Dr Graham Shortland	GS	Medical Director
I Wile	IW	
Angela Hughes	AH	Asst. Director Patient Experience
Carol Evans	CE	Asst. Director Patient Safety and Quality
Michael Imperato	MI	Independent Member – Legal
Ruth Walker	RW	Executive Nurse Director
Nicole Foreman	NF	Director of Corporate Governance
Jayne Tottle	JT	Clinical Board Nurse – Mental Health
Susan Elsmore	SE	Councillor – Independent Member
Jennifer Jenkins	JJ	Director of Therapies & Health Science

**Secretariat:**

HB Helen Bricknell

**Apologies:**

Annie Proctor	AP	Clinical Board Director
Fiona Kinghorn	FK	Consultant in Public Health
Robert Chadwick	RC	Director of Finance

QSE 18/185	WELCOME AND INTRODUCTIONS	ACTION
	The Chair welcomed everyone to the meeting.	
QSE 18/186	APOLOGIES FOR ABSENCE	
	Apologies for absence were noted.	
QSE 18/187	DECLARATIONS OF INTEREST	
	There were no declarations of interest made.	
QSE 18/188	MINUTES OF THE MEETING HELD ON 16 OCTOBER 2018	
	The minutes of the meeting held on 16 October 2018 were reviewed and confirmed to be an accurate record.	
	<b>Resolved that:</b>	

	The minutes of the meeting held on 16 <sup>th</sup> October were approved by the Committee as an accurate record.	
<b>QSE 18/189</b>	<p><b>ACTION LOG FOLLOWING THE LAST MEETING</b></p> <p><b>QSE 18/144</b> – Work to support the Blood Inquiry was ongoing.</p> <p><b>QSE 18/138</b> – Cleaning Standards - There are some excellent patient stories to share from Estates and Facilities. They have a great performance data dashboard. Action complete.</p> <p><b>QSE 18/135</b> - Still awaiting Ombudsman Public letter to be released by the Ombudsman.</p> <p><b>QSE 18/155.1</b> –Welsh Government package of deals around securing urgent monies for urgent capital clinical schemes is being taken forward. Update to be provided at the February meeting.</p> <p><b>QSE 18/177</b> - Hot Topics – action would be discussed later in the meeting.</p> <p><b>Resolved that:</b> Members of the Quality, Safety and Experience Committee received and noted the action log.</p>	<p>RW</p> <p>AH</p>
<b>QSE 18/190</b>	<p><b>PATIENT STORY</b></p> <p>The patient story was introduced and the following comments were made:</p> <ul style="list-style-type: none"> <li>• A letter had been received from the daughter of a patient with Alzheimer’s Disease where all teams (including the ELPOP team support workers) had worked together to get the very best results for the patient.</li> <li>• Referrals were made to Third party services such as the British legion Admiral service on discharge to support the patients and families and to help to reduce length of stay.</li> <li>• Work was currently being undertaken within Mental Health Services inpatient areas which had led to a significant reduction in specialising, money savings and improved quality of care to patients. This work included an In-Reach service Clinical Model at Llandough.</li> <li>• There was dementia training for CAV UHB staff but training was enhanced when the team train staff on-the-job whilst they are supporting the patient</li> </ul> <p><b>Resolved – that:</b></p> <p>(a) The Mental Health Clinical Board provided good assurance that they are taking learning and taking action from patient stories.</p> <p>(b) Assurance was required that the Clinical Board had an agreed plan for Medical Care at Hafan y Coed and the Llanfair Unit.</p>	<p>SC</p>

<p><b>QSE 18/191</b></p>	<p><b>MENTAL HEALTH CLINICAL BOARD QUALITY, SAFETY AND EXPERIENCE ASSURANCE REPORT</b></p> <p>The Mental Health Clinical Board introduced their assurance report and the following comments were made:</p> <ul style="list-style-type: none"> <li>• Length of stay for older people was almost double the national average so a Project Manager had been appointed to undertake improvement work to try to the reduce length of stay over the next 12-month contract. There were only two Senior Nurses so a Band 7 has been appointed to work closely with the Project Manager. The Complex Care Commissioning Team has also expanded.</li> <li>• Working Time Directive - small progress had been made with some shift pattern changes on some of the wards which allowed the UHB to be compliant with the Health &amp; Safety regulation in allowing staff to have meal breaks off the ward. The Clinical Board will continue to look at this but were struggling to meet complete compliance due to funding restrictions. This was discussed at the Strategy &amp; Delivery Group and the Clinical Board agreed to address this in their IMTP.</li> <li>• Adult Care admissions were discussed and it was noted that on a particular day 27% of patients did not need to be in on that day.</li> <li>• Nurse recruitment was good in this area because the nursing staff were well supported, therefore there were no issues recruiting nurses to the Clinical Board.</li> <li>• Concern was expressed that the percentage of the staff responding to the staff survey was disappointingly low and also the responses were disappointing. Issues such as sickness and bullying were of particular concern.</li> <li>• Police forces were doing a lot of training with regard to supporting the UHB when issues occur. One policewoman would be based in an office at Hafan y Coed.</li> </ul> <p><b>Resolved – that:</b></p> <p>(a) The Committee approved the actions being taken by the Mental Health Clinical Board.</p> <p>(b) The action update be noted.</p> <p>(c) The Committee would like to see the Project Plan at the April Committee Meeting.</p>	<p>SC</p>
<p><b>QSE 18/192</b></p>	<p><b>PRESENTATION ON PATIENT SUICIDE (TOLERANCE)</b></p> <p>The presentation was introduced and the following comments made.</p> <ul style="list-style-type: none"> <li>• The background of the suicide was that approximately every 2 months 11 community deaths of patients known to the mental health services are reported as SI's. Not all the deaths are suicides. Mental Health Capacity Act Committee members had been invited to attend the presentation.</li> <li>• NCAS report for last year had been recently published. This showed that there were 11 suicides from January to October which was just slightly under the national average for the UK. Most</li> </ul>	

	<p>instances of death were drug overdoses or natural causes. 73% of suicides were people not known to the mental health services.</p> <ul style="list-style-type: none"> <li>• There were approximately 5,000 people on community caseloads across adult and older people services in any one year.</li> <li>• Referral rates seemed to be doubling every 4-5 years; 35,000 were currently being referred annually.</li> <li>• Chaplaincy had been very helpful at the Llandough site but this had been more difficult in the community.</li> </ul> <p><b>Resolved – that:</b> The Committee noted the presentation on patient suicide.</p>	
<p><b>QSE 18/193</b></p>	<p><b>TAWEL FAN REPORT</b> The report was introduced and the following points raised during discussion by Committee Members:</p> <ul style="list-style-type: none"> <li>• In North Wales there had been a number of reports about the care provided by Tawel Fan. The biggest issue was that the patient’s relatives’ voices were not being listened to when they were raising concerns about patient care.</li> <li>• The Mental Health Clinical Board shared with QSE Committee the actions they were taking in order to prevent the poor practice in Tawel Fan occurring in Cardiff &amp; Vale University Health Board. They explained that data was being collated from patient satisfaction surveys. There was a social group for carers to meet every fortnight outside the hospital called ICAN. ICAN feedback concerns or areas of good practice some issues are raised there and actioned.</li> <li>• 15 carers group in the Vale were visited last year and the UHB gained some useful feedback from this exercise which had led to changes in service.</li> <li>• The Committee were asked to note the baseline assessment which had been undertaken in relation to learning from the Tawel Fan situation and note the actions which were being taken to progress the work so that CAV UHB did not find itself to be in the same position.</li> </ul> <p><b>Resolved – that:</b> The Committee noted the report.</p>	
<p><b>QSE 18/194</b></p>	<p><b>POLICIES FOR APPROVAL</b> The following policies were put forward for Committee approval</p> <ol style="list-style-type: none"> <li>I. Being Open Policy</li> <li>II. Being Open Procedure</li> <li>III. Confirmation on an Expected Death by Nurses Policy and Procedure</li> </ol> <p><b>Resolved – that:</b> The Committee approved The Being Open Policy The Committee approved The Being Open Procedure The Committee approved Confirmation of an Expected Death Policy</p>	

<p><b>QSE 18/195</b></p>	<p><b>HEALTH AND CARE STANDARDS SELF-ASSESSMENT TIMETABLE FOR 2018/19</b></p> <p>The Health and Care Standards Self-Assessment Timetable for 2018/19 was discussed and the following comments made:</p> <ul style="list-style-type: none"> <li>• The report set out the timeline for completion.</li> <li>• w/c 13<sup>th</sup> May – during this week work would be happening with Executive members to sign off standards relating to the Quality, Safety and Experience Committee</li> <li>• w/c 20<sup>th</sup> May – during this week work would be taking place with Independent Members to sign off the files.</li> </ul> <p><b>Resolved – that:</b> The Committee approved the approach and timeframe.</p>	
<p><b>QSE 18/196</b></p>	<p><b>EMERGING THEME FROM UK MATERNITY SERVICE REVIEWS</b></p> <p>The report on Maternity Service Reviews was discussed and the following comments made:</p> <ul style="list-style-type: none"> <li>• Following the Morecombe Bay investigation into the deaths of babies at Morecombe Bay Hospital and emerging themes coming out of Shrewsbury and Telford and over the last few weeks an emerging theme from Cwm Taf Health Board the Executive Nurse Director felt it was timely to meet with the Children and Women Clinical Board and particularly Midwifery to go through all of the reports. Key areas to note were Medical staffing, lone working, ante-natal clinic transitional care and Maternity lifts. The Committee considered the areas and the actions that the Clinical Board were putting in place were robust. The Executives of the Health Board saw the report and were satisfied with the work being progressed and therefore the UHB was able to demonstrate that the learning the UHB has so far from one health board and two trusts in England was being addressed.</li> <li>• The CEO of the Royal College of Midwives had visited and spoke positively about CAV UHB. This was important as it was the practice and failure of the midwives in Morecombe Bay to work as an MDT and assess their own practice.</li> <li>• There had been no response from Cwm Taf UHB to CAVs Commissioning Officer with regards to the 80 women from CAVs community who chose to deliver in Cwm Taf. A formal request would go to Cwm Taf regarding this issue.</li> <li>• Regarding the Deanery, CAV UHB was undertaking a recruitment phase early next year for senior Grades in Obstetrics &amp; Gynaecology. The service was currently safe but there was a cost as it was not uncommon for Consultants to act down at registrar grade so CAV were paying a premium when this is occurring. The Clinical Board was hoping to fill more posts rather than expanding the number of trainees.</li> <li>• Regarding the Ante-natal clinic at Llandough a question was raised regarding where Mums would go to in the Vale and there was a request that Barry Hospital should be considered as an important hub. The Executive Director of Strategic Planning would consider</li> </ul>	<p>SH</p>

	<p>this action.</p> <ul style="list-style-type: none"> <li>The lifts were part of a refurbishment programme and there was a contingency in place. The priority on this was to be raised. The Executive Director of Strategic Planning was asked to report back progress at the next QSE meeting in February 2019.</li> </ul> <p><b>Resolved – that:</b></p> <p>(a) The Committee considered the priority areas identified.</p> <p>(b) The Committee noted the baseline position and the Safety Improvement Plan that was being taken forward.</p>	<p>AH</p> <p>AH</p>
<b>QSE 18/197</b>	<p><b>ANNUAL QUALITY STATEMENT 2018/2019</b></p> <p>The Annual Quality Statement 2018/19 was discussed the following comments made:</p> <ul style="list-style-type: none"> <li>The report provided the timetable for development of 2018/2019 AQS. This would be the final year of production of the statement in this way. In the future the UHB would be expected to set up a live internet site providing this sort of information on an ongoing basis. Thereafter the AQS would be produced following patient stories through the year.</li> </ul> <p><b>Resolved – that:</b></p> <p>(a) The Committee approved the plan and timescale.</p>	
<b>QSE 18/198</b>	<p><b>THEME 1: STAYING HEALTHY (HEALTH PROMOTION, PROTECTION AND IMPROVEMENT)</b></p> <p>There were no papers to discuss under this theme.</p>	
<b>QSE 18/199</b>	<p><b>THEME 2: SAFE CARE</b></p> <p>There were no papers to discuss under this theme.</p>	
<b>QSE 18/200</b>	<p><b>HIGH VIGILANCE ARRANGEMENTS REQUIRED FOR THE USE OF SYNTHETIC VAGINAL MESH AND TAPE</b></p> <p>The report was discussed and the following comment made:</p> <ul style="list-style-type: none"> <li>Vaginal Mesh was a high profile issue and it was confirmed that CAV UHB did have a good register and significant expertise in this area and there was confidence that the UHB had met the conditions set out by Chief Medical Officer.</li> </ul> <p><b>Resolved – that:</b></p> <p>(a) The Committee noted the actions put in place by Medical Director</p>	
<b>QSE 18/201</b>	<p><b>INFECTION PREVENTION AND CONTROL</b></p> <p>The Infection Prevention and Control report was discussed and following comments made:</p> <ul style="list-style-type: none"> <li>Twice a year an IP &amp; C detailed report was presented to the</li> </ul>	

	<p>Committee with progress made. Welsh Government were happy with the progress being made.</p> <ul style="list-style-type: none"> <li>• Work had been undertaken regarding UTIs in care homes</li> <li>• C Section infection rates had seen dramatic improvements</li> <li>• The IP &amp; C team asked that the logos and the approach which CAV UHB was taking be refreshed.</li> </ul> <p><b>Resolved – that:</b> The Committee accepted the report.</p>	
<b>QSE 18/202</b>	<p><b>MEDICATION</b></p> <p>The report provided a six monthly update on the Medicines Management and how well it was progressing.</p> <p><b>Resolved – that:</b> (a) The Committee <b>NOTED</b> the actions and progress made.</p>	
<b>QSE 18/203</b>	<p><b>POINT OF CARE TESTING</b> This was discussed:</p> <ul style="list-style-type: none"> <li>• The report had already been discussed at HSMB. Point of Care Testing was reviewed periodically by the Quality and Safety Team. All POCT testing systems do go into our Central Laboratory System. Systems from across the whole of the UK were considered to be quite innovative. However, it had revealed that CAV UHBs adherence to putting in the correct information such as patient number and staff ID was poor. Until there were improvements in the Audit outcomes it was important to support the POCT Teams in not allowing any further POCT testing developments.</li> <li>• CAV UHB are strengthening the process which Clinical Boards will be asked to sign off at their Quality and Safety Committees. The POCT applications will go through the POCT team.</li> <li>• Point of Care Testing would be reviewed again in 6 months.</li> </ul> <p><b>Resolved – that:</b> (a) The Committee noted this report</p>	RW
<b>QSE 18/204</b>	<p><b>THEME 3: EFFECTIVE CARE</b></p> <p>There were no papers to discuss under this theme.</p>	
<b>QSE 18/205</b>	<p><b>CANCER PEER REVIEW – BREAST</b></p> <p>The Cancer Peer Review on breast was reviewed:</p> <ul style="list-style-type: none"> <li>• The Lead Cancer Nurse had assisted in writing the report and reported that there was improvement since the Peer review and so this was now a second cycle of many of the cancer Peer Reviews. Good practice was noted and significant achievements had been made. There were some concerns which were dealt with in the Action Plan.</li> </ul>	

	<p><b>Resolved – that:</b>  (a) The Committee noted the report and agreed that appropriate assurance had been provided and the Welsh Peer review framework was noted.</p>	
<b>QSE 18/206</b>	<p><b>CANCER PEER REVIEW – ACUTE ONCOLOGY SERVICE</b>  The Cancer Peer Review of the Acute Oncology service was discussed and the following comments made:</p> <ul style="list-style-type: none"> <li>• A Business Plan had been developed by Medicine to sustain the service. This was a fragile service and had made a real difference in terms of length of stay, identification of sepsis and the outcomes for patients with cancer. CAV UHB would continue to support this service and look at the benefits.</li> </ul> <p><b>Resolved – that:</b>  (a) The Committee noted the report.</p>	
<b>QSE 18/207</b>	<p><b>CLINICAL AUDIT PLAN PROGRESS</b>  Progress on the Clinical Audit Plan was discussed and it was reported that:</p> <ul style="list-style-type: none"> <li>• CAV UHB was making progress, particularly around the National Clinical audit and the structures in place.</li> <li>• More work would be carried out on the Fractured Neck of Femur audits where mortality was satisfactory but could improve on aspects of care.</li> <li>• Previously around 60% of clinical audits didn't complete the cycle and this was considered to be a waste of resources, CAV UHB was now in a much better situation.</li> </ul> <p><b>Resolved – that:</b>  (a) The Committee noted the progress.</p>	
<b>QSE 18/208</b>	<p><b>THEME 4: DIGNIFIED CARE</b>  The following was discussed:</p> <ul style="list-style-type: none"> <li>• A hospital based ward review would be undertaken at some point in the future.</li> </ul> <p><b>Resolved – that:</b>  (a) The Committee noted this ongoing work.</p>	
<b>QSE 18/209</b>	<p><b>HIW ACTIVITY</b>  This was discussed and it was reported that:</p> <ul style="list-style-type: none"> <li>• Corporately the UHB were satisfied that assurance had been met and Clinical Board and monitoring</li> </ul> <p><b>Resolved – that:</b>  (a) The Committee noted the ongoing work in relation to HIW activity.</p>	

<p><b>QSE 18/210</b></p>	<p><b>SENSORY LOSS</b> The sensory loss report was discussed and the following was noted:</p> <ul style="list-style-type: none"> <li>• The report indicated good progress over the last couple of years and particularly the work now being undertaken by the Patient Experience Team with the deaf community</li> <li>• The Committee felt that this work should be put this forward as a Health Service Recognition Award</li> </ul> <p><b>Resolved – that:</b> (a) The Committee <b>NOTED</b> progress being made.</p>	
<p><b>QSE 18/211</b></p>	<p><b>THEME 5: TIMELY CARE</b> There were no papers to discuss under this theme.</p>	
<p><b>QSE 18/212</b></p>	<p><b>THEME 6: INDIVIDUAL CARE</b> There were no papers to discuss under this theme.</p>	
<p><b>QSE 18/213</b></p>	<p><b>ITEMS RECEIVED AND NOTED FOR INFORMATION BY THE COMMITTEE</b> Exceptional Items:</p> <ul style="list-style-type: none"> <li>• Issues dealt with in a timely manner.</li> <li>• Increase in medication errors in the paediatric setting regarding the decimal place (so getting 10x). This would go forward to the Medication Safety Group.</li> </ul> <p><b>Resolved – that:</b> (a) The Committee approved the actions being taken by the Mental Health Clinical Board.</p>	
<p><b>QSE 18/214</b></p>	<p><b>MINUTES FROM CLINICAL BOARD QUALITY, SAFETY AND EXPERIENCE SUB COMMITTEES – EXCEPTIONAL ITEMS TO BE RAISED BY THE ASSISTANT DIRECTOR, PATIENT SAFETY AND QUALITY</b> Assistant Director of the Patient Quality &amp; Safety gave an overview of the minutes from the following QSE meetings:</p> <ul style="list-style-type: none"> <li>• Clinical Diagnostics and Therapeutics – July</li> <li>• Mental Health – July</li> <li>• Primary, Community and Intermediate Care – May</li> <li>• Specialist Services – July</li> <li>• Medicine – June</li> <li>• Surgery – May</li> <li>• Children and Women – May</li> <li>• Dental – June</li> <li>• CE to get more timely minutes for the public domain</li> <li>• The corporate template for the clinical board be refreshed from time to time</li> <li>• Uniformity and standardised minutes - review being carried out</li> </ul>	

<b>QSE 18/215</b>	<b>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD</b> <ul style="list-style-type: none"> <li>• There was an ongoing theme which came through in the meeting which was – listen to patients and staff. The Committee agreed it was important to continue to listen.</li> <li>• The Committee had received a review of the Community Deaths of patients known to the Mental Health Services and had learnt that in the first 9 months of the year there had been 11 suicides which was less than the national average.</li> </ul>	
<b>QSE 18/216</b>	<b>AGENDA FOR THE PRIVATE QSE</b> <ul style="list-style-type: none"> <li>• Safeguarding</li> <li>• Insourcing Ophthalmology Concerns</li> </ul>	
<b>QSE 18/217</b>	<b>DATE OF THE NEXT MEETING OF THE BOARD</b>  Thursday 19 February 2018, 9.30am – 12.00pm Corporate Meeting Room, Headquarters	
<b>QSE 18/218</b>	<b>ANY OTHER URGENT BUSINESS</b>  There was no other business raised.	

**CONFIRMED MINUTES OF FINANCE COMMITTEE  
HELD ON 3<sup>rd</sup> JANUARY 2019  
LARGE MEETING ROOM, HQ, UHW**

**Present:**

Charles Janczewski	CJ	Vice Chair (Board)
John Union	JU	Independent Member – Finance

**In Attendance:**

John Antoniazzi	JA	Independent Member –Estates
Steve Curry	SC	Chief Operating Officer
Martin Driscoll	MD	Director of Workforce and OD
Andrew Gough	AG	Assistant Director of Finance (Transformation & Planning)
Abigail Harris	AH	Executive Director of Planning
Charles Janczewski	CJ	Vice Chair
Len Richards	LR	Chief Executive
Sartha Rajoo		National Graduate Finance Trainee
Ruth Walker	RW	Executive Nurse Director

**Secretariat:**

Paul Emmerson	PE	Finance Manager
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**Apologies:**

Maria Battle	MB	Chair
Nicola Foreman	NF	Director of Corporate Governance
Robert Chadwick	RC	Director of Finance
Sharon Hopkins	SH	Director of Public Health

**WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting and thanked the previous Chair John Union for his work in chairing the Finance Committee.

**APOLOGIES FOR ABSENCE**

Apologies for absence were noted.

**DECLARATIONS OF INTEREST**

The Chair invited members to declare any interests in proceedings on the Agenda.

The UHB Vice Chair (CJ) stated that he was Chair of a WHSCC sub-committee and declared an interest in discussions in respect of WHSCC

**ACTION**

FC 18/283

**MINUTES OF THE BOARD MEETING HELD ON 28th NOVEMBER 2018**

**Resolved – that:**

- (a) The Finance Committee received and approved the minutes of the meeting held on 28<sup>th</sup> November 2018

FC 18/284

**ACTION LOG FOLLOWING THE LAST MEETING**

**Resolved – that:**

The Board received the Action Log from the meeting held on 28<sup>th</sup> November 2018

FC 18/225  
FC 18/259

**THE NURSING PRODUCTIVITY GROUP TO BE ASKED TO EXPLORE THE LIKELY IMPACT OF INTRODUCING A WEEKLY PAYROLL FOR PAYMENT OF BANK STAFF.**

**Partially complete**

The Executive Nurse Director informed the Committee that a weekly payroll for the payment of bank staff had now been introduced. The availability of a weekly payment had been publicised through social media and over 160 staff had indicated an interest in joining the weekly bank and 22 staff had completed the required documentation to join the bank by Christmas Eve.

Charles Janczewski, UHB Vice Chair indicated that he had heard anecdotally that potential staff had difficulty in enrolling on the bank and asked if there was any substance to the suggestion. The Executive Nurse Director confirmed that the UHB's recruitment to the bank was limited each month due to the governance requirement to ensure that staff had received all necessary mandatory training. The level of training required was dependent upon whether potential staff were external to the organization or changing roles and the number of training places available on a monthly basis was sometimes insufficient to meet the demand for training. Charles Janczewski, UHB Vice Chair, asked if the UHB had plans to increase the capacity of mandatory training available and the Executive Nurse Director agreed that the Nursing Productivity Group would need to make a case to increase capacity if the current capacity had a significant adverse impact on recruitment to the bank.

It was agreed that following implementation of the weekly payroll the initiative would be reviewed after 6 months by the Nurse Productivity Group and the results reported back to the Finance Committee.

**Resolved – that:**

- (a) The Finance Committee noted the initiative would be reviewed after 6 months

RW

## **REPORT ON THE WIDER ISSUES AND ACTIONS AROUND THE NURSING POSITION TO BE PROVIDED TO THE FINANCE COMMITTEE**

### **Complete**

The Executive Nurse Director confirmed that action to reduce the financial pressures on nursing was a considerable concern for the Nursing Productivity Group. The Committee was informed that nursing rosters had been established to cover expected patterns of absence. However where there are relatively high levels of absence or vacancies this can lead to financial pressures when shifts are covered through the use of agency staff. Absence management is subject to ongoing management focus and the wider issue of recruitment to vacant posts was being addressed alongside the IMTP process.

John Union, UHB Independent Member asked whether the level of vacant nursing posts was increasing or decreasing and the Executive Nurse Director stated that the level of vacancies varied with the output of graduates in nursing from Universities in September and March. Cardiff and Vale UHB's recruitment level was relatively high, however the level of vacancies also depended on the level of nurses leaving the service and the overall level of nursing vacancies in the UHB was currently relatively stable. There were differences in vacancy levels across the UHB and this was highlighted by the Women and Children's Clinical Board where the number of vacancies was in single figures compared to the Medicine Clinical Board where there were over 100 vacancies. The Executive Director of Nursing confirmed that the UHB was looking at taking advantage of both local and national initiatives to increase the recruitment of nurses of UK based and overseas nurses and the Executive Director of Workforce and Organisational Development added that the UHB was also seeking to identify, understand and address why nurses were leaving or potentially leaving the UHB.

The Deputy Director of Finance indicated that Welsh Government initiatives to increase the number of student nurses going through the system should have a positive impact on recruitment in future years and the Chief Executive added that UHB plans to improve the efficiency of bed usage provided the UHB with an opportunity to manage down the level of vacant nursing posts.

### **Resolved – that:**

- (a) The Finance Committee noted the update

**NO PURCHASE ORDER NO PAYMENT POLICY-NUMBER OF INVOICES WITH NO PO NUMBER ON HOLD TO BE REPORTED BACK TO THE COMMITTEE IN 3 MONTHS TIME SO THAT THE POSITION COULD BE RE-ASSESSED.**

### **Incomplete**

Update scheduled for the January 2019 Finance Committee meeting.

**Resolved – that:**

- (a) The Finance Committee noted the update

**FC 18/272**

**UPDATE ON THE 2019/20 FINANCIAL PLAN TO BE PROVIDED TO THE NOVEMBER 2018 FINANCE COMMITTEE MEETING**

**Complete**

Update on the agenda of the Finance Committee meeting held on January 3<sup>rd</sup> 2019.

Hoping the HSMB will agree outlines today as this will change the shape

**Resolved – that:**

- (b) The Finance Committee noted the update

**FC 18/273**

**REQUEST FOR REVENUE CASH SUPPORT TO WELSH GOVERNMENT**

**Complete**

Letter outlining the reasons underpinning the UHB requests for cash assistance approved by Board members via e-mail and ratified at the December 2018 Board Development session

**Resolved – that:**

- (c) The Finance Committee noted the update

**FC 18/275**

**2019/20 FINANCIAL PLAN**

The Deputy Director of Finance informed the committee that the UHB had been asked by Welsh Government to submit a draft of its financial plan on January 4<sup>th</sup>. The UHB then expected to meet with and receive feedback from Welsh Government the following week to allow the final UHB IMTP submission to be informed by Welsh Government representations. In reply to a query from the Finance Committee Chair (JA) the UHBs Executive Director of Planning indicated that if the IMTP submission was not approved that this would push the UHB towards a 1 year operational plan.

It was confirmed by the Deputy Director of Finance that the financial plan reflected previous discussions at the Finance Committee and had been updated for the confirmed 2019/20 cash allocation which in turn had led to small number of adjustments to the figures in the plan. In reply to a query from the Finance Committee Chair (JA) it was confirmed that 2019/20 was a critical and challenging year in the plan that should put the UHB in a good position to mover forwards in 2020/21.

The confirmed net increase to the UHBs net allocation (including LTAS inflation) was £1m less than originally expected due to an additional top

slice of c £0.850m for medical genetics and a further reduction to the general uplift of c £0.150m. In turn the plan had been adjusted for a £0.3m reduction to the underlying deficit in respect of WEQAS and a £0.5m reduction in the funding available for investments which had fallen from £4.5m to £4.0m. The net impact on the 2019/20 plan was a £0.2m reduction in the expected surplus from £0.3m to £0.1m. In response to a query from the Abigail Harris, Executive Director of Planning it was confirmed that the Annual Operating Framework Funding (AOF) of £10m was assumed to fall into baseline UHB funding on a recurrent basis in Years 2 & 3 of the plan.

The plan assumed that the UHB would maintain its internal investment in RTT and winter to maintain current performance and any further improvement is likely to be dependent upon resource discussions with Welsh Government. Steve Curry, Chief Operating Officer added that the UHB would maintain a dialogue with Welsh Government around the service implications of further performance improvement against National priorities.

In the context of investments the Chief Executive Officer indicated that the majority of UHB investments needed to come from All Wales budgets which had been retained centrally by Welsh Government for transformation, regional partnership boards, digital services and other national priorities. It was noted that the allocation of this investment funding by Welsh Government would be conditional upon performance criteria.

The Committee was advised that the plan now reflected a reduction to the annual planned surplus which had been set at £0.1m in each of the 3 years. The Deputy Director of Finance then emphasized the following Financial Risks to the plan:

- Achievement of the 2% delegated saving plan & the further £12m high value and corporate opportunities savings target
- Management of budgetary operational pressures and containment of continuing healthcare, medicines and commissioning growth pressures.
- Maintaining current performance on RTT and managing the impact of winter within agreed baseline funding.

The Chief Executive noted that the plan represented a tight budget, however on the basis that the 2% delegated savings target was a reduction on the previous year's savings target, Clinical Boards would be expected to manage pressures that arise in year within their overall budgets. The plan also maintained the direction of travel established by the UHB by moving to a break even position in 2019/20 and reducing the underlying deficit on an annual basis so that it was eliminated moving into 2021/22.

The Finance Committee Chair (JA) asked how the £12m high value and corporate opportunities target had been set and whether a breakdown of schemes was available. The Deputy Director of Finance confirmed that the £12m target was the additional reduction in

expenditure required to balance the plan and that further broad detail of opportunities should unfold over the next 2 weeks following a planned in depth examination of the options by the UHB's Executive Team. It was noted that the target was achievable based on known opportunities that had been outlined at the previous meeting of the Committee. The Committee was also informed that to date limited progress had been made by Clinical Boards in identifying the 2% delegated savings target. In this context the Finance Committee Chair (JA) asked for future Finance Committee meetings to be updated on progress against both the 2% delegated saving plan & the high value and corporate opportunities savings target on a monthly basis. The Deputy Director of Finance added that the UHB expected Welsh Government to ask the UHB for further assurance on its plans to deliver its savings plans within the Final draft of the IMTP and that performance against Savings programmes would continue to be a standing item on the Finance Committee agenda.

In respect of the £36.3m underlying deficit carried forward to 2019/20 John Union, Board's Independent Member – Finance asked whether Welsh Government now acknowledged this figure. Chris Lewis, Deputy Director of Finance replied that the UHB's plan clearly set out the non-recurrent savings, opportunities and income from 2018/19 that moved the UHB from the £9.9m 2018/19 planned deficit to the underlying deficit of £36.3m coming onto 2019/20 and it was hoped that Welsh Government would acknowledge the UHB plans to deliver a £0.1m surplus in 2019/20.

Charles Janczewski, UHB Vice Chair thanked the UHB Officers for putting forward a reasonable plan which provided the UHB with an outline for the delivery of a breakeven position and highlighted a smaller number of text amendments within the draft plan that needed to be considered before the final plan was submitted to Welsh Government. Charles Janczewski, UHB Vice Chair also noted that the plan does not reflect any potential changes that may arise from changes in Welsh Government allocation methodology in 2019/20 and future years. It was agreed that the UHB would need to monitor any potential changes to Welsh Government allocation methodology with a view to making an early assessment of the potential financial consequences for the UHB.

In reply to a query from John Union, Board's Independent Member – Finance, Len Richards, Chief Executive indicated that the UHB would consider the option to convene an emergency Finance Committee meeting if Welsh Government identified any material challenge to the IMTP.

**Resolved – that:**

- (a) Process to enable submission of the IMTP to Welsh Government

Chris Lewis, Deputy Director of Finance presented the UHB's financial performance to month 8 and highlighted that the UHB remained on track to deliver the £9.9m planned deficit, that a full savings programme was in place and that the overspend against the plan had fallen by £0.143m in month to £0.491m. The overspend was primarily driven by pressures against income, nursing and clinical supplies and services.

Three of the measures Month 8 Finance Dashboard remained rated as red as follows:

- The UHB's 2018/19 planned deficit of £9.9m meant that the UHB did not expect to remain within the revenue resource limit in 2018/19 and this remained RAG rated red.
- The UHB's assessed underlying deficit position was £36.3m at month 8 and this is RAG rated red.
- The forecast year end cash deficit was now £11.743m and remained RAG rated red. The UHB's Chief Executive wrote to the NHS Wales Chief Executive In December to formally request the following level of cash support in 2018/19.

The UHB had reported a deficit of £7.092m for the year to date which was made up of a planning deficit of £6.600m (8/12 of the £9.9m planned deficit) and a £0.492m adverse variance against plan.

In response to a query from the UHB Vice Chair (CJ) the Deputy Director of Finance indicated that the UHB remained confident of recovering the £0.492m overspend against plan in the final 4 months on the basis that overall delegated budget performance would be managed within agreed forecasts. Actual year-end performance could still be influenced by unforeseen pressures or allocation adjustments.

The underperformance against income targets was now £1.540m following an in month deterioration of £0.232m in part due to continuing under-recovery against orthopaedics income targets.

Pressures against nursing and medical and dental budget continued in month leading to an in month pay overspend of £0.232m although cumulative performance against pay budgets was broadly balanced at month 8 due to significant underspends against other pay groups.

The reported underspend against non-pay budgets increased in month and there was also an in month improvement on the reported position against clinical services and supplies where the overspend fell by £0.385m to £1.384m. It was noted that the prescribing position had deteriorated in month due to pressures against No Cheaper Stock Obtainable (NCSO) drugs and that the commissioning position had worsened due to increasing flows out of Wales.

The position against Continuing Healthcare (CHC) budgets deteriorated by £0.180m to an overspend of £0.518m. The Executive Nurse Director indicated that a large proportion of CHC costs were driven by individual packages of care as opposed to the provision of

collective services and suggested that given the increasing number of people meeting CHC criteria that the UHB needed to consider whether some services could be provided more fairly and efficiently on a collective basis. In response to a query from the Board's Independent Member – Finance (JU) the Executive Nurse Director confirmed that the UHB was required to provide continuing health care that met the needs of patients meeting the criteria threshold for CHC.

Referring to Tables 15 & 16 the Deputy Director of Finance reported that there were significant in year overspends reported against the Children & Women, Medicine & Surgery Clinical Boards. The UHB Vice Chair (CJ) enquired whether the reported overspends would affect the UHB's strategy moving forwards and the Deputy Director of Finance indicated that there was an expectation that the Boards would effectively manage within agreed budgets moving forwards.

It was confirmed that the UHB's underlying deficit had been reduced by £2.8m in month.

The UHB was awaiting confirmation from Welsh Government of support on revenue working balances. If support was not confirmed the UHB would manage its year-end cash position through the timing of payments to suppliers.

The UHB's cumulative Public Sector Payment Compliance performance to the end of November exceeded the 95% target and fell from 95.6% to 95.3% due to an issue with one supplier that had affected performance across Wales.

An additional £4.4m of capital funding was received by the UHB in the month and the UHB had already agreed expenditure plans for the additional resource through its Capital Planning Group. The UHB Vice Chair (CJ) enquired why the additional capital funding had been released by Welsh Government and the Deputy Director of finance confirmed that the funding had been released following a re-assessment of the profiled spend of capital monies across Wales. The Chief Executive added that the UHB had previously shared its capital spending priorities with Welsh Government and the UHBs prioritization list provided the UHB with opportunity to manage its spend effectively.

The Deputy Director of Finance concluded by confirming that the key financial risks continued to be managing within current budgets and reducing the UHB's underlying deficit.

**LIMITED ASSURANCE** was provided by:

- The scrutiny of financial performance undertaken by the Finance Committee;
- The month 8 position which is broadly on line with the profiled deficit within the draft operational plan.

**Resolved – that:**

- (a) The Finance Committee:

- noted that the UHB has an unapproved draft one year operational plan that has a planned deficit of £9.900m for the year;
- noted the £7.092m deficit at month 8 which includes a planning deficit of £6.600m and an adverse variance against plan of £0.492m;
- noted the key concerns and actions being taken to manage risks.

FC18/287

## **TRADE AND OTHER RECEIVABLES – ACCOUNTING POLICY AND PROVISION**

The Finance Manager – Resource Management (PE) summarised a paper providing an outline of trade and other receivables on the LHBs balance sheet as at October 31st 2018 and confirmed that the UHB's accounting policy for Trade and Other Receivables complied with International Financial Reporting Standards (IFRS) and the Government Financial Reporting Manual (FReM).

The UHB is expected to change its previous policy and adopt IFRS 9 for the assessment of trade debtors and receivables in its 2018/19 statutory accounts. IFRS 9 requires the UHB to update its assessment of impairment (bad debt provision) at each reporting date based upon an historical analysis of bad debt by type of debt. An all Wales Technical Accounting Sub Group was established to agree a methodology in relation to the adoption of IFRS9 across NHS Wales. The methodology agreed indicated that the UHBs overall bad debt provision brought forwards into 2018/19 was expected to increase by £1.259m from £1.807m to £3.066m. This increase is balanced by a balance sheet adjustment to reserves and does not affect the UHB's financial performance in year.

It was noted that 87.6% of the £224.043m trade and receivables identified on the balance sheet as at October 31st 2018 related to NHS receivables and that 79% of the debt was identified against the Welsh Risk Pool. This debt would be settled following UHB settlement of legal claims against the UHB and historical analysis indicated that the risk of non-recovery from the Welsh Risk Pool was low.

John Antoniazzi, the Finance Committee Chair asked whether the methodology recommended by the all Wales Technical Accounting Sub Group had been agreed by Welsh Audit Office (WAO) and it was agreed that the level of agreement from WAO would be reported back to the next meeting of the Finance Committee

### **ACTION**

Deputy Director of Finance.

CL

### **Resolved – that:**

- (a) The Finance Committee noted the update

**FC18/288**

## **CLINICAL BOARDS IN ESCALATION**

The Chief Operating Officer confirmed that moving forwards the Dental Clinical Board would be absorbed with the Surgery and PCIC Clinical Boards.

Discussions were continuing with both the Medicine and Surgery Clinical Boards who were both in escalation because of financial performance to gain further assurance that planned actions would be sufficient to improve this year's financial performance.

### **Resolved – that:**

- (a) The Finance Committee noted the actions being taken to manage financial performance

**FC18/289**

## **COST REDUCTION PROGRAMME**

The Assistant Director of Finance highlighted the following key points from the Cost Reduction Report:

- At the end of the month £33.038m of schemes had been identified as Green or Amber against the devolved 4% savings target of £33.780m, leaving a gap of £0.742m
- £21.502m has been identified against the £25.335m recurrent 3% element of the devolved target.
- £11.536m has been identified against the £8.445m non-recurrent 1% element of the devolved target.
- As at month 8 £12.582m of cross cutting opportunities had been identified as Green or Amber contributing towards the delivery of the £33.780m devolved CRP target.

The Assistant Director of Finance highlighted a £0.793m surplus on the Full Year Effect of 2018/19 schemes and indicated that this would support the 2019/20 plan.

### **Resolved – that:**

- (a) The Finance Committee noted the progress against the £33.780m devolved 2018/19 CRP target and the Cross Cutting contribution
- (b) The Finance Committee noted that the £9.266m improvement target had been achieved without any adverse impact on service delivery

**FC18/290**

## **RISK REGISTER**

The Assistant Director of Finance presented the 2018/19 Risk Register and informed the Finance Committee that no risks had been either added or taken off the register in month. It was noted that the two highest scoring risks, the nursing overspend and underlying deficit had been discussed earlier in the meeting.

**Resolved – that:**

- (c) The Finance Committee noted the risks highlighted within the risk register

**FC 18/291**

**ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEES**

No other items to bring to the main Board.

**FC 18/292**

**DATE OF THE NEXT MEETING OF THE BOARD**

**Wednesday 30<sup>th</sup> January; 2.00pm; Large Meeting Room, HQ, UHW**

**CONFIRMED MINUTES OF STRATEGY AND DELIVERY COMMITTEE**  
**On 8 JANUARY 2019**  
**MEETING ROOM, HEADQUARTERS**

**Present:**

Charles Janczewski	CJ	Vice Chair
John Antoniazzi	JA	Independent Member - Estates
Gary Baxter	GB	Independent Member - University
Sara Moseley	SM	Independent Member - Third Sector
Dawn Ward	DW	Independent Member - Trade Union

**In Attendance:**

Maria Battle	MB	Chair
Steve Curry	SC	Chief Operating Officer
Martin Driscoll	MD	Director of Workforce and OD
Abigail Harris	A\H	Director of Planning
Michael Imperato	MI	Independent Member – Legal
Dr Fiona Jenkins	FJ	Director of Therapies and Health Sciences
Dr Fiona Kinghorn	FK	Consultant in Public Health
Chris Lewis	CL	Deputy Finance Director
Len Richards	LR	Chief Executive
John Union	JU	Independent Member – Finance
Ruth Walker	RW	Executive Nurse Director

**Secretariat:**

Sheila Elliot

**Apologies:**

Eileen Brandreth	EB	Independent Member – ICT
Nicole Foreman	NF	Director of Corporate Governance
Akmal Hanuk	AH	Independent Member - Community
Sharon Hopkins	SH	Director of Public Health

<b>SD:</b> <b>19/01/001</b>	<b>WELCOME AND INTRODUCTIONS</b>	<b>ACTION</b>
	The Chair welcomed everyone to the meeting and thanked the Independent Members not on the Committee for attending. The Chair explained that the meeting was focussing solely on the draft Integrated Medium Term Plan.	
<b>SD:</b> <b>19/01/002</b>	<b>APOLOGIES FOR ABSENCE</b>	
	Apologies for absence were noted.	
<b>SD:</b> <b>19/01/003</b>	<b>DECLARATIONS OF INTEREST</b>	
	Charles Janczewski declared an interest in WHSSC as Chair of their Quality and Patient Safety Committee.	

<b>SD:</b> <b>19/01/004</b>	<b>MINUTES OF THE COMMITTEE MEETING HELD ON 1 NOVEMBER 2018</b>  <b>Resolved – that:</b>  (a) The Committee <b>RECEIVED</b> the Minutes from the November meeting	
<b>SD:</b> <b>19/01/005</b>	<b>ACTION LOG FOLLOWING THE LAST MEETING</b>  The Committee <b>RECEIVED</b> the Action Log from the November meeting	
<b>SD:</b> <b>19/01/006</b>	<b>INTEGRATED MEDIUM TERM PLAN 2019-2022</b>  The Committee <b>RECEIVED</b> the Integrated Medium Term Plan (IMTP) and it was discussed as follows:  <b>2.1 The Plan</b> <ul style="list-style-type: none"> <li>• This document has been specifically prepared to be as succinct as possible with links to individual plans such as the Workforce Plan, Clinical Board Plans, Estate Plan, Area Plan and Quality Framework which can be accessed for more in-depth details.</li> <li>• A full set of Clinical Board Plans will be published alongside the IMTP</li> <li>• Welsh Government feedback is awaited. They have seen the Workforce Plan and Financial Schedules and we have had no negative feedback so far. The Mental Health and Primary Care plans have also been shared but it is acknowledged that this is still work in progress.</li> <li>• Steve Curry and Lee Davies are completing work on the detailed plans for maintaining and improving the key deliverables.</li> <li>• It was noted that a number of Executives were meeting with the Welsh Government on 9<sup>th</sup> January 2019 where they will be looking for assurance that the financial gap of £12million will be closed and that we can demonstrate the actions we are undertaking to achieve this.</li> <li>• IMTP looks very similar to the Annual Plan which the Welsh Government liked. The illustrations are valuable as they can often portray quickly the key messages.</li> <li>• It was agreed that the values would be added</li> <li>• It was noted that the Area Plan provides the link to housing plans.</li> <li>• Regarding work with Lightfoot and the local authority more work is required across the system on the dashboard, but the two local authorities are interested in securing a system-wide intelligence system.</li> <li>• Co-dependencies with the Community and Board is key and is working well providing a stable clinical board working as a team.</li> <li>• The RPB was maturing well. The change in the model was having a significant impact on outcomes for people.</li> <li>• Unfortunately two residential homes were closing which poses issues as there are very few places available to accommodate the residents of the homes.</li> </ul>	

## 2.2 Transformation Bid

- The market needs to be more diverse in relation to support in the community.
- Cardiff Council is exploring the possibility of going back into the residential care market. This may provide a good opportunity for the Organisation to specify what is required.
- The Government is focussing on Mental Health and Primary Care and one of the NHS priorities is Crisis Intervention and Children Services. The report will be strengthened to reflect this.
- IMTP is being taken to the Management Executive on 14<sup>th</sup> January and published on 16<sup>th</sup> January in the Board Papers
- It is hoped that with approval of the Plan this will launch us into a more constructive environment and gives the organisation a positive outlook, particularly as the financial position and performance is good. The Workforce and Financial plan do join up well.

## 2.3 Financial Plan

- The plan has been marginally tweaked since the December Board Development Session and has gone to the Finance Committee. It still shows financial balance over each year of the IMTP.
- There is a brought forward deficit of £36.3million
- Welsh Government budget is quite generous and will allow for investments and development
- CIP requirement was 4% in 2018, and will be 2.8% for 2019
- We have £12million to find to close the residual gap
- The plan requires a saving of 2% on delegated budgets and a further 1.8% on corporate and high value opportunities
- We will be able to put in a balanced plan and once through 2019/2020 we will be in a much better place financially
- We will enter onto the Risk Register of the Financial Committee that a No Deal Brexit may result in inflationary pressures.
- We are nearly half way through the ten year plan of 2015-2025 and probably are not quite on track and this will need to be checked out at the half-way point. However, items take a while to put into place, such items as population health, obesity, screening, quitting smoking etc. and should lead to a healthier generation to come, especially if viewed in a 25-year framework.
- Infrastructure funding is somewhat easier to forecast both in the short and longer term. There is no doubt that there will be a rapid change in healthcare over the next decade.
- We envisage being in a recurrent balanced position in 20/21 but will breach our statutory duty for the next two years.

## 2.4 Workforce Plan

Martin Driscoll presented the Workforce Plan

- The Plan was reviewed and discussed
- The Finance and Workforce areas have pulled together nicely with a balanced plan.

	<ul style="list-style-type: none"> <li>• It is difficult to forecast the workforce and each Board has a different structure.</li> <li>• There is still work to do to further align service, finance and workforce planning</li> <li>• If a vacancy has been open for a long while we might consider that it doesn't need to be filled. However, this may not be the case and this decision could have a knock-on effect of additional locum cost, staff morale and quality of care provided</li> <li>• We have exhausted the pool of UK nurses and are looking worldwide</li> <li>• There is a pathway of talent coming through, with career planning, leavers, retirement etc.</li> <li>• The common conception is that it seems to take a long time to replace a vacancy and produces a high interim locum cost. We need to be more proactive</li> <li>• An in-house leadership programme is to be set up which is a cost-effective option for the employee Engagement Programme and is linked to taking forward recommendations following the staff survey</li> <li>• Considering that 25% of absence is down to mental health issues, depression and stress the Occupational Health Department with 1.6 counsellors is doing very well with very little resource.</li> <li>• Currently we are 180 nurses short</li> <li>• It is more difficult to plan for retirement now as there are more retirement options for people. This should be a question asked at an appraisal and the developing leadership programme will include this training.</li> <li>• A new Director of IT has been appointed who will have some new ideas which will be interesting.</li> <li>• Cardiff and Vale local authorities are both tying in their data with the next phase of Lightfoot.</li> <li>• Other Health Boards are beginning to hear about the success of the Canterbury link and are wanting to consult with us</li> <li>• An 'Academy of Scalability and Spread' is proposed and Dr Hopkins is leading in the project.</li> <li>• We need to continue to communicate the Clinical Services Plan and build on the strategy for the engagement of users.</li> </ul> <p><b>Resolved – that:</b></p> <p style="text-align: center;"><b>(a) The action update be noted</b></p>	
<b>SD:</b> <b>19/01/007</b>	<b>ANY OTHER URGENT BUSINESS</b>	
	There was no other business to raise	
<b>SD:</b> <b>19/01/008</b>	<b>DATE OF THE NEXT MEETING OF THE BOARD</b>	
	Tuesday 5 March 2019, 9.30am – 12.00pm Corporate Meeting Room, Headquarters	

**CONFIRMED MINUTES OF CHARITABLE FUNDS COMMITTEE  
HELD AT CARDIFF CITY STADIUM  
11<sup>th</sup> DECEMBER 2018**

**Present:**

Akmal Hanuk	AH	Chair
Maria Battle	MB	Chair

**In Attendance:**

Alun Williams	AW	Acting Financial Services Manager
Chris Lewis	CL	Deputy Finance Director
Fiona Jenkins	FJ	Director of Therapies and Health Sciences
Joanne Brandon	JB	Director of Communications and Engagement
Mike Jones	MJ	Trade Union Staff Side
Peter Welsh	PW	Llandough Hospital General Manager
Simone Joslyn	SJ	Head of Arts and Health Charity
Barbara John	BJ	Business and Operational Manager

**Secretariat:**

Helen Bricknell

**Apologies:**

John Union	JU	Independent Member – Finance
Dawn Ward	DW	Independent Member – Trade Unions
Angela Hughes	AH	Assistant Director of Patient Experience

<b>CFC 18/059</b>	<b>WELCOME AND INTRODUCTIONS</b>	<b>ACTION</b>
	The Chair welcomed everyone to the meeting.	
<b>CFC 18/062</b>	<b>APOLOGIES FOR ABSENCE</b>	
	Apologies for absence were noted.	
<b>CFC 18/063</b>	<b>DECLARATIONS OF INTEREST</b>	
	No interests were declared.	
<b>CFC 18/064</b>	<b>MINUTES OF CFC MEETING HELD SEPTEMBER 2018</b>	
	There was an update on the Better of Life appeal, which has been amended and Committee agreed to support the appeal	
<b>CFC16/121</b>	Update at next meeting	

<b>CFC 16/157</b>	Ongoing - update March 2019	
<b>CFC 16/031</b>	No suitable venue found for the other park and ride service.	
<b>CFC 18/065</b>	<b>ACTION LOG FOLLOWING THE LAST MEETING</b>  <b>Resolved - that</b>  The Committee <b>RECEIVED</b> the Action Log from the September meeting.	
<b>CFC 18/066</b>	<b>ANNUAL REPORT AND ACCOUNTS</b>  <ul style="list-style-type: none"> <li>WAO completed the audit and it will be signed off by the Trustees on 31/01/2019.</li> <li>WAO attending the Board Development Day.</li> </ul> <p>Overview of the report was presented. Also presented was the IS260 report from the WAO which gave an unqualified opinion.</p> <ul style="list-style-type: none"> <li>XISO260 report WAO audit opinion from account 3b</li> <li>Response from EVO in accordance to account</li> <li>The CFC asked to see the account details</li> </ul> <p><b>Resolved – that:</b></p> <p>The Committee <b>RECOMMENDED</b> the Annual Report and Accounts for the approval to the Trustee’s at their meeting on the 13th December 2018.</p>	
<b>CFC 18/067</b>	<b>BIDS PANEL REPORT</b>  Discussed the report and the Wellbeing Agenda.  <ul style="list-style-type: none"> <li>Running 12 months up to £250 which is encouraging.</li> <li>Support has been received from Lucie</li> <li>There have been more than 60 Fast Track bids</li> <li>The two teams have collaborated and as a result they are making more progress</li> </ul> <p><b>Resolved – that:</b></p> <p>The Committee <b>NOTED</b> the report</p>	
<b>CFC 18/068</b>	<b>FINANCIAL POSITION REPORT</b>  <ul style="list-style-type: none"> <li>End of October 2018 shows a net income gain on investment assets and on net incoming resources</li> <li>Period 2 shows a healthy cash balance which offers a cushion with the possibilities of challenges that we may be facing with Brexit</li> <li>Chair wishes to highlight the strategy of cash in the bank if the investments suffer losses.</li> </ul>	

	<p><b>Resolved – that:</b></p> <p>The Committee <b>NOTED</b> the financial position of the charity.</p>	
<b>CFC 18/069</b>	<p><b>FUNDRAISING REPORT</b></p> <ul style="list-style-type: none"> <li>• First and second periods next year</li> <li>• Number of campaigns on the run up to Christmas</li> <li>• Gifts for teenagers in care and Looked after Children</li> <li>• Background information from Giselle as well as information pack</li> <li>• Dormant funds</li> <li>• Simone Joslyn to send out electronically</li> <li>• Last item number 7</li> <li>• Cross reference core disclosure wording</li> <li>• Any comments to Barbara John by end of December</li> <li>• Add to Agenda for the Board Meeting in January 2019</li> <li>• 3<sup>rd</sup> sector money – social prescribing agenda has £30k and £3k to assist with administration. 1 has £20k, 2 has £25k, 3 has £30k split across 5 or 6 areas for piloting. 3<sup>rd</sup> sector prescribing Regional Partnership Board</li> <li>• Do we need to invest more in Shaping Our Future Wellbeing?</li> <li>• Higher values for different types of players.</li> <li>• Input £10k for new relationships.</li> <li>• Rebranding of staff lottery</li> <li>• Staff Recognition Awards</li> <li>• Special Health Charity Star Award</li> <li>• The staff mega draw will take place on 25/01/2019 at Headquarters and there was discussion on venue's for upcoming draws.</li> <li>• Internal Audit gave Charitable Funds Committee – substantial assurance and 2 medium recommendations</li> </ul> <p><b>Resolved – that:</b></p> <p>The Committee <b>APPROVED</b> the progress and activities.</p>	SJ
<b>CFC 18/070</b>	<p><b>INTERNAL AUDIT REPORT ON CHARITABLE FUNDS</b></p> <p>The report was presented which had received a substantial assurance audit rating.</p> <p><b>Resolved – that:</b></p> <p>The Committee <b>NOTED</b> the contents of the report and the management actions assigned to the recommendations.</p>	
<b>CFC 18/071</b>	<p><b>WIFI 2018/2019</b></p> <p>WAO auditing the accounts and noted a commitment on WIFI but nothing noted in the CFC minutes. Formerly committed – a pot of £46k provisional services for WIFI</p> <p>Discussed at Trustees meeting 2018/19 and formally endorsed</p>	

<p><b>CFC 18/072</b></p>	<p><b>FIRST IMPRESSIONS – BARRY HOSPITAL</b></p> <ul style="list-style-type: none"> <li>• On 25<sup>th</sup> anniversary of the hospital the HIWB Centre opened</li> <li>• First impression of the BIDS team were that it enhances the hospital</li> <li>• The first floor is a base for the charity but there is a lack of facilities.</li> <li>• Maybe employ a part-time receptionist at £6/7k</li> <li>• To place Aroma in the reception area and build a conservatory</li> <li>• Funds can be used for a part time hospital receptionist until Aroma is opened</li> <li>• We need to maximise the publicity of the charity</li> <li>• Rundown</li> <li>• Need volunteers for Barry Hospital</li> <li>• Car parking on site</li> <li>• Report due in six months' time – how will the money be funded?</li> <li>• Mary Lennox suite received charitable funds for the Away Day</li> <li>• Need some signage – maybe at front of hospital</li> </ul> <p><b>Resolved – that:</b></p> <p>The Committee <b>APPROVED</b> a maximum budget of £99,500.00</p>	
<p><b>CFC 18/073</b></p>	<p><b>IBD SERVICE AT UHL – ENHANCING PATIENT EXPERIENCE</b></p> <p>Overview of report</p> <p><b>Resolved – that:</b></p> <p>The Committee <b>APPROVED</b> the maximum expenditure of £20k outlined in the application from the Cardiff and Vale UHB Health Charity Funds.</p>	
<p><b>CFC 18/074</b></p>	<p><b>ARTS FUND PROPOSAL</b></p> <ul style="list-style-type: none"> <li>• The Arts are in the health agenda</li> <li>• Part time Band 6</li> <li>• Arts Council has a three year timeframe.</li> <li>• Cardiff and Vale and the ABMU are ahead of the game</li> <li>• Complimentary therapies</li> <li>• Agree a post</li> <li>• There is an overlap with therapy degree and arts in therapeutic manner</li> </ul> <ul style="list-style-type: none"> <li>• <b><u>Match Funding Arts Council Wales</u></b> £59,494 agreed which is the match funding needed to secure funding from the Arts Council in Wales.</li> <li>• <b><u>Arts Fund Ring Fenced Monies £70k per annum</u></b> £70k agreed for one year and the CFC to reconsider at a later date for year's 2 and 3 – depending on availability of funds.</li> </ul> <p><b>Resolved – that:</b></p>	

	The Committee <b>APPROVED</b> and <b>AGREED</b> Ring fencing an Arts fund The Committee <b>AGREED IN PRINCIPLE</b> Support the NHS Confederation/Arts Council of Wales resource opportunity to embed arts in health charity.	
<b>CFC 18/075</b>	<b>BSL TRAINING AND AWARENESS</b>  Difficulties with services with a recurrent funding of £29k  <b>Resolved – that:</b>  The Committee <b>SUPPORTED</b> the proposed actions requesting a report in six months.	
<b>CFC 18/076</b>	<b>PATIENT EXPERIENCE/WASTE REPORT</b>  Defer Item	
<b>CFC 18/077</b>	<b>PROMOTING HEALTH AND HEALTH CHARITY MESSAGING/ VISIBILITY</b>  <ul style="list-style-type: none"> <li>• Place a POD in the UHW Concourse – need a capital estimate</li> <li>• Promote the charity electronically and upfront</li> <li>• Accessibility</li> <li>• Split the bills into delegated funds (£16.5k), bids panel (£10k) and charge the residual amount to general reserves.</li> </ul> <b>Resolved – that:</b>  The Committee <b>APPROVED</b> and principle <b>AGREED</b> on the initial design and concept. The Committee <b>APPROVED</b> a maximum budget of £60,000	
<b>CFC 18/078</b>	<b>ITEMS TO BE RECORDED AS RECEIVED AND NOTED FOR INFORMATION BY THE COMMITTEE</b>  An update was provided on Horatio’s guide	
<b>CFC 18/079</b>	<b>STAFF BENEFIT PROGRESS REPORT</b>  Nothing to Report  <b>LETTER OF INTENTION – HORATIO’S GARDEN</b>  Nothing to Report	
<b>CFC 18/080</b>	<b>ITEMS TO BRING TO THE ATTENTION OF THE BOARD / OTHER COMMITTEES</b>  Committee Governance, Terms of Reference to be brought to Committee Bids	CC / AW

	<p>Visibility at next meeting  Next December meeting to be held in either the Science Hub or Barry Hospital Mary Lennox Suite.</p>	
<b>CFC 18/081</b>	<p><b>DATE AND TIME OF NEXT MEETING</b></p> <p>The next meeting will be held on the 19th March 2019 9.00am – 12.00pm  Corporate Meeting Room, Headquarters, UHW</p>	
<b>CFC 18/082</b>	<p><b>ANY OTHER URGENT BUSINESS</b></p> <p>There was no other business to raise.</p>	

**CONFIRMED MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE  
GROUP MEETING HELD ON THURSDAY 24 JANUARY 2019, CARDIFF  
COMMUNITY HOUSING ASSOCIATION OFFICES**

**Present:**

Richard Thomas	Care & Repair Cardiff and the Vale (Chair)
Posy Akande	Carer
Sarah Capstick	Cardiff Third Sector Council
Garry Davies	South Wales Fire and Rescue
Liz Fussell	UHB Volunteer
Paula Martyn	
Liz McCarthy	South Wales Police
Linda Pritchard	Glamorgan Voluntary Services
Geoffrey Simpson	One Voice Wales

**In Attendance:**

Hannah Brayford	Head of Programme Management, UHB (Item SRG 19/07)
Nikki Foreman	Director of Corporate Governance
Abigail Harris	Director of Planning, UHB
Wendy Orrey	Cardiff and Vale Community Health Council
Alex Scott	Patient Safety and Quality Assurance Manager, UHB (Item SRG19/09)
Katie Sheppard	Service Improvement Programme Manager (Item SRG 19/07)
Anne Wei	Strategic Partnership and Planning Manager, UHB
Keithley Wilkinson	Equality Manager, UHB
Suzanne Wood	Consultant in Public Health Medicine, UHB (Item SRG 19/08)

**Apologies:**

Mark Cadman	WAST
Suzanne Duval	Diverse Cymru
Ben Gray	Vale of Glamorgan Council
Stephen Murray	South Wales Police

**Secretariat:**

Gareth Lloyd

**SRG 19/01 WELCOME AND INTRODUCTIONS**

The Chair introduced and welcomed Liz McCarthy to the Group.

## **SRG 19/02 APOLOGIES FOR ABSENCE**

The SRG **NOTED** the apologies.

It was **NOTED** that although not a member of the SRG, apologies had been received from Marie Davies and Angela Hughes.

## **SRG 19/03 DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **SRG 19/04 CONFIRMATION OF SRG CHAIR ELECT**

Richard Thomas was endorsed as Chair of the SRG noting that he would be unable to attend UHB Board meetings on a regular basis.

Geoffrey Simpson was nominated and endorsed as Vice Chair.

## **SRG 19/05 MINUTES AND MATTERS ARISING FROM STAKEHOLDER REFERENCE GROUP MEETING HELD ON 27 NOVEMBER 2018**

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 27 November 2018.

## **SRG 19/06 FEEDBACK FROM BOARD**

The SRG **RECEIVED** and **NOTED** the agenda of the Board meeting held on 29 November 2018.

Nikki Foreman and Abigail Harris drew the SRG's attention to some specific items.

### **Adult Thoracic Surgery**

The Board had approved the recommendations around the site of the single centre, with caveats around ensuring that the workforce model to support the Major Trauma Centre are put in place. The Board will continue to review progress to ensure that this work is on track. The Community Health Council (CHC) had been unable to support the recommendation because the responses from residents of Cardiff and the Vale had been broadly unresponsive of the recommendation. The UHB understood the CHC's stance. The report to the Board had contained Welsh Health Specialised Services Committee's (WHSSC) mitigating actions in response to the

concerns raised during the public consultation. The CHC would be organising a series of local community events to see if the public were re-assured by these mitigating actions. The outcome of this would be brought to the Board alongside the work on the workforce model. The public consultation would not, however, be re-opened.

### **Board Assurance Framework**

The Framework details a number of key risks

- Workforce – an issue for the NHS across the UK.
- Finance – the UHB remained under Welsh Government (WG) Targeted Intervention.
- Capital – estate, IT and equipment.
- Making sure the organisation’s culture can change sustainably.
- Sustainable primary and community care.

### **Sustainable Travel and Clean Air**

Proposals would be presented to the UHB Board on 31 January

### **Brexit**

A contingency plan in the event of a ‘no deal’ would be presented to the Board at its meeting on 31 January.

### **Staff Survey Results**

There had been a disappointing response rate of 23%. The results had also been disappointing and a working group will be established to look at approximately six of the key issues that had emerged from the responses.

The Chair enquired about the UHB’s financial sustainability. Abigail Harris explained that the UHB’s Integrated Medium Term Plan (IMTP) would be considered by the Board on 31 January. Although WG IMTP Guidance is extremely prescriptive, the UHB had managed to produce a much more concise document than in previous years with the details focussed on specific areas. The IMTP is a 60 page document with links to a suite of other documents that sit underneath the main document.

At the end of 2018/19 the UHB will have a deficit of £9.9m which is the figure that it has been reporting to WG. The IMTP indicates that the UHB will have a balanced budget at the end of 2019/20 with £30m savings identified during next financial year. This is extremely challenging but there is confidence within the organisation that it is achievable although it is recognised that its Transformation Programme will be key to its success. On the basis that activity performance is holding up reasonably well compared to other UHBs, the UHB remains hopeful that WG will approve the IMTP.

The SRG **RECEIVED** a presentation from Hannah Brayford on work to transform the delivery of Outpatients services.

There are four key design principles.

1. Enable people to maintain their health in their own home – ‘Patient Knows Best’ an online portal that gives patients access to their records and helps them to manage their care at home has been developed and is currently being trialled in the Ear, Nose and Throat (ENT) specialty.
2. Primary care supported to retain patients in primary care settings – ‘HealthPathways’ an online repository for GPs launching on 14 February which outlines pathways into secondary care thus helping with standardisation.
3. Specialist services delivered to the most urgent cases first – Will require a flexible workforce design ensuring the workforce can meet the challenge.
4. Patients manage their own follow up care at home with easy access to support and review. – Links with the patient portal so that patients have a clear route back into secondary care should they require it.

The SRG was then asked some specific questions.

- Is this the experience we want in the future? What is the most important and what are the gaps?
- Do you broadly agree with the design principles?
- What do you think the public’s view on the principles would be?
- Are there any particular areas of work that the SRG would like to see at a future meeting?

The SRG made a number of observations.

- The principles were supported.
- The needs of and impact on carers should be considered. Some patients will be unable to manage their care themselves and will be dependent on their carers
- Support for patients is often required attending outpatient clinics e.g. when their carers are looking for parking spaces.
- Those who care for the elderly and children with complex needs spend a considerable amount of their time taking people to outpatient clinics. Increased use of telemedicine and local community based clinics could reduce this.
- Consideration should be given to whether attendance at clinics is actually required for ‘routine’ follow ups. Could these be managed in a different way e.g. a phone call or Skype etc?

- Some individuals will require more support and motivation to manage their own health. Community peer support groups are extremely helpful but more are required especially for younger people with long term conditions such as Multiple Sclerosis and Motor Neurone Disease.
- The Wellbeing Hubs and Health and Wellbeing Centres being developed will also play a key role in helping people with managing their own care.
- The online portal must be accessible to people with physical disabilities and learning and language needs e.g. use of audio, larger print and images rather than words
- The proposals represent a huge operational change that will require the support of staff.
- Many of the proposals are extremely dependent on information technology (IT). Will the IT systems across NHS Wales be able to support these developments? Hannah Brayford acknowledged that developments in IT would be key to the success of the new Outpatients model and confirmed that IT colleagues had been fully involved in the development of the proposals.
- It was noted that although there were already pockets of good practice e.g. Skype clinics in some specialties, greater use should be made of IT. In recognition of this the UHB has recently appointed to a new role Director of Digital Health Intelligence.
- New systems must be compatible with all of the devices used by patients regardless of manufacturer.
- How will progress be measured and will there be targets and timescales? Hannah Brayford explained that the new model was in the early stages of design. A detailed plan would be developed together with a structured programme of public communications.
- Care needs to be taken with communications about the programme of work. There was a comment that while the title 'Shaping Our Future Outpatients' makes sense internally, it sounds a bit like a piece of work about genetic engineering to those who aren't familiar with the UHB strategy.

It was **AGREED** that

- the SRG would assist in reviewing any draft public documents to ensure they were appropriate; and
- the 'Patient Knows Best ' work would be brought to the SRG before its wider roll-out.

Hannah thanked the Group for the time they had spent reviewing the work in advance of the meeting and for the very helpful comments at the meeting.

The SRG **RECEIVED** a presentation from Suzanne Wood on creating a Healthy Weight Strategic Action Plan for Cardiff and the Vale of Glamorgan.

WG published 'Healthy Weight: Healthy Wales' on 17 January which sets out its ambitions to reduce and prevent obesity. It has four key themes:

- Leadership and enabling change
- Healthy environments
- Healthy settings
- Healthy people

The consultation period runs until 12 April and SRG members were encouraged to respond.

### **Action: All**

The UHB's recommended approach to tackling obesity was briefly outlined

The SRG then engaged in a workshop session during which it considered two specific questions.

Question 1 - What more can we do collectively to ensure our population moves more and eats well?

#### Suggestions/comments

- Tackling schools - develop the correct culture/enhance environment.
- Target areas of higher deprivation – get the correct balance between support/judgement/imposition – subsidise healthy food
- Our standard on what we see as 'normal' has changed, clothes sizes have increased.
- Have to be sensitive when talking to children about their weight.
- Revisit school menus – less sugar.
- Schools could do more e.g. a school in Bridgend has an 'Enrichment Programme' - Wednesday afternoons focus on physical activity involving Fire and Rescue Service.
- Schools to work collaboratively e.g. cooking classes for parents on school site.
- Think about how our working days are arranged: build in an expectation/permission for a period of physical activity so it becomes part of the work culture.
- Action must be culturally appropriate.
- Work place role models.

- Support, promote and signpost people to food co-operatives.
- Greater publicity of services that are available to support obese people

Question 2 – What pledge can you make personally or organisationally to ensure that our population moves more and eats well?

Suggestions/comments

- Positive messaging to encourage people to talk to their GP.
- United Nations Sustainable Food Plan – look at what we are eating e.g. eat less meat and dairy products and eat more plant based food.
- The UHB and other employers should be role models/exemplars.
- Individuals build in more time to travel differently and be more active.
- Encourage people to get out into natural environment e.g. using existing or creating new paths which would also help create natural fire breaks.
- Promote easier physical activity e.g. walking.
- Include breaks in meeting agendas to allow people to get up and move about

**Action: Gareth Lloyd**

The SRG was informed that there would be healthy weight events on 12 and 13 March. Suzanne offered to circulate the details to members. The draft Action Plan would be signed off April/May 2019 followed by a period of consultation. The final Action Plan would be published during October 2019.

**Action: Suzanne Wood/Gareth Lloyd**

**SRG 19/09 ANNUAL QUALITY STATEMENT (AQS)**

The SRG **RECEIVED** and **NOTED** the AQS 2017/2018.

Alex Scott explained that the AQS is a very transparent document that contains not only information on its achievements but also the challenges. It is designed first and foremost as an electronic document but hard copies are produced for all GP and Dental Practices in Cardiff and the Vale.

The format of the AQS has been revised to reflect comments received including the suggestions made by the SRG. It is now a much more visual document with a greater use of patient vignettes. The intention is to develop an inter-active website for the AQS in the future although it is likely that WG will still require the publication of a paper copy of the document.

The SRG was then asked to consider some specific questions about the AQS 2017/2018.

- Do you feel that the context of each of the chapters was explained?
- Did you feel that the balance of photographs/informatics/videos and text was appropriate?
- Did you feel that the electronic version was accessible? Was the hardcopy as accessible?
- Did you feel that the AQS was informative and covered the points you expected to see?
- Are there particular issues you want to see included in the AQS 2018/19?
- Would you make any changes to the format?

The SRG made a number of comments.

- It is good to see how the document has evolved over the past few years
- The document deserves a wide audience although its length may deter some.
- It is good that the challenges are included not just the achievements.
- The images should represent the diversity of the population and staff
- The number of Outpatient clinic 'Did Not Attends' (DNAs) is very high Abigail Harris explained that there were a many reasons for DNAs: including patient fear, failure to find a parking space and sometimes people don't know why they have received appointments. Alex Scott agreed to include initiatives to reduce the DNA rate e.g. texting or phoning patients to remind them of their appointments in the next AQS.

## **SRG 19/10 REVISED SRG TERMS OF REFERENCE**

The SRG **RECEIVED** and **NOTED** the revised draft Terms of Reference that had been amendments to reflect the discussion at the previous meeting.

Nikki Foreman explained that the UHB must comply with WG's model standing Instructions which were currently being reviewed. She would be suggesting to the All Wales Board Secretaries Group that the tenure of SRG members should be aligned with that of UHB Board members. If the WG review becomes protracted she would seek authority to formally adopt the revised Terms of Reference pending the outcome of the review. In the meantime she was happy to take a pragmatic approach to the SRG membership.

Anne Wei explained that Welsh Ambulance Service NHS Trust had nominated Mark Cadman to replace Bob Tooby. South Wales Police had nominated Steve Jones to replace Stuart Parfitt and it had been agreed that in

the event of Steve Jones being unable to attend, either, Steve Murray or Liz McCarthy could attend in his place. Cardiff University was in the process of reviewing its nomination and it was understood that this was due to have been discussed at a meeting earlier that day.

Sarah Capstick informed the SRG that she hoped to confirm a children's and young person's third sector nomination by the end of January. There were also three expressions of interest from Registered Social Landlords who would be keen to join the SRG to provide a housing perspective. Anne Wei reported that CAVAMH had also agreed to identify a potential mental health third sector nomination.

### **SRG 19/11 WALKING AID RETURN AND REFURBISHMENT**

The SRG **RECEIVED** and **NOTED** a written update on the progress made with walking aid return and refurbishment following a previous presentation and correspondence.

### **SRG 19/12 ANY OTHER BUSINESS**

#### **Brexit**

Abigail Harris reported that she had attended the Regional Partnership Board. Board members had been asked to plan for a 'reasonable worst case scenario'. The UHB has conducted a risk assessment and has a business continuity plan. The current message was that it was business as usual. She stressed that there was no need to stockpile supplies of medicine as this would have a damaging impact. There might be problems at some stage with access to some specialist medical equipment but it was difficult to plan for this given the current uncertainties. The UHB was not experiencing a mass exodus of staff from the European Union and it was being very supportive towards these staff. More of a concern was potential recruitment difficulties in the future.

The Cardiff Public Services Board had met the previous week. Planning was in hand for a police response to any social unrest.

Abigail Harris agreed to provide the SRG with an update at its next meeting.

### **SRG 19/13 NEXT MEETING OF SRG**

The next meeting of the SRG will take place 9.30am-12pm, Wednesday 27 March 2019, Primary Seminar Room, Hafan Y Coed, UHL.

**Confirmed Minutes from the Local Partnership Forum Meeting  
held on Monday 10 December 2018 at 10.30am  
Meeting Room, Executive Headquarters, University Hospital of Wales**

**PRESENT:**

Martin Driscoll	Executive Director of Workforce and OD (Co-Chair)
Mike Jones	UNISON/Chair of Staff Representatives (Co-Chair)
Fiona Salter	RCN
Peter Hewin	BAOT/UNISON
Stuart Egan	UNISON/Lead Health and Safety Representative
Dorothy Debrah	BDA
Ceri Dolan	RCN
Joe Monks	UNISON
Janice Aspinall	RCN
Pauline Williams	RCN
Abigail Harris	Executive Director of Strategy and Planning
Fiona Kinghorn	Interim Director of Public Health
Len Richards	Chief Executive
Nicola Foreman	Director of Corporate Governance
Fiona Jenkins	Executive Director of Therapies and Health Sciences
Julie Cassley	Deputy Director of Workforce and OD
Steve Hill	Assistant Director of Finance
Andrew Crook	Head of Workforce Governance
Ruth Walker	Executive Director of Nursing
Joanne Brandon	Director of Engagement and Communication

**IN ATTENDANCE:**

Kate Evans	Assistant Head of Workforce and OD (observing)
Sue Toner	Principal HP Specialist (part of meeting)

**APOLOGIES:**

Peter Welsh	Senior Manager, UHL and Barry
Rhian Wright	RCN
Rachel Gidman	Assistant Director of OD
Sharon Hopkins	Director of Transformation /Deputy Chief Executive
Dawn Ward	Independent Member – Trade Union
Ffion Mathews	SOCF
Bill Salter	UNISON

**Secretariat:**

Rachel Pressley	Workforce Governance Manager
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**LPF18/086 WELCOME AND INTRODUCTIONS**

Mr Driscoll welcomed everyone to the meeting and introductions were made.

**LPF18/087 APOLOGIES FOR ABSENCE**

Apologies for absence were **NOTED**.

**LPF18/088 DECLARATIONS OF INTEREST**

There were no declarations of interest in respect of agenda items.

## **LPF18/089 MINUTES OF PREVIOUS MEETING**

The Local Partnership Forum approved the minutes from 31 October 2018 as an accurate record of the meeting subject

## **LPF18/090 ACTION LOG REVIEW**

The Local Partnership Forum noted the Action Log. The following additional matters arising were also noted:

- LPF 18/081 – there was a need to jointly agree which managers/areas were priority for training in the Managing Attendance at Work Policy. It was suggested that the consequences of not meeting the target should be explained to staff. This would be picked up by the HR Operations Centre.

*(Ruth Walker entered the meeting)*

- LPF 18/084 – the issue of a 'Bank' for Operational Services was referred back to the Estates Partnership Forum

*(Andrew Crook entered the meeting)*

## **LPF 18/091 HEALTH AND ACTIVE: HEALTHY WEIGHT FRAMEWORK**

Representatives of the Public Health Team came to discuss the report on physical activity 'Moving Forward: Moving More & More Often'.

This was being developed as part of the statutory Director of Public Health's report and had been brought to the LPF at an early stage for engagement and to consider how the Forum could contribute to the work. The cost of inactivity to the NHS and the role of prevention was considered, along with plans to increase physical activity through active environments, healthy settings (early years, education, workplaces and primary care) and through campaigns and messages.

It was recognised that a lot of good work is already taking place (including the work of the Health Charity and within Therapies) but that this needed to be brought together into one resource so that people could find out more easily what support and help is available, especially in terms of taking the first steps and forming a habit. It was agreed that using stories, especially from people staff could relate to, helped inspire and motivate others. It was also noted that there was work to be done to address underlying assumptions and prejudices encountered by regular exercisers, including those who cycle between sites, but that the policy and infrastructure needed to be put into place before the necessary cultural changes could be made.

*(Sue Toner left the meeting)*

## **LPF 18/092 STAFF SURVEY RESULTS**

Mr Driscoll reminded the Forum that a group was being established to consider the results of the staff survey and agree how to respond to them. A disappointing number of staff had reported that they have been bullied or are suffering with stress and this will be a key focus for the group. However, there was also a lot of good

news which needed to be communicated widely. The group would also look at the low response rate (23%) and consider how this could be improved in the future.

Mr Egan noted that stress had overtaken musco-skeletal issues as the main cause of sickness absence and stated that he wanted to be involved in addressing this. He pointed out that there was a significant wait to see a counsellor through the Employee Wellbeing Service and the external Employee Assistance Programme was no longer in place. Miss Salter asked for it to be noted that Occupational Health and the Employee Wellbeing Service had recently provided tremendous support to RCN members in distress, but stated that the recommended number of counsellors was 1 wte per 2000 staff while we only have a total of 1.6 wte. Mr Driscoll stated that the Employee Wellbeing Service provide a great service but agreed that they are overstretched. He advised that the issues of Health and Wellbeing and stress would be key actions for 2019 and that he welcomed staff representative involvement in this. It was agreed that the causes of stress needed to be looked at and tackled, not just the symptoms.

### **LPF 18/093 UPDATE FROM THE CHIEF EXECUTIVE**

Mr Richards talked about a recent joint meeting between the Executive team and Welsh Government. It had been a very positive meeting and Welsh Government had recognised that a lot of good work was taking place within the organisation, especially around Public Health, population health and quality. They were also pleased with our current and projected financial situation. Mr Richards hoped that real consideration would be given to de-escalating the UHB from targeted intervention to business as usual if the projected financial position was achieved. He noted that there are still many and varied challenges but he believed that we are moving in the right direction.

### **LPF 18/094 ACHIEVING AN ESTATES INFRASTRUCTURE FIT FOR THE FUTURE**

Mrs Harris delivered a presentation on the UHB Estates Strategy. She described the current situation and associated risks, and the need to improve our infrastructure if we are to deliver the ambitions described in Shaping Our Future Wellbeing and the Clinical Strategy. The plan is for defined roles to be developed for UHW, UHL, the Wellbeing Hubs and other community services and an infrastructure plan has been developed to enable this.

It was noted that digital infrastructure and medical equipment replacement were not included specifically in the estates strategy and are subject to separate processes.

A copy of the presentation would be shared with Forum members, however, Mrs Harris asked members to note that the financial costs included were estimates and were subject to many factors which could cause them to change.

**ACTION: Dr Pressley**

Mr Hewin noted that there was a reference to 'alternative funding arrangements' and expressed concern that this could be referring to PFI. Mrs Harris advised that it was necessary to consider all options because of the scale of the plan. One of the

alternative sources which would be looked at was MIMs (Mutual Investment Models) which were an updated version of PFIs.

Mr Hewin also referred to the Partnership Board and re-iterated that although it was not a statutory requirement for staff representatives to have a seat, they were very keen to be involved.

### **LPF 18/095 TRANSFORMATION COMMUNICATIONS UPDATE**

Ms Brandon advised that an animation was being developed with external partners as a communications tool for the transformation work being undertaken. A storyboard with high level narrative had been produced and would be shared with the Forum.

**ACTION: Dr Pressley**

LPF members were asked to consider if anything was missing and share their general views directly with Ms Brandon.

The animation will also be used as part of the Leadership Programme to support staff in understanding where their leadership role fits with transformation.

### **LPF 18/096 INTEGRATED MEDIUM TERM PLAN**

The Integrated Medium Term Plan (IMTP) is currently under development and is due for submission to Welsh Government by the end of January. Mrs Harris advised that this year it will be a much smaller, high level document which is supported by and aligned with other, existing plans.

Welsh Government have indicated that they want us to be specific about what will improve and in what way. The financial framework requires us to achieve financial balance and deliver good performance. A copy of the draft IMTP would be shared with LPF members and any comments were to be directed to Mrs Harris.

**ACTION: Dr Pressley**

### **LPF18/097 FINANCE REPORT**

The Local Partnership Forum received a report detailing the financial position of the UHB for the period ended 31 October 2018. During the first 6 months the overspend had been £755k, though this position had improved during October.

Mr Hill indicated that there has been lots of good financial news this year, with £43m of savings fully worked up and described. However, a significant portion of these savings are non-recurrent which means that the savings plan will remain a challenge next year.

### **LPF18/098 WORKFORCE AND OD KEY PERFORMANCE INDICATORS**

Mr Driscoll presented the Workforce KPI report. Key highlights included the huge efforts being made in nurse recruitment to reduce our reliance on agency workers,

and the completion of a Training Needs Analysis (TNA) for Mandatory Training. As a result of this TNA some of the level 1 requirements have been reduced which make it easier for staff to complete their training

## **LPF18/099 PART 2 – ITEMS FOR NOTING**

The Local Partnership Forum received and noted the following reports:

- Patient Safety, Quality and Experience Report.
- Performance Report.
- Unconfirmed Employment Policy Sub Group Minutes from 15 November 2018
- Revised Employment Policy Sub Group Terms of Reference

## **LPF 18/100 REVIEW OF THE MEETING**

It was agreed that the support of the Local Partnership Forum for the Director of Public Health's report on physical activity 'Moving Forward: Moving More & More Often' should formally be brought to the attention of the Board.

## **LPF 18/101 ANY OTHER BUSINESS**

There was no other business raised.

## **LPF18/085 DATE OF NEXT MEETING**

The next meeting will take place on Wednesday 6<sup>th</sup> February at 10am in the HQ meeting Room, HQ, UHW (n.b. the room will be available from 9am for a staff representatives pre-meeting)



WALES AUDIT OFFICE  
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Auditor General for Wales

# Structured Assessment 2018 – Cardiff and Vale University Health Board

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The team who delivered the work comprised Tom Haslam, Urvisha Perez, Mark Jones, John Llewellyn and Andrew Strong.

# Contents

The Health Board's strategic planning arrangements are generally sound, and while it has made some progress, significant improvements are still needed in governance, risk management and performance monitoring arrangements

About this report	4
Background	4
Main conclusions	5
Governance:	
Some governance arrangements have improved but we have concerns about risk management and some other basic governance processes	5
Strategic Planning:	
The Health Board's 2015 vision remains relevant and strategic planning arrangements are generally sound but better performance monitoring arrangements are needed	13
Wider arrangements that support the efficient, effective and economical use of resources:	
The Health Board has a wide array of challenges for ensuring effective use of its resources, mostly recognises where it needs to improve and has recently created a transformation programme to help improve performance and efficiency	15
Recommendations	27
<b>Appendices</b>	
Appendix 1 – progress implementing previous recommendations	29
Appendix 2 – Health Board's response to this year's recommendations	33

## About this report

- 1 This report sets out the findings from the Auditor General's 2018 structured assessment work at Cardiff and Vale University Health Board (the Health Board). We undertook this work to help discharge the Auditor General's statutory requirement, under section 61 of the Public Audit (Wales) Act 2014, to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency and effectiveness in their use of resources.
- 2 Our 2018 work has included interviews with officers and independent members, observations at board, committee and management meetings and reviews of relevant documents, performance and financial data. This year we conducted a Board member survey across all health boards and NHS trusts. There was a poor response from board members at the Health Board. Only seven of the 25 (28%) board members invited to take part responded. Consequently, we have not used the findings in this report.
- 3 This year's structured assessment work follows similar themes to previous years' work. We have broadened the scope to include the Health Board's arrangements for procurement, asset management and improving efficiency and productivity. We have grouped our findings under three themes – the Health Board's governance arrangements, its approach to strategic planning and the wider arrangements that support the efficient, effective and economical use of resources. We end with our recommendations.
- 4 **Appendix 1** summarises the Health Board's progress in addressing previous structured assessment recommendations. **Appendix 2** sets out the Health Board's response to the recommendations arising from our 2018 work.

## Background

- 5 Under the NHS Wales Escalation and Intervention Framework, the Health Board's status is at targeted intervention. This reflects challenges around the organisation's financial position and its inability to produce an approvable, financially balanced Integrated Medium-Term Plan (IMTP).
- 6 The Health Board is also failing to meet some Welsh Government waiting time targets, such as referral to treatment time, A&E waits and time to treatment following a cancer diagnosis. The Board is prioritising actions in areas of poor performance and there have been some improvements.
- 7 The Health Board reported a financial deficit of £26.9 million at the end of 2017-18. This was within the control total deficit of £30.9 million agreed with the Welsh Government. However, it contributes to a mounting year-on-year cumulative deficit, which stood at £56 million at the end of March 2018. The Health Board is working to a one-year operational plan – the Annual Operating Plan (AOP) - because Welsh Government did not approve the 2018-20 IMTP.
- 8 The Board has spent the last 12 months consolidating earlier changes to key personnel and board membership and building upon these. Last year several new independent members (IM) were appointed to the Board, there was a new Chief Executive and Executive Director of Workforce and Organisational Development. In July 2018, a new Director of Corporate Governance joined the organisation.

- 9 Organisational structures are largely the same as last year, except for proposals to merge the Dental Clinical Board with the Surgical Clinical Board. Some executive responsibilities have changed. For example, from October 2018, the former Director of Public Health is now the Director of Informatics, Commissioning, Innovation and Transformation.
- 10 Our [2017 structured assessment work](#) found that the Health Board's savings programme was reducing the financial deficit and that operational arrangements were mostly effective. We also highlighted weaknesses in Board oversight and assurance and informatics' support for services.
- 11 The Health Board received the 2017 structured assessment report in February 2018. It was the only NHS body not to provide a management response before we started our 2018 structured assessment work. The Audit Committee finally received the completed management response on 25 September 2018 with a six-month update that showed limited progress against our recommendations.

## Main conclusions

### Summary

- 12 Our main conclusion is the **Health Board's strategic planning arrangements are generally sound, and while it has made some progress, significant improvements are still needed in governance, risk management and performance monitoring arrangements.**
- 13 The findings which underpin these conclusions are considered in more detail in the following sections.

### Governance

- 14 As in previous years, we have examined the Health Board's governance arrangements. We reviewed:
- the way the Board and its subcommittees conduct their business;
  - the extent to which organisational structures support good governance and accountability; and
  - whether the information the Board (and its subcommittees) receives helps it to oversee and challenge performance and monitor achievement of organisational objectives.
- 15 We found that **some governance arrangements have improved but we have concerns about risk management and some other basic governance processes.**

### Conducting business effectively

- 16 We looked at how the Board organises itself to support the effective conduct of business. **The Health Board is taking steps to improve board and committee arrangements but has not yet achieved consistent good practice across the organisation.**
- 17 Sound governance arrangements are fundamental to help provide strategic direction, challenge the effectiveness of delivery and ensure that corrective actions resolve issues where they arise. In our 2017 structured assessment we found that the Board and some of its committees did not provide sufficiently rigorous and consistent oversight. This was partly due to turnover in independent members. Like many health boards, in 2017 the Health Board experienced a large turnover of independent members. Four independent members left, including the Board's Vice-

chair and the Chair of the Audit Committee. With three existing vacancies, this meant recruiting a total of seven new independent members. Of these seven, only one had previous NHS Board experience. Inducting these new members and familiarising them with Health Board and NHS matters was a significant task. New members were formally inducted between October 2017 and January 2018 through a mixture of internal and all Wales sessions<sup>1</sup>.

- 18 Every other month there is a board development session timetabled between public board meetings. In 2017-18, these sessions were used for team building and learning. The 2018-19 Board development programme is designed to help the Board and its committees to focus on more strategic business.
- 19 During 2018, the Health Board took steps to strengthen Board and committee working. At the February 2018 board development session, board members agreed the following improvement objectives for the Board:
- concentrating more on the Health Board's strategy and not operational matters;
  - focussing more on the Health Board's mission, 'Caring for People, Keeping People Well' and the 10 strategic objectives in Shaping our Future Wellbeing;
  - improving alignment between strategic objectives and key corporate risks;
  - receiving higher levels of assurance and scrutiny;
  - reducing the volume of papers; and
  - avoiding duplication of papers and discussion between different Committees and/or the Board.
- 20 The Health Board has made some changes to support these objectives. For example:
- **Committee membership.** The Health Board has recently reshuffled the allocation of independent members to committees. This is an attempt to optimise their contribution by best utilising their individual skills, specialisms and interests.
  - **Board rules.** These now support the desired changes in behaviour. For example: considering issues from a strategic perspective; challenging constructively; seeking clarification on papers beforehand; and taking a holistic view. Copies of the Board rules are displayed at Board meetings.
  - **Board and committee cover report template.** An updated version now encourages greater focus and clarity. Instructions to the Board and committee on the purpose of papers is simpler, either 'for assurance' or 'for decision'. Other categories have been removed. The template limits the main report's length to no longer than two and a half pages. The new template was tested at the September 2018 Board meeting.
  - **Pre-submitted questions prior to Board meetings.** To improve efficiency, independent members submit some questions to executive members before the Board meeting. These questions are devised at a meeting the Board chair holds with independent members a few days before Board meetings. This process does not stop members from asking questions at the meeting but gives officers a chance to prepare a definitive answer.
- 21 The recent improvements to Board and committee working are positive but success will need lasting changes in behaviour and discipline. All our interviewees recognised the attempt to lift Board and committee discussion to a more strategic level. Generally, we found improvements in the volume of Board and committee meeting papers compared to last year. However, the

<sup>1</sup> All-Wales training and seminars were provided through Academi Wales and the NHS Confederation.

Committees' terms of reference and work programmes are not all up to date. The Health Board is aware of this and working to address it.

- 22 In our 2017 structured assessment we raised concerns about the balance of work between the S&E and R&D committees. After six months of operation the Health Board reviewed these committees and replaced them with the S&D Committee, citing a lack of clarity over responsibilities and some duplication. The Strategy and Engagement (S&E) and Resource and Delivery (R&D) Committees held their final meetings in November 2017 and January 2018 respectively. The Strategy and Delivery (S&D) Committee met for the first time in March 2018 and we observed its third meeting in September 2018. It is still relatively new, but we observed that it was working well. For example; there were good levels of challenge and discussion; the meeting ran to time; and the chair made good use of the cover reports. However, we are concerned that the S&D Committee may face issues around the size of its remit. (Similar to the former People, Planning and Performance Committee, which was stood down because of its large and unwieldy remit). However, executives and independent members told us they were aware of the challenge and determined to keep S&D Committee discussions at a strategic level.
- 23 The Board's other committees have remained the same. We observed some improvements in scrutiny and challenge at the Board and its key committees<sup>2</sup>. This may be a result of both new executives and new independent members being more settled in their roles.
- 24 Also, in our 2017 structured assessment we reported that the Finance Committee and Quality, Safety and Experience (QSE) Committee were two of the better run committees. This remains the case, but the other committees are improving. The Finance Committee meets monthly for a short, focused discussion on the financial position, progress against the Health Board's cost reduction programme and to consider the finance risk register. The meeting papers are clearly written and concise, which aids good discussion. Since July 2018, the Finance Committee scrutinises the financial position in depth and then provides assurance to the Board. Previously the Board received the same finance report as the committee, which duplicated efforts. In 2017, we highlighted delays in uploading the Finance Committee papers onto the Health Board's website. At the time of writing, this remains so with two month's papers missing (October 2018 and November 2018).
- 25 As part of our 2018 review, we observed the QSE Committee's annual special meeting. This meeting focused on learning from serious incidents, concerns and clinical negligence from the past year. The papers were clearly written and succinct and showed trend analysis of themes, which highlighted areas of concern. In addition, members received updates on initiatives to encourage learning, for example clinical debriefing sessions. This was a positive meeting with good scrutiny and member engagement. The QSE committee continues to receive assurances from clinical boards on a rotating basis and has a standing agenda item for the Community Health Council.
- 26 The Audit Committee's performance this year has been variable. There is good agenda management and meetings run to time. The chair allows enough time for members to explore matters as needed. The quality of scrutiny and questioning has varied but is improving. For example, following a recent report about medical equipment, independent members were swift to seek a meeting with executives to discuss this further. However, the length, organisation and format of committee papers is sometimes a barrier to effective scrutiny. Committee papers

<sup>2</sup> As part of our structured assessment work, we observed the Board and the following committees – Finance Committee, Quality Safety and Experience Committee, Strategy and Delivery Committee and Audit Committee.

range in length from around 100 pages to 500 pages, with variation in the standard of presentation, structure and format. Independent members need papers that are easy to absorb, understand and handle. In addition, the Audit Committee currently lacks a consistent and comprehensive way to keep track of the different streams of assurance that it receives. This can prevent the effective follow up of previous agenda items and weakens assurance. The December 2018 Audit Committee received a workplan that should help to ensure all requisite business is scheduled and dealt with in an effective and efficient way. Audit Committee members display a genuine wish to make a difference and hold executive officers to account. However, some members have expressed frustration at the committee's perceived lack of authority among the rest of the organisation.

- 27 Across our observations of the Board and its committees, we have seen good but inconsistent chairing skills. We observed instances of good practice such as: adhering to accepted process such as asking for declarations of interest; systematically reviewing and agreeing minutes; ensuring meetings start on time; managing the agenda items; scrutinising information; and facilitating discussion. However, these good practices are not always deployed consistently.

### Managing risks to achieving strategic priorities

- 28 We looked at the Board's approach for assuring itself that risks to achieving strategic priorities are well managed. **Delays in revising the corporate risk assurance framework means that until recently the Board has had insufficient oversight of strategic risks.**
- 29 The Health Board's Corporate Risk and Assurance Framework (CRAF) combines the corporate risk register and Board Assurance Framework (BAF). In our 2017 structured assessment we noted the Health Board was reviewing the CRAF before a planned relaunch in April 2018.
- 30 However, the Health Board was slow in reviewing and revising the CRAF. The Board and its committees have not received the CRAF since November 2017. Also, there have been very few progress updates to the Board on the CRAF review; the last was January 2018.
- 31 Health Board executives report they manage corporate risks at management executive meetings. However, this is not ideal because it means corporate risks are not visible to, or scrutinised by, the Board. Furthermore, we did not find any evidence that Board members received suitable assurance that the executive team were managing corporate risks during the CRAF review. We note the Health Board has not updated its risk management policy since 2013.
- 32 The new Director of Corporate Governance is making progress with developing a Board Assurance Framework (BAF). The Health Board intends to replace the CRAF with: a separate BAF setting out the strategic risks to achieving the strategic objectives; and a corporate risk register setting out the top organisational risks.
- 33 The Board received the draft BAF in November 2018 and the Audit Committee received it in December 2018. The BAF was developed in discussions at management executive meetings. They identified the following six risks as posing the greatest risk to the Health Board's strategic objectives:
- workforce;
  - financial sustainability;
  - sustainable primary and community care;
  - safety and regulatory compliance;
  - sustainable culture change; and
  - capital assets (including estates, IT and medical equipment).

- 34 The draft BAF lists the Health Board's strategic objectives and sets out the:
- principal risks that threaten the achievement of objectives;
  - controls in place to manage/mitigate the principal risks;
  - assurances on the controls in place;
  - gaps in control;
  - gaps in assurance; and
  - actions to address the gaps in control and assurance to enable delivery of objectives.
- 35 Compared to the CRAF, which listed over 90 risks, the draft BAF is clearer and more focused. This should be easier for the Board and its committees to review. Each risk has an assigned executive lead, committee and entry date.
- 36 Also, the Health Board is reviewing operational risk management. It started this work last year alongside the CRAF review. So far, the Health Board has designed a new risk register template, a guide for identifying risks and an explanation of how the risk register works. The Board received the draft risk management guide in January 2018 as part of the CRAF review update. The Head of Governance has been working with services to review their risks and transfer their risk register to the new template. The governance team will ensure that training includes awareness of the correct process. Currently, the Health Board has a paper-based risk management system but are considering an IT based solution.
- 37 The governance team is setting up a Risk Management Group. This group's purpose will be to review risk registers and challenge those risks proposed for escalation to the BAF or corporate risk register. Previously, clinical board risks scoring 12 or more automatically escalated to the CRAF. This made the CRAF large and unwieldy. The Risk Management Group will seek to manage as many risks as possible at an operational level.

### Embedding a sound system of assurance

- 38 We examined whether the Health Board has an effective system of internal controls to support board assurance. **We found some areas of sound practice, but the Health Board needs to make several significant improvements to its system of assurance.**
- 39 The Health Board has some good arrangements for quality governance. Internal Audit gave the Health Board's Annual Quality Statement a rating of substantial assurance. In July 2018 the Board received the Health Inspectorate Wales annual report, which was largely positive. The Board receives a regular patient safety, quality and experience report. Reporting is starting to include more feedback from the primary and community care sectors.
- 40 There is a clinical audit programme with the Executive Medical Director responsible for this. The Clinical Governance Team manages the audit programme. Clinical audits are discussed at clinical board QSE groups and are then passed to the QSE Committee. In June 2018, the QSE Committee received the clinical audit plan for 2018-19.
- 41 The Health Board has a comprehensive annual walkabout schedule. Executives and independent members form pairs until arrangements are refreshed. Generally, those with a clinical background are partnered with those without. Walkabouts are targeted at clinical areas of concern or complaint, also services not recently visited. Information picked up at walkabouts are triangulated with other patient experience information and internal inspections. The Health Board recognises it needs to improve the way it records walkabouts.
- 42 The Health Board has updated its process for receiving and reviewing staff concerns. The Health Board has several mechanisms to enable staff to raise concerns. These include freedom to speak out, safety valve and anonymous letters, which are all directed to the

governance team. The Executive Director of Nursing and Director of Corporate Governance decide jointly how to progress each one.

- 43 The Health Board has improved complaint handling compliance. In March 2018, 74% of formal complaints were responded to within 30 days (March 2017, 48%). For 2018-19, the Health Board aims to achieve and sustain a response rate of 80%. Recent performance, as reported in November 2018, was 80%. The Health Board now handles most complaints informally. Between July 2017 and August 2018, 60% of complaints were managed through the informal complaints process, with less than 2% resulting in a formal complaint. The Health Board received fewer formal complaints in 2017-18 (1080) compared to 2016-17 (1118).
- 44 In 2017 the Health Board identified issues with paediatric surgery based on reported complaints, concerns, claims and incidents. Executive level meetings with the Children and Women's Clinical Board began as soon as the issues became known. The Health Board took a mature approach to quality governance and asked the Royal College of Surgeons to review the relevant clinical records, which they did in July 2017. The QSE Committee also received notice of the issue in July 2017. Because of its sensitive nature, early discussions took place in the QSE Committee's private session.
- 45 The Royal College of Surgeons reported their findings in October 2017. The Health Board shared the report in private with both Welsh Health Specialised Services Committee (WHSSC) and with Welsh Government. But in line with their duty of candour, the September 2018 Board meeting received the report in a public session, outlining the issues and actions taken.
- 46 During our work, we did find several weaknesses in the systems of internal control that support board assurance. These are set out in the bullet points below. At the time of our fieldwork the new Director of Corporate Governance had been in post for six weeks. She is aware of the issues we have highlighted and plans to tackle them within the next 12 months.
- **The Scheme of Delegation** was reviewed in February 2018 in response to our public interest report. However, it was not updated to reflect delegated responsibility for calculating nurse staffing levels required under the Nurse Staffing Levels (Wales) Act.
  - **The Standing Orders and Standing Financial Instructions** are both dated May 2015 with no evidence that either document has been reviewed since. Both documents should be reviewed annually.
  - **Registers of declarations of interest and gifts, hospitality and sponsorship** were on the agenda for the September 2017 Audit Committee, but only the register of interest was presented. In September 2018, the Audit Committee reviewed both registers, but the document format was not easy to read. There is a risk that those reviewing the registers may find it difficult to identify issues such as non-declarations. In December 2018, the Audit Committee received a limited assurance report from Internal Audit on the organisation's standards of business conduct, covering arrangements for declarations of interest and gifts, hospitality and sponsorship. The report identified several weaknesses across the systems in place for both processes. These ranged from the completion of forms, to the recording of details in the registers and the robustness of reporting to Audit Committee.
  - **New and revised policies** are presented to the relevant committees for approval. But we found no assigned responsibilities or tracking methods to ensure organisation-wide policies are up to date. There is a risk that policies become outdated with no alert mechanism. Potentially this could undermine the Health Board's new BAF because up to date policies are usually a key BAF control. We found several policies on the Health Board's website beyond their review date.

- 47 A robust tracking method for audit recommendations gives health boards assurance that recommendations are being addressed. Also, it allows audit committees to hold officers to account for limited progress or inaction. The Health Board has two recommendations trackers, one for Wales Audit Office recommendations and one for recommendations made by other external inspectorates. We found weaknesses in the Audit Committee's tracking arrangements:
- Audit Committee receives both trackers but there is no protocol to guide how often they should be reviewed. Both trackers were last presented to Audit Committee in September 2018, but they are not always on the same agenda.
  - Neither tracker holds information on the number of recommendations and their status. The trackers include reviews spanning several years with the status of many best described as 'ongoing'.
  - For audit reports referred to other committees, it is unclear how the Audit Committee receives assurance that recommendations are complete.
  - The format of both trackers is not easy to read so may be a barrier to identifying common themes and learning.
  - Neither of the two trackers includes Internal Audit recommendations.
- 48 In our 2016 structured assessment we recommended strengthening tracking arrangements for external audit recommendations. We consider this recommendation as still standing and should be extended to include Internal Audit recommendations.
- 49 As part of our work we reviewed performance management arrangements. In our 2017 structured assessment we reported that operational performance management was sound, but Board and committee oversight was ineffective. In April 2018, the Health Board strengthened its clinical board performance review and escalation arrangements. The updated method summarises clinical board performance in assurance reports. The executive team discuss these assurance reports and, if necessary, decide on each clinical board's escalation status. A higher escalation level triggers an action plan to restore performance and attracts greater executive team attention.
- 50 The Health Board's three-year plan refers to the performance management framework. However, the performance management framework was last updated in 2013 so it doesn't reflect the significant changes that have taken place since. For example, organisational structures, committees and clinical board performance arrangements. The Health Board is currently mapping all performance measures to ensure scrutiny by the proper committee.
- 51 In 2017, we reported that performance information reported at committee level was less detailed than that reported to Board. This is still the case. For example, the new S&D Committee is responsible for providing assurance to Board on performance and workforce. It receives Tier 1 target performance data but without any narrative. The Chief Operating Officer gives the S&D Committee a detailed verbal explanation of performance, which is reflected in the minutes. However, the Board receives the whole performance dashboard, including national and local targets along with exception reporting for priority and deteriorating targets. This appears contrary to the Board's improvement objectives that aim to take a more strategic view and receive higher levels of scrutiny and assurance through its committees.

## Ensuring a sound framework for information governance and cyber security

- 52 We examined the Health Board's approach to information governance and cyber security. **The Health Board needs to urgently improve information governance arrangements and strengthen its cyber security framework.**
- 53 Last year, we reported the Health Board was unlikely to meet the requirements of the General Data Protection Regulation (GDPR). The Health Board did not achieve the May 2018 deadline for complying with the requirements of the GDPR. The information governance department reports a lack of capacity. The Health Board has recently recruited extra information governance staff, which should help it to achieve full GDPR compliance by May 2019.
- 54 Achieving full compliance needs more work, for example:
- completing information asset registers for all clinical boards;
  - appointing a permanent Data Protection Officer;
  - completing privacy impact assessments before information processing; and
  - identifying where needed, a network of information asset owners and administrators.
- 55 In 2016, the Information Commissioner's Office (ICO) gave 'limited assurance' to the Health Board's data protection arrangements. The Health Board has not yet fully addressed all the ICO's 2016 recommendations. It reports a lack of capacity within the Information Governance department. Although there is an action plan in place, most actions remain incomplete. The Health Board also needs to update its information governance strategy.
- 56 The Health Board's compliance with Caldicott Information Confidentiality is generally static. In April 2018 it scored 70% on the self-assessment (April 2017 68%). Compliance with mandatory information governance training has improved to 69% but remains below the national target of 95%.
- 57 The Health Board's response to statutory information access requests is poor. In 2018 the Health Board's performance within the required timeframe was well below the statutory target of 100%:
- Freedom of Information Act requests - 40% compliance
  - Data Protection Act subject access requests - 44% compliance.
- 58 Early in 2018, part of an external NHS Wales project reviewed information governance and information security at the Health Board. This identified the need to improve cyber security arrangements. The Health Board responded by developing a cyber security improvement action plan. The plan includes setting up a specialist cyber security team, updating security patches and replacing unsupported software and hardware. During our audit, the Health Board updated its IT disaster recovery plans, but only after we asked for copies. We found no evidence the Health Board has a systematic, routine approach to:
- updating its IT disaster recovery plans and resilience plans; and
  - testing resilience plans to ensure they are effective and work as intended.
- 59 This year the Information Governance and Information Technology sub-committee<sup>3</sup> has overseen the Informatics department's work. The sub-committee's focus on operational matters has been detrimental to more strategic issues such as overseeing strategic plan delivery and managing assurances.

<sup>3</sup> This reports to the S&D Committee

## Strategic planning

- 60 Our work examined how the Board sets strategic objectives and how well the Health Board plans to achieve its objectives. Finally, we wanted to know how effective the Health Board is at checking progress with its plans. **The Health Board's 2015 vision remains relevant and strategic planning arrangements are generally sound but better performance monitoring arrangements are needed.**
- 61 We looked at how the Board goes about setting its priorities, engaging with key stakeholders and setting them out in a clear IMTP or AOP. The Health Board's 10 year strategy, [Shaping our Future Wellbeing Strategy: 2015-25<sup>4</sup>](#), set out its mission, vision and strategic aims, which are:
- **Mission** - 'Caring for People, Keeping People Well'.
  - **Vision** - 'a person's chance of leading a healthy life is the same wherever they live and whoever they are'.
  - **Strategy** - 'Achieve joined up care based on home first, avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them'.
- 62 The Health Board's 10-year strategy was developed following extensive stakeholder consultation, which included the Board and Stakeholder Reference Group. Ongoing engagement activity is also shaping the 10-year strategy's underpinning work programmes and future IMTP development. For example, developing three health and wellbeing centres. The Health Board reports that stakeholder engagement is working well. In our December 2018 [Review of primary care services](#) report we found the timing of consultation with stakeholders may not always be optimum. For example, consultees sometimes feel they are being informed rather than consulted with.
- 63 The Health Board has a hierarchy of plans that are consistent with each other. The 10-year strategy sets the high-level vision and strategy. Under this the Health Board has a three-year plan, which is consistent with the 10-year strategy. The lack of an approved IMTP means the Health Board is working to an Annual Operating Plan, which is consistent with the three-year plan.
- 64 We looked at how the Health Board developed both its 10-year and 3-year strategies and if they are properly supported by plans based on cost, resource and savings analysis. The IMTP submitted to Welsh Government in January 2018 was not accepted due to the funding assumptions it was based on. The Health Board revisited its IMTP but at that time was not able to submit an IMTP that was financially balanced. Consequentially Welsh Government asked the Health Board to work to an Annual Operational Plan.
- 65 The Health Board has commenced the preparation of its 2019-21 IMTP, which Welsh Government will consider for approval by 30 June 2019. There is a detailed timeline for developing the 2019-21 IMTP and the S&D Committee received this in September 2018. The Health Board's ability to develop an approvable 2019-21 IMTP may have an influence on nay Welsh Government decision on the organisation's 'targeted intervention' status. The Health Board reports it has the necessary resources to develop strategic plans and an approvable IMTP.
- 66 In our 2017 structured assessment we reported the Health Board's IMTP planning process was generally sound. Since then there have been no significant changes to the process, other than some refinements. The planning process was understood by those we spoke to during our

<sup>4</sup> [Shaping Our Future Wellbeing 2015-2025.](#)

work. However, during our work we found some discrete areas where planning is less robust. For example, asset management and IT<sup>5</sup>.

- 67 The Health Board's IMTP planning approach is supported by:
- well defined roles and responsibilities;
  - an IMTP template to ensure consistency of approach between clinical boards;
  - an established cycle of demand and capacity analysis;
  - learning and evaluation activities; and
  - financial objectives and plans.
- 68 The Health Board's clinical strategy is expressed within its 10-year strategy, which by its nature is a high-level document. An underpinning clinical services strategy, currently being developed, will sit alongside the 10-year strategy to provide a greater level of detail about clinical services.
- 69 The Health Board has a one-year financial plan for 2018-19 which delivers a deficit of £9.9m and requires the delivery of £33.8m savings and a further £9.3m financial improvement. The Health Board has identified the required financial improvement to achieve this and it remains an area of focus<sup>6</sup>.
- 70 The Health Board's workforce and organisational development plan states that it has been developed to integrate with service and financial objectives, including workforce reductions to help meet cost saving targets. The Director of Finance and the Director of Workforce and Organisational Development report a good level of joint working between them. The workforce and organisational development plan is consistent with the Health Board's three-year plan. Under the 'sustainable' workforce objective, the Health Board is working towards complying with the Nurse Staffing Levels (Wales) Act. This includes making sure staff understand and comply with the Act's requirements. The Board received a report on the nurse establishment in May 2018.
- 71 Finally, we looked at whether there is effective monitoring of strategic plans and change programmes. The 10-year strategy was launched in 2015. In September 2018, the S&D Committee received an assessment of the Health Board's progress against the 10-year strategy, ten strategic objectives and high-level performance indicators. The Health Board acknowledges that it is slightly behind trajectory in some areas of its 10-year strategy.
- 72 The Health Board has recently developed a transformation programme to support the implementation of the 10-year strategy. In March 2018, the Board received a paper on 'Developing the Cardiff and Vale way'. This describes the Health Board's change journey so far and introduces its new transformation programme. This has been influenced by learning from Canterbury Health Board in New Zealand and takes a whole-system, multi-disciplinary approach. Both the Board and the S&D Committee have scrutinised this new programme<sup>7</sup>.
- 73 In our 2017 structured assessment we recommended that the S&D Committee should regularly examine progress in delivering the Annual Operating Plan and IMTP. This year we found the S&D Committee does receive progress reports on individual areas of the Annual Operating Plan and three-year plan. However, we found no evidence that S&D Committee receives an overall or collated progress summary against all Annual Operating Plan deliverables. The Board receives updates on the IMTP plan development, but we did not find any evidence of the Board receiving progress updates on Annual Operating Plan delivery.

<sup>5</sup> See paragraphs 125 to 127

<sup>6</sup> More detail on the Health Board's financial position is at paragraphs 89 to 101

<sup>7</sup> We explore this programme further in paragraphs 117 to 119

## Wider arrangements that support the efficient, effective and economical use of resources

- 74 Efficient, effective and economical use of resources depends on how the organisation manages its workforce, finances and other physical assets. In this section we comment on those arrangements, and on the Health Board's action to maximise efficiency and productivity. We examine if the Health Board is procuring goods and services well.
- 75 **The Health Board has a wide array of challenges for ensuring effective use of its resources, mostly recognises where it needs to improve and has recently created a transformation programme to help improve performance and efficiency.**

### Managing the workforce

- 76 The workforce is the Health Board's biggest asset and pay represents a large proportion of expenditure. It is important that the workforce is well managed and productive because staff are critical for delivering services and achieving efficiency savings and quality improvements. **The Health Board is aware of its workforce challenges and is developing plans to tackle them but has so far failed to address consultant job planning.**
- 77 The following table shows how the Health Board is performing against some key measures compared with the Wales average. **Exhibit 1** shows that the health board's performance is mixed.

Exhibit 1: Performance against key workforce measures<sup>8</sup>

	Health Board	Wales average
Sickness absence	5.1%	5.3%
Turnover	9.8%	6.9%
Vacancy	3.2%	2.6%
Appraisals	61.0%	67.0%
Statutory and mandatory training	75.0%	73.0%

Source: NHS Wales Workforce Dashboard, Health Education and Improvement Wales, July 2018

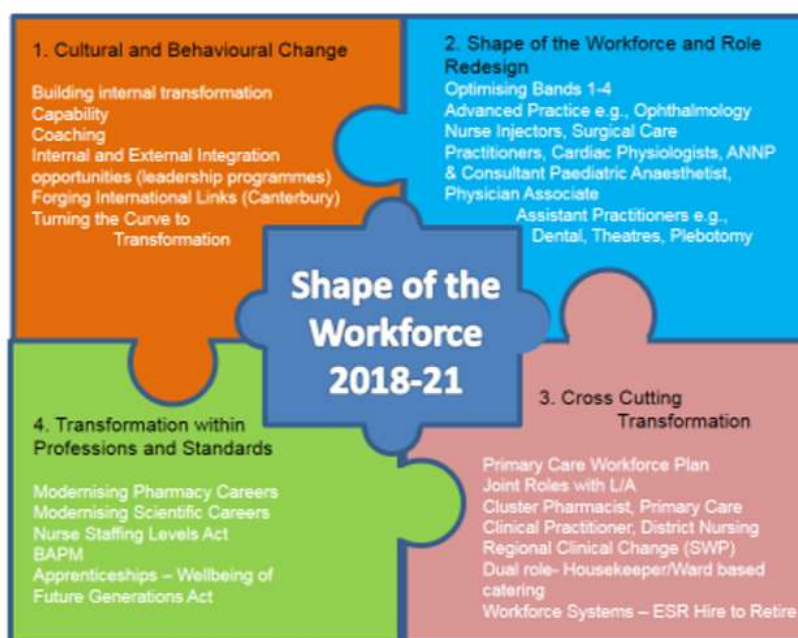
- 78 Sickness absence has a financial impact on health board budgets, such as the need for agency and temporary staff. **Exhibit 1** shows the Health Board's July 2018 sickness rate (5.1%) was higher than in 2017 (4.8%), but still slightly below the Wales average (5.3%). The Health Board is planning some work to better understand sickness absence, especially short-term sickness trends and the support provided for staff absent with long-term sickness. The Health Board aims to reduce sickness absence to 4.6% in 2018-19 and to 4.2% by 2020-21.
- 79 The Health Board has several initiatives to reduce reliance on medical and nursing temporary and agency use. In 2017 the Health Board stopped using off-contract agency staff and it aims

<sup>8</sup> Sickness: rolling 12-month average at July 2018; Turnover: 12-month period July 2017 to June 2018; Vacancy: based on advertised vacancies at July 2018; Appraisal: preceding 12 months at July 2018; Statutory and mandatory training: at July 2018

to continue this during 2018-19. In July 2018, agency costs were 1.7% of the total pay bill, which is low compared with the rest of Wales (4%). 'Project 95' aims to reduce nurse vacancy and agency spend by filling at least 95% of substantive posts. This has helped reduce the band 5 and 6 nursing vacancy rate from 8.6% in 2016-17 to 6.8% in 2017-18 and contributed to the reduction in agency expenditure.

- 80 However, in July 2018, the Health Board's overall vacancy rate was 3.2%<sup>9</sup>. This equates to 405 vacancies, of which 205 were nursing and midwifery vacancies. The Health Board's overall vacancy rate is higher than the Wales average of 2.6%, the second highest rate compared to other health boards and 0.6% higher than the same period last year (July 2017).
- 81 The Health Board recognises that recruitment and retention is only part of the solution to the workforce challenge. A sustainable workforce may need fundamental changes in design, composition and deployment. The workforce and organisational development plan outlines how the Health Board will use workforce transformation to achieve its vision in the 10-year strategy. **Exhibit 2** summarises the approach the Health Board is taking over the course of 2018-21.

**Exhibit 2: Summary of the approach to workforce transformation 2018-21**



Source: Cardiff and Vale Integrated Medium Term Plan 018-21, workforce and organisational development strategy and delivery plan.

- 82 In 2016, we followed up progress against our 2011 recommendations on consultant job planning. We found that the Health Board needed to eliminate variable job planning practice. The May 2018 Internal Audit review of the Health Board's consultant job planning arrangements found them to provide limited assurance. The Health Board has detailed guidance, training and a system for recording core activity on the electronic staff record system. However, not all consultants are completing a job plan annually, which is a core requirement. A sample of job plans revealed several weaknesses: the standard job planning template was not

<sup>9</sup> Vacancy rates shown as a proportion of full-time equivalent staff in post.

used; compliance with the guidance was poor; outcome measures were not agreed and monitored; and few reviewed job plans had the required signatures. The Health Board has developed an action plan following the internal audit review and a follow-up audit is planned for early 2019.

- 83 The target for job plan compliance is 85%, but at August 2018 the Health Board's compliance rate was 50%. In September 2018, the S&D Committee discussed this issue. It stressed that there should be consequences for consultants without a job plan and this needed to be viewed alongside a consultant's licence to practice.
- 84 The Health Board's learning and development strategy falls under the capable workforce theme of the workforce and organisational development plan. At July 2018, the Health Board's:
- Overall staff appraisal rate was 61%, which is lower than the Wales average (67%) and third lowest compared to other health bodies. The national target is 85%.
  - Compliance with statutory and mandatory training (i.e. the core skills training framework) was 75%, which is better than the Wales average of 73%. The national target is 85%.
- 85 The Health Board has plans to improve appraisals, succession planning, leadership and statutory compulsory training.
- **Staff appraisals** – the appraisal process will include wider conversations with direct reports about staff member potential and performance. The executive team have approved this plan and presented it to S&D Committee in September 2018, with an aim to launch in spring 2019.
  - **Leadership** - the Health Board will be running 180-degree reviews for their top 70 leaders. The aim is for them to understand their leadership style, how it feels to work in their team and the impact they have on team performance. Leaders will be supported to think about different management styles to improve team performance, development and culture.
  - **Statutory and compulsory training** - the Health Board has a working group that has been reviewing statutory and mandatory training requirements for different roles. From September 2018 staff will only complete training models that are appropriate to their role, which has not been the case previously.
- 86 'Values and behaviours' is one of the seven transformation programme themes. In January 2019, the Health Board will launch a series of accessible interactive events to help promote its values and behaviours. The Health Board aim to create a 'buzz' across the organisation about its values and behaviours. Once staff have attended an event they will be asked to make a pledge and invite three more people to attend one of the events.
- 87 The NHS Wales staff survey results were not available when we did our work. However, the Health Board's response rate was 21% compared with 29% across Wales. The Health Board are planning to examine the reasons for the poor response rate.
- 88 The Health Board's cross-cutting cost improvement programme (CIP) includes three workforce related themes: nursing productivity; medical productivity; and workforce productivity. Each theme has an executive lead and feeds into the Cross-Cutting Board, which reports direct to the Finance Committee.

## Managing the finances

- 89 As part of our work we looked at financial and budget management, financial controls, and operational support and processes. **The Health Board is improving its financial management and is aiming for a balanced annual position by 2020-21 but is still projecting a significant annual deficit.**
- 90 For the financial year 2017-18, the Health Board operated within its capital resource limit<sup>10</sup> for both the annual limit and the three-year limit<sup>11</sup>. However, the Health Board continued to exceed its annual and three-yearly expenditure limits for net revenue. Consequently, the Auditor General qualified his regularity opinion in the Health Board's annual financial statements<sup>12</sup>.
- 91 For 2017-18, the Health Board reported:
- a £26.8 million deficit against the 2017-18 revenue resource limit of £872.2 million; and
  - a £56 million deficit against the three-year total revenue resource limit of £2,585 million (2015-16 to 2017-18).
- 92 For 2018-19 the Health Board expects to:
- operate within its capital resource limit, as it has done in recent years; and
  - improve its annual revenue position, albeit with a forecast deficit of £9.9 million.
- 93 The Health Board's forecast deficit of £9.9 million takes account of the £10 million extra revenue funding the Welsh Government confirmed in July 2018. The Welsh Government provided this extra funding on condition that the Health Board's revenue deficit does not exceed £9.9 million. However, the Health Board's financial return to Welsh Government shows that at the end of December 2018, its net revenue expenditure had exceeded the profiled deficit by £3,000. This deficit has improved markedly on the previous month's financial return, which had reported a profile deficit of £492,000 as at 30 November 2018.
- 94 Our 2017 structured assessment found the Health Board had effective arrangements for identifying savings and developing savings plans but was unable to achieve the volume of savings needed to offset its cost pressures and growing financial deficit. We recommended the Health Board's CIP should use more ambitious 'stretch' savings targets for services where greater levels of savings were possible. These targets should use comparative information such as benchmarking data where possible.
- 95 For 2018-19 the Health Board's CIP targets remained on the existing basis for all clinical boards. This was 1% of non-recurrent savings (totalling £8.445 million) and 3% of recurrent savings (totalling £25.335 million). At 30 November 2018 (month eight), the Health Board is £0.743 million short of its 2018-19 CIP target of £33.780 million. The Health Board reports that:
- £21.502 million has been identified against the recurrent target of £25.335 million, being a shortfall of £3.833 million; and
  - £11.536 million has been identified against the non-recurrent target of £8.445 million, thus exceeding the target by £3.091 million.

<sup>10</sup> Capital expenditure typically means purchasing or improving the Health Board's assets. The Health Board's main assets are its land and buildings, medical equipment and IT.

<sup>11</sup> As required by the NHS Finance Act (Wales) 2014. The Health Board must spend within its financial allocations measured over a rolling three-year financial period.

<sup>12</sup> [www.assembly.wales](http://www.assembly.wales)

- 96 In response to our 2017 structured assessment recommendation, the Health Board intends to change the basis of its CIP targets from 2019-20, by:
- eliminating non-recurrent CIP targets;
  - all clinical boards having a 2% recurrent CIP target, centred on core efficiencies; and
  - including an extra CIP target of no more than 2%, based on benchmarking data and significant service changes.
- 97 The Health Board has satisfactory financial management and control arrangements. This has allowed the Auditor General to certify each year's accounts as materially true and fair. This part of our work mainly considers whether the Health Board's annual accounts are materially accurate and conform to the required accounting standards and principles.
- 98 The Finance Committee receives financial reports that are generally well structured and informative. However, the financial reporting is 'traditional', with reports organised by key financial ledger categories, such as income, pay and non-pay expenditure, cash flows and important capital schemes.
- 99 The Health Board is trying to improve its understanding and reporting of activity and associated cost drivers. The All Wales Costing System Implementation Project (the costing project) is managing these improvements. The Health Board uses costing software called Synergy. Typically, Synergy deals with one-off requests or specific projects, rather than routine reporting to help decision making. In addition, Synergy produces the Health Board's Welsh Costing Returns for the Welsh Government. The limitations of the Synergy system make this is a difficult and time-consuming process for the Health Board.
- 100 The costing project will replace the Health Board's Synergy software with new software, PCG Monitoring. All Welsh health boards are implementing this new software, which we understand many English health bodies also use. The Health Board and software supplier are introducing and testing the new software while still using the old software. The Health Board expects its new software to enable:
- improved understanding of costs and income;
  - better comparisons or analysis of costs and income internally, and with other health bodies; and therefore
  - an improved use of resources that will help to deliver a balanced financial position.
- 101 Despite the costing project's importance, which is fundamental to improving the Health Board's financial position, we understand the Board has not received a briefing or update on the project's objectives, benefits or progress.

## National Fraud Initiative (NFI)

- 102 We looked at how effectively the Health Board considered potential fraud highlighted through the National Fraud Initiative. **The investigation of potential fraud, highlighted by the latest National Fraud Initiative exercise, has been inadequate.**
- 103 Every two years, the National Fraud Initiative (NFI) uses a data-matching exercise to help detect fraud and overpayments by matching data across organisations and systems. It is an effective tool for public bodies to strengthen their anti-fraud and corruption arrangements.
- 104 The last exercise in January 2017 provided the Health Board with 9,980 data-matches, which highlight anomalies for review. We would not expect the Health Board to review all data matches. We recommend prioritising those the NFI consider as high-risk, called 'recommended matches'.
- 105 The Health Board received 851 recommended matches. The Health Board's progress was:
- November 2017 - 11 recommended data matches reviewed (1.3%).
  - November 2018 - 448 recommended data matches reviewed (53%).
- 106 Despite this progress, the Health Board is still not using NFI effectively. Our concerns include:
- Failure to review three-way data-matches between payroll, creditor payments and Companies House. These are high-risk matches because they can identify undeclared staff interests and possible corrupt practices.
  - The Health Board did review two matches between payroll and Home Office immigration data but did not record the result. So, it is not clear whether staff members' immigration status concerns are resolved.
  - High-risk creditor payment matches can represent duplicate payments. The Health Board has reviewed some of these and all were overpayments. The Health Board had already identified and recovered these. We are concerned the Health Board has not reviewed all such matches and it does not have a robust way to prevent duplicate payments.
  - The Health Board received matches between staff and supplier addresses. Also, between staff and supplier bank details. Both can help identify undeclared staff interests in the Health Board's suppliers. For:
    - Staff and supplier addresses - the Health Board recorded 'no issue' for all matches but has not explained within the NFI web application how it decided this.
    - Staff and supplier bank details - the Health Board has not reviewed any of these data matches.

## Procurement

- 107 We considered how well the Health Board procures the goods and services necessary for its operation. **The Health Board has invested in procurement and has detailed procurement plans and effective arrangements for monitoring procurement activity and spend.**
- 108 The NHS Wales Shared Services Partnership – Procurement Service (NWSSP-Procurement Service) manages most of the Health Board's procurement. The Director of Finance is the executive lead for procurement. The Health Board has provided extra staff for the procurement team, which is managed by NWSSP-Procurement Service. The Head of Procurement manages the team's 22 staff. The team is well organised and integrated with the clinical boards. Each clinical board has a procurement business manager and an administrator. The rest of the procurement team is split between managing contracts (new contracts, existing and renewals)

and identifying procurement needs. The Health Board has provided a procurement nurse who focuses on efficiency by identifying trends at ward level.

- 109 There is an all-Wales Procurement Strategy, which is underpinned by an all-Wales business plan. There is a service level-agreement between NWSSP-Procurement Service and the Health Board. In addition, each year the Head of Procurement develops a Health Board specific project outline document (POD). The POD, agreed with the Director of Finance, sets out the local procurement deliverables and annual objectives. For 2018-19 these are:
- apply procurement discipline to reduce procurement expenditure during 2018-19;
  - support the clinical boards in identifying new non-pay<sup>13</sup> schemes and efficiency benefits during 2018-19 and 2019-20;
  - improve clinical boards' procurement capability to reduce non-pay expenditure;
  - monitor the delivery of the clinical boards' non-pay 2018-19 schemes; and
  - delivery of the local procurement engagement plan and procurement responsibilities.
- 110 The Director of Finance and Head of Procurement meet monthly to review progress on POD delivery. In addition, all clinical boards meet monthly with their finance and procurement business managers to review their finance and procurement performance dashboards. The dashboards highlight progress against plans and risks to delivery.
- 111 The Health Board implemented the all-Wales 'no purchase order no pay' policy from the 1<sup>st</sup> June 2018. The Finance Committee receives monthly updates on the Health Board's public-sector payment compliance. The procurement team keeps a procurement risk register, which usually feeds up to the CRAF<sup>14</sup>. Significant procurement risks are reported to the Audit Committee.
- 112 Procurement is a cross-cutting theme within the Health Board's CIP. The Head of Procurement reports to the Cross-Cutting Board, and then to the Finance Committee. In 2017-18, the Health Board made good progress against its cross-cutting savings target of £2 million. This target was retained for 2018-19.

### Performance, efficiency and productivity

- 113 We looked at what the Health Board is doing to improve service performance, efficiency and productivity. **Despite improvements, some activity targets remain challenging and the Health Board has established a transformation programme to help enhance performance and efficiency.**
- 114 The Health Board continues to work in a challenging environment and recognises where it needs to improve performance. This is reflected in its strategic and transformational plans.
- 115 **Exhibit 3** provides commentary on the Health Board's performance against some key waiting time measures.

<sup>13</sup> Non-pay refers to spend other than staff, for example equipment and IT.

<sup>14</sup> We have significant concerns about the Health Board's Corporate Risk and Assurance Framework, see paragraphs 28 to 37.

Exhibit 3: Performance against key waiting time targets

Performance area	Health board performance
Diagnostics and therapy waiting times	<p>Compared to two years ago, a smaller percentage of patients now wait more than eight weeks for diagnostic services.</p> <ul style="list-style-type: none"> <li>• The national target is for no patient to wait more than eight weeks.</li> <li>• In April 2016, 27% of patients at the Health Board were waiting more than eight weeks (Wales average 16%)</li> <li>• In May 2018 6% of patients at the Health Board were waiting more than eight weeks (Wales average 6%)</li> </ul>
Referral to treatment time	<p>The national target is for no patient to wait more than 36 weeks from referral to treatment. The Health Board is not meeting this target, (similar to the rest of Wales). However, the Health Board consistently performs better than the Wales average. The Health Board manages performance over a 3-month period. This means that in any 3-month period the number of patients waiting over 36 weeks is reduced to as close to zero as possible.</p> <p>Since March 2017, the proportion of patients waiting over 36 weeks has consistently been reduced to 1%. The Health Board has maintained an improved position against this target for 13 consecutive 3-month periods.</p> <p>Whilst positive, the Health Board recognises that they now need to move towards managing this target on a monthly cycle.</p> <p>The target for percentage of patients waiting less than 26 weeks from referral to start of treatment is 95%. The Health Board is not meeting this target, (similar to the rest of Wales). The Health Board performs worse than the Wales average and has seen little improvement against this target over the last two years, with performance around 85%.</p>
Ambulance handover times	<p>The aim of this target is to reduce ambulance handover times. It measures the percentage of patients handed over within 15 minutes of notification on arrival at major A&amp;E departments.</p> <p>Over the last two years, the Health Board's performance has been generally worse than the Wales average. In August 2017, 65% of patients were handed over within 15 minutes. Performance then declined and at its lowest was 35% in February 2018. This reflects a downward trend in performance nationally.</p>
A&E Waits	<p>At least 95% of patients attending A&amp;E should wait less than four hours. The Health Board is not meeting this target, (similar to Wales). Over the last two years the Health Board has generally performed better than the Wales average.</p> <p>The worst performance was in February 2018 (76%). Since then performance has been on an upward trend and the Health Board achieved 91% in June 2018.</p>

Performance area	Health board performance
	No patient should wait more than 12 hours at A&E. The Health Board performs better than the Wales average against this target. The Health Board met this target for 17 months in the 28 months between April 2016 and July 2018.
Cancer treatment times	For non-urgent cancer cases, at least 98% of patients should start treatment within 31 days of diagnosis. The Health Board's performance is variable. The Health Board met this target for 19 months in the 27 months between April 2016 and June 2018.
	For urgent suspected cancer cases, 95% of patients with cancer should start definitive treatment within 62 days of referral. The Health Board has only met this target for 2 months in the 27 months between April 2016 and June 2018. Health Board performance fluctuates around the Wales average.
Delayed transfers of care (DTC)	Across Wales, the overall number of DTCs reduced by 6% between 2016-17 and 2017-18. At the Health Board, in the same period DTCs reduced by 27%. During 2017-18, 2732 patients across Wales experienced a delay of four weeks or more. At the Health Board, 530 patients experienced a delay of this length. This represents 19% of the Wales total.
Length of stay	Length of stay has worsened since April 2016. In May 2018 the Health Board's length of stay <sup>15</sup> was one day longer than the Wales average of 10.5 days.
Outpatients appointments	Between 2015-16 and 2016-17 performance was static: <ul style="list-style-type: none"> <li>• 10% of new patients did not attend a new outpatient appointment.</li> <li>• 11% of patients did not attend a follow-up outpatient appointment.</li> </ul> The target for both measures is to demonstrate a reduction over a 12-month period. We recently published a report on the management of follow up outpatient appointments across Wales. We found that the Health Board has the highest number of follow-up outpatients delayed more than twice as long as they should be. The Health Board has developed a process to sort patients by clinical need.

Source: Wales Audit Office analysis of Health Board data as reported to Welsh Government

<sup>15</sup> Rolling 12-month average length of stay (days) for emergency admissions for combined medicine.

- 116 The Health Board's 10-year strategy is based on several design principles, which are aligned with the principles of prudent healthcare. These focus on:
- empowering the person;
  - 'Home First';
  - delivering outcomes that matter to people;
  - avoiding unwarranted variation; and
  - reducing harm and waste.
- 117 The Health Board is working to embed the principles of prudent and values-based healthcare, even though they may not be labelled as such. The Director of Public Health and Executive Medical Director provide joint leadership for this area. In its 2018-19 AOP, the Health Board's priorities emphasise the need to improve efficiency and productivity. These improvements include integrating health and social care, progressing its transformation programme and cancer treatment waiting times. The Health Board's recently introduced transformation programme is designed to accelerate delivery of its 10-year strategy and support efficient working. The programme is intended to improve service performance, but the waiting time measures set out in **Exhibit 3** show that urgent improvement to performance is required.
- 118 **Exhibit 4** shows the programme's four key deliverables and seven supporting enablers. At present there are 10 projects in the programme.

**Exhibit 4: Health Board's transformation programme's key deliverables and enablers**

Four key deliverables	Seven key supporting enablers
<ul style="list-style-type: none"> <li>• To reduce outpatient appointments on hospital sites.</li> <li>• Reduce length of stay.</li> <li>• Reduce unwarranted harm, waste and variation.</li> <li>• To reduce theatre inefficiencies and improve productivity.</li> </ul>	<ul style="list-style-type: none"> <li>• Secure a pathway approach and methodology.</li> <li>• Secure a refreshed programme for accessible information for clinical staff (including the necessary platform) to drive improvement.</li> <li>• Review the programme to secure a digitally enabled organisation and workforce.</li> <li>• Develop a Cardiff and Vale Alliance approach which integrates with partner organisations.</li> <li>• Develop the 'Cardiff and Vale approach' to management and leadership (including the learning partnership alliance with Canterbury) which will support culture change and build capability and capacity.</li> <li>• Secure the model for primary care to drive a population outcomes approach for the system, enabling sustainability for general practice.</li> <li>• Embed our vision's values and behaviours (as expressed in the Shaping Our Future Wellbeing Strategy).</li> </ul>

Source: Transformation update paper received by the Board in July 2018.

119 In October 2018 the Director of Public Health relinquished her role to take up the role of Director of Informatics, Commissioning, Innovation and Transformation. The Health Board is recruiting a Head of Operational Transformation. But other than this, it reports that it has sufficient resources for its transformation programme. The programme is drawing on existing resources such as the programme management office, the continuous improvement team and others such as finance and workforce. The Health Board has a small budget to recruit interested and available staff on to specific projects. In addition, the Health Board has 520 staff trained on the Leading Improvement in Patient Safety (LIPS) programme and LEAN principles. However, they are underutilised. The Health Board plans to use these staff to develop a network of transformation champions.

### Using informatics to support service delivery

120 We assessed how well the Health Board's arrangements support service delivery with technology. **The Health Board's strategic approach to informatics is not matched with realistic investment and governance, which is generating some risks.**

121 The Health Board has a 5-year informatics Strategic Outline Programme (SOP), which was agreed in 2016. This sets out the improvements to information management and communication technology services that will help deliver the Health Board's strategic objectives. It is now being rewritten into a digital strategy, consistent with Health Board priorities and available budget.

122 There is a new Head of Digital and Health Intelligence, responsible for progressing digital transformation in 2019. The Health Board plans to revisit the informatics SOP and prioritise digital projects into an approved digital transformation strategy in early 2019. The Health Board also plans to complete a review in early 2019 of the structure and governance of its information and information technology functions to support delivery of its digital approach. This aims to bring information and information technology together to help ease delivery of the digital transformation programme. Governance and project management structures for the Health Board's wider transformation programme are under development. These will need to include arrangements for overseeing the digital aspects of the transformation programme.

123 Digital technology could improve productivity and deliver efficiencies. For example: diagnostics modernisation; technology enabled care; and e-pharmacy. However, the success of these projects relies on the Health Board having a modern and resilient IT infrastructure. Some IT infrastructure and technology upgrades took place in 2017-18. However, resources remain constrained, which may limit how IT supports service change. It may also present business continuity and resilience risks because of ageing IT infrastructure.

124 In addition, there are several local risks arising from national IT systems managed by the NHS Wales Informatics Service (NWIS). For example:

- The Welsh Laboratory Information Management System.
- Several serious disruptions to national IT systems in 2018 resulting in loss of service.
- Delays in implementing the programme of national IT systems in 2018. For example, the delayed deployment of the Welsh Community Care Information System has potentially impacted the reliability and availability of IT service across health and social care.

## Managing the estate and other physical assets

- 125 We considered how the Health Board manages its estate and other physical assets. **Asset management strategies are at different levels of development and several asset related risks may need stronger corporate oversight.**
- 126 The Health Board's asset-related policies and procedures are generally comprehensive, up to date, and accessible through its intranet. The Health Board does not have an overarching asset management strategy. Instead it has several separate strategies at different stages of development. We reviewed the Health Board's asset management strategies for estates, medical equipment and IT. We found the Health Board:
- Has a draft 10-year estates strategy for 2018-28, which the Board considered in September 2018.
  - Does not have a current medical equipment management strategy, although an early draft does exist.
  - Developed an Informatics Strategic Outline Programme (SOP) for 2016-2021. In 2017 we reported that the Health Board had not prioritised the SOP's full amount of capital and revenue funding.
- 127 The Health Board is facing several asset related risks:
- High backlog maintenance costs for its estate. At the time of our audit, backlog costs were £130 million. Within this backlog there was £24 million in high-priority backlog costs, a reduction of £2 million compared with last year. High backlog maintenance is a risk because it diverts funding from proactive to reactionary maintenance.
  - The IT department has identified several important risks such as: impact of national IT system failures on local healthcare delivery; cyber security threats on service continuity; NWIS related implementation delays; and lack of capacity to deliver new projects at the same time as maintaining business as usual operations.
  - In June 2018 we issued our [Review of Medical Equipment: Update on Progress](#) report. This provides an update on progress against our 2013 recommendations, most of which the Health Board has not addressed. Our 2018 report set out eight further recommendations, which we consider to be critical for improving the Health Board's oversight and management of medical equipment.

The Health Board's management of some of these corporate risks has been weak, partly due to the absence of an up-to-date and meaningful corporate risk register<sup>16</sup>.

<sup>16</sup> Highlighted in an earlier section of the report, see paragraphs 28 to 37

## Recommendations

128 This year we have identified some improvement areas previously identified in earlier structured assessment work. It is important that the Health Board tackles our previous recommendations with pace. Our 2018 recommendations are set out in Exhibit 1.

### Exhibit 5: 2018 recommendations

<b>2018 recommendations</b>	
<b>2017 recommendations</b>	
R1	The Health Board should complete our 2017 structured assessment recommendations by the end of 2019.
<b>Audit recommendation tracking</b>	
R2	The Health Board should improve its recommendation tracking by: <ol style="list-style-type: none"><li>addressing our outstanding 2016 structured assessment recommendation to strengthen tracking arrangements for external audit recommendations;</li><li>including the tracking of internal audit recommendations; and</li><li>completing a review of all outstanding internal and external audit recommendations and reporting the findings to the Audit Committee.</li></ol>
<b>Governance</b>	
R3	The Health Board should: <ol style="list-style-type: none"><li>Update the Scheme of Delegation to reflect the delegated responsibility for calculating nurse staffing levels for designated acute medical and surgical inpatient wards;</li><li>Review and update the Standing Orders and Standing Financial Instructions, ensuring these documents are reviewed and approved on an annual basis;</li><li>Improve the format of the registers for declarations of interest and gifts, hospitality and sponsorship and clarify the frequency with which the registers are presented to the Audit Committee;</li><li>Ensure the governance team manage policy renewals and devise a process to keep policy reviews up to date;</li><li>Review all committee terms of reference to make sure they are up to date, do not overlap, and are reviewed annually; and</li><li>Ensure all committees have an up-to-date work programme, which is linked to the cycle of Board meetings and reviewed annually.</li></ol>
<b>Performance management</b>	
R4	The Health Board should update its performance management framework to reflect the organisational changes that have taken place since 2013.
<b>Financial management</b>	
R5	The Health Board should provide the Finance Committee, or Board, with an update on progress with its testing and delivery of the All Wales Costing System Implementation Project.
R6	The Health Board should ensure that all recommended matches from the next NFI exercise in January 2019 are reviewed and where necessary investigated in a timely manner.

## 2018 recommendations

### Information Governance

- R7 The Health Board should complete the outstanding actions from the Information Commissioner's Office (ICO) 2016 review of the Health Board's data protection arrangements.
- R8 The Health Board should achieve full compliance with the General Data Protection Requirement by May 2019.
- R9 The Health Board should improve its response times to requests for information from Freedom of Information Act and Data Protection Subject Access Requests.

### Information Technology

- R10 The Health Board should complete a review of the structure and governance of its information and information technology functions to support delivery of the strategic digital approach.
- R11 The Health Board should routinely update IT Disaster Recovery plans after key changes to IT infrastructure and networks and at scheduled intervals and test plans to ensure they are effective.

# Appendix 1

## Progress implementing previous recommendations

Exhibit 6: Status of previous recommendations

Recommendation	Action taken in response	Completed
<b>2017 recommendations</b>		
<p>R1 For 2018-19, the Health Board needs to use intelligence such as benchmarking data to identify stretch targets on a case-by-case basis in areas where greater levels of savings could be made.</p>	<p>The Health Board intends to change the basis of cost-improvement-targets (CIP) for 2019-20.</p>	<p>Yes. Changes are planned for 2019-20.</p>
<p>R2 To ensure compliance with the NHS planning framework, the Health Board needs to ensure that the Strategy and Engagement Committee regularly scrutinises progress on delivery of the Annual Operating Plan, and subsequent three year integrated medium term plans.</p>	<p>The new S&amp;D Committee's work plan includes scrutiny of key elements of the Annual Operating Plan, 10-year strategy and transformation programme. The Committee and the Board still need to receive appropriate progress updates against the Annual Operating Plan deliverables to ensure they are on track.</p>	<p>Partly</p>

Recommendation	Action taken in response	Completed
<p>R3 To enable effective scrutiny, the Health Board needs to improve the quality of its papers to Board and Committees by ensuring that the length and content of the papers presented is appropriate and manageable.</p>	<p>The length of Board and committee papers has improved compared to last year, but inconsistencies and variation remain. The Health Board's introduction in September 2018 of a revised cover report template should encourage more succinct reporting.</p>	<p>Partly</p>
<p>R4 To improve transparency, the Health Board needs to ensure that the Finance Committee papers are made available on its website in a timely manner.</p>	<p>At December 2018, the October 2018 Finance Committee papers were not available on the Health Board's website.</p>	<p>No</p>
<p>R5 The Health Board needs to strengthen its corporate risk assurance framework (CRAF) by:</p> <ul style="list-style-type: none"> <li>• mapping risks to the Health Board's strategic objectives;</li> <li>• reviewing the required assurances;</li> <li>• improving clarity of risk descriptors; and clarifying to the reader the date when risks are updated and/or added.</li> </ul>	<p>Until recently, the Health Board had made little progress in updating the CRAF. The CRAF was last presented to the Board and committees in November 2017. We recognise the Health Board has recently taken steps to start developing a separate Board Assurance Framework and Corporate Risk Register. The draft BAF was received at both the Audit Committee and Board in November and December respectively.</p>	<p>No</p>

Recommendation	Action taken in response	Completed
<p>R6 The Health Board needs to focus its attention on strengthening its information governance arrangements in readiness for the General Data Protection Regulations, which come into force in May 2018. This should include:</p> <ul style="list-style-type: none"> <li>• updating the information governance strategy;</li> <li>• putting in place arrangements for monitoring compliance of the primary care information governance toolkit; and</li> <li>• developing and completing an Information Asset Register;</li> <li>• ensuring that an identified data protection officer is in place; and</li> <li>• improving the uptake of information governance training.</li> </ul>	<p>Progress to date:</p> <ul style="list-style-type: none"> <li>• An up-to-date Information Governance strategy does not yet exist. The Health Board has drafted its strategic approach in the Information Governance Policy. The Health Board plans to agree and implement this approach later in 2018.</li> <li>• NWIS has developed the information governance toolkit for primary care GP's and intend to monitor compliance at a GP cluster level. These compliance monitoring arrangements for are still being developed. The Primary Care Clinical Board is liaising with the NHS Wales Informatics Service to confirm and agree these arrangements.</li> <li>• Information asset registers have been developed within the corporate directorates and clinical boards, but further work is required to fully complete this. The Health Board is planning further work to: identify personal information held; identify information flows; and identify information sharing arrangements.</li> <li>• An interim Data Protection Officer (DPO) is in post as required under the GDPR. The Health Board expects to appoint an experienced and senior information governance manager to the statutory DPO function in early 2019.</li> <li>• More staff have completed information governance training. However, compliance with information governance training (69%) is well below the national target (95%).</li> </ul>	<p>Partly</p>

Recommendation	Action taken in response	Completed
<p>R7 The Health Board needs to ensure that the level of information reported to the Resource and Delivery Committee on its performance is sufficient to enable the Committee to scrutinise effectively. This should include:</p> <ul style="list-style-type: none"> <li>• ensuring that the Committee receives more detailed performance information than that received by the Board. Consideration should be made to including a summary of the Clinical and Service Board dashboards used in the monthly executive performance management reviews;</li> <li>• expanding the range of performance metrics to include a broader range of key performance indicators relating to workforce. Consideration should be made to revisiting the previous workforce KPIs reported to the previous People, Planning and Performance Committee.</li> </ul>	<p>Overall this recommendation has been partly addressed.</p> <ul style="list-style-type: none"> <li>• The S&amp;D Committee continues to receive a high-level performance dashboard, which is less detailed than the performance report received by the Board.</li> <li>• Since September 2018, the S&amp;D Committee receives six-monthly updates against the workforce plans, including key workforce metrics.</li> </ul>	<p>Partly</p>
<p>R8 The Health Board needs to revisit its Informatics Strategic Outline Plan in light of the financial resources available and seek Board approval of the revised strategic approach.</p>	<p>Executives approved the informatics strategic approach. The Health Board revisited its Informatics Strategic Outline Plan and revised its delivery approach in the unapproved Integrated Medium-Term Plan.</p>	<p>Yes</p>

Recommendation	Action taken in response	Completed
R9 To ensure resilience to security issues, such as cyber-attacks, the Health Board should consider identifying a dedicated resource for managing IT security.	In early 2018, the Health Board received an external review of cyber security arrangements. The review recommended improvements to cyber security arrangements. In response the Health Board is developing a formal cyber security improvement action plan. It plans to bring in specialist cyber security skills in early 2019 to address these recommendations and establish a specialist cyber security team.	Partly
R10 To improve scrutiny of the Health Board's informatics service, the Health Board should expand the range of key performance indicators relating to informatics to include the cause and impact of informatics incidents.	The Health Board plans to review in early 2019 the structure and governance of its information and information technology functions to deliver the digital strategy.	No
<b>2016 recommendations</b>		
R13 Strengthen tracking arrangements for external audit recommendations by providing more detailed information to the Audit Committee on the extent to which both performance and financial audit recommendations have been completed, and ensure that all action plans are monitored through to completion by the relevant committees of the Board.	There is a tracker for WAO recommendations. The current arrangements don't provide enough clarity around what happens to recommendations where committees other than the audit committee are responsible.	Partly

# Appendix 2

## Health Board's response to this year's recommendations

When the relevant committee has considered this report, we will insert a shortened version of the Health Board's response in the report before we publish it on the Wales Audit Office website.

### Exhibit 7: management response to 2018 recommendations

Recommendation	Management response	Completion date	Responsible officer
<b>2017 recommendation</b> R1 The Health Board should complete our 2017 structured assessment recommendations by the end of 2019	Agreed and these will be monitored to ensure this happens through Management Executives and reported to Audit Committee	31/12/2019	Director of Corporate Governance
<b>Audit recommendation tracking</b> R2 The Health Board should improve its recommendation tracking by: <ul style="list-style-type: none"> <li>a. addressing our outstanding 2016 structured assessment recommendation to strengthen tracking arrangements for external audit recommendations;</li> <li>b. including the tracking of internal audit recommendations; and</li> <li>c. completing a review of all outstanding internal and external audit recommendations and reporting the findings to the Audit Committee.</li> </ul>	Agreed this will be presented to the next Audit Committee  Agreed as above response  Agreed as above response	26/02/2019  26/02/2019  26/02/2019	Director of Corporate Governance  Director of Corporate Governance  Director of Corporate Governance

Recommendation	Management response	Completion date	Responsible officer
<p><b>Governance</b></p> <p>R3 The Health Board should:</p> <p>a. Update the Scheme of Delegation to reflect the delegated responsibility for calculating nurse staffing levels for designated acute medical and surgical inpatient wards;</p> <p>b. Review and update the Standing Orders and Standing Financial Instructions, ensuring these documents are reviewed and approved on an annual basis;</p> <p>c. Improve the format of the registers for declarations of interest and gifts, hospitality and sponsorship and clarify the frequency with which the registers are presented to the Audit Committee;</p> <p>d. Ensure the governance team manage policy renewals and devise a process to keep policy reviews up to date;</p> <p>e. Review all committee terms of reference to make sure they are up to date, do not overlap, and are reviewed annually; and</p> <p>f. Ensure all committees have an up-to-date work programme, which is linked to the cycle of Board meetings and reviewed annually.</p>	<p>Agreed in progress as result of Internal Audit Report</p> <p>Agreed and timetabled to be undertaken on an annual basis going forward</p> <p>Agreed registers will be improved in format and reported to Audit Committee twice a year</p> <p>Agreed</p> <p>Agree in progress</p> <p>Agreed work plans for each Committee and the Board are in development</p>	<p>31/03/2019</p> <p>31/03/2019</p> <p>23/04/2019</p> <p>31/10/2019</p> <p>31/03/2019</p> <p>31/03/2019</p>	<p>Director of Corporate Governance</p> <p>Director of Corporate Governance</p> <p>Director of Corporate Governance</p> <p>Director of Corporate Governance</p> <p>Director of Corporate Governance</p> <p>Director of Corporate Governance</p>

Recommendation	Management response	Completion date	Responsible officer
<p><b>Performance management</b></p> <p>R4 The Health Board should update its performance management framework to reflect the organisational changes that have taken place since 2013.</p>	<p>We accept that the performance management framework should be reviewed to ensure it fully supports the organisational business.</p>	<p>30/09/209</p>	<p>Deputy CEO/Director of Transformation</p>
<p><b>Financial management</b></p> <p>R5 The Health Board should provide the Finance Committee, or Board, with an update on progress with its testing and delivery of the All Wales Costing System Implementation Project.</p>	<p>The UHB accepts the need to provide an update on progress with this project. As a series of Welsh Costing Returns (WCRs) have now been submitted to Welsh Government using the new system, a comprehensive update on the implementation and future use of the costing development can now be made. It is intended to provide a paper to the Finance Committee following finalisation and publication of WCRs within Wales.</p>	<p>April 2019</p>	<p>Director of Finance</p>
<p>R6 The Health Board should ensure that all recommended matches from the next NFI exercise in January 2019 are reviewed and where necessary investigated in a timely manner.</p>	<p>For the forthcoming NFI exercise, the Health Board will endeavour to increase its compliance in respect of the number of recommended matches checked. A large number of these matches are however in relation to Accounts Payable and this will require further matching and review by the NHS Wales Shared Service Partnership. Consequently this is not wholly within the control of the Health Board.</p>	<p>December 2019</p>	<p>Director of Finance</p>

Recommendation	Management response	Completion date	Responsible officer
<p><b>Information Governance</b></p> <p>R7 The Health Board should complete the outstanding actions from the Information Commissioner's Office (ICO) 2016 review of the Health Board's data protection arrangements.</p>	<p>CAV UHB is committed to continually improving mitigation of its risks of non-compliance. We are taking an improvement approach in line with the rest of Wales and in regular discussion with the ICO's office.</p> <p>Progress has been made on the registering of major assets and new flows of information. We intend to progress the assessment of our existing significant flows, adopting a risk based approach.</p>	01/06/2019	Director of Digital & Health Intelligence
<p>R8 The Health Board should achieve full compliance with the General Data Protection Requirement by May 2019.</p>	<p>Delivery of the CAV UHB's updated action plan will reduce the risks we carry in relation to non-compliance with GDPR.</p> <p>Prioritisation of risks and mitigating actions are part of our continuous improvement plan, aimed at achieving full GDPR compliance during 2019.</p>	31/12/2019	Director of Digital & Health Intelligence
<p>R9 The Health Board should improve its response times to requests for information from Freedom of Information Act and Data Protection Subject Access Requests</p>	<p>CAV UHB has recently appointed additional staff resulting in a positive impact on response times for FOI and Subject Access Requests. This will be monitored as we continue to move towards achieving fully compliant response times.</p>	31/03/2019	Director of Digital & Health Intelligence

Recommendation	Management response	Completion date	Responsible officer
<p><b>Information Technology</b></p> <p>R10 The Health Board should complete a review of the structure and governance of its information and information technology functions to support delivery of the strategic digital approach.</p>	<p>The newly appointed head of digital and health intelligence is developing a new structure to reflect combined information and IT services with the aim of establishing functions that can best support the digital transformation agenda.</p>	<p>31/03/2019</p>	<p>Director of Digital &amp; Health Intelligence</p>
<p>R11 The Health Board should routinely update IT Disaster Recovery plans after key changes to IT infrastructure and networks and at scheduled intervals and test plans to ensure they are effective.</p>	<p>The CAV IT Disaster Recovery plan is reviewed annually at a minimum and in response to specific circumstances. Testing is undertaken (both Check list and Technical) and multiple system restores are performed successfully annually. Additional infrastructure and software have been put in place to improve this process. A schedule of testing is being developed as part of the technical roadmap work.</p>	<p>31/03/2019</p>	<p>Director of Digital &amp; Health Intelligence</p>



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# Annual Audit Report 2018 – **Cardiff and Vale University Local Health Board**

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This report was prepared for the Auditor General by Mike Usher, Dave Thomas, Tom Haslam and Mark Jones.

# Contents

## Summary report

About this report 5

Key messages 6

## Detailed report

Audit of accounts 7

I have issued an unqualified opinion on the accuracy and proper preparation of the 2017-18 accounts of the Health Board, although in doing so I have brought some issues to the attention of officers and the Audit Committee 7

I have issued a qualified audit opinion on the regularity of the financial transactions within the financial statements of the Health Board and placed a substantive report alongside my opinion to highlight its failure to meet its statutory financial duties 8

Arrangements for securing efficiency, effectiveness and economy in the use of resources 10

Some governance arrangements have improved but we have concerns about risk management and some other basic governance processes 10

The Health Board's 2015 vision remains relevant and strategic planning arrangements are generally sound but better performance monitoring arrangements are needed 12

Whilst the Health Board has a wide array of challenges for ensuring effective use of its resources, mostly recognises where it needs to improve and has recently created a transformation programme to improve performance and efficiency 13

My wider programme of work shows the Health Board is responding to change, but more work is needed, and it has been slow in addressing some of my recommendations 15

The investigation of potential fraud, highlighted by the latest National Fraud Initiative exercise, has been inadequate 18

## Appendices

Appendix 1 – reports issued since my last annual audit report 19

Appendix 2 – audit fee 20



# Summary report

## About this report

- 1 This report summarises the findings from the audit work I have undertaken at Cardiff and Vale University Health Board (the Health Board) during 2018. I did that work to carry out my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:
  - a) examine and certify the accounts submitted to me by the Health Board, and to lay them before the National Assembly;
  - b) satisfy myself that the expenditure and income to which the accounts relate have been applied to the purposes intended and in accordance with the authorities which govern it; and
  - c) satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.
- 2 I have reported my findings under the following headings:
  - key messages;
  - audit of accounts; and
  - arrangements for securing economy, efficiency and effectiveness in the use of resources.
- 3 I have issued several reports to the Health Board this year. This annual audit report is a summary of the issues presented in these more detailed reports, a list of which is included in [Appendix 1](#).
- 4 [Appendix 2](#) presents the latest estimate on the audit fee that I will need to charge to cover the actual costs of undertaking my work at the Health Board, alongside the original fee that was set out in the 2018 Audit Plan.
- 5 [Appendix 3](#) sets out the significant financial audit risks highlighted in my 2018 Audit Plan and how they were addressed through the audit.
- 6 The Chief Executive and the Director of Finance have agreed this report is factually accurate. We presented it to the Audit Committee on 26 February 2019. The Board will receive the report at a later Board meeting and every member will receive a copy. We strongly encourage the Health Board to arrange wider publication of this report. We will make the report available to the public on the [Wales Audit Office website](#) after the Board have considered it.
- 7 I would like to thank the Health Board's staff and members for their help and co-operation during the audit work my team has undertaken over the last 12 months.

## Key messages

### Audit of accounts

- 8 I have concluded that the Health Board's accounts were properly prepared and materially accurate, and my work did not identify any material weaknesses in the Health Board's internal controls relevant to my audit of the accounts. I have therefore issued an unqualified opinion on their preparation. I did however report some recommendations for improvement to officers and the Audit Committee, which they are addressing for the 2018-19 accounts.
- 9 The Health Board did not achieve financial balance for the three-year period ending 31 March 2018 and so I have issued a qualified opinion on the regularity of the financial transactions within its 2017-18 accounts.
- 10 Alongside my audit opinion, I placed a substantive report on the Health Board's financial statements to highlight its failure to achieve financial balance and its failure to have an approved three-year plan in place.

### Arrangements for securing efficiency, effectiveness and economy in the use of resources

- 11 My 2018 structured assessment work at the Health Board has found that:
  - Some governance arrangements have improved but I have concerns about risk management and some other basic governance processes.
  - The Health Board's 2015 vision remains relevant and strategic planning arrangements are generally sound but better performance monitoring arrangements are needed.
  - While the Health Board has a wide array of challenges for ensuring effective use of its resources, it mostly recognises where it needs to improve and has recently created a transformation programme to help improve performance and efficiency.
- 12 My wider programme of work includes reviews of Primary Care services and the Integrated Care Fund. Both reviews have found some aspects of good practice as well as opportunities to improve arrangements for securing efficient, effective and economical use of resources. The Health Board takes part in the National Fraud Initiative, but its response has been inadequate and has made limited use of the data matches released in 2017. These findings are considered further in the following sections.
- 13 During the year, I also reported on Follow-up outpatient services, Radiology services and NHS Informatic Services at an all Wales level. My engagement team presented these reports to your Audit Committee and highlighted the national and local aspects of good practice and any areas for improvement. Any recommendations made in my national reports that are relevant to the Health Board are routinely adopted into the Health Board's recommendation tracking system.

# Detailed report

## Audit of accounts

- 14 This section of the report summarises the findings from my audit of the Health Board's financial statements for 2017-18. These statements are how the organisation shows its financial performance and set out its net operating costs, recognised gains and losses, and cash flows. Preparing the statements is an essential element in demonstrating appropriate stewardship of public money.
- 15 In examining the Health Board's financial statements, I must give an opinion on:
- whether they give a true and fair view of the financial position of the Health Board and of its income and expenditure for the period in question;
  - whether they are prepared in accordance with statutory and other requirements, and meet the relevant requirements for accounting presentation and disclosure;
  - whether that part of the remuneration report to be audited is properly prepared;
  - whether the other information provided with the financial statements (usually the annual report) is consistent with them; and
  - the regularity of the expenditure and income in the financial statements.
- 16 In giving this opinion, I have complied with my Code of Audit Practice and the International Standards on Auditing (ISAs).

## **I have issued an unqualified opinion on the accuracy and proper preparation of the 2017-18 accounts of the Health Board, although in doing so I have brought some issues to the attention of officers and the Audit Committee**

- 17 I have concluded that the Health Board's accounts were properly prepared and materially accurate. I found most of the information provided by the Health Board to be timely, accurate and reliable, and easy to understand. I concluded that the Health Board's accounting policies and estimates are appropriate and the accounting disclosures to be unbiased, fair and clear.
- 18 I reviewed those internal controls that I considered to be relevant to the audit to help me identify, assess and respond to the risks of material misstatement in the accounts. I did not consider them for the purposes of expressing an opinion on the operating effectiveness of internal control. My work did not identify any material weaknesses in the Health Board's internal controls relevant to my audit of the accounts.
- 19 I did however report some recommendations for improvement to officers and the Audit Committee. I will be reviewing the Health Board's implementation of those recommendations as part of my audit of the 2018-19 accounts.

20 I must report issues arising from my work to those charged with governance before I issue my audit opinion on the accounts. My Financial Audit Engagement Lead reported these issues to the Health Board's Audit Committee, and to the Board, on 31 May 2018. **Exhibit 1** summarises the key issues set out in that report.

**Exhibit 1: issues identified in the Audit of Financial Statements Report**

The following table summarises and provides comments on the key issues identified.

Issue	Auditors' comments
Uncorrected misstatements	I reported four uncorrected misstatements which totalled £44,184.
Corrected misstatements	I reported the four most significant corrected misstatements. The four reported corrections related to accounting disclosures. Such errors mean that while the underlying transactions were correct, they had been disclosed incorrectly in the accounts.
Other significant issues	The main significant weakness was the absence of numerous related party returns from some of the Health Board's independent members. I had raised a recommendation on this area the previous year, so I was disappointed that the procedural weakness had remained. The lack of returns was particularly important as I audit related party disclosures to a far lower level of materiality.

21 As part of my financial audit, I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the financial position of the Health Board at 31 March 2018 and the return was prepared in accordance with the Welsh Government's instructions.

22 My separate audit of the charitable funds' accounts has also concluded. On 13 December 2018 my Financial Audit Manager reported the results of the audit to the Trustee, and I certified the accounts on 18 December.

**I have issued a qualified audit opinion on the regularity of the financial transactions within the accounts of the Health Board and placed a substantive report alongside this opinion to highlight its failure to meet its statutory financial duties**

23 The Health Board did not achieve financial balance for the three-year period ending 31 March 2018 and so I have issued a qualified opinion on the regularity of the financial transactions within its 2017-18 accounts.

24 The Health Board's financial transactions must be in accordance with authorities that govern them. It must have the powers to receive the income and incur the

expenditure that it has. Our work reviews these powers and tests that there are no material elements of income or expenditure which the Health Board does not have the powers to receive or incur.

- 25 Where a Health Board does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion. **Exhibits 2 and 3** set out the Health Board's financial performance for the three years to 31 March 2018. **Exhibit 2** shows that the Health Board has failed to meet its revenue resource allocation for the three years, which resulted in my qualified regularity opinion. **Exhibit 3** shows that the Health Board has met its capital resource allocation.

**Exhibit 2: financial performance against the revenue resource allocation**

	2015-16	2016-17	2017-18	Total
	£'000	£'000	£'000	£'000
Operating expenses	828,019	914,221	899,060	2,641,300
Revenue resource allocation	828,087	884,978	872,207	2,585,272
Under (over) spend against allocation	68	(29,243)	(26,853)	(56,028)

**Exhibit 3: financial performance against the capital resource allocation**

	2015-16	2016-17	2017-18	Total
	£'000	£'000	£'000	£'000
Capital charges	40,967	42,026	47,033	130,026
Capital resource allocation	41,027	42,104	47,121	130,252
Under (over) spend against allocation	60	78	88	226

- 26 I have the power to place a substantive report on the Health Board's accounts alongside my opinions where I want to highlight issues. Due to the Health Board's failure to meet its financial duties I issued a substantive report setting out the factual details, in that it:
- failed its duty to achieve financial balance (as set out above); and
  - continued not to have an approved three-year plan in place and has been working to an annual operation plan, which the Board approves each year.

## Arrangements for securing efficiency, effectiveness and economy in the use of resources

27 I have a statutory requirement to satisfy myself that NHS bodies have proper arrangements in place to secure efficiency, effectiveness and economy in the use of their resources. I have undertaken a range of performance audit work at the Health Board over the last 12 months to help me discharge that responsibility. This work has involved:

- assessing the effectiveness of the Health Board's governance and assurance arrangements;
- reviewing the Health Board's approach to strategic planning;
- examining the arrangements in place for managing the Health Board's finances, workforce, assets and procurement;
- specific use of resources work on Primary Care services and regional partnership working;
- reviewing the Health Board's arrangements for tracking progress against external audit recommendations; and
- assessing the application of data-matching as part of the National Fraud Initiative (NFI).

28 My conclusions based on this work are set out below.

## Some governance arrangements have improved but we have concerns about risk management and some other basic governance processes

29 My structured assessment work examined the Health Board's governance arrangements, the way in which the Board and its sub-committees conduct their business, and the extent to which organisational structures are supporting good governance and clear accountabilities. I also looked at the information that the Board and its committees receive to help them oversee and challenge performance and monitor the achievement of organisational objectives. I found the following:

30 **The Health Board is taking steps to improve board and committee arrangements but has not yet achieved consistent good practice across the organisation.** My work found some improvements in scrutiny and challenge at the Board and its key committees<sup>1</sup>. Recent changes to Board and committee working are positive but success will depend on these changes being successfully

<sup>1</sup> As part of our structured assessment work, we observed the Board and the following committees – Finance Committee, Quality Safety and Experience Committee, Strategy and Delivery Committee and Audit Committee.

embedded. Importantly, my structured assessment work has pointed to opportunities to strengthen the way the Audit Committee works. I am pleased to note that improvements are underway to address the concerns identified.

- 31 **Delays in revising the corporate risk assurance framework means that until recently the Board has had insufficient oversight of strategic risks.** My work found the Health Board's revisions to its Corporate Risk and Assurance Framework was slow. This meant that corporate risks were not fully visible to, or scrutinised by, the Board. The Health Board has recently decided to revise its approach completely and develop a Board Assurance Framework (BAF) and a separate corporate risk register. It is making good progress with this. These developments should make it easier for the Board and its committees to scrutinise and challenge.
- 32 **I found some areas of sound practice, but the Health Board needs to make several significant improvements to its system of assurance.** My work found that the Health Board has some good arrangements for quality governance and is making further improvements.
- 33 In 2017, I reported that performance information reported at committee level was less detailed than that reported to Board. This is still the case and appears contrary to the Board's stated intention to take a more strategic view by accepting higher levels of scrutiny and assurance at its committees. The Health Board has strengthened the way clinical boards are performance managed but the overall performance management framework needs updating.
- 34 My work also found several weaknesses in the systems of internal control that support board assurance. In particular, the Audit Committee has lacked a consistent and comprehensive way to keep track of, and manage, the streams of assurance it receives from different groups and organisations.
- 35 **The Health Board needs to urgently improve information governance arrangements and strengthen its cyber security framework.** Improvements to cyber security arrangements have been identified and the Health Board is planning to make improvements.
- 36 In 2018 the Information Governance and Information Technology sub-committee<sup>2</sup> oversaw the Informatics department's work. The sub-committee's focus on operational matters has been detrimental to more strategic issues such as overseeing strategic plan delivery and managing assurances. For example, the Health Board:
- did not achieve the May 2018 GDPR compliance deadline, and is now aiming to be fully compliant by May 2019;
  - has not yet fully addressed all the ICO's 2016 recommendations and most identified actions remain incomplete;

<sup>2</sup> This reports to the Strategy & Delivery Committee

- is not compliant with various information standards and remains well below the national targets (eg Caldicott Information Confidentiality, Freedom of Information Act and Data Protection Act requests); and
- does not have a routine approach to updating and testing its IT disaster recovery plans.

### The Health Board's 2015 vision remains relevant and strategic planning arrangements are generally sound but better performance monitoring arrangements are needed.

- 37 My work examined how the Board engages partners and sets the strategic direction for the organisation. I also assessed how well the Health Board plans the delivery of its objectives and how it monitors progress in delivering the plans.
- 38 The Health Board's 10-year strategy [Shaping our Future Wellbeing Strategy: 2015-25](#)<sup>3</sup> was developed following extensive stakeholder consultation. Further engagement activity is also shaping the 10-year strategy's underpinning work programmes and other plans.
- 39 The IMTP submitted to Welsh Government in January 2018 was not accepted due to the funding assumptions it was based on. Since then the Health Board has been working to an Annual Operational Plan (AOP). The Health Board is preparing its 2019-21 IMTP for submission to Welsh Government. My 2017 structured assessment reported that the Health Board's planning process was generally sound. Since then there have been no significant changes to the process, other than some refinements.
- 40 Finally, my work assessed the monitoring of strategic plans and change programmes. My 2017 structured assessment recommended that the Strategy and Delivery (S&D) Committee should regularly examine the progress of AOP delivery. This year we found the S&D Committee receives progress reports on individual areas of the AOP. However, we found no evidence that the S&D Committee receives an overall or collated progress summary against all AOP deliverables. The Board receives updates on the development of the future IMTP, but we did not find any evidence of the Board receiving progress updates on AOP delivery.

<sup>3</sup> Shaping Our Future Wellbeing 2015-2025.

Whilst the Health Board has a wide array of challenges for ensuring effective use of its resources, it mostly recognises where it needs to improve and has recently created a transformation programme to help improve performance and efficiency.

- 41 My structured assessment work examined the Health Board's arrangements for managing its workforce, its finances and other physical assets to support the efficient, effective and economical use of resources. I also considered the arrangements for procuring goods and services, and the action being taken to maximise efficiency and productivity. My findings are set out below.
- 42 **The Health Board is improving its financial management and is aiming for a balanced annual position by 2020-21 but is still projecting a deficit position at the end of 2018-19.** For the financial year 2017-18, the Health Board operated within its capital resource limit for both the annual limit and the three-year limit. For 2017-18, the Health Board reported a £26.8 million deficit against the revenue resource limit and a £56 million deficit against the three-year total revenue resource limit. For 2018-19 the Health Board expects to operate within its capital resource limit and improve its annual revenue position, albeit with a forecast deficit of £9.9 million. This forecast deficit takes account of the conditional £10 million extra revenue funding from Welsh Government.
- 43 The Health Board has satisfactory financial management and control arrangements and effective arrangements for identifying savings and developing savings plans. The Health Board is engaged in the All Wales Costing System Implementation Project. This is expected to provide improved understanding of costs and income, both internally and compared with other health bodies, which should help to deliver a balanced financial position.
- 44 **The Health Board is aware of its workforce challenges and is developing plans to tackle them but has so far failed to address consultant job planning.** Sickness absence has a financial impact on health board budgets, such as the need for agency and temporary staff. The Health Board's overall sickness rate rose slightly between 2017 and 2018 but was still slightly below the Wales average. The Health Board has plans to better understand sickness absence and aims to reduce it to 4.2% by 2020-21.
- 45 Several initiatives are underway to try and reduce the use of medical and nursing temporary staff. In 2017 the Health Board stopped using off-contract agency staff and it aims to continue this during 2018-19. My work found that agency staff expenditure was lower than other health boards. However, the July 2018 overall vacancy rate had risen to 3.2% (2.6% July 2017).
- 46 The Health Board recognises that a sustainable workforce may need fundamental changes in design, composition and deployment. The workforce and organisational

development plan outlines how the Health Board will use workforce transformation to achieve its vision in the 10-year strategy.

- 47 My work found the Health Board's performance was below the national targets for staff appraisal rates and compliance with statutory and mandatory training. The Health Board has plans to improve in these areas.
- 48 Despite many years' work by the Health Board, in 2016 my work found consultant job planning practice was still variable. The target for consultant job plan compliance is 85%, but at August 2018 the Health Board's compliance rate was 50%. In 2018 an Internal Audit review of consultant job planning arrangements found them to provide limited assurance.
- 49 **The Health Board has invested in procurement and has detailed procurement plans and effective arrangements for monitoring procurement activity and spend.** The NHS Wales Shared Services Partnership – Procurement Service manages most of the Health Board's procurement. There is an all-Wales Procurement Strategy, which is underpinned by an all-Wales business plan. The Health Board has provided extra staff for the procurement team, which is well organised and integrated with the clinical boards. Each year the Head of Procurement develops a Health Board specific project for procurement improvements. Also, procurement is part of the Health Board's cost improvement programme. In 2017-18, the Health Board made good progress against its cost improvement savings target of £2 million.
- 50 **Asset management strategies are at different levels of development and several asset related risks may need stronger corporate oversight.** The Health Board does not have an overarching asset management strategy. Instead it has several separate strategies for estates, medical equipment and IT, each at different stages of development. The Health Board's management of some significant asset related risks has been weak. This was partly due to the absence of an up-to-date and meaningful corporate risk register.
- 51 The Health Board is facing some significant asset related risks:
- estate backlog maintenance costs are currently around £130 million. High backlog maintenance is a risk because it diverts funding from proactive to reactionary maintenance.
  - there are several important IT risks including the local impact of national IT system failures; cyber security threats; national IT programme delays and a lack of internal capacity to deliver new projects at the same time as maintaining business as usual operations.
- 52 **Despite improvements, some activity targets remain challenging and the Health Board has established a transformation programme to increase performance and efficiency.** The Health Board continues to work in a challenging environment and recognises where it needs better performance. Despite improvement in some areas, achieving some waiting time targets remains a challenge. For example, the Health Board is failing to deliver against its targets for urgent suspected cancer cases and 26 weeks from referral to start of treatment.

These difficulties are reflected in the Health Board's strategic and transformational plans. The recently introduced transformation programme is designed to accelerate delivery of its 10-year strategy, support efficient working and improve service performance. This has been influenced by learning from Canterbury Health Board in New Zealand and takes a whole-system, multi-disciplinary approach.

- 53 **The Health Board has not matched its strategic approach to informatics with realistic investment and governance, which is creating some risks.** The Health Board is aiming to bring information and information technology closer together. As a result, it is reviewing the governance arrangements for the information and information technology functions. In 2019 the Health Board plans to revisit its informatics Strategic Outline Programme. Digital projects will be prioritised into a digital transformation strategy that is consistent with Health Board priorities and the available budget. Digital technology has the potential to improve productivity and deliver efficiencies. But success relies on the Health Board having a modern and resilient IT infrastructure. Some IT infrastructure and technology upgrades took place in 2017-18. However, limited resources may restrain the extent of IT support for operational service change. Ageing IT infrastructure may also present business continuity and resilience risks.

**My wider programme of work shows the Health Board is responding to change, but more work is needed, and it has been slow in addressing some of my recommendations**

**My emerging findings on the Integrated Care Fund show that it is having some positive impacts, but the Regional Partnership Board has some issues to resolve**

- 54 I have completed the fieldwork for my cross-sector review of the Integrated Care Fund (the fund). I intend to prepare a national summary report early in 2019, setting out my all-Wales findings. My audit team has already presented local findings to Regional Partnership Boards. The key messages for the Cardiff and Vale Regional Partnership Board are:
- the fund has had a positive impact in bringing organisations together across the Cardiff and Vale region. Health and local authority partners engage well with each other. This is because of clear communication channels, a culture of trust and a continued focus on achieving outcomes. However, some partners lack the capacity to contribute and engage fully. There is potential to clarify and improve the links between the Regional Partnership Board and Public Service Boards on a regular basis.
  - decisions about the use of the fund are largely delegated to sub-groups of the Regional Partnership Board. These arrangements are broadly working well, although there is scope to review the membership of the Integrated Care Fund Programme Board and the Senior Leadership Group to ensure the independence and objectivity of decision makers is not compromised.

- due to the fund's annual nature the region recognises that it has not always used the fund strategically to develop services based on need, but it does have good project management arrangements in place.
- there is general agreement that the fund is supporting the right projects and having a positive impact on service users. But like other regional partnership boards across Wales, very few projects are subsequently transitioned into regular operational services. The Cardiff and Vale region is attempting to demonstrate outcomes more clearly, but this is challenging.

The Health Board is making progress with its ambitious primary care plans and workforce pressures are less than in some other areas, but primary care performance is mixed, and several challenges remain

- 55 I found that the Health Board's primary care plan (the plan) is part of a wider strategy to move care closer to home. The plan aligns with the key elements of the national primary care plan. However, the plan does not consider the impact of Cardiff housing developments on projected population growth. Also, there is scope to strengthen consultation. All GP clusters have been supported to develop plans that feed into the Health Board's overall primary care plan. However, GP cluster maturity varies and representation from some stakeholders is limited.
- 56 The format of the accounts makes it difficult to accurately calculate the Health Board's overall investment in primary care and therefore whether it is changing and by how much. Despite this, the Health Board has some specific examples where it has transferred resources towards primary care. However, large-scale change is being hampered by:
- a lack of understanding of the mechanisms for transferring funding across budgets and service areas;
  - little or no budgetary guidance for transferring funding;
  - the current financial deficit, which makes it difficult to identify funding streams for transfer to primary care; and
  - plans that lack detail on the financial impact of service transfers prior to implementation of schemes.
- 57 The Health Board closely monitors cluster spending, but cluster leads have raised concerns about delays in financial decision making and identifying funds to transition successful pilots to mainstream practice. Primary care is a growing priority in the Health Board, but performance reporting continues to focus more on secondary care.
- 58 At present primary care workforce pressures are less severe than in some other areas, but they are increasing. The Health Board's planning identifies a future shortfall in GPs and an ageing nurse workforce. It is introducing several new roles to try and offset some of these pressures. The Health Board has made some progress with implementing multi-professional teams but there has been limited evaluation of this so far.

59 Unlike many parts of Wales, the Health Board is not directly managing any practices. However, Health Board information shows that General Medical Services have become increasingly fragile over the last year, so longer term sustainability is an issue. The Health Board's GP Support Unit works in a mainly reactive way to requests from individual practices. With this way of working, there is a risk that the unit only supports practices once they begin to experience significant issues, rather than more proactively engaging practices earlier.

The Health Board has been slow in addressing some recommendations from my previous work and it needs to improve how it monitors and tracks this.

60 My work has found that the Health Board has been slow at addressing my recommendations and in some cases has made limited progress. The Health Board received the 2017 structured assessment report in February 2018. The Audit Committee finally received the completed management response on 25 September 2018 with a six-month update that showed limited progress against our recommendations. It was the only NHS body not to provide a management response before we started our 2018 structured assessment work.

61 I have also undertaken detailed follow-up audit work to assess the Health Board's progress in addressing recommendations arising from previous audit work on managing medical equipment. The findings from this follow-up work are summarised in [Exhibit 4](#).

#### Exhibit 4: progress in implementing audit recommendations in specific service areas

Area of follow-up work	Conclusions and key audit findings
Follow-up review of Medical Equipment:	<p>The Health Board has made some progress in addressing recommendations made in our 2013 report, but more action is needed.</p> <p>I found the Health Board had implemented one recommendation fully and had made some progress against the remaining six recommendations.</p> <p>I concluded that the Health Board:</p> <ul style="list-style-type: none"> <li>• has adequate assurance and internal control processes for medical equipment but these could be improved;</li> <li>• has introduced an integrated working approach for capital spending, but collaboration on medical equipment across operational services is still a problem;</li> <li>• does not have a defined approach to the replacement of medical equipment under £5,000;</li> <li>• does not review medical equipment issues/incidents at clinical board level;</li> <li>• has not introduced a single medical equipment inventory; and</li> <li>• has not evaluated the medical equipment arrangements within pathology services (laboratory medicine).</li> </ul>

#### The investigation of potential fraud, highlighted by the latest National Fraud Initiative exercise, has been inadequate.

- 62 Every two years, the National Fraud Initiative (NFI) uses a data-matching exercise to help detect fraud and overpayments by matching data across organisations and systems. It is an effective tool for public bodies to strengthen their anti-fraud and corruption arrangements. The last exercise in January 2017 provided the Health Board with 851 high-risk matches. By November 2018 the Health Board had reviewed only 448 (53%) of these.
- 63 Whilst there has been progress in reviewing high risk matches, I am concerned that the Health Board is not using NFI effectively and potentially missing opportunities to identify fraud associated with issues such as undeclared staff interests with the Health Board's suppliers. Whilst, the Health Board has reviewed some overpayments and recovered these, it has not reviewed all such matches and it does not have a robust way to prevent duplicate payments. The Health Board also needs to ensure that where it has reviewed matches, it adequately records these.
- 64 The outcomes of the next NFI exercise will be available early in 2019. The Health Board should ensure that all recommended matches are reviewed and where necessary investigated in a timely manner.

# Appendix 1

## Reports issued since my last annual audit report

### Exhibit 5: reports issued since my last annual audit report

The following table lists the reports issued to the Health Board in 2018.

Report	Month issued
<b>Financial audit reports</b>	
Audit of Financial Statements Report	May 2018
Opinion on the Financial Statements	June 2018
Audit of Financial Statements Report Addendum - Recommendations	September 2018
Audit of the Charitable Funds' Financial Statements Report	December 2018
Opinion on the Charitable Funds' Financial Statements	December 2018
<b>Performance audit reports</b>	
Managing medical equipment – follow up review	June 2018
Primary Care	November 2018
Structured Assessment 2018	February 2019
<b>Other reports</b>	
2018 Audit Plan	February 2018

### Exhibit 6: performance audit work still underway

There are several performance audits that are still underway at the Health Board. These are shown in the following table, with the estimated dates for completion of the work.

Report	Estimated completion date
Clinical coding follow-up	April 2019
Operating Theatres follow-up	July 2019
Follow up of previous IT reviews	July 2019
Orthopaedic Services follow-up	October 2019

# Appendix 2

## Audit fee

The 2018 Audit Plan set out the proposed audit fee of £415,652 (excluding VAT, which is not charged). My latest estimate shows that the financial audit work has incurred additional costs of £3,319, which the Health Board is aware of. The performance audit work remains in progress and is in keeping with the fee set out in the outline. I will keep this under review and inform the Health Board of any changes.

Within the fee set out above, the audit work undertaken on the shared services provided to the Health Board by the NHS Wales Shared Services Partnership cost £10,266.

# Appendix 3

## Significant financial audit risks

### Exhibit 7: significant audit risks

My 2018 Audit Plan set out the significant financial audit risks for 2018. The table below lists these risks and sets out how they were addressed as part of the audit.

Significant audit risk	Proposed audit response	Work done and outcome
<p>The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA<sup>4</sup> 240.31-33].</p>	<p>My audit team will:</p> <ul style="list-style-type: none"> <li>• test the appropriateness of journal entries and other adjustments made in preparing the financial statements;</li> <li>• review accounting estimates for biases; and</li> <li>• evaluate the rationale for any significant transactions outside the normal course of business.</li> </ul>	<p>I reviewed several the accounting estimates and a sample of transactions that included journal entries. I did not identify any issues to report.</p>
<p>Under the NHS Finance (Wales) Act 2014, health boards ceased to have annual resource limits with effect from 1 April 2014. They instead moved to a rolling three-year resource limit, with the first three-year period running to 31 March 2017. To date the Health Board has not exceeded its capital resource limits. However, with regard to revenue, for the three years to 31 March 2017 the Health Board had a three-year revenue deficit of £50.5 million (I therefore qualified my regularity opinion on the Health Board's 2016-17 financial statements).</p>	<p>My audit team will continue to monitor the Health Board's financial position for 2017-18, and for the cumulative three-year position to 31 March 2018.</p> <p>This review would also take into account the impact of any relevant uncorrected misstatements over those three years.</p> <p>If the Health Board fails to meet the three-year resource limits for revenue and/or capital, I would expect to qualify my regularity opinion on the 2017-18 financial statements. I would also expect to place a substantive report on the statements to explain the basis of the qualification and the circumstances under which it had arisen.</p>	<p>As reported at pages 8 to 10 of this report, the Health Board did not meet its three-year revenue resource allocation. I therefore qualified my regularity opinion on the accounts.</p>

<sup>4</sup> International Standards on Auditing

Significant audit risk	Proposed audit response	Work done and outcome
<p>For 2017-18, the Health Board expects to exceed its annual revenue resource allocation by £30.9 million; which would mean an increased cumulative deficit of £60.1 million and for the three years to 31 March 2018.</p>		
<p>The Health Board has not yet submitted its Integrated Medium-Term Plan (IMTP) to the Welsh Government for 2017-18 and has therefore failed to meet its statutory requirement.</p>	<p>My audit team will ensure that appropriate disclosure is made in the financial statements. If an approved IMTP is not in place, I would expect to place a substantive report on the financial statements.</p>	<p>As reported at pages 8 to 10 of this report, the Health Board failed this financial duty and I placed a substantive report on the accounts.</p>
<p>The five-yearly valuation of all land and buildings has taken place during 2017-18, with all assets revalued at 1 April 2017.</p> <p>Previous revaluations had seen NHS bodies revalue their land and buildings on a different basis. For example, they may have been valued on either a site, block, or individual building's basis). For the 2017-18 revaluation exercise all revaluations must be at a building level, which could result in material movements in the value of assets.</p> <p>There is the risk of material misstatement arising from these complex accounting transactions.</p>	<p>My audit team will review the methodology used to revalue land and buildings assets and audit the resulting revaluations and accounting entries.</p>	<p>The audit results were satisfactory except for the identification of some erroneous accounting entries, which the Health Board corrected. The correction was one of the four corrections that I mention within <b>Exhibit 1</b> of this report.</p>
<p>I audit some of the disclosures in the Remuneration Report, such as the remuneration of senior officers and independent members, to a lower materiality due to their sensitivity.</p>	<p>My audit team will review all entries in the Remuneration Report and ensure that all known changes (for example from our review of the minutes of the Board and the Remuneration Committee) have been accurately and completely</p>	<p>The audit results were satisfactory.</p>

Significant audit risk	Proposed audit response	Work done and outcome
<p>In 2016-17 there were numerous changes to the Health Board's senior positions, which led to material misstatements that had to be corrected.</p> <p>In 2017-18 there have been further changes to senior positions, which again increase the risk of misstatement.</p>	<p>recorded in the Remuneration Report.</p>	
<p>The Welsh Government is required to approve all Health Board contracts that exceed £1 million. In previous years, for some contracts, the Health Board failed to seek Welsh Government approval, which it had then sought retrospectively. Contracts awarded without the required Welsh Government approval may give rise to irregular expenditure, which if material (individually or collectively) would affect my regularity opinion.</p>	<p>My audit team will review the procurement department's log of contracts and obtain evidence of Welsh Government approval for those that exceed £1 million.</p>	<p>The audit results were satisfactory.</p>

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<b>Report Title:</b>	<b>Public Accounts Committee Closure Report - Audit of Cardiff and Vale UHB's contractual relationships with RKC Associates Ltd and its Owner</b>					
<b>Meeting:</b>	Board				<b>Meeting Date:</b>	28.03.19
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	✓	<b>For Approval</b>	<b>For Information</b>	✓
<b>Lead Executive:</b>	DIRECTOR OF CORPORATE GOVERNANCE					
<b>Report Author (Title):</b>	DIRECTOR OF CORPORATE GOVERNANCE					

## SITUATION

The report of the Auditor General for Wales regarding the UHB's Contractual Relationships with RKC Associates Ltd and its Owner was published in July 2017. It identified a number of serious concerns in relation to the awarding of the consultancy contracts to RKC Associates Ltd, the management of the recruitment process to appoint the replacement Director of WOD, and the way in which information was relayed to the UHB Board and its Remuneration and Terms of Service Committee

## REPORT

### BACKGROUND

A report was provided to the Board on 27 July 2017 where it was agreed that the Audit Committee would monitor the progress of actions and provide the Board with the assurances required. A further report was received by the Board on 28<sup>th</sup> September 2017 updating members of the Board on progress against the action plan.

This closure report was received by the Audit Committee in February 2019 where approval for closure was provided.

### ASSESSMENT

The UHB, in conjunction with its colleagues in Procurement and Human Resources / Workforce, developed a comprehensive action plan to make the necessary improvements required to ensure no similar incidents of this kind occurred in the future. The action plan (attached at the appendix) contained 26 actions which were all considered to be complete by the Audit Committee and therefore provides the Board with the assurances it requires to note the report as signed off and complete.

It will be important that the actions within the action plan are sustained going forward and it was therefore recommended to the Audit Committee that an assurance report from the Director of Corporate Governance be received on an annual basis to confirm that the UHB is still compliant.

**ASSURANCE** is provided by:

- Discussion at Management Executive Team on 11<sup>th</sup> February 2019.
- Approval by the Audit Committee on 26<sup>th</sup> February 2019 that the action plan was complete.

**RECOMMENDATION**

The Board is asked to:

- **Note** the attached action plan in relation to UHB’s Contractual Relationships with RKC Associates Ltd and its Owner and its closure approved by the Audit Committee on 26<sup>th</sup> February 2019.
- **Receive** an assurance report from the Director of Corporate Governance on an annual basis to ensure ongoing compliance and sustainability of actions in the future.

**Shaping our Future Wellbeing Strategic Objectives**

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

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

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

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

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

Not Applicable



**Action Plan in Response to the Wales Audit Office Report in Respect of Cardiff and Vale University Health Board's Contractual Relationships with RKC Associates Ltd and its Owner**

**Conclusion 1 - The way in which the Cardiff and Vale University Health Board (UHB) procured and managed HR consultancy contracts awarded to RKC Associates fell well short of the standard that the public has a right to expect of a public body**

- a) The UHB failed to comply with its own procurement procedures when it awarded consultancy contracts to RKC Associates in November 2014 and June 2015 and in consequence both the contracts and payments made under them are potentially unlawful.
- b) The award of consultancy contracts to RKC Associates breached public procurement rules.
- c) The UHB failed to undertake due diligence checks of RKC Associates resulting in the UHB being exposed unnecessarily to financial and reputational risk.
- d) The UHB was in breach of its own Standing Financial Instructions when it agreed contracts with RKC Associates which had been drafted by the owner of RKC Associates.
- e) The UHB appointed the owner of RKC Associates to deliver consultancy projects, but the UHB utilised her as a senior member of staff and, in consequence, has potentially over-claimed VAT amounting to £58,162.
- f) As the Officer who signed the contracts with RKC Associates in November 2014 and June 2015, the UHB's Chief Operating Officer had a duty to ensure proper process had been followed. The failure to do so has cast doubt on whether the decisions to award these contracts were based entirely on valid considerations.
- g) The UHB did not exercise effective financial monitoring of its contracts with RKC Associates, with payments exceeding the contracted value and contractual expenses not being verified.

## UHB Response to Conclusion 1

Following publication of the Wales Audit Office report, a full report was received at the UHB's Board meeting on 27 July 2017 and discussion conducted in the public session of that meeting. In addition, the report has been raised at the meetings of our Management Executive (ME) and Health Systems Management Board (HSMB), and discussed with Senior Trade Union / Staff Side representatives and at our Local Partnership Forum (LPF).

As acknowledged by the Wales Audit Office, the UHB has a number of detailed policies and procedures covering this area. These have been developed to standardise processes based on best procurement practice and set out the governing principles for public procurement, for example, the Scheme of Delegation, Standing Orders, Standing Financial Instructions and Financial Control Procedures. Regrettably, these processes were not followed on this occasion, and there was no reference to the UHB's Head of Procurement as provided for in our Scheme of Delegation.

The Procurement Guide for Staff which was developed in conjunction with NHS Wales Shared Services Partnership Procurement Services, and approved through the All Wales Directors of Finance Sub Group in 2015, is provided to UHB staff as part of the training delivered by the UHB Procurement Department and will be further reinforced throughout the UHB.

Prior to the Wales Audit Office report, a review of our processes was already in train in response to changes to the IR35 legislation<sup>1</sup> relating to off-payroll working in the public sector. In addition, the process around requesting approval of contracts has been changed, a procurement checklist that sets out a defined approval hierarchy has been implemented to ensure compliance with Standing Orders and EC Regulations and that more than one signatory is obtained. All external Consultancy contracts are now signed off by the CEO.

The UHB, in conjunction with its colleagues in Procurement and Human Resources / Workforce, has developed this action plan to make the necessary further improvements to ensure no similar incidents of this kind occur in the future. The Action Plan will be presented to the UHB Board on 28 September 2017 and its Audit Committee on 26 September 2017 and will thereafter be monitored by the Audit Committee. The Action Plan has also been shared with Wales Audit Office.

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<sup>1</sup> Her Majesty's Revenue and Customs (HMRC) introduced the 'intermediaries legislation' commonly known as IR35 or off-payroll rules in April 2000. This legislation is intended to combat tax abuse by an individual who would be treated as an employee were it not for the fact that they provide their services via their own company, called 'disguised employees' by HMRC. From April 2017, where a public sector organisation engages an off-payroll worker through their own limited company, that organisation will become responsible for determining whether the rules should apply, and, if so, for paying the right tax and National Insurance Contributions.

Conclusion 1 Action Plan	Lead	Completion	Update	Status
<b>Training</b>				
1. Provide training for all Board members on the law, rules and regulations relating to employment and procurement at the August Board Development Day.	Director of Corporate Governance	Aug 2017	<b>Complete</b> Training delivered on 31/08/17.	
2. Cascade the training provided at Clinical Board senior management teams and throughout the organisation to Directorate Management level.	Executive and Clinical Board Directors	Oct 2017	<b>Complete</b> Discussed at ME on 04/09/17 & cascaded.	
<b>Review</b>				
3. Undertake review of external consultancy categories in the purchase to pay system for period 2014-2017 to ensure compliance with procurement rules.	Head of Procurement	Aug 2017	<b>Complete</b> Reports received by CEO and Director of Finance.	
4. Review the Procurement Guide for Staff and revise to reflect process changes connected with the IR35 legislation.	Head of Procurement	Sep 2017	<b>Complete</b>	
<b>Process</b>				
5. Provide the Procurement Guide for Staff to the Management Executive Team meeting for cascading to Clinical Boards, and Corporate Departments.	Director of Finance	Sep 2017	<b>Complete</b> Approved by ME on 25/09/17	
6. Publish the Procurement Guide for Staff across the UHB and place on intranet and internet for ease of staff access.	Director of Corporate Governance	Oct 2017	<b>Complete</b>	
7. Implement a no purchase order, no payment system to prevent the processing of manual payments.	Head of Procurement	June 2018 (original date set was Mar 2018)	<b>Complete</b> The NHS Wales Shared Services Partnership have been working with Health Boards to implement an all Wales no purchase order no pay policy. Initially implemented from June 2018 and fully adopted from September 2018.	
8. Develop and cascade process guidance for off-payroll working.	Head of Procurement	Aug 2017	<b>Complete</b> Approved by ME on 14/08/17, taken to HSMB on 17/08/17 for cascading by Clinical Board Directors.	

**Conclusion 2 - The way in which an HR consultancy contract was awarded to RKC Associates in February 2016, along with the actions of key decision-makers, compromised the integrity of the procurement process**

- a) The UHB embarked upon a procurement process for a contract and invited and evaluated tenders for that contract, despite the fact that RKC Associates had been engaged in advance of the tender process.
- b) The robustness and integrity of the advertised procurement process was compromised in several key respects and the UHB's Chief Operating Officer participated in the process despite knowing that RKC Associates had already been engaged in advance of the procurement process commencing.
- c) The Procurement Department failed to keep adequate documentation of the procurement process.
- d) The UHB delayed seeking formal written approval for the fixed-term appointment of a new Director of Workforce and Organisational Development, resulting in the UHB incurring unnecessary expenditure on a consultancy contract.

**UHB Response to Conclusion 2**

The UHB has taken steps to strengthen its existing processes and extend training at all levels to reinforce the requirements in relation to these areas.

We recognise however that policies / procedures and training, whilst the foundation of good practice, are part of a bigger picture that includes a culture of sound behaviours and values, adherence to the rules at all levels of the organization, checks to ensure this is happening and an environment that enables individuals to confidently highlight departure from any rules no matter how senior those involved. As part of the communication with the UHB following receipt of this report, the CEO has asked staff to share any concerns they may have with him and provided assurance that anything raised will be explored to provide reassurance regarding our systems / processes and decisions made.

Procurement compliance reports are already presented to the UHB's Audit Committee outlining for example Contract Extensions and Single Quotation or Single Tender Actions. Steps are also being taken to put in place more vigorous checks around our processes to flag potential issues and to achieve more robust oversight and business scrutiny by our Management Executive Team, Board and its Committees.

We are committed to utilising temporary employment contracts rather than consultancy contracts wherever possible.

<b>Conclusion 2 Action Plan</b>	<b>Lead</b>	<b>Completion</b>	<b>Update</b>	<b>Status</b>
<b>Training</b>				
1. Develop and deliver an enhanced training programme for procurement staff focusing on the conclusions of the Wales Audit Office report.	Head of Procurement	Sep 2017	<b>Complete</b> All training complete, refresher sessions will continue.	
2. Obtain quality management accreditation for the Procurement Department in respect of its tendering processes.	Head of Procurement	Mar 2018 (original date set was Nov 2017)	<b>Complete</b> Audit took place 15/02/18 & full ISO Accreditation awarded with no findings of non-compliance.	
3. Develop a Procurement flowchart for use by Board and Senior Managers.	Head of Procurement	Oct 2017	<b>Complete</b> Flowchart considered by ME on 11/12/17 & agreed that Executives will cascade through Management Structures.	
<b>Audit</b>				
4. Enhance existing audit processes within the Procurement Department to verify compliance with contract procedure.	Head of Procurement	Sep 2017	<b>Complete</b> Forward programme for audit planned & training of Clinical Boards & departments to continue.	
5. Review Internal Audit Programme to include audits relevant to the issues highlighted in this report and to test compliance with new processes.	Director of Finance	Nov 2017 (original date set was Sep 2017)	<b>Complete</b> Specific audit included in 2018 plan, to look at overall progress of action plan & review in detail a sample of actions.	
<b>Assurance</b>				
6. Enhance the statutory compliance report provided at each Audit Committee to include our compliance with and exceptions to recruitment requirements, Standing Orders and Standing Financial Instructions.	Directors of Finance and Workforce and Organisational Development	Sep 2017	<b>Complete</b> Standing agenda item with first report received at Audit Committee on 26/09/17.	
7. Review the Terms of Reference for the Remuneration and Terms of Service Committee to include a requirement to report any Executive level secondments and Consultancy appointments for approval to this Committee.	Director of Corporate Governance	Jan 2018 (original date set was Oct 2017)	<b>Complete</b> Review approved by Board on 30/11/17. Amendment made to note at the next meeting of the Remuneration and Terms of Service Committee.	

**Conclusion 3 - The process followed by the UHB that led to the appointment of the owner of RKC Associates to the position of Director of Workforce and Organisational Development in April 2016 was fundamentally compromised, lacked transparency and was poorly documented.**

- a) It is unclear why the UHB decided to proceed with a recruitment process for a Board level position with only a single candidate who had not applied for the position when it was originally advertised.
- b) The recruitment process was poorly documented and, as a consequence, it is not clear when the person who had been overseeing the recruitment exercise became a candidate.
- c) The integrity of the recruitment process was compromised because the sole candidate had access to some of the assessment questions in advance of being interviewed for the position.
- d) The information provided to the Board and its Remuneration and Terms of Service Committee regarding the appointment was inaccurate, incomplete and inconsistent.

**UHB Response to Conclusion 3**

High level appointments are not as frequent as other positions within the UHB and are often challenging to recruit due to small numbers of applicants with the relevant skills and experience.

As a result of this report, the UHB has looked at how these senior appointment processes are conducted and how the office of the Chief Executive and Director of Workforce and Organisational Development can work better together to ensure compliance with processes and that satisfactory documentation is maintained.

We also recognise that we can better support our Independent Board Members in relation to their Committee roles, to equip them to confidently scrutinise decisions and hold us to account.

Conclusion 3 Action Plan	Lead	Completion	Update	Status
<b>Review</b> 1. Review the procedures used to recruit Executive Directors and other Senior Managers.	Assistant Director of Workforce and Organisational Development	June 2018 (target date set Jul 2017)	<b>Complete</b> Relevant documents have been revised and approved by the UHB's Strategy and Delivery Committee on 28 <sup>th</sup> June 2018.	
2. Review the quality of information and its presentation to the Remuneration and Terms of Service Committee.	Chair and Director of Corporate Governance	Mar 2018 (target date set Sep 2017)	<b>Complete</b> New process introduced in January 2018 whereby all papers are assured by Chair & Director of Corporate Governance prior to publication. Checklist formulated to support this scrutiny.	
<b>Process</b> 3. Revise the Executive recruitment process to include a clear defined role for the Director of Workforce and Organisational Development which can be delegated to their Deputy or Director of Corporate Governance if circumstances require or a conflict arises.	Chief Executive	Aug 2017	<b>Complete</b> Process revised & now to be reflected in the updated Recruitment and Selection Policy & Procedure.	
<b>Training</b> 4. Arrange training for Independent Board Members, including those sitting on the Remuneration and Terms of Service Committee, covering their roles and responsibilities. This should also provide them with example questions they may wish to ask and the minimum information they may require to assist them in discharging their role.	Director of Corporate Governance	Aug 2017	<b>Complete</b> Included in the programme for the August Board Development Day.	
5. Provide legal and governance training for all Board members on their roles and responsibilities at the October Board Development Day.	Director of Corporate Governance	Oct 2017	<b>Complete</b> Included in the programme for the October Board Development Day.	
<b>Additional Improvements</b>				

Action Plan	Lead	Completion	Update	Status
<b>Whistleblowing</b> 1. Review current Procedure for NHS Staff to Raise Concerns which includes whistleblowing to ensure it is fit for purpose and easy for staff to raise any concerns regarding non-compliance.	Director of Workforce and Organisational Development	Jan 2018 (target date set Oct 2017)	<b>Complete</b> All Wales Procedure adopted, Working Group established to re-launch Procedure, agree underlying process & improve culture.	
2. Develop an internal protocol providing a system for senior leaders to raise concerns, with clear lines of reporting should a concern relate to the Chair, Vice Chair or Chief Executive.	Director of Corporate Governance	October 2018 (target date set Oct 2017)	<b>Complete</b> Raising concerns was launched during the week 22-26 October along with communications from the CEO and an animation played throughout the UHB	
<b>Governance and Accountability Framework</b> 3. Revise the UHB Governance and Accountability Framework to reflect any amendments by the Directors of Finance All Wales Group to the Standing Financial Instructions and Standing Orders.	Director of Corporate Governance	March 2019 (target date set Mar 2018)	<b>Complete</b> Model Standing Orders reviewed and being presented to the Board on 31 <sup>st</sup> March 2019 for approval	
4. Review and revise the UHB's Scheme of Delegation.	Director of Finance	Feb 2018 (target date set Oct 2017)	<b>Complete</b> Review presented to Audit Committee on 27/02/18 & Scheme of Delegation revised to include off-payroll working.	
5. Circulate a bulletin to the UHB Board and throughout the UHB reinforcing the Nolan principles of Good Governance and duties of probity / candour and the Values and Standards of Behaviour Framework.	Directors of Corporate Governance and Communications	Feb 2019 (target date set Oct 2017)	<b>Complete</b> Nolan Principles added permanently to website for all Board Members to access	
<b>Communication</b> 6. Communicate openly and transparently with staff about the findings of this report, the actions being taken by the UHB and their progress. This will include public meetings of Board / Audit Committee and meetings of LPF, Clinical Board Directors, HSMB and publishing of the action plan on the intranet for access by all staff, supplemented by other communication bulletins.	Chief Executive and Chair	Oct 2017	<b>Complete</b> Reports at Board, ME, HSMB, LPF. Continued dialogue with Senior Trade Union / Staff Side representatives, CEO communication placed on intranet and internet. Action plan monitored by Audit Committee.	

<b>Report Title:</b>	<b>Audit Committee Report</b>					
<b>Meeting:</b>	UHB Board				<b>Meeting Date:</b>	28.03.19
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	<b>For Information</b> x
<b>Lead Executive:</b>	n/a					
<b>Report Author (Title):</b>	John Union, Chair Audit Committee.					

## SITUATION

The Audit Committee (AC) held its last meeting on 26.02.19 and the following note provides the Board with a summary of the key items discussed at that meeting. Full minutes will be provided to the Board in due course.

## REPORT

### BACKGROUND

This written report is provided to the Board by the Chair of the Audit Committee. It highlights the key issues discussed by the Audit Committee when it met on 26.02.19, pending the Board being provided with the full confirmed minutes of the meeting.

### ASSESSMENT

N/A

### ASSURANCE

This report provides the Board with an overview of how the Audit Committee is meeting its Terms of Reference, as agreed by the Board, and complying with its work programme for 2018-19.

### RECOMMENDATION

The Board is asked to: note the following update covering the key issues discussed on 26.02.19 pending receipt of the confirmed minutes of the meeting.

### Items for Review and Assurance (1-8) Items for Approval/Ratification (9-14) Items for Noting and Information (15).

- 1) Internal Audit (IA) Progress Report. Update provided by IA as at February 2019. Ten (10) reports were provided to Audit Committee (AC) including four (4) rated as Limited. These Limited Reports are in respect of Legislative/Regulatory Compliance, Information Governance – GDPR, Surgery Clinical Board – Medical Finance Governance, and Medical Clinical Board – Internal Medical Follow up report. Action plans for these reports have or will be agreed to deal with any shortcomings.
- 2) Internal Audit – Assignment status schedule year 2018/19. In summary the AC were advised that of the 54 reports planned current situation was that 7 rated Substantial, 15 rated Reasonable, 7 rated Limited, 11 are WIP, 6 not yet started, 5 proposed to be deferred and 3 previously agreed to be deferred. The AC noted the progress and agreed

the 5 reports to be deferred.

- 3) Wales Audit Office (WAO) – Audit Plan 2019. The AC received details of the proposed plan for the year which was agreed.
- 4) The AC was provided with a presentation relating to the Governance Improvement Programme put in place by the Director of Governance.
- 5) The AC was provided with the proposed timetable for the production of the 2018- 2019 Annual Report which included the involvement required from several the UHBs Executive. This was reviewed and agreed by the AC.
- 6) WAO Structured Assessment Report 2018. This report had already been provided to the Executive Board. The AC was provided with a presentation from WAO and was also provided with a paper setting out the UHB proposed actions and timescales for these actions to be completed. *[see Board Agenda Item \*\*]*
- 7) Auditor General Annual Report 2018. The AC was provided with a copy of this report together with a presentation by Mike Usher (WAO). *[see Board Agenda Item \*\*]*
- 8) Closure Report: The Audit of Cardiff and Vale Contractual Relationship with RKC Associates and its owner. The AC was advised that the 26 actions set out in the report are now considered to be complete.
- 9) AC Annual Report 2018/19. The draft report was reviewed and the Audit Committee agreed to recommend it to the Board for Approval. *[see Board Agenda Item \*\*]*
- 10) AC Workplan 2018/19. The AC reviewed the workplan and agreed to recommend it to the Board for Approval. *[see Board Agenda item \*\*]*
- 11) AC Terms of Reference 2019/20. This document was last reviewed in May 2015. Limited changes were proposed to AC which were approved, and the AC agreed to recommend these changes to the Board. *[see Board Agenda item \*\*]*
- 12) AC Self-Assessment. Details were provided to AC and a review will now be undertaken and the results reported back to the next meeting of the Board.
- 13) Audit Enquires to those charged with Governance and Management. The AC reviewed the draft response and approved the submission to WAO.
- 14) Review of AC Standing Orders. These were last reviewed in 2015. The AC reviewed the proposed amendments and agreed to recommend these changes to the Board. *[see Board Agenda Item \*\*]*
- 15) The AC noted the six (6) Internal Audit reports as provided to the AC rated as substantial and Reasonable.

John Union  
Chair Audit Committee.  
11.03.19

## Shaping our Future Wellbeing Strategic Objectives

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

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

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

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

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





GIG  
CYMRU  
NHS  
WALES

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

# **Annual Report of Audit Committee 2018/19**

## 1.0 INTRODUCTION

In accordance with best practice and good governance, the Audit Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

## 2.0 MEMBERSHIP

The Committee membership is a minimum of three Independent Members one of which must have financial experience and one whom must be a member of the Quality, Safety and Experience Committee. During the financial year 2018/19 the Committee comprised four Independent Members. In addition to the Membership, the meetings are also attended by the Director of Finance (Executive Lead for the Committee), Director of Corporate Governance, Internal Audit and Wales Audit Office. The Chair of the Board is not a Member of the Committee but attends at least annually after agreement with the Committee Chair. Other Executive Directors are required to attend on an ad hoc basis.

## 3.0 MEETINGS AND ATTENDANCE

The Committee met five times during the period 1 April 2018 to 31 March 2019. This is in line with its Terms of Reference. The Audit Committee achieved an attendance rate of 84% (80% is considered to be an acceptable attendance rate) during the period 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019 as set out below:

	24/04/2018	31/05/2018	25/09/2018	04/12/2018	26/02/2019	Attendance
John Union (Chair from 04.12.18)	✓	✓	X	✓	✓	80%
John Antoniazzi (Chair until 30.09.18)	✓	✓	X	N/A	N/A	67%
Eileen Brandreth (from 04.12.18)	N/A	N/A	N/A	X	✓	50%
Charles Janczewski	N/A	✓	✓	✓	✓	100%
Dawn Ward	✓	✓	✓	✓	✓	100%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>50%</b>	<b>75%</b>	<b>100%</b>	<b>84%</b>

## 4.0 TERMS OF REFERENCE

The Terms of Reference were reviewed and approved by the Committee on 26<sup>th</sup> February 2019 and were approved by the Board on 31<sup>st</sup> March 2019.

## **5.0 WORK UNDERTAKEN**

During the financial year 2018/19 Audit Committee reviewed the following key items at its meetings:

### **Private Audit Committee**

#### **April & September 2018**

- Counter-fraud Progress Report
- Procurement Compliance Report
- Workforce and Organisational Development Compliance Report

### **Public Audit Committee**

#### **April, September, December 2018**

- Internal Audit Progress Report

#### **April 2018**

- Internal Audit Plan 2018/2019
- Tracking Report on WAO Recommendations
- Audit Enquiries to those charged with Governance and Management
- Handover of Care at Emergency Departments – Welsh Ambulance Service Trust  
Internal Audit Report
- WAO Informatics Systems in NHS

#### **May 2018**

- Internal Audit Annual Report 2017/2018
- Audit Enquiries to those charged with Governance and Management
- Counter fraud Annual Report 2017/2018
- Report on Annual Accounts of the UHB 2017/2018
- WAO ISA 260 Report

#### **September 2018**

- WAO Update Report and Medical Equipment Update
- Tracking Report on WAO Recommendations
- Post Payment Verification Scheme of Delegation

- Consultant Job Planning – Review of Progress against Recommendations and Review of Action Plan
- Continuing Healthcare Follow-Up - |Review of Action Plan and Timescales
- Structured Assessment Report 2017 – 6 Month Review
- Regulatory and Review Bodies Tracking Report
- Annual Report of Hospitality Register and Register of Declarations of Interest
- Patient Safety
- WAO Financial Statement Report – Recommendations Addendum

## **December 2018**

- Terms of Reference
- Audit Committee Work plan
- Business Continuity Progress Report
- Losses and Special Payments
- WAO Update Report and Medical Equipment Update
- Tracking Report
- Board Assurance Framework

## **6.0 REPORTING RESPONSIBILITIES**

The Committee has reported to the Board after each of the Audit Committee meetings by presenting a summary report (introduced from November 2018) of the key discussion items at the Audit Committee. The report is presented by the Chair of the Audit Committee.

## **7.0 ITEMS BROUGHT TO THE ATTENTION OF THE BOARD BY THE COMMITTEE**

There were no additional items brought to the attention of the Board.

## **8.0 OPINION**

The Committee is of the opinion that the draft Audit Committee Report 2018/19 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

**John Union**

**Committee Chair**

<b>Report Title:</b>	<b>MENTAL HEALTH AND CAPACITY LEGISLATION COMMITTEE (MHCLC) – CHAIR’S REPORT HELD AT 10.00AM ON TUESDAY 12<sup>th</sup> FEBRUARY 2019</b>				
<b>Meeting:</b>	UHB Board			<b>Meeting Date:</b>	28.03.19
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>For Approval</b>	<b>For Information</b>	
<b>Lead Executive:</b>	n/a				
<b>Report Author (Title):</b>	<b>Charles Janczewski – Mental Health and Capacity Legislation Committee Chair</b>				

## REPORT

### MENTAL CAPACITY ACT (MCA)

*(Explanatory note: The MCA covers people aged 16 years and over with three main issues:*

- 1) *The process to be followed where there is doubt about a person’s decision making abilities and decisions may need to be made for them*
- 2) *How people can make future plans and/or to appoint people to make decisions for them at a time in the future when they can’t take their own decisions*
- 3) *The legal framework for authorising deprivation of liberty in hospitals or care homes)*

Improved engagement with Mental Capacity Act training is needed for some Medical and Dental staff. The required improvement is being overseen by the Medical Director. The Committee is keen to see an improvement in this area and will monitor progress closely.

### DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)

*(Explanatory Note: Dols provides a means by which a mentally disordered, incapacitated, adult can lawfully be deprived of their liberty in hospitals or care homes, if it is in the best interest of the person and there is no less restrictive way of caring for them)*

The number of applications for DoLS authorization increased substantially following a landmark Supreme Court Ruling in 2014. Whilst the level of demand has now stabilised, it has not reduced. There is an on-going risk of DoLS authorizations not being processed in a timely manner and hence leading to unauthorized deprivations of liberty. This is being managed jointly through the UHB and the local authorities in Cardiff and the Vale of Glamorgan. The risk of possible unauthorized DoLS remains, along with associated financial implications for the UHB. The Committee will continue to monitor the situation.

### MENTAL HEALTH ACT MONITORING

*(Explanatory Note: The Committee also scrutinises the wider implications of the Mental Health Act with particular focus on matters relating to the functions of hospital managers and the care and treatment of patients detained by Cardiff and Vale UHB and those subject to a community treatment order to ensure compliance with the requirements of the Act.)*

It is pleasing to report that there were no breaches seen in the review period. The Committee recognised this positive achievement. The committee was also made aware of the national benchmarking information that has been made available and provides the opportunity to

compare our performance with other organisations across the UK.

## MENTAL HEALTH MEASURES

*(Explanatory Note: The Mental Health (Wales) Measure 2010 introduced a legal requirement for health boards to deliver mental health service provision which are measured in four specific parts. Performance is reported to Welsh Government against these measures on a monthly basis)*

Compliance with parts 1, 3 and 4 of the Measures were achieved for the period under review. A small breach of circa 5% was evident in part 2 of the measure which relates to Care & Treatment Plans for patients and this is being addressed through a comprehensive action planning process which has been reviewed by the committee. Suitable assurance was provided.

## CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

The committee received an update on the forthcoming transfer of specialist CAMHS services (Tier2) from Cwm Taf UHB. The project is on track with services scheduled to transfer with effect from 1<sup>st</sup> April 2019. This is a significant undertaking that is designed to improve the services to these vulnerable young people.

## MENTAL HEALTH LEGISLATION OPERATIONAL GROUP

The Committee received an assurance update report from this multi-agency support group. It is working well since its recent formation

## GOVERNANCE

The committee undertook a review of its Work plan, Terms of Reference and Annual Report and is pleased to recommend approval of all three to the Board.

### Shaping our Future Wellbeing Strategic Objectives

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

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

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

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

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

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

Kind and caring  
Caredig a gofalgar

Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol



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

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

# **Annual Report of Mental Health & Capacity Legislation Committee 2018/19**

## 1.0 INTRODUCTION

In accordance with best practice and good governance, the Mental Health & Capacity Legislation Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

## 2.0 MEMBERSHIP

The Committee consists of three Independent Members. In addition, the meetings are also attended by the Chief Operating Officer (Executive Lead for the Committee), the Director of Corporate Governance and other Officers who contribute to the work of the Committee. Time is allocated, at the end of each meeting, to review the effectiveness of the meeting.

## 3.0 MEETINGS AND ATTENDANCE

The Committee met three times during the period 1 April 2018 to 31 March 2019 in line with its Terms of Reference and has discharged its responsibilities by requesting reassurances from Trust Officers and colleagues. The Mental Health & Capacity Legislation Committee achieved an attendance rate of 89% during the period 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019 as set out below:

	26/06/2018	23/10/2018	12/02/2019	<b>Attendance</b>
Eileen Brandreth	✓	✓	✓	<b>100%</b>
Charles Janczewski	✓	✓	✓	<b>100%</b>
Sara Moseley	X	✓	✓	<b>67%</b>
<b>Total</b>	<b>67%</b>	<b>100%</b>	<b>100%</b>	

## 4.0 TERMS OF REFERENCE

The Terms of Reference were reviewed and approved by the Committee on 12<sup>th</sup> February 2019 and were approved by the Board on 31<sup>st</sup> March 2019.

## 5.0 WORK UNDERTAKEN

During the financial year 2018/19 the Mental Health & Capacity Legislation Committee reviewed the following key items at its meetings:

- Deprivation of Liberty Safeguards Monitoring Report – June 2018, October 2018, February 2019.
- Mental Capacity Act Monitoring Report - June 2018, October 2018, February 2019.
- Mental Health Act Exception Report – June 2018, October 2018, February 2019

- Mental Health Act Inspection Report
- Mental Health Measure Monitoring Report – June 2018, October 2018, February 2019
- Mental Health Legislation Operational Group – June 2018, October 2018, February 2019
- Committee Work plan – June 2018
- Hospital Managers Power of Discharge Sub-Committee Minutes – June 2018, October 2018, February 2019
- Deprivation of Liberty Safeguards Monitoring Report – October 2018
- PCIC Presentation – June 2018
- Part 2 – Mental Health Measure – Care and Treatment Plans – October 2018,
- Psychological Therapies Referral to Treatment – 26 weeks Briefing – October 2018
- Hospital Managers Power of Discharge Annual Report – October 2018
- Approved controlled documents relevant to the Mental Health & Capacity Legislation Committee – June 2018, October 2018, February 2019
- Mental Health Benchmarking Report – February 2019
- RPC Legislative Implications – February 2019
- National Review of Mental Health Act – February 2019
- Hospital Managers Power of Discharge Terms of Reference – February 2019.

## **6.0 REPORTING RESPONSIBILITIES**

The Committee has reported to the Board after each of the Mental Health & Capacity Legislation Committee meetings by presenting a summary report (introduced from November 2018) of the key discussion items at the Mental Health & Capacity Legislation Committee. The report is presented by the Chair of Mental Health & Capacity Legislation Committee.

## **7.0 ITEMS BROUGHT TO THE ATTENTION OF THE BOARD BY THE COMMITTEE**

There were no additional items (to the minutes and Chair's report) brought to the attention of the Board by the Committee.

## **8.0 OPINION**

The Committee is of the opinion that the draft Mental Health & Capacity Legislation Report 2018/19 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

**Charles Janczewski, Committee Chair**

<b>Report Title:</b>	<b>Quality, Safety and Experience – Chair’s Report</b>					
<b>Meeting:</b>	Board				<b>Meeting Date:</b>	28/03/2019
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	X	<b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	<b>Ruth Walker, Director of Nursing</b>					
<b>Report Author (Title):</b>	<b>Susan Elsmore, Chair of Quality, Safety and Experience Committee</b>					

## SITUATION

This report provides the Board with an overview of the matters discussed at the Quality, Safety and Experience Committee that took place on 19 February 2019

## REPORT

### PATIENT STORY

Helen Donovan, Senior Nurse, Vale Locality and Kay Jeynes, Director of Nursing, PCIC presented ‘Sally’s story’. The Committee heard how through help, support and encouragement Sally a lady with significant physical disabilities and complex needs due to the rapid onset of MS, had been able to move from a care home back to her own home.

Sally’s Story demonstrated how UHB staff had worked to empower Sally and ensure her rights were upheld. Sally’s drive and determination to gain some of her independence back, and to contribute to the work of the UHB as a volunteer was humbling.

### PCIC CLINICAL BOARD ASSURANCE REPORT

The attendance of the PCIC Senior Leadership Team provided the Committee with the opportunity to explore a number of key governance, risk and assurance issues; including:

- Decontamination and the assurance arrangements in place. Issues discussed included PCIC representation on the UHB’s Decontamination Group, HIW inspections, the Dental Quality Framework and the role of the Dental Quality and Safety Group.
- Improvements planned for the premises at Riverside and the related regulatory framework.
- The regulatory requirements of organisations, such as City Hospice and Marie Curie, from whom the UHB commissions services.
- The peer review being coordinated by the UHB’s End of Life lead.

The Committee was concerned to note that at peak times community staff were taking between 1 -1½ hours to get to a patient, which was reported as being distressing for all involved.

### REVISED BOARD ASSURANCE FRAMEWORK – QUALITY, SAFETY AND EXPERIENCE FOCUS

The Committee reviewed the Board Assurance Framework; focusing on the risks and assurance

arrangements aligned to the Committee's Terms of Reference. The Board will wish to note that an Internal Audit of Regulatory Compliance had resulted in a Limited Assurance rating, and that the Corporate Governance Directorate were taking forward measures to improve the monitoring of compliance with legislative and regulatory requirements, and the tracking of audit/review findings and recommendations was discussed. It was agreed that a presentation on the revised arrangements would be delivered at a future meeting of the Committee.

## **GOSPORT INDEPENDENT PANEL REPORT**

Mrs Ruth Walker, Executive Nurse Director presented the above report and outlined the steps that were being taken to ensure that the findings and recommendations raised in the Gosport Independent Panel Report were fully considered and addressed by the UHB. As part of these discussions it was confirmed that a Medical Examiner will be appointed by April of this year.

The Committee was advised that the Medical Director, as chair of the Medicines Management Group, had reviewed the medicines code and progress was being made in terms of Standing Operating Procedures to ensure they were up to date and appropriate.

A further assurance report will be presented to the meeting of the Committee scheduled for June 2019.

## **COMMITTEE GOVERNANCE**

The Committee reviewed and approved its Annual Report for 2018-19, Terms of Reference and work plan for 2019-2020. The Committee agreed to recommend these documents to the Board for approval. The Committee's Annual Report is appended to my Chair's report.

## **ASSESSMENT UNIT UNIVERSITY HOSPITAL OF WALES – RESPONSE TO THE COMMUNITY HEALTH COUNCILS CONCERNS**

The Committee were apprised of the concerns that had been raised in relation to the Assessment Unit (AU). An overview of the improvement actions taken forward by the Medicines Clinical Board following an unannounced visit by the the Community Health Council (CHC) was provided and the adequacy of these actions discussed.

The Committee supported the actions that were being taken by the Medicines Clinical Board.

## **CONCERNS AND CLINICAL NEGLIGENCE CLAIMS**

The Committee received and discussed the report of concerns and clinical negligence claims. It was advised that the number of concerns and negligence claims received by the UHB were not out of kilter with those of organisations of a similar size and complexity.

The steps taken to provide support to patients and staff; capture and report complaints; analyse trends and themes; investigate and learn from concerns, and raise awareness of clinical governance and the requirement to be open and transparent were discussed.

The Committee agreed to receive more detailed reports on the leadership and governance arrangements of the Stroke and Rehabilitation Centre and ophthalmology. The Committee was advised that steps were being taken to address the parking difficulties that older and disabled

patients were encountering as they were unable to contact Car Parking office. A further update was requested for the next meeting.

## MORTALITY AND HARM

Dr Graham Shortland, Medical Director provided an update on Mortality and Harm.

Board Members were pleased to note that the findings of the Annual National Emergency Laparotomy Audit for 2018 had been positive for the UHB. The outcomes of the recently reported National Confidential Enquiry into Patient Outcome and Death (NCEPOD) report *Failure to Function*, and the National Heart Failure Audit Report were also discussed.

## MANAGEMENT OF ENDOSCOPY SURVEILLANCE PATIENTS

The Committee noted the current position and the work ongoing in relation to the management of patients overdue their endoscopy surveillance procedure

## SECTION 16 OMBUSMAN REPORT

Board Members will wish to note that on 22 January 2019 the Ombudsman issued a section 16 Public report against the UHB. Such a report is issued when the Ombudsman believes that the investigation report contains matters of public interest.

The report related to a complaint made by Mr. A regarding the care received by his mother, Mrs. A, following her admission to hospital following a fall in May 2017.

## RECOMMENDATION

The Board is asked to:

- **NOTE** the report of the Chair of the Quality, Safety and Experience Committee
- **NOTE** the Committee's concerns regarding the fact that community staff were taking between 1 -1½ hours to get to a patient
- **NOTE** that the Committee has asked for further reports on the Stroke and Rehabilitation Centre and ophthalmology
- **APPROVE** the Annual Report of the Quality, Safety and Experience Committee, which is appended to this report

### Shaping our Future Wellbeing Strategic Objectives

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

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

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

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

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

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

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# **Annual Report of Quality, Safety and Experience Committee 2018/19**

## 1.0 INTRODUCTION

In accordance with best practice and good governance, the Quality, Safety and Experience Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

## 2.0 MEMBERSHIP

The Committee membership is a minimum of four Independent Members and during the financial year 2018/19 the Committee comprised six Independent Members. In addition to the Membership, the meetings are also attended by the Director of Nursing (Executive Lead for the Committee), Medical Director, Executive Director of Therapies and Health Sciences, Chief Operating Officer, Executive Director of Public Health, Executive Director of Finance, Executive Director of Strategic Planning, Director of Corporate Governance, Assistant Director of Patient Safety and Quality, Assistant Director of Patient Experience.

## 3.0 MEETINGS AND ATTENDANCE

The Committee met six times during the period 1 April 2018 to 31 March 2019 in line with its Terms of Reference and has discharged its responsibilities by requesting reassurances from Trust Officers and colleagues. The Quality, Safety and Experience Committee achieved an attendance rate of 79% during the period 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019 as set out below:

	17/04/2018	12/06/2018	18/09/2018	16/10/2018	18/12/2018	19/02/2019	% Attendance
Maria Battle	√	√	√	X	√	√	83%
Gary Baxter	N/A	X	X	√	√	√	60%
Susan Elsmore	√	X	X	√	√	√	67%
Akmal Hanuk	√	√	√	√	√	√	100%
Michael Imperato	√	√	X	√	√	√	83%
Dawn Ward	X	√	√	√	√	√	83%
	80%	67%	50%	83%	100%	100%	79%

## 4.0 TERMS OF REFERENCE

The Terms of Reference were reviewed and approved by the Committee on 19<sup>th</sup> February 2019 and were approved by the Board on 31<sup>st</sup> March 2019.

## **5.0 WORK UNDERTAKEN**

During the financial year 2018/19 the Quality, Safety and Experience Committee reviewed the following key items at its meetings:

### **Private QSE Committee**

- Safeguarding Update
- Services for Transgender Patients
- Winter Pressures – Safety of patients and letter from Minister
- Concerns about Paediatric Surgery
- Governance Leadership and Accountability
- Insourcing Ophthalmology Concerns

### **Public QSE Committee**

### **Clinical Board Reports**

- Surgery Services Clinical Board QSE Report
- Clinical Diagnostics and Therapeutics Clinical Board QSE Report
- Children and Women's Clinical Board QSE Report

### **Inspections, Peer Reviews and other Reviews**

- WAO Report on Discharge Planning
- Community Health Council
- Community Health Council report
- Cancer Peer Review – Head and Neck
- Cancer peer Review – Gynaecology
- Report on Outliers Cancer Peer Review – Cancer Pathways
- Healthcare Inspectorate Wales Annual Report 2016/2017
- HIW Activity Update
- Management of Outpatient follow ups and Endoscopy Surveillance
- Mortality Data and Mortality Review

### **Plans**

- Committee Work plan for 2018/2019
- Clinical Audit Plan 2017/2018
- Clinical Audit Plan 2018/2019

### **Risk and Assessments**

- Infection Prevention and Control Risk Assessment
- Care of Deteriorating Patient – Revised Risk Assessment

- Infection Prevention and Control – Revised Risk Assessment
- Pressure Ulcer Risk Assessment, Prevention and Treatment
- Revised Corporate Risk and Assurance Framework

#### **Policies and Guidance**

- Out of Date QSE Policies
- NSH Wales Prior Approval Policy
- All Wales Point of Care Testing Policy
- Intra Operative Cell Salvage Policy and Procedure
- Cleaning Standards
- Safer Patient Notice 24 – Patient Identification Bands
- Management of Healthcare Workers Infected with Bloodborne viruses
- WHC Integrated Guidance on Health Clearance of Healthcare Workers and

#### **Other Reports**

- Annual Quality Statement
- Ophthalmology Services Presentation
- Sensory Loss
- Out of Hours Interventional Radiology
- Medicines Management
- Medicines Management Review of Terms of Reference
- Update – Single Rooms Isolation Rooms and Decent Facilities
- Single Point of Entry for Children
- Patient Falls Exception Report
- Nutrition and Hydration
- Hot Topics – Serious Incident Involving WAST
- Endoscopy – Serious Incidents and Lessons Learnt
- Update - QSE Improvement Framework
- Patient Experience Framework Update

### **6.0 REPORTING RESPONSIBILITIES**

The Committee has reported to the Board after each of the Quality, Safety and Experience Committee meetings by presenting a summary report (introduced from November 2018) of the key discussion items at the Quality, Safety and Experience Committee. The report is presented by the Quality, Safety and Experience Committee.

## **7.0 ITEMS BROUGHT TO THE ATTENTION OF THE BOARD BY THE COMMITTEE**

The following items were brought to the attention of the Board (in addition to the minutes and report from the Committee Chair):

- Special Meeting of the Quality, Safety and Experience Committee
- Cancer Peer Review
- Listening to Patients and Staff
- Community deaths of patients known to Mental Health
- Annual Safeguarding Report
- Volunteers – acknowledged and thanked
- Serious Incidents

## **8.0 OPINION**

The Committee is of the opinion that the draft Quality, Safety and Experience Committee Report 2018/19 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

**Susan Elsmore**

**Committee Chair**

<b>Report Title:</b>	<b>Finance Committee – Chairs Report</b>				
<b>Meeting:</b>	Board			<b>Meeting Date:</b>	28/03/2019
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	x	<b>For Approval</b>
<b>Lead Executive:</b>	<b>Executive Director of Finance</b>				
<b>Report Author (Title):</b>	<b>John Antoniazzi, Chair of Finance Committee</b>				

## SITUATION

This report provides the Board with an overview of the matters discussed at the Finance Committee held on 27 February 2019.

## REPORT

### CARDIFF AND VALE OF GLAMORGAN JOINT COMMISSIONING AND POOLED BUDGETS FOR OLDER PEOPLE SERVICES

The Committee was provided with an overview of UHB performance and compliance with Part 9 of the Social Services and Well-being (Wales) Act 2014, which required the establishment of pooled funds in relation to care home accommodation functions by 6th April 2018.

The Finance Committee approved the continuation of the current pooled budget arrangements into 2019/20.

The Chief Executive shared a letter from Welsh Government dated 19<sup>th</sup> February 2019 outlining initial Feedback in response to the UHB's integrated Medium Term Plan (IMTP) 2019-22 submission.

### 2019/20 FINANCIAL PLAN

The Chief Executive shared a letter from Welsh Government dated 19 February 2019 outlining initial Feedback in response to the UHB's integrated Medium Term Plan (IMTP) 2019-22 submission. The Committee was pleased to note that the letter recognised the improvements in the UHB's plan, and discussed the three areas where Welsh Government required further assurance for the plan to meet the criteria for approval.

It was confirmed that the UHB was required to submit a revised plan to the Welsh Government by 7 March.

The Executive Director of Finance presented an update to the committee on the progress made against the delegated savings targets and high value opportunities.

The Committee agreed that the 2019/20 Financial Plan should come back to the next committee meeting.

## FINANCE REPORT AS AT MONTH 10

The Committee was advised that at month 10 the UHB had a £7.982m deficit which includes a planning deficit of £8.250m and a surplus against plan of £0.268m. It was noted that the UHB remained on track to deliver the £9.9m planned deficit and that a full savings programme was in place. It was noted that the UHB's 2018/19 planned deficit of £9.9m meant that the UHB did not expect to remain within the revenue resource limit in 2018/19.

## GOVERNANCE

The Committee reviewed its Work plan, Terms of Reference and Annual Report and is pleased to recommend approval of all three to the Board.

## CLINICAL BOARDS IN ESCALATION

The Board will wish to note that three Clinical boards were reported to have only achieved limited assurance in respect of either the quality, activity or financial performance of services. There were concerns around the financial performance of the Medicine and Surgery Clinical Boards.

## COST REDUCTION PROGRAMME (CRP)

Progress against the £33.780m devolved 2018/19 CRP target and the Cross Cutting contribution was discussed and noted. The £9.266m improvement target was reported as being achieved without any adverse impact on service delivery

## RISK REGISTER

The Committee was advised that four risks around the delivery of the 10% Executive Budgets management cost savings, Management of retrospective CHC costs, Velindre drugs and the Payment of working time directive for staff working overtime had been removed as optimum controls were now in place.

## RECOMMENDATION

The Board is asked to:

- **NOTE** the report for the Chair of the Finance Committee
- **APPROVE** the Annual Report of the Finance Committee, which is appended to this report

### Shaping our Future Wellbeing Strategic Objectives

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

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

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

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

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

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# **Annual Report**

# **Finance Committee**

# **2018/19**

## 1.0 INTRODUCTION

In accordance with best practice and good governance, the Finance Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

## 2.0 MEMBERSHIP

The Committee membership is a minimum of three Independent Members one of which must have financial experience. During the financial year 2018/19 the Committee comprised three Independent Members. In addition to the Membership, the meetings are also attended by the Director of Finance (Executive Lead for the Committee), the Chief Executive, the Chief Operating Officer, the Executive Director for Workforce and Organisational Development, Executive Nurse Director, Director of Corporate Governance and Deputy Director of Finance.

## 3.0 MEETINGS AND ATTENDANCE

The Committee meets on a monthly basis and met 12 times during the period 1 April 2018 to 31 March 2019. This is in line with its Terms of Reference. The Finance Committee achieved an attendance rate of 90% (80% is considered to be an acceptable attendance rate) during the period 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019 as set out below:

	25.4	30.5	27.6	25.7	29.8	26.9	31.10	28.11	3.1	30.1	27.2	27.3	%
John Antoniazzi (Chair from 01.12.2018)	N/A	N/A	√	N/A	N/A	N/A	N/A	√	√	√	√	√	100%
Charles Janczewski	√	√	√	√	√	√	√	√	√	√	√	√	100%
John Union (Chair until 01.12.2018)	√	√	√	√	√	√	√	√	√	√	√	√	100%
Total	2	2	3	2	2	2	2	3	3	3	3	3	
Percentage	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

## 4.0 TERMS OF REFERENCE

The Terms of Reference were reviewed and approved by the Committee on 27<sup>th</sup> February 2019 and were approved by the Board on 31<sup>st</sup> March 2019.

## **5.0 WORK UNDERTAKEN**

During the financial year 2018/19 Finance Committee reviewed the following key items at its meetings:

- Financial Plans 2018/2019 to 2020/2021
- Finance Report Months 1- 12 (presented to the Committee each month)
- Financial Governance Review Progress Report
- Financial Bridge – Financial Position to be normalised – Financial Position
- Revised Terms of Reference
- Cost Reduction Programme
- Risk Register reviewed monthly
- Benchmarking Opportunities
- Detailed Review of the forecast Year End Position at Clinical Board Level to be undertaken after confirmation of the month 4 position
- Clinical Boards in Escalation
- No Purchase Order No Payment Policy
- The Nursing productivity group to explore the likely impact of introducing a weekly payroll for payment of bank staff
- Public Sector Payment Policy Compliance
- Progress against the £9.3m 2018/2019 Improvement Target

## **6.0 REPORTING RESPONSIBILITIES**

The Committee has reported to the Board after each of the Finance Committee meetings by presenting a summary report (introduced from November 2018) of the key discussion items at the Finance Committee. The report is presented by the Chair of the Finance Committee.

## **7.0 ITEMS BROUGHT TO THE ATTENTION OF THE BOARD**

The Finance Committee raised the following issues with the Board in addition to presentation of the minutes and a report from the Committee Chair:

- Production of IMTP
- Corporate Financial Savings

## **8.0 OPINION**

The Committee is of the opinion that the draft Finance Committee Report 2018/19 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

**John Antoniazzi**  
**Committee Chair**

<b>Report Title:</b>	<b>Strategy and Delivery Committee – Chairs Report</b>				
<b>Meeting:</b>	Board			<b>Meeting Date:</b>	28/03/2019
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	<b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	<b>Nicola Foreman</b>				
<b>Report Author (Title):</b>	<b>Charles Janczewski</b>				

## SITUATION

This report provides details on the key issues discussed at the Strategy and Delivery Committee on 5<sup>th</sup> March 2019

## REPORT

### Workforce Plan

Update received on developments with the workforce plan. Concentrated on two main aspects:

1. Workforce Metrics. All areas were discussed with assurance provided that appropriate actions were being taken to improve performance in the currently “red” rated metrics identified as:
  - a. Sickness absence (the Committee has requested a “deep dive” report on this topic for the next meeting)
  - b. Job plan compliance
  - c. Fire safety mandatory training rates
  - d. PADR rate.
2. Workforce enablers. Comprehensive information provided on the work underway to deliver through the five key enablers within the workforce plan. These were identified as:
  - a. HR Operations
  - b. Nurse recruitment and retention
  - c. Leadership, talent management and succession
  - d. Apprenticeship scheme
  - e. Staff survey progress

### Staff Survey Employee Stakeholder Group

The first two meetings of this group have taken place with key themes identified and suggested improvements being put forward. Key themes are:

1. Executive involvement
2. Improved communication at every level
3. Work related stress/bullying
4. Improving the survey

### Equality Agenda

Following a request from the Committee, a report was received on the proposed way forward with the equality agenda. At this stage five key focus areas are emerging:

1. Development of an inclusion approach to equality. We are currently working jointly with Cardiff & Vale College and Delsion Ltd to develop an inclusion approach which will engage and train managers in the organization to look at the effective and measurable approach to inclusion activities.
2. Stonewall and LBGT. Work is underway towards regaining a position in the top 100 organisations in the national Stonewall rankings and build on the platform already in place.
3. Learning disabilities. To increase recruitment levels of disabled individuals and to improve awareness across the organization

4. Welsh language standards. To work towards compliance with the new standards acknowledging the difficulties this will involve. A Welsh Language Standards Group has been formed to assist with implementation
5. Innovative drama. This will be used as a unique and innovative way to improve our understanding and use of equality requirements

### Board Assurance Framework (BAF)

Of the six key risks set out in the BAF, four are linked to the S&D Committee i.e. workforce, sustainable primary care and community services, sustainable cultural change and capital assets.

At this March 2019 meeting the committee reviewed the risk relating to workforce (the committee will review one of the key risks at each of its meetings). The risk areas identified and agreed by the Board were reviewed.

A full discussion took place around the causes, impact, current controls in place and current assurances provided.

### Governance

The committee undertook a review of its Work plan, Terms of Reference and Annual Report and is pleased to recommend approval of all three to the Board.

### RECOMMENDATION

The Board is asked to:

- Note the report for the Chair of the Strategy & Delivery Committee

### Shaping our Future Wellbeing Strategic Objectives

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

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

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

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

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

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

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# **Annual Report of the Strategy and Delivery Committee 2018/19**

## 1.0 INTRODUCTION

In accordance with best practice and good governance, the Strategy and Delivery Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

## 2.0 MEMBERSHIP

The Committee membership is a minimum of three Independent Members and during the financial year 2018/19 the Committee comprised 5 Independent Members. In addition to the Membership, the meetings are also attended by the Executive Director of Strategic Planning (Lead Executive), the Chief Executive, the Chief Operating Officer, the Executive Director of Workforce and Development, the Executive Nurse Director or nominated deputy, the Executive Director of Finance or nominated deputy, the Executive Director of Public Health or nominated deputy and the Director of Corporate Governance.

## 3.0 MEETINGS AND ATTENDANCE

The Committee met six times during the period 1 April 2018 to 31 March 2019 in line with its Terms of Reference and has discharged its responsibilities by requesting reassurances from Trust Officers and colleagues. The Strategy and Delivery Committee achieved an attendance rate of 68% (80% is deemed to be an appropriate level of attendance) during the period 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019 as set out below:

	05/06/2018	11/09/2018	05/11/2018	08/01/2019	05/03/2019	% Attendance
Charles Janczewski (Chair)	✓	✓	✓	✓	✓	100%
John Antoniazzi (from Dec 18)	N/A	N/A	N/A	✓	✓	100%
Gary Baxter	X	X	X	✓	✓	40%
Sara Moseley	X	X	X	✓	✓	40%
Dawn Ward	✓	✓	✓	✓	✓	100%
Eileen Brandreth (until Dec 18)	✓	X	X	N/A	N/A	33%
<b>Totals</b>	<b>60%</b>	<b>50%</b>	<b>50%</b>	<b>100%</b>	<b>100%</b>	<b>68%</b>

## 4.0 TERMS OF REFERENCE

The Terms of Reference were reviewed and approved by the Committee on 5<sup>th</sup> March 2019 and were approved by the Board on 31<sup>st</sup> March 2019.

## **5.0 WORK UNDERTAKEN**

During the financial year 2018/19 the Strategy and Delivery Committee reviewed the following key items at its meetings:

### **Private S&D Committee**

- Suspension Report
- Proposed naming of the Academic Building UHL

### **Public S&D Committee**

- Terms of Reference for Strategy & Delivery Committee
- Update - Shaping Our Future Wellbeing Strategy
- Update - Implementation of the Framework for Working with the Third Sector
- Update – Review of the Performance Report
- Update – Review of the Workforce and Organisational Development Report
- Update – GDPR
- Update – Information Governance Workforce
- Update – Capital Programme Report
- Update – Transformation Bid
- Update - Integrated Medium Term Plan
- High Level Performance Dashboard
- Study Leave Procedure for Medical Staff
- Recruitment Policy
- Annual Compliance Report on the Welsh Language Scheme
- Annual Equality Statement & Report
- Strategic Equality Plan and Delivery Plan
- Equality Agenda
- Committee Work Plan
- Capital Plan
- Estates Strategic Plan
- Workforce Delivery Plan
- Key Performance Indicators
- Performance Mapping
- Transformation Programme

- Employment Policies Report
- Occupational Health Support for Staff with Mental Health Problems
- Clinical Innovation and Research
- Managing Attendance Policy
- Staff Survey Results

## **6.0 REPORTING RESPONSIBILITIES**

The Committee has reported to the Board after each of the Strategy and Delivery Committee meetings by presenting a summary report (introduced from November 2018) of the key discussion items at the Strategy and Delivery Committee. The report is presented by the Chair of the Committee.

## **7.0 ITEMS BROUGHT TO THE ATTENTION OF THE BOARD BY THE COMMITTEE**

There were no additional items (to the minutes of the Committee and Chair's report to the Board) brought to the attention of the Board by the Strategy and Delivery Committee.

## **8.0 OPINION**

The Committee is of the opinion that the draft Strategy and Delivery Committee Report 2018/19 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

**Charles Janczewski**

**Committee Chair**

<b>Report Title:</b>	<b>ANNUAL REPORT 2018/19 – CHARITABLE FUNDS COMMITTEE</b>				
<b>Meeting:</b>	Corporate Trustee Cardiff and Vale Health Charity			<b>Meeting Date:</b>	28.03.19
<b>Status:</b>	<b>For Discussion</b>	x	<b>For Assurance</b>		<b>For Approval</b> x <b>For Information</b>
<b>Lead Executive:</b>	Chair of Charitable Funds Committee				
<b>Report Author (Title):</b>	Director of Corporate Governance				

## SITUATION

The purpose of the report is to provide Members of the Corporate Trustee with the Annual Report of the Charitable Funds Committee.

## REPORT

### BACKGROUND

It is good practice and good governance for the Committees of the Board (in this case the Trustee) to produce an Annual Report from the Committee to demonstrate that it has undertaken the duties set out in its Terms of Reference and provide assurance to the Board that this is the case.

### ASSESSMENT

The attached Annual Report 2018/19 of the Charitable Funds Committee demonstrates that the Committee has undertaken the duties as set out in its Terms of Reference. The Committee has achieved an overall attendance rate of 81% and has met on 4 occasions during the year. How

### RECOMMENDATION

The Corporate Trustee of the Cardiff and Vale Health Charity is asked to:

**APPROVE** the Annual Report 2018/19 of the Charitable Funds Committee.

### Shaping our Future Wellbeing Strategic Objectives

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

5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives					
<b>Five Ways of Working (Sustainable Development Principles) considered</b>						
Sustainable Development Principles: Five ways of working	Prevention	x	Long term	Integration	Collaboration	Involvement
<b>Equality and Health Impact Assessment Completed:</b>	Not Applicable					

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



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

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

# **Annual Report of the Charitable Funds Committee 2018/19**

## 1.0 INTRODUCTION

In accordance with best practice and good governance, the Charitable Funds Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

## 2.0 MEMBERSHIP

The Committee membership is a minimum of six Members of the Board (three of which must be Independent Members) and during the financial year 2018/19 the Committee comprised 4 Board Members (3 Independent Members and 1 Executive Director Member). Therefore, the Trustee will need to review its Membership for the forthcoming financial year to ensure that the minimum Membership requirements are adhered to. In addition to the Membership, the meetings are also attended by the Board Secretary (Director of Corporate Governance), Deputy Director of Finance, Charitable Funds Accountant, Chair of Charitable Funds Bids Panel and Director of Communications, Arts, Health Charity and Engagement.

## 3.0 MEETINGS AND ATTENDANCE

The Committee met four times during the period 1 April 2018 to 31 March 2019 in line with its Terms of Reference and has discharged its responsibilities by requesting reassurances from Trust Officers and colleagues. The Charitable Funds Committee achieved an attendance rate of 81% (80% is deemed to be an appropriate level of attendance) during the period 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019 as set out below:

### CFC Committee Meeting Attendance

	20/03/2018	11/09/2018	11/12/2018	19/03/2019	Attendance %
Maria Battle	✓	✓	✓	✓	100%
Akmal Hanuk	✓	✓	✓	✓	100%
John Union	✓	✓	x	✓	75%
Fiona Jenkins	x	✓	x	✓	50%
Chris Lewis	✓	✓	✓	✓	100%
<b>Total</b>	<b>80%</b>	<b>100%</b>	<b>60%</b>	<b>100%</b>	<b>85%</b>

## 4.0 TERMS OF REFERENCE

The Terms of Reference were reviewed and approved by the Committee on 19<sup>th</sup> March 2019 and were approved by the Trustee on 28<sup>th</sup> March 2019.

## 5.0 WORK UNDERTAKEN

During the financial year 2018/19 the Charitable Funds Committee reviewed the following key items at its meetings:

- Review of the Terms of Reference of the Committee
- Bids Panel Report
- Screen Bid
- Charity Model Ward Application Expenditure Greater Than £25k Charitable Funds Bid
- Away Day
- Review of the Fundraising Policy
- Feedback from the NHS Confederation
- Czenove
- Update on Staff benefits
- Update on Horatio's Garden
- Offa's Dyke Walk
- Finance Monitoring Report & Financial Outlook for 2018/2019
- Fundraising Report
- Fundraising Policy and EHIA
- Funding for a Courtesy Car
- Charity Fund Application – Inflammatory Bowel Disease Treatment and Education Centre
- Charitable Funds Bid Staff Recognition Awards 2019
- Barry Hospital/Rookwood Hospital
- Breast Centre
- Better Life Appeal
- Committee on "Time Out" in December
- Arts Fund Proposal
- Arts & Wellbeing Programme/CFC Arts Co-Ordinator Bid
- CFC Arts Bid/Staff Lottery Prize, Health Charity Promotion
- Financial Position Report
- Annual Report Health Charity with Finance
- Internal Audit Report on Charitable Funds
- WIFI 2018/2019

- First Impressions – Barry Hospital
- IBD Service at UHL – Enhancing Patient Experience
- BSL Training and Awareness
- Patient Experience/Waste Report
- Promoting Health and Health Charity Messaging Visibility

## **6.0 REPORTING RESPONSIBILITIES**

The Committee has reported to the Board after each of the Charitable Funds Committee meetings by presenting a summary report (introduced from November 2018) of the key discussion items at the Charitable Funds Committee. The report is presented by the Chair of the Committee.

## **7.0 ADDITIONAL ITEMS BROUGHT TO THE ATTENTION OF THE CORPORATE TRUSTEE**

There were no additional item brought to the attention of the Corporate Trustee during the year.

## **8.0 OPINION**

The Committee is of the opinion that the draft Charitable Funds Committee Report 2018/19 is consistent with its role as set out within the Terms of Reference. However the Trustee needs to review the Membership of the Committee to ensure it reflects the requirements of the Terms of Reference.

**Akmal Hanuk**

**Committee Chair**

<b>Report Title:</b>	<b>Health &amp; Safety Committee – Chair’s Report</b>				
<b>Meeting:</b>	CVUHB Board			<b>Meeting Date:</b>	28 March 2019
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>For Approval</b>	<b>For Information</b>	
<b>Lead Executive:</b>					
<b>Report Author (Title):</b>	<b>Michael Imperato, Independent Member – Legal</b>				

## SITUATION

**To provide Board with key issues from the Health and Safety Committee held on 9 October 2018.**

The Health and Safety Committee of the UHB held its last meeting on 22 Jan 2019 and the following report provides Board with a summary of the key issues discussed at that meeting.

## REPORT

### BACKGROUND

This is a written report provided to Board by the Chair of the UHB Health and Safety Committee.

Reports from each Committee Chair will highlight to the Board the key issues discussed at the last meeting of their Committee, and provide assurance regarding the business assigned to that Committee by the Board.

### ASSESSMENT

The Health and Safety Committee considered the following:

- Nicola Bevan, Senior Occupational Health Nurse, gave an enlightening presentation on Employee Wellbeing. An issue raised was the waiting time for employees to access support.
- The Obligatory Response to Violence in Healthcare was considered including a video message from the Minister.
- The Committee was updated on the Pedestrian access strategy and asked that a full paper be presented at the next meeting.
- The Amendment to the Smoking Policy at Hafan y Coed and the problems this flagged up with Fire Enforcement notices was considered and the Committee welcomed the progress that had made since the last meeting. A controlled as opposed to full ban on

smoking was being implemented now in the areas of concern.

- UHB policies touching on H&S were considered and it was noted some appear out of date. This is a concern that requires investigation. The Chair also asked that the Committee initiate a stream of work to examine how policies and risk assessments are disseminated through the staffing structure from top to bottom, and awareness of these on wards and the like.

## RECOMMENDATION

The Board is asked to:

- **NOTE** this report.

### Shaping our Future Wellbeing Strategic Objectives

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

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

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

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

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

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



<b>Report Title:</b>	<b>Stakeholder Reference Group – Chair’s Report</b>				
<b>Meeting:</b>	<b>UHB Board</b>			<b>Meeting Date:</b>	28 March 2019
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	<b>For Approval</b>	<b>For Information</b>	<b>X</b>
<b>Lead Executive:</b>	<b>Abigail Harris</b>				
<b>Report Author</b>	<b>Richard Thomas, Chair of Stakeholder Reference Group</b>				

**SITUATION**

The following report provides Board with a summary of the key issues discussed at the Stakeholder Reference Group (SRG) meeting held on 24 January 2019.

**REPORT**

**BACKGROUND**

This is a report provided to the Board by the Chair of the UHB SRG.

**ASSESSMENT**

The SRG considered the following

**Chair and Vice Chair**

Richard Thomas and Geoffrey Simpson were confirmed as Chair and Vice Chair respectively.

**Adult Thoracic Surgery**

The SRG noted that the Board had approved Welsh Health Specialised Services Committee’s recommendations on the future of Thoracic Surgery with the caveat that workforce arrangements are put in place

**Integrated Medium Term Plan (IMTP) and Financial Sustainability**

The SRG was informed that the UHB’s IMTP would be considered by the Board on 31 January. At the end of 2018/19 the UHB would have a deficit of £9.9m which is the figure that it has been reporting to Welsh Government (WG). The IMTP indicates that the UHB would have a balanced budget at the end of 2019/20 with £30m savings identified during next financial year. This is extremely challenging but the UHB is confident that it is achievable whilst recognising that its Transformation Programme will be key to this. On the basis that activity performance is holding up reasonably well compared to other UHBs, the UHB remained hopeful that WG would approve the IMTP.

**Shaping Our Future Outpatients**

The SRG received a presentation on work to transform the delivery of Outpatients services. It was noted that many of the proposals were extremely dependent on information technology (IT) and was informed that IT colleagues had been fully involved in the development of the proposals. The new model was in the early stages of design and a detailed plan would be developed together with a structured programme of public communications. It was agreed that the SRG would assist in reviewing any draft public documents and that the ‘Patient Knows Best ‘portal would be demonstrated to the SRG before it goes live.

**Healthy Weight Strategic Action Plan for Cardiff and the Vale of Glamorgan**

SRG members were encouraged to respond to WG consultation on ‘Healthy Weight: Healthy Wales’ and received a presentation on creating a Healthy Weight Strategic Action Plan for Cardiff and the Vale of Glamorgan. The SRG then engaged in a workshop session during which it identified and prioritized potential ways that we can collectively ensure our population moves more and eats well and what pledges could be made personally or organisationally to ensure that our population does this.

**Annual Quality Statement (AQS)**

The SRG received and noted the AQS 2017/2018. It was noted that the format had been revised to reflect comments received including suggestions made by the SRG previously. The SRG made a number of comments and suggested further changes to the format.

### Revised Terms of Reference

The SRG received the revised draft Terms of Reference. It was noted the UHB must comply with WG's model standing Instructions which were currently being reviewed. If this review became protracted Nikki Foreman would seek authority to formally adopt the revised Terms of Reference pending the outcome of the review. In the meantime she was happy to take a pragmatic approach to the SRG membership. New nominations to the SRG had been received from the Welsh Ambulance Service NHS Trust and South Wales Police. In addition Cardiff University was expected to provide a new nomination imminently, a children's and young persons' third sector nomination was expected by the end of January and there were three expressions of interest from Registered Social Landlords. Cardiff and Vale Action for Mental Health had also agreed to identify a potential mental health third sector nomination.

### Brexit

The SRG was informed that the Regional Partnership Board members had been asked to plan for a 'reasonable worst case scenario'. The UHB had conducted a risk assessment and has a business continuity plan. The current message was that it was business as usual. There was no need to stockpile supplies of medicine. There might be problems at some stage with access to some specialist medical equipment but it was difficult to plan for this given the current uncertainties. The UHB was not experiencing a mass exodus of staff from the European Union and it was being very supportive towards them. There were potential recruitment difficulties in the future. The Cardiff Public Service Board had met the previous week and planning was in hand for a police response to any social unrest. The SRG would receive an update at its next meeting.

### RECOMMENDATION

The Board is asked to:

- **NOTE** this report.

#### Shaping our Future Wellbeing Strategic Objectives

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

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

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

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

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

Not Applicable

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



<b>Report Title:</b>	<b>Local Partnership Forum – Chair’s Report</b>					
<b>Meeting:</b>	UHB Board				<b>Meeting Date:</b>	28.03.19
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	
<b>Lead Executive:</b>	Executive Director of Workforce and OD					
<b>Report Author (Title):</b>	Workforce Governance Manager					

## SITUATION

The Local Partnership Forum of the UHB held its last meeting on 6 February 2019. This report provides Board with a summary of the key issues discussed at that meeting.

## REPORT

### BACKGROUND

The UHB has statutory duty to “take account of representations made by persons who represent the interests of the community it serves”. This is achieved in part by three Advisory Groups to the Board and the Local Partnership Forum (LPF) is one of these.

LPF is co-chaired by the Chair of Staff Representatives and the Executive Director of Workforce and OD. Members include Staff Representatives (including the Independent Member for Trade Unions) and the Executive Team and Chief Executive. The Forum meets 6 times a year.

LPF is the formal mechanism for the Health Board and Trade Union/Professional Organisation Representatives to work together to improve health services. Its purpose, as set out in the Terms of Reference, fall into four overarching themes: communicate, consider, consult and negotiate, and appraise.

This is the first written report provided to Board by the Co-Chairs of the Local Partnership Forum. It highlights for the Board the key issues discussed at the last meeting, and provide assurance regarding the business assigned to the Forum by the Board.

### ASSESSMENT

#### For Consideration:

- The Local Partnership Forum considered and approved the draft work plan for 2019/20 and approved it subject to a small number of amendments. A copy of the approved plan is attached as Appendix 1. The work plan is indicative and may change during the year.

## For Communication:

- The Chief Operating Officer updated the Forum on the UHB response to seasonal (winter) pressures. He said that there was better resilience across the whole system (planned and unplanned care) than in previous years though we are experiencing another difficult winter. There had been improvements in the number of 4 and 12 hour waits, ambulance delays and RTT times. Mr Curry emphasised that a significant factor in these improvements was the staff response to pressures and the teamwork demonstrated. He thanked everyone for their part and asked the staff representatives to share this with their members.
- Mr Curry also provided the LPF with an update on the IMTP. He states that this year's IMTP had been submitted to Welsh Government on 31st January and we will know if it has been approved in the coming weeks.
- The Head of Energy and Performance and Head of Travel were in attendance to discuss the Sustainable Travel Plan and alternatives to driving to work including the park and ride scheme, car sharing, public transport, the cycle to work and Nextbikes and safe pedestrian routes. The links between this and the Healthy Travel Charter were noted.

## For Appraisal:

- LPF received the Finance Report and Workforce KPI Report for December 2018.

## ASSURANCE is provided by:

- Ensuring alignment of Local Partnership Forum agendas with the purpose of the Forum as set out in the Terms of Reference

## RECOMMENDATION

The Board is asked to:

- NOTE the contents of this report

### Shaping our Future Wellbeing Strategic Objectives

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

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

					and technology	
4. Offer services that deliver the population health our citizens are entitled to expect					9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time					10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	
<b>Five Ways of Working (Sustainable Development Principles) considered</b> <i>Please tick as relevant, click <a href="#">here</a> for more information</i>						
Prevention		Long term		Integration		Collaboration x Involvement x
<b>Equality and Health Impact Assessment Completed:</b>	Not Applicable					



## APPENDIX 1 - LOCAL PARTNERSHIP FORUM WORKPLAN 2019/20

	3 April	5 June	7 August	2 October	9 Dec	12 Feb
<b>PART 1: Items for Action/Consideration</b>						
Minutes of the previous meeting	X	X	X	X	X	X
Action Log Review	X	X	X	X	X	X
<b>For Consideration:</b>						
Local Partnership Forum Work Programme 2020/21 <i>(Co-Chairs)</i>						X
Integrated Medium Term Plan <i>(Executive Director of Strategy and Planning)</i>		X (commissioning intentions)				
Healthy Travel for UHB staff <i>(Director of Public Health)</i>			X			
Prehab to Rehab <i>(Director of Operations, Surgery Clinical Board)</i>	X					
Embedding Prevention within the UHB <i>(Director of Public Health)</i>			X			
Tackling Stress <i>(Assistant Director of OD/Lead H&amp;S Rep)</i>					X	
Staff Survey Working Group <i>(Executive Director of Workforce and OD)</i>		X				
<b>For Consultation/Negotiation:</b>						
Vascular Surgery Services Engagement <i>(tbc)</i>		X				
Strategic Equality Plan <i>(Equality Manager)</i>			X			
<b>For Communication:</b>						
Update from the Chief Executive <i>(Chief Executive)</i>	X	X	X	X	X	X

Inclusivity (Equality Manager)	x					
Joint Working with Local Authorities (Programme Manager, Health Social Care and Wellbeing)		x				
Integrated Medium Term Plan (Executive Director of Strategy and Planning)				x (engagement)		x (update)
Transformation Programme Update (Deputy Chief Exec/Dir of Transformation)	x	x	x	x	x	x
<b>For Appraisal:</b>						
Finance Report (Executive Director of Finance)	x	x	x	x	x	x
Workforce Report (Executive Director of WOD)	x	x	x	x	x	x
<b>PART 2: Items for information (for noting only)</b>						
Patient Safety Quality and Experience report	x	x	x	x	x	x
Performance Report	x	x	x	x	x	x
Strategic Planning Flash Report		x		x		x
Minutes of the Employment Policy Sub Group	x	x	x	x	x	x
Staff Benefits Group - update	x			x		