

Bundle Board Meeting 30 May 2019

Agenda attachments

00 - Agenda Final.docx

PATIENT STORY - MATERNITY CARE

1 Welcome and Introductions

Maria Battle

2 Apologies for Absence

Maria Battle

3 Declarations of Interest

Maria Battle

4 Minutes of the Board Meeting held on 28 March 2019

Maria Battle

4 - Public Minutes March 2019.docx

5 Action Log - 28 March 2019

Maria Battle

5 - Action log v3.docx

6 Chair's Action taken since last meeting

There were no actions to report

7 ITEMS FOR REVIEW AND ASSURANCE

7.1 Chair's Report

Maria Battle

7.1 - Chair's Report May 2019.docx

7.1.1 - Chairs Report - Seal Document Info.doc

7.2 Chief Executive Report

Len Richards

7.2 CEO Report May 2019 v2.docx

7.3 Thoracic Surgery - assurance over the provision of Thoracic Surgery Cover at the Major Trauma Centre

Len Richards

7.3 - Thoracic Surgery report.v2.docx

7.3.1 - Appendix 1 South Glamorgan CHC Thoracic response Final May 2019.pdf

7.3.2 - Appendix 2- VH to LHBs - Thoracic Surgery.pdf

7.4 Community Mental Health Services - Implementing a New Model of Care

Presentation - Steve Curry

7.4 - Vale Locality MH Team Update.docx

7.4.1 - EHIA Locality Team V4.docx

7.4.2 - Vale Locality MHT presentation Final.pptx

7.5 Health Inspectorate Wales Annual Report of the University Health Board

Alun Jones, HIW

Presentation

7.5 - HIW Report - Alun Jones.pptx

7.6 Patient Safety, Quality and Experience Report

Jason Roberts

7.6 - Patient Safety Quality & Experience Report for 31.05.19 - V3 FINAL.docx

7.7 Performance Report

Sharon Hopkins

7.7 - Performance Report May 2019 - Master.docx

7.8 Transformation Report

Sharon Hopkins

- 7.9 Board Assurance Framework
Nicola Foreman
7.9 - Board Assurance Framework covering report.docx
7.9.1 - BOARD ASSURANCE FRAMEWORK (MAY 19).docx
- 8 ITEMS FOR APPROVAL / RATIFICATION
- 8.1 Year End Statements 2018/19
Robert Chadwick
8.1 - Year end Statements 2018-19.docx
- 8.2 The Wales Audit Office ISA 260 Report for 2018/19
Wales Audit Office
8.2 - 1267A2019-20_CVUHB_ISA260_FINAL.pdf
- 8.3 The Head of Internal Audit Opinion and Annual Report for 2018/19
Ian Virgil
8.5 - A&A C&V UHB HIA Opinion & Annual Report 18-19 Final.pdf
- 8.4 The response to Audit Enquiries of those Charged with Governance and Management
Robert Chadwick
8.4 - Audit enquiries to those charged with governance and management.docx
- 8.5 The Annual Accountability Report 2018/19 including the Annual Accounts and Financial Statements
Nicola Foreman
8.5 - Cover Paper_Accountability Report_for Board _May 2019.docx
8.5 - Final Draft Accountabilty and Remuneration Report nf2.docx
- 8.6 Nursing Staffing Act
Jason Roberts
8.6 - SBAR Nurse Staffing first Annual Report V1 2009 04 16.docx
8.6.1 - Nurse Staffing Annual Report V6 2019 05 16 - FINAL.docx
- 8.7 Capital Plan for 2019/20
Abigail Harris
8.7 - Capital Plan 2019-20.docx
- 8.8 BUSINESS CASE FOR:
- 8.8.1 Wellbeing Hub at Maelfa
Abigail Harris
The links to business outline cases are on the agenda
8.8.1 - 190523 WH@Maelfa UHB Board.docx
8.8.1b - 190523 OBC Maelfa Final Draft v6 Executive Summary.pdf
8.8.1c - 190429 WH@Maelfa draft EHIA (v5).docx
- 8.8.2 Cystic Fibrosis
Abigail Harris
8.9.3 - CF BJC UHB 30 May 2019.docx
8.8.3b - Cystic Fibrosis BJC v4.pdf
- 8.8.3 Academic Avenue
8.9.4 - New Block SOC Board 30 May 2019.docx
8.8.4b - New Block (Academic Avenue) SOC v3 Exec summary.pdf
- 8.9 Board Plan of Business 2019/20
8.9 - Board Work Plan covering report.docx
8.9.1 - Workplan 2019.20.xlsx
- 8.10 Membership of Committees and Board Champions
8.10 - Membership and Champion Roles covering report.docx
8.10.1 - Appendix 1 - COMMITTEE MEMBERSHIP 2019v2.docx
8.10.2 - Appendix 2-BOARD LEADS AND CHAMPIONS.docx
- 8.11 Terms of Reference and Work Plans:

	<u>8.11 - H&S Cover Report.docx</u>
	<u>8.11.1 - H&S ToR and Workplan Jan 2019.doc</u>
8.12	Director of Corporate Governance Report
	<u>8.12 - Report of the Director of Governance_May19nf.docx</u>
8.13	COMMITTEE MINUTES:
8.13.1	Audit Committee - February 2019
	<u>8.14.1 - Audit Minutes 26.02.19 Public.docx</u>
8.13.2	Quality, Safety and Experience Committee - February 2019
	<u>8.14.2 - QSE Mins 19.02.19.docx</u>
8.13.3	Finance Committee - February and March 2019
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8.13.4	Strategy and Delivery Committee - March 2019
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8.13.5	Health and Safety Committee - January 2019
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8.13.6	Stakeholder Reference Group - January 2019
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8.13.7	Local Partnership Forum - February 2019
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8.13.8	Emergency Ambulance Services Committee - October 2018 and February 2019
	<u>8.14.8 - Confirmed EASC minutes 13 November 2018 approved EASC 5 Feb 2019.docx</u>
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9	ITEMS FOR NOTING AND INFORMATION
9.1	REPORTS FROM COMMITTEE AND CHAIRS:
9.1.1	Audit Committee - April 2019
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9.1.2	Quality Safety and Experience Committee - April 2019
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9.1.3	Finance Committee - April 2019
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9.1.4	Strategy and Delivery Committee - May 2019
	<u>9.1.4 - S&D Chairs Report.docx</u>
9.1.5	Health and Safety Committee - May 2019
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9.1.6	Stakeholder Reference Group - May 2019
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9.1.7	Local Partnership Forum - April 2019
	<u>9.1.7 - LPF briefing (April 2019) for May 2019.docx</u>
9.1.8	Emergency Ambulance Services Committee - February 2019
	<u>9.1.8 - Chair's EASC Summary from 5 February 2019.docx</u>
10	AGENDA FOR PRIVATE MEETING
10.1	Health Inspectorate Wales Report
10.2	Letter of Representation
11	REVIEW OF THE MEETING
12	DATE AND TIME OF NEXT MEETING
	<i>Thursday, 25 July 2019 at 1.00pm</i>
	<i>Woodlands House, ground Floor, Nant Fawr, 1&2</i>

**CARDIFF AND VALE UNIVERSITY HEALTH BOARD
BOARD MEETING**

To be held on 30 May at 1.00pm

WOODLANDS HOUSE, GROUND FLOOR, NANT FAWR 1&2, HEATH

AGENDA

PATIENT STORY - Maternity Care		
1	Welcome & Introductions	Maria Battle
2	Apologies for Absence	Maria Battle
3	Declarations of Interest	Maria Battle
4	Minutes of the Board Meeting held on 28 March 2019	Maria Battle
5	Action Log – 28 March 2019	Maria Battle
6	Chairs Action taken since last meeting	Maria Battle
7	Items for Review and Assurance	
7.1	Chairs Report	Maria Battle
7.2	Chief Executive Report	Len Richards
7.3	Thoracic Surgery – assurance over the provision of Thoracic Surgery cover at the Major Trauma Centre	Len Richards
7.4	Community Mental Health Services – Implementing a New Model of Care	Steve Curry Presentation
7.5	HIW Annual Report of the UHB	Alun Jones, HIW Presentation
7.6	Patient Safety, Quality and Experience Report	Jason Roberts
7.7	Performance Report	Sharon Hopkins
7.8	Transformation Report	Sharon Hopkins
7.9	Board Assurance Framework	Nicola Foreman
8	Items for Approval/Ratification	
8.1	Year End Statements 2018/19	Robert Chadwick
8.2	The Wales Audit Office ISA 260 Report for 2018/19	Wales Audit Office
8.3	The Head of Internal Audit Opinion and Annual Report for 2018/19	Ian Virgil
8.4	The response to the audit enquiries of those charged with Governance and Management	Robert Chadwick
8.5	The Annual Accountability Report for 2018/19 including the Annual Accounts and Financial Statements	Robert Chadwick / Nicola Foreman
8.6	Nurse Staffing Act	Jason Roberts
8.7	Capital Plan for 2019/20	Abigail Harris
8.8	Business Cases for:	Abigail Harris

	(a) Wellbeing Hub at Maelfa (b) Cystic Fibrosis (c) Academic Avenue	
8.9	Board Plan of Business 2019/20	Nicola Foreman
8.10	Membership of Committees and Board Champions	Maria Battle
8.11	Terms of Reference and Work Plans (a) Health and Safety Committee	Nicola Foreman
8.12	The Director of Corporate Governance Report	Nicola Foreman
8.13	Committee Minutes: <ul style="list-style-type: none"> i. Audit Committee – February 2019 ii. Quality, Safety and Experience Committee – February 2019 iii. Finance Committee – February and March 2019 iv. Strategy and Delivery Committee - March 2019 v. Health and Safety Committee – January 2019 Advisory Group Minutes: <ul style="list-style-type: none"> vi. Stakeholder Reference Group – January 2019 vii. Local Partnership Forum – February 2019 The Joint Committee Minutes: <ul style="list-style-type: none"> viii. Emergency Ambulance Services Committee – October 2018 & February 2019 	John Union Susan Elsmore John Antoniazzi Charles Janczewski Michael Imperato Richard Thomas Martin Driscoll
9	Items for Noting and Information	
9.1	Reports from Committee and Chairs: <ul style="list-style-type: none"> i. Audit Committee – April 2019 ii. Quality, Safety and Experience Committee – April 2019 iii. Finance Committee – April 2019 iv. Strategy and Delivery Committee – May 2019 v. Health and Safety Committee – April 2019 Reports from Advisory Group Chairs: <ul style="list-style-type: none"> vi. Stakeholder Reference Group – May 2019 vii. Local Partnership Forum – April 2019 Report from the Joint Committee <ul style="list-style-type: none"> viii. Emergency Ambulance Services Committee – February 2019 	John Union Susan Elsmore John Antoniazzi Charles Janczewski Michael Imperato Richard Thomas Martin Driscoll
10	Agenda for Private Meeting:	
10.1	Health Inspectorate Wales Report	

10.2	Letter of Representation	
11	Review of the Meeting	
12	Date and time of next Meeting	
	Thursday 25 th July at 1.00pm Woodlands House, Ground Floor, Nant Fawr 1&2	

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 28th MARCH 2019
BOARD ROOM, UNIVERSITY HOSPITAL, LLANDOUGH**

Present:

Maria Battle	MB	Chair
Charles Janczewski	CJ	Vice Chair
Sharon Hopkins	SH	Deputy Chief Executive and Director of Transformation and Informatics
Gary Baxter	GB	Independent Member - University
Eileen Brandreth	EB	Independent Member - ICT
Martin Driscoll	MD	Director of Workforce and OD
Robert Chadwick	RC	Executive Director of Finance
Susan Elsmore	SE	Independent Member - Local Authority
Akmal Hanuk	AK	Independent Member - Community
Abigail Harris	AH	Director of Planning
Michael Imperato	MI	Independent Member - Legal
Dr Fiona Jenkins	FJ	Director of Therapies and Health Sciences
Fiona Kinghorn	FK	Consultant in Public Health
Sara Moseley	SM	Independent Member - Third Sector
Dr Graham Shortland	GS	Medical Director
John Union	JU	Independent Member - Finance
Ruth Walker	RW	Executive Nurse Director

In attendance:

Caroline Bird	CB	Deputy Chief Operating Officer
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
Joanne Brandon	JB	Director of Communications & Engagement
Rachel Gidman	RG	Assistant Director of OD
Steve Parnell	SP	Assistant Director of Transformation
Katja Empson	KE	Consultant – Emergency Unit
Karen Pardy	KP	General Practitioner
Lisa Dunsford	LD	Director of Operations, PCIC
Mike Usher	MU	Wales Audit Office
Urvisha Perez	UP	Wales Audit Office

Secretariat:

Sheila Elliot	SE	Corporate Governance Team
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Apologies:

Len Richards	LR	Chief Executive
Stephen Allen	SA	Community Health Council
Steve Curry	SC	Chief Operating Officer

Observers:

Mandy Collins	MC	Interim Head of Governance
Jo Brandon	JB	Director of Communications & Engagement
Three Member of the public		

and press.

19/03/050

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting and confirmed that it was quorate. A special welcome was given to Mike Usher and Urvisha Perez from the Wales Audit Office, and it was explained that the Board would be discussing the Auditor General's Annual Report and the Structured Assessment report for 2018 later in the meeting.

19/03/051

PRESENTATION ON THE CANTERBURY STUDY TOUR

The Chair welcomed Rachel Gidman, Assistant Director of OD; Steve Parnell, Assistant Director of Transformation; Katja Empson, Consultant in the Emergency Unit; Karen Parry, General Practitioner and Lisa Dunsford, Director of Operations, PCIC to the meeting. The Board was advised that instead of the usual patient story an overview of the recent study tour to Canterbury, Christchurch in New Zealand had been arranged. Before inviting the presenters to begin on behalf of the Board, the Chair offered condolences to the people of Canterbury following the recent terrorist attack.

As part of the presentation it was explained links with Canterbury had been made as it had a similar population to Cardiff and the Vale and had been working on the integration journey for the last 10 years. It was noted that prior to starting on the integration journey, Canterbury had similar issues to the University Health Board (UHB), including:

- Funding pressures;
- Pressures on primary and community care;
- Clinicians who were disinvested as they didn't feel part of the system; and
- Services that were struggling to meet the needs of its population.

The presentation highlighted that in driving an integrated approach and improvement Canterbury had:

- Established a social movement.
- Focused on the whole system and ensured consistent messaging. It was noted that the language used was key 'we discuss, we decide'.
- Ensured that the 'person' was at the heart of everything they did and do. Canterbury use the character of 'Agnes' to test whether they are doing the right things.
- Driven changes to culture and leadership; taking steps to ensure a high level of trust i.e. 'trust to let everyone do what they need to do'. Clinicians and managers talk about time and not funding.
- Improved information systems to enable the whole system to be

viewed with the use of live data. All staff can review data via the Internet.

- Invested in relationships and taken time to engage fully with those involved in all parts of the system.

In summing up, the Chair advised that the visit had been inspirational, and had highlighted the positive impact an integrated approach had on patients and clinicians. It was also noted that many of the steps already taken by the UHB were mirrored in the Canterbury approach, and so there was learning by both organisations.

Board Members raised the following comments and questions:

- The Deputy Chief Executive/Director of Transformation & Informatics confirmed that the team who visited Canterbury were ensuring that the learning was cascaded and shared across the UHB through conversations, presentations and a series of videos.
- The Independent Member (Third Sector) asked whether consideration had been given to the involvement of the third sector in the provision of community care. In response, Lisa Dunsford, Director of Operations, PCIC confirmed that as part of the visit meetings had been held with volunteer groups. It was noted that in recognition of the value placed on volunteer groups, Canterbury had developed 20 alliances which fitted with the UHB's cluster model.
- The Executive Nurse Director confirmed that important conversations were needed regarding how volunteers were engaged and involved in discussions going forward. In line with this, the Executive Director of Planning confirmed that the Canterbury team had already started conversations with the Regional Partnership Board, as the volunteer arrangements in the two local authorities needed to be considered a part of future arrangements, not just the UHB's.
- The Independent Member (Community) asked how the UHB intended to translate what was learnt from the Canterbury trip into action. In response, the Deputy Chief Executive and Director of Transformation & Informatics confirmed that the learning would inform the seven enabling work streams, established under the Transformation Programme to support the implementation of the UHB's strategy 'Shaping our Future Wellbeing'.

The Board Resolved that:

- (a) the Canterbury visit team be invited to present to the Board again in six months' time to provide an update on progress.

[Rachel Gidman, Assistant Director of OD; Steve Parness, Assistant Director of Transformation; Katja Empson, Consultant in the Emergency Unit; Karen Pardy, General Practitioner and Lisa Dunsford, Director of Operations, PCIC left the meeting]

NF

19/03/052

APOLOGIES FOR ABSENCE

Apologies for absence were noted.

19/03/053

DECLARATIONS OF INTEREST

The Chair invited Board Members to declare any interests in relation to the items on the meeting agenda. The following declarations of interest were received and noted:

- Charles Janczewski, Vice Chair declared his interest as the Chair of the Quality and Patient Safety Committee of the Welsh Health Specialist Care Committee (WHSSC). The declaration was formally noted. It was agreed that the Vice Chair should participate fully in the Board's discussions and decisions as no WHSSC matters were being presented for approval or decision.
- Eileen Brandreth, Independent Member (ICT) and Gary Baxter Independent Member (University) declared that they had a conflict of interest in respect of the Medicentre item contained in the Chief Executive's report. The declarations were formally noted, and it was agreed that the Independent members would not take part in the Board's discussion or decision in relation to this matter.

19/03/054

MINUTES OF THE BOARD MEETING HELD ON 31 JANUARY 2019

The Board reviewed the Minutes of the meeting held on 31 January 2019, and noted that the following amendments should be made:

- Michael Imperato, Independent Member (Legal) to be noted as being present.
- **Minute 19/01/009: QUALITY SAFETY AND EXPERIENCE REPORT**

Minute to be amended as follows:

Resolved – that:

(b) The Board noted the areas of concern and asked that car parking be discussed in greater depth at a future meeting of the Board.

- **Minute 19/01/015: DISPOSAL 2018 – COLCOT, LANSDOWNE, HAMADRYAD LANE:**

Minute to be amended as follows:

Bullet point 5 - The Board would keep on top of the code of practice. *To be updated to make it clear which Code of Practice was being referred to in the minute.*

Resolved – that:

(d) Engagement should take place with staff, service users and key stakeholders.

The Board Resolved that:

- (a) subject to the amendments noted above being made, the minutes of the meeting held on 31 January 2019 should be APPROVED as being a true and accurate record.

19/03/055

BOARD ACTION LOG

The Board reviewed the Action Log and received the following oral updates:

- **19/01/005 – Relocation of the Links Centre**

The Executive Director of Planning confirmed that the move of the Primary and Community Care Clinical Board to Woodland's House was a key step in the process for the relocation of the Links Centre.

- **19/01/006 – Patient Walk-arounds**

The Executive Nurse Director confirmed that the approach to patient walk-arounds needed refreshing, noting that the focus of Patient Safety and General Walk-arounds were different. It was confirmed that an outline of the revised approach would be taken to the Quality, Safety and Experience Committee in June 2019 for discussion prior to it being brought to the Board for approval.

RW

It was agreed that a session on Patient Walk-arounds would be added to the 2019-20 Board Development Programme.

NF

- **19/01/008 – Apprenticeship Scheme**

The Director of Workforce and OD confirmed that apprentices working across the UHB were being paid the living wage.

- **19/01/017 – LIMS**

The Director of Corporate Governance advised that all actions had been completed

The Board Resolved that:

- (a) 19/01/005 – Relocation of the Links Centre remain on the Board Action Log.
- (b) 19/01/006 – An item on Patient Walk-arounds would be added to the 2019-20 Board Development Programme Agenda
- (c) All completed actions should be archived

19/03/056

CHAIR'S REPORT

The Chair introduced her report. The Board was informed that since the publication of the report a letter had been received from the Minister of Health and Social Services, confirming that following a robust assessment the UHB's Integrated medium Term Plan (IMTP) had been approved in accordance with the requirements of the NHS Wales Planning Framework and the duties set out by section 175(2) of the National Health Service (Wales) Act 2006. The Chair noted that this approval was subject to deliverables that have been agreed by Andrew Goodall, Chief Executive of NHS Wales.

It was noted that in his letter the Minister had recognised the progress the UHB had made over the past twelve months. Moving from an organisation with an annual plan and in targeted intervention to one with an approved full IMTP.

The Chair reminded the Board that this was Graham Shortland, Executive Medical Director's last Board meeting before he retired. It was noted that Graham Shortland had been the UHB's Executive Medical Director for nine years and a consultant for many more years prior to that. The Chair asked the Board to join her in thanking Graham Shortland for the huge contribution he had made to the Board and the work of the UHB.

In response Graham Shortland stated that working for the UHB had been a huge privilege, pleasure, fun, and an intellectual challenge. He noted that there had been many successes during his tenure but added that there was still much more to do

The Board Resolved that:

- (a) the Chair's report be NOTED
- (b) the affixing of the Common Seal be ENDORSED
- (c) the reported Chair's Actions and signing of legal documents be ENDORSED.

19/03/057

CHIEF EXECUTIVE'S REPORT

The Deputy Chief Executive/ Director of Transformation and Informatics introduced the Chief Executive's Report in his absence and thanked the Board and all UHB staff for their contribution to the development of an approved IMTP. In summing up the content of the Chief Executive's report the Deputy Chief Executive and Director of Transformation and Informatics:

- Confirmed that interviews for a new Medical Director had taken place and that an announcement would be made the following week.
- Provided an overview of the matters discussed at the most recent meetings of the Welsh Health Specialists Services Committee, Emergency Ambulance Services Committee and the NHS Shared Services Committee.
- Outlined the work of the Cardiff Medicentre and confirmed that subject to the Board being content a three-year extension to the Joint Venture Partnership agreement would be signed prior to 31 March 2019. It was noted that 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. *Gary Baxter, Independent Member (University) and Eileen Brandreth, Independent Member (ICT) reminded the Board of their earlier declarations. It was confirmed that they should stay for the discussion but not take part in any discussions of decision making.*

- confirmed that the Health Education and Improvement's (HEIW's) review of paediatric surgery had been positive and noted that the team that visits had commented on the positive culture.

The Board Resolved that:

- (a) the Chief Executive's report be NOTED.
- (b) the three-year extension to the Joint Venture Partnership in relation to the Medicentre be APPROVED.

19/03/058

QUALITY, SAFETY AND EXPERIENCE REPORT

The Executive Nurse Director introduced the Quality, Safety and Experience report and confirmed that the report provided 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. In discussing the report, it was noted that:

- The number of reported serious incidents (SIs) had reduced significantly as a result of revised Guidance on the reporting of Pressure Damage, issued in December 2018. Reviews of reported pressure damage incidents had not highlighted practice concerns.
- There had been a marked decrease in concerns reported in January and February 2019. A lot of time and effort had been put in to encouraging patients and their families to raise a concern and where necessary a complaint. The Executive Nurse Director emphasised the importance of concerns and complaints being treated as a gift, as they were an opportunity to learn and improve.
- Patient falls continue to be a frequently reported patient safety incident. Most falls continue to result in no significant injury to patients and there appears to be a downward trend in terms of what requires to be reported as a SI.
- One Regulation 28 report relating to an incident that occurred in 2015 on a Mental Health Services for Older People's ward, had been issued since the last report to the Board. It was noted that the case had been reported to the Board previously.
- Eight wards had recently been affected by Norovirus. The Executive Nurse Director assured the Board that appropriate steps were in place to reduce the number of patients admitted with Norovirus. It was noted that increased audits and strengthened cleaning schedules had helped to reduce the spread of such infections. The Board was advised that reminders in relation to the cleaning of equipment had been issued where necessary.
- There had been complaints in relation to the timeliness of maintenance. The Executive Director of Planning confirmed that a mechanism for monitoring the volume of maintenance requests and the timeliness with which they had been dealt with was in place. It was confirmed that if a maintenance request had been properly logged on the system it could be easily tracked. The Chair

enquired as to whether maintenance requests were prioritised. In response the Executive Director of Planning confirmed that maintenance requests were prioritised based on risk.

The Chair noted that some of the Patient Safety Visits undertaken by Board Members had highlighted that delays in maintenance requests being addressed impacted on staff morale. The Executive Nurse Director confirmed that similar issues had been picked up by Healthcare Inspectorate Wales.

The Vice Chair noted that there appeared to be a gap in relation to the follow-up of maintenance concerns highlighted by internal audits/inspections. In response, the Executive Nurse Director confirmed that issues highlighted, for example by Patient Safety Visits, were escalated to Clinical Boards, but acknowledged that tolerance levels were currently too low particularly at the University Hospital for Wales.

The Executive Director of Planning advised that many of the maintenance issues related to the age of the UHW and confirmed that a Programme Director had been appointed to work on the proposal for a new hospital on the UHW site.

- Maintenance issues needed to be closely monitored and escalated to a Committee of the Board. In response it was confirmed that the Strategy and Development Committee received reports, but Management Executive would discuss and agree how reporting could be improved.
- The Chief Operating Officer and his Deputy had taken important steps to enable space to be released for holistic maintenance. The Vice Chair noted the importance of remembering that maintenance issues were not just confined to the UHB's hospital sites.

AH

Independent Members enquired as to how the UHB compared with its peers in relation to infection rates and infection control management. The Executive Nurse Director confirmed that her team were looking to benchmark with other Welsh organisations, and with Canterbury. It was noted that benchmarking information was not readily available but that the Executive Nurse Director would explore approaches and options.

RW

It was Resolved – that:

- (a) The Quality, Safety and Experience report be NOTED.
- (b) The areas of current concern be NOTED and AGREED that the current actions being taken were sufficient.
- (c) Management Executive agree how to improve the management and reporting of maintenance issues.
- (d) The Executive Nurse Director should explore approaches and options for benchmarking the UHB's performance in relation to infection control.

PERFORMANCE REPORT

The Deputy Chief Executive/Director of Transformation introduced the Performance Report and confirmed that the UHB was compliant with 27 of its 68 performance measures and making satisfactory progress towards delivering a further 18. It was noted that while the UHB was not meeting all nationally set targets it was making progress against agreed trajectories. It was noted that:

- Re-admission rates for chronic conditions had reduced.
- 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 Welsh Governments target of 95% and the UHB's IMTP trajectory of 88%.
- The UHB's mortality figures compare well with those of other Welsh health boards. 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. The UHB needs to continually work to improve the pathways for individual conditions, such as myocardial infarction, but some progress is being made.

The Executive Medical Director confirmed that there needed to be a focus on length of stay and quality of care and noted that a report on fractured neck of femur care would be going to the Quality, Safety and Experience Committee.

- The Child and Adolescent Mental Health Services (CAHMS) secondary care service would transfer to the UHB from Cwm Taf at the start of the Financial Year. Performance against national targets was expected to worsen slightly during the first few months while the new arrangements bed in, but then improve.

The Independent Member (ICT) advised that while she accepted that waiting times for CAMHS had improved dramatically, it was concerning that service performance decreased from 94% in November 2018 to 75% in January 2019. It was agreed that a 'deep dive' would be completed and reported to the Strategy and Development Committee.

The Deputy Chief Operating Officer confirmed that she was aware of the waiting time situation and confirmed that a Legacy Statement was being prepared in readiness for the transfer of services from Cwm Taf UHB. It was noted that following the transfer there would be an opportunity to put a new service model in place.

The Chair asked that a baseline assessment be undertaken, and a report brought back to the Board in 6-months' time.

The Vice Chair asked for an explanation of the Adult Mental Health Measure compliance rates. It was agreed that the Deputy Chief Operating Officer would investigate the matter and report back to Board.

SC

CB

- The proportion of medical staff undertaking performance appraisal in the precious 12 months reduced from 80% at the end of quarter 2 to 68% at the end of quarter 3. It was confirmed that the consultant appraisal rate was 86% and that this was not unreasonable as transient doctors, i.e. those in post for less than six months would not be appraised, and neither would staff absent due to maternity or sickness. It was confirmed that the Medical Workforce Group monitored the appraisal process.

The Chair requested that a narrative detailing the Appraisal process and performance be included in the Performance report prepared for the May Board Meeting.

GS/SH

The Board Resolved – that:

- (a) 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 be NOTED.
- (b) A CAMHS 'deep dive' be completed and reported to the Strategy and Development Committee.
- (c) The Deputy Chief Operating Officer investigate Adult Mental Health Measure compliance rates and report back to Board.
- (d) A narrative detailing the Appraisal process and performance be included in the Performance Report prepared for the May Board Meeting.

19/03/060

BOARD ASSURANCE FRAMEWORK 2018/19

The Director of Corporate Governance introduced the Board Assurance Framework and confirmed that the following risks that the Board agreed as being the main risks to the achievement of the UHB's Objectives had been reviewed:

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 Director of Corporate Governance also noted that the risk of a 'no deal Brexit' could also have an impact on the delivery of the UHB's Objectives and a detailed Business Continuity Plan was in place.

The key changes to risk ratings were confirmed as being:

- Financial Sustainability net risk increased from 10 to 20 due to the savings gap;
- Workforce net risk decreased from 20 – 12 due to the steady stream of Band 5 nurse recruitment taking place plus additional

controls been added.

- Leading Sustainable Culture Change net risk decreased from 12 – 8 due to the work now taking place in this area.

The Vice Chair commented that the approach was working well and was helping the Board and its Committees to focus on the key risk areas.

The Independent Member (Third Sector) asked if there was a link between the cultural risk and performance reporting. In response, the Director of Corporate Governance advised that the Staff Survey results would test such a relationship as performance on key staff measure should be seen to improve if the Cultural Risk was being appropriately managed and mitigated.

The Deputy Chief Executive/Director of Transformation & Informatics confirmed that the Board Assurance Framework was developing well but noted that further work was needed to embed the approach and the processes that underpin it.

The Chair asked if Clinical Board Risk Registers were in place. The Director of Corporate Governance confirmed that while risk registers were in place but there was little consistency and many of the risks were too operational. It was confirmed that a paper on Risk Management would be brought to the July Board Meeting.

NF

The Board Resolved – that:

- (a) the BAF be APPROVED and the progress made in relation to the actions, management and mitigation of the key risks to the achievement of objectives NOTED.

19/03/061

CANCER PERFORMANCE

The Deputy Chief Operating Officer introduced the Cancer Performance Report, noting that highlighted current challenges and the actions being taken to meet the 62-day Urgent suspected cancer (USC) performance trajectory outlined in the Health Board's 2019-22 Integrated Medium-Term Plan (IMTP).

The Deputy Chief Operating Officer confirmed that:

- In January 2019 compliance against the target was 86% with a total of 12 breaches.
- Urology and Upper and Lower GI combined remain the biggest challenges for the Health Board; 60% of the total breaches.
- The next highest breach volumes are in breast and lung.
- To consistently achieve 93% and then 95% compliance, the UHB needs to reduce breaches to an average of 6-7 and then to no more than 4-5.

It was confirmed that in the short term, the improvement actions fell

broadly into two categories – firstly tumour site specific actions and secondly strengthening tracking arrangements. 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 Executive Medical Director advised that to improve cancer outcomes a more operational approach was needed. It was noted that the transfer of Cancer Services, from 1 April 2019, to a 'hosting' arrangement under the Children & Women's Clinical Board presented an opportune time to review how Cancer Services and Clinical Boards work more closely together to track, expedite and coordinate patients through their pathways. It was confirmed that a review would take place in 6-months' time.

The Vice Chair thanked the Deputy Director of Operations and her team for their commitment and hard work. The Chair confirmed that the whole Board shared the Vice Chair's views.

The Board Resolved – that:

- (a) The actions being taken to improve performance and to achieve the Health Board's trajectory, as set out in its Integrated Medium-Term Plan be NOTED.

19/03/062

CLUSTER INFORMATION GOVERNANCE (IG) FRAMEWORK

The Deputy Chief Executive/Director of Transformation & Informatics introduced the Cluster IG Framework Report that provided the Board with an update on the work to ensure IG arrangements were in place and appropriate to allow for effective cluster-based working.

It was confirmed that the IG Framework:

- 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.
- had 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).
- would be monitored by a soon to be established Committee of the Board that will supersede the Information and Information Governance Committee.

The Director of Therapies and Health Science confirmed that such an approach was welcome and asked whether it had been shared with other clinical boards. The Deputy Chief Executive/Director of Transformation & Informatics confirmed that she would check.

The Board Resolved – that:

- (a) the framework developed to facilitate effective cluster working and information sharing between practices, the Health Board and with partner organisations be NOTED.

19/03/063

WINTER RESILIENCE PROGRAMME

The Deputy Chief Executive/Director of Transformation & Informatics introduced the Winter Resilience Programme Paper that outlined the work led by the Medicine Clinical Board (MCB) and involving frontline teams. It was highlighted that the work was very much in line with the findings of the Canterbury tour as it was informed by data presented in 'Signals from Noise' ('SfN').

The agreed principles and objectives of the Programme were noted as being to:

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

It was confirmed that three work streams were established focused on:

- Bed and capacity management
- Admission avoidance and early supported discharge
- 'SAFER' ward processes.

The Winter Resilience Programme successfully delivered 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. Plans are now being developed 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.

The Deputy Chief Operating Officer confirmed that the work taken forward as part of the Programme had been invaluable and had helped teams and individual clinicians to respond to events more quickly and effectively. In response to questions from Independent Members it was confirmed that the system uses data already collected by the UHB.

The importance of the system being able to interface fully with the UHB's quality systems was highlighted by the Executive Nurse Director.

The Chair confirmed that the daily reports produced as part of the project had helped to highlight hotspots and issues. The Chair asked the Board to support the work as it was a key part of the transformation journey.

It was noted that the UHB had been in contact with the Regional Partnership Board (RPB) regarding the information being used to inform

the work. The Vice Chair confirmed that the system had been received enthusiastically by the RPB who want to engage in the work to improve flow.

The Board Resolved – that:

- (a) the MCB Winter Resilience Programme be SUPPORTED and its success NOTED.

19/03/064

ANNUAL REVIEW OF STANDING ORDERS

The Director of Corporate Governance introduced the report and advised the Board that 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. It was noted that the UHB's Standing Orders had not been reviewed since 2015 despite this requirement.

The Director of Corporate Governance outlined the amendments made, taking the Board through the key changes outlined in the report and the tracked changes made to the SOs.

The Board Resolved – that:

- (a) the proposed amendments to Standing Orders be AGREED and ADOPTED.
- (b) once reviewed and agreed by the relevant Committee or Advisory Group, the Terms of Reference of each of the Board's Committees and Advisory Groups would be included in Schedule 3 and 4 of the Standing Orders.
- (c) the Scheme of Reservation and Delegation will be brought to the Board for approval at a future date.

19/03/065

COMMITTEE TERMS OF REFERENCE AND WORK PLANS FOR 2019-20

The Director of Corporate Governance introduced the report and confirmed that in line with the UHB's SOs, a full and considered review of the coverage and terms of reference of the Board's committees has been undertaken. Recommendations for the establishment of a series of committees for the 2019-20 financial year were considered.

The Board reviewed the draft work programmes for the 2019-20 financial year developed by the Director of Corporate Governance and noted that they had been developed in consultation with the members and executive leads for each of the committees.

It was agreed that the Director of Corporate Governance would meet with the Director of Therapies and Health Science to agree which committee would have oversight of medical devices.

NF/FJ

The Board Resolved – that:

- (a) the following committees of the Board be 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
- (b) the revised committee terms of reference, provided, in the Appendix to the paper be APPROVED
- (c) the the revised Terms of Reference of the Health and Safety Committee and Information Governance and Technology Committee Governance Committee would be considered by the Board in May 2019.
- (d) the 2019-20 committee work programmes be APPROVED,
- (e) the 2019-20 work programmes of the Health and Safety Committee and Information Governance and Technology Committee Governance Committee be considered at the May 2019 Board Meeting.

19/03/066

REPORT OF THE DIRECTOR OF CORPORATE GOVERNANCE

The Director of Corporate Governance confirmed that the report was a new standing item on the Board agenda and had been introduced due to the volume and range of governance issues that needed to come to the Board for consideration.

Compliance with Standing Orders

The Board was advised that a part of the annual review of SOs a full audit of compliance with the UHB's SOs was also undertaken. This highlighted several areas where further work is needed to ensure full compliance. A summary of the areas of non-compliance was provided.

Annual Plan of Board Business

Board Members were advised that the Annual Plan of Board Business was under development and would be brought to the Board for approval in May 2019.

Welsh Health Circulars

The Board noted that 36 WHCs have been issued since 1 April 2018 and that steps were being taken to evaluate the UHB's compliance with these

Consultations

The Board was provided with a summary of the matters being consulted upon by the Welsh Government that are related to the health board's agenda.

The Board Resolved – that:

- (a) areas of non-compliance with Standing Orders be NOTED and the proposed improvement actions and deadlines ADOPTED.
- (b) the Annual Plan of Board Business be DISCUSSED at the Board Development Session scheduled for April 2019.
- (c) Welsh Government consultations would be CONSIDERED further by the Directorate of Corporate Governance.

19/03/067

**ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH:
MOVING FORWARDS: MOVE MORE, MORE OFTEN**

The Director of Public Health introduced her report that was supported by and the story of a patient and their weight loss experience. The Board was advised that:

- Systematic and coordinated action at strategic, operational and patient level was required if the UHB was to reverse trends in physical activity and inactivity levels.
- The Report set 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'.
- Significant and sustained improvement in five main areas was needed:
 - 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

It was noted that the Report would 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 Board Resolved – that:

- (a) Annual Report, including the impacts on health and well-being of physical inactivity, and the potential benefits of acting across our places and spaces, across active travel mechanisms and

with our communities and our staff be NOTED.

- (b) Members would ROLE MODEL and champion the way
- (c) current and future initiatives and interventions across the UHB would be supported by the Board.

19/03/068

THE UHB's RESEARCH AND DEVELOPMENT (R&D)– STRATEGY IMPLIMENTATION PLAN

The Executive Medical Director introduced the report noting that good progress had been made over the last 12-months. An overview of the revised financial and performance management arrangements related to R&D were outlined. It was confirmed that the new performance structure for the Clinical Boards consisted 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.

The Executive Medical Director advised that overall recruitment to R&D projects had improved in 2017/18 despite the decrease in budget. Despite there being a fall in patients entering interventional studies, the UHB still enters 46% of all patients into interventional studies in Wales.

The Vice Chair noted that it was disappointing to see a fall in investment in R&D but understood the issues underlying this. In response, the Executive Medical Director advised that the new financing system would free up time for the preparation of funding bids.

The Independent Member (Finance) asked what value can be attributed to R&D. The Executive Medical Director confirmed that substantial amounts of money could be secured for commercial research projects.

The Independent Member (University) advised the Board that an excellent R&D day had recently been held that provided the opportunity to showcase the depth and breadth of R&D taking place across the UHB. He stated that he would encourage the Board to take part in the next workshop or at least get a summary back of the day.

The Chair confirmed that she would consider how R&D could be featured more proactively in the Board's Annual Work Plan. The Director of Corporate Governance was asked to arrange a session on R&D for the Board.

NF

The Board Resolved – that:

- (a) the Research and Development Implementation Plan be APPROVED.
- (b) Steps be taken to strengthen the Board's links with the R&D agenda.

19/03/069

AUDIT COMMITTEE

The Board Resolved – that:

- (a) the minutes of the Audit Committee held in December 2018 be RATIFIED.

19/03/070

MENTAL HEALTH LEGISLATION COMMITTEE

The Board Resolved – that:

- (a) the minutes of the Mental Health Legislation Committee held in October 2018 be RATIFIED.

19/03/071

QUALITY, SAFETY & EXPERIENCE COMMITTEE

The Board Resolved – that:

- (a) the minutes of the Quality, Safety & Experience Committee held in December 2018 be RATIFIED.

19/03/072

FINANCE COMMITTEE

The Board Resolved – that:

- (a) the minutes of the Finance Committee held in January 2019 be RATIFIED

19/03/073

STRATEGY & DELIVERY COMMITTEE

The Board Resolved – that:

- (a) The Board ratified the minutes of the Strategy & Delivery Committee held in January 2019

19/03/074

CHARITABLE FUNDS COMMITTEE

The Board Resolved – that:

- (a) the minutes of the Charitable Funds Committee held in December 2018 be RATIFIED.

19/03/075

STAKEHOLDER REFERENCE GROUP

The Board Resolved – that:

- (a) the minutes of the Stakeholder Reference Group held in January 2019 be RATIFIED.

19/03/076

LOCAL PARTNERSHIP FORUM

Resolved – that:

- (b) the minutes of the Local Partnership Forum held in February 2019 be RATIFIED.

19/03/077

WALES AUDIT OFFICE STRUCTURED ASSESSMENT 2018

The Director of Corporate Governance introduced the Structured Assessment Report and confirmed that it had been considered by the Audit Committee when it met in February 2019.

Mike Usher, Wales Audit Office provided the Board with an overview of the Structured Assessment approach, findings and recommendations. It was confirmed that progress would be monitored by the Audit Committee.

The Board Resolved – that:

- (a) The 2018 Structured Assessment Report be NOTED and the UHB's responses to the recommendations made RATIFIED.

19/03/078

WALES AUDIT OFFICE ANNUAL REPORT 2018

The Director of Corporate Governance introduced the report and handed over to Mike Usher, Wales Audit Office to provide a summary of its content. It was confirmed that the Annual Report was the Wales Audit Offices' public facing document and would be published on the WAO's website.

The Board noted that:

- The Auditor General had issued an unqualified opinion on the accuracy and proper preparation of the 2017-18 accounts of the UHB.
- A qualified audit opinion on the regularity of the financial transactions within the financial statements of the UHB had been issued in view of its failure to meet its statutory financial duties.
- Some governance arrangements had improved with the commencement of the new Director of Corporate Governance but WAO had concerns about risk management and some other basic governance processes which still needed to be improved.
- The Auditor General's wider programme of work shows the UHB is responding to change, but more work is needed, and it has been slow in addressing some of the recommendations made previously.

The Board Resolved – that:

- (a) The Auditor General's Annual Report be NOTED.

19/03/079

PUBLIC ACCOUNTS COMMITTEE CLOSURE REPORT

The Closure Report was presented by the Director of Corporate Governance, who confirmed that it had been received by the Audit Committee in February 2019 where approval for closure was provided.

The Board noted that the action plan 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.

The importance of the actions within the action plan being sustained going forward was discussed. It was agreed that an assurance report from the Director of Corporate Governance would be received on an annual basis to confirm that the UHB is still compliant

NF

The Board Resolved – that:

- (a) the 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 26th February 2019 be NOTED.
- (b) an assurance report from the Director of Corporate Governance be RECEIVED on an annual basis to ensure ongoing compliance and sustainability of actions in the future.

19/03/080

AUDIT COMMITTEE REPORT TO BOARD

The Board Resolved that:

- (a) the written report provided by the Chair of Audit Committee be NOTED

19/03/081

MENTAL HEALTH LEGISLATION COMMITTEE REPORT TO BOARD

The Board Resolved that

- (a) the verbal update provided by the Chair of the Mental Health Legislation Committee be NOTED.

19/03/082

QUALITY, SAFETY AND EXPERIENCE COMMITTEE REPORT TO THE BOARD

The Board Resolved that:

- (a) the verbal update provided by the Chair of the Quality; Safety & Experience Committee be NOTED.

19/03/083

FINANCE COMMITTEE REPORT TO THE BOARD

The Board Resolved that:

- (a) the verbal update provided by the Chair of the Finance Committee be NOTED.

19/03/084

STRATEGY & DELIVERY COMMITTEE REPORT TO THE BOARD

The Board Resolved that:

- (a) the written report provided by the Chair of the Strategy & Delivery Committee be NOTED.

19/03/085

CHARITABLE FUNDS COMMITTEE REPORT TO BOARD

The Board Resolved that:

- (a) the written report provided by the Chair of the Charitable Funds Committee be NOTED.

19/03/086

HEALTH & SAFETY COMMITTEE REPORT TO THE BOARD

The Board Resolved that:

- (a) the verbal update provided by the Chair of the Health & Safety Committee be NOTED.

19/03/087

LOCAL PARTNERSHIP FORUM REPORT TO BOARD

The Board Resolved that:

- (a) the written report provided by the Chair of the Local Partnership Board be NOTED.

19/03/088

AGENDA OF THE PRIVATE BOARD MEETING

In terms of openness, the items to be discussed at the Private meeting was confirmed as being:

- Costs and Savings of Woodlands House
- New Dialysis Unit Name
- Out of Hours/Hospital at Night

19/03/089

ANY OTHER URGENT BUSINESS

There was no other business to raise

19/03/090

DATE OF THE NEXT MEETING OF THE BOARD

Thursday, 25 July 2019, 1.00pm
Ground Floor, Room Nant Fawr 1 & 2, Woodlands House

**ACTION LOG
FOLLOWING BOARD MEETING
28 MARCH 2019**

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Actions Completed					
19/03/060	Board Assurance Framework	Corporate Risk Register to be placed on the agenda for the Board meeting for July 2019	25.07.19	N Foreman	COMPLETED. On agenda for Board meeting July 2019
19/03/058	Quality Safety And Experience Report	The mechanism for reporting maintenance issues to be discussed at Management Executives meeting	30.05.19	Abi Harris	COMPLETED. Discussion took place at Management Executives meeting on 11 March 2019
19/01/055	Action Log - Patient Walkarounds	An item on Patient Walkarounds would be added to the 2019/20 Board Development Programme agenda	29.08.19	N Foreman	COMPLETED. On Board Development agenda for August 2019
19/01/055	Action Log	All completed actions would be archived	30.05.19	N Foreman	COMPLETED
18/083	Community Mental Health Services - implementing a new model of care	Report on progress to be received at Board in Spring 2019.	31/05/18	I Wile	COMPLETED. On Board Meeting agenda 30th May 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	COMPLETED. This is on the QSE Committee agenda for June 2019
19/03/058	Quality Safety And Experience Report	Management Executives to discuss and agree how reporting of maintenance issues could be improved.	30.05.2019	A Harris	COMPLETED - Discussion and way forward agreed at Management Executives 11 th March 2019

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
19/03/065	Committee Terms of Reference and Work Plans	Director of Corporate Governance to confirm the Board Committee to which reports on Medical Equipment and Devices should be taken	02.05.19	N Foreman	COMPLETE - Discussion has taken place with Executive Director for Therapies and Health Sciences who agreed this should be reported to HSMB.
Actions In Progress					
19/01/005	18/119- Relocation of the Links Centre	An update from Welsh Government regarding the relocation of the Links Centre was imminent	26/03/2019	A Harris	The Director of Strategic Planning would advise the Board once she was aware
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.
19/03/051	Presentation of the Canterbury Study Tour	The Canterbury Team be invited to present to the Board again in six months' time to provide an update on progress	26.09.19	N Foreman	On agenda for Board Meeting in September.
19/03/055	Board Action Log 19/01/006 – Patient Walkarounds	An outline of the revised approach to be taken to the Quality, Safety and Experience Committee	18.06.19	R Walker	Item to forward Quality, Safety and Experience Committee agenda for 18 June 2019
19/03/058	Quality Safety And Experience Report	The Executive Nurse Director would explore approaches and options to benchmarking	26.07.19	R Walker	The Patient safety Team and Patient Experience Team have met with Lightfoot colleagues and Canterbury colleagues and have been informed that we are a little further forward in this area. The benchmarking information will therefore be revisited
19/03/059	Performance Report – Part 1b of the Mental Health Measure	A Baseline Assessment of compliance with Part 1b of the measure to be brought back to the Board in 6 months' time	26.09.19	S Curry	To be added to the September Board agenda.
19/03/059	Performance Report – Part 1a of the Mental Health Measure	Adult Mental Health compliance rates to be investigated and then reported back to Board	26.07.2019	S Curry	To be added to July Board agenda

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
19/03/060	Board Assurance Framework 2018/19	A paper on Risk Management to be brought to the July Board meeting	26.07.19	N Foreman	To be added to July Board agenda
19/03/068	UHB Research & Development: Strategy Implementation Plan	Consideration to be given to how the R&D agenda can be made more visible at public Board meetings	TBA	N Foreman	R&D Annual Report now on the Board work plan 2019/20
19/03/079	Public Accounts Committee Closure Report	Board to 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	March 2020	N Foreman	Will be added to the Board cycle of business for 2019/20
Actions referred to Committees of the Board/Board Development					
UHB 18/053	R&D Implementation	Bring clinical innovation work to a Board Development Day	28/08/19	A Harris	Board Development Day – Date to be confirmed
19/03/009	Performance Report	Deep dive into the appraisal rates	03/09/19	M Driscoll	A report on the 'deep dive' to be presented to September Strategy and Delivery Committee.
19/03/012	Winter Resilience Programme	Sharon Hopkins, Director of Public Health would take the programme back to PCIC	27/03/19	S Hopkins Given change in Executive Portfolio – lead now F Kinghorn	To be discussed with PCIC Clinical Board
19/03/059	Performance Report	CAHMS Performance 'deep dive' to be undertaken due to a fall in performance.	03/09/2019	S Curry	To be added to the September Strategy and Delivery Committee

Report Title:	CHAIR'S REPORT						
Meeting:	CARDIFF AND VALE UHB BOARD MEETING				Meeting Date:	30.05.19	
Status:	For Discussion		For Assurance	✓	For Approval	✓	For Information
Lead Executive:	N/A						
Report Author (Title):	INTERIM HEAD OF CORPORATE GOVERNANCE						

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. 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 9 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 documents sealed	Background Information
876	Transfer of Part of Registered Title CYM685436, 200 Fairwater Road to the UHB from Cardiff County Council.	The Transfer relates to land purchased by the UHB from Cardiff County Council.
877	Agreement in relation to Additional Learning Needs Transformation Grant 2018-19 Agreement DFT 9242-0003 between the UHB, Cwm Taf UHB and Rhondda Cynon Taf Borough Council.	The agreement sets out how funds received from the Additional needs transformation fund will be allocated and shared between the three organisations.
878	Sale of land: Freehold vacant premises, Land on the west side of Crystal Glen, Llanishen, (Iorwerth Jones centre), between	A paper requesting Board approval for the Iorwerth Jones site to be

	Cardiff and Vale UHB and Cardiff County Council	<p>declared surplus was prepared by the Capital and Estates Department.</p> <p>Chair's action was taken in relation to the declaration of the land as being surplus for disposal went to the September 2018 Board meeting</p> <p>Standing Financial Instructions, in particular the LHB Application Form to Gain Consent from the Welsh Ministers to Enter into Contracts over £1 million (See page 95) states that Board approval for the sale is required – Chairs action was taken to approve the sale (<i>see below</i>).</p>
879	Land Registry Transfer: TR1, Title of Property WA293281 (land on the west side of Crystal Glen, Cardiff (Iorwerth Jones) from the UHB to Cardiff County Council	See above.
880	Delivery Agreement Part A: between the UHB and Perfect Circle JV Ltd Provision of Project Management, Cost Management, M&E Designer, Architectural, Structural and Principal Designer Services in relation to New Substation (Pre construction)	Perfect Circle JV Ltd has been set up exclusively to deliver Scape's Built Environment Consultancy Services framework (BECS). Perfect Circle, is a joint venture formed by Pick Everard, Gleeds and AECOM. Scape Group is a public-sector owned procurement specialist that offers a suite of national procurement frameworks and design solutions to the public sector.
881	Licence relating to use of a haul road on land at Whitchurch Hospital Cardiff	The engrossment licence is between Cardiff and Vale UHB and Velindre University National Health Service Trust. It will enable Velindre Trust to have use of the haul road.
882	Signature added in the wrong place therefore new documentation prepared and signed – Seal Void	
883	Deed of Surrender Relating to Dental Suites at Cwm Gwyrdd Medical Centre	<p>The lease is between Cardiff and Vale University Health Board and Cwm Taf Morgannwg University Health Board and relates to dental suites at the Cwm Gwyrdd Medical Centre, High Street, Gilfach Goch, CF39 8TJ.</p> <p>CAV UHB was providing dental services from the Cwm Gwyrdd Medical Centre, but provision has now transferred to Cwm Taf Morgannwg University Health Board.</p>

		<p>Therefore CAV UHB no longer needs to lease the Dental Suites.</p> <p>As the Lease is being surrendered by deed the lease will be absorbed by the reversionary estate (i.e. Cwm Taf UHB) and thus determined. Further, as the deed is being executed by both the landlord (Cwm Taf UHB) and the tenant (CAV UHB) the landlord is consenting to the surrender.</p>
884	Lease of Premises at University Hospital Llandough, and the University of Wales to the Welsh Ambulance Trust.	<p>WAST are taking forward a project to improve the supply of vital medicines using hi-tech "smart cabinets" in locations across Wales. The Omnicell Project, aims to improve the security, management and supply of medicines to ambulance clinicians. WAST has successfully installed 20 automated Omnicell medicine cabinets, (funded from Welsh Government's Efficiency Through Technology Fund).</p> <p>WAST require space to place the Omnicell systems on the UHL and UHW sites, and to do this a lease is needed</p> <p>Lease Charge: One Peppercorn per Annum.</p>

b. Signed Legal Documents

Date Signed	Description of Document	Background Information
21/03/19	Wayleave Agreement British Telecom	<p>The Agreement provides consent in writing to allow BT to access land owned by the UHB to install, maintain or repair its equipment.</p> <p>BT need to agree a wayleave before installing any apparatus on private land. A description of the apparatus is provided on the form.</p>
26/04/19	NEC 3 Short Contract between the UHB and ET&S Construction Ltd	The contract is for the creation of Endoscopy Decontamination suites in Main Theatres on the UHW site.

26/04/19	Delivery Agreement Part A, Provision of Multi-Disciplinary Design Services between Cardiff and Vale University Health Board and Perfect Circle JV Ltd – Haematology Day Surgery.	<p>The delivery agreement relates to the UHW refurbishment of Haematology Day Surgery.</p> <p>Perfect Circle JV Ltd has been set up exclusively to deliver Scape's Built Environment Consultancy Services framework (BECS). Perfect Circle, is a joint venture formed by Pick Everard, Gleeds and AECOM.</p> <p>Scape Group is a public-sector owned procurement specialist that offers a suite of national procurement frameworks and design solutions to the public sector.</p>
26/04/19	<p>Consent Letters relating to the subleases Gentian Holdings propose to grant to the following tenants:</p> <ul style="list-style-type: none"> Unit 3 – Tiger Units 1&2 – WHSmith Units 4&5 – Boots Units 9&10 – The Stock Shop 	<p>In September 2018 Cardiff and Vale University Local Health Board leased to Gentian Holdings Limited the concourse area of the University Hospital of Wales. The term of the lease began on 5 June 2018 and will end on 4 June 2021.</p> <p>Clause 7.2 of the lease agreement states that:</p> <p><i>The Tenant shall not underlet the whole or a Permitted Part of the Property except in accordance with this clause 7 nor without the consent of the Landlord to the particular use of the Permitted Part and the particular under tenant, such consent not to be unreasonably withheld or delayed.</i></p> <p>The agreements signed met the requirements set out in Clause 7.2.</p>

c. Chair's Action

18/04/19	Sale of Land on the west side of Crystal Glen, Llanishen, Cardiff (known as Iorwerth Jones Centre) to the County Council of the City and County of Cardiff with vacant possession for the purchase price of £1,200,000.
26/04/19	Sale of the Amy Evans Centre, Holton Road in Barry to Dominic Evans for an unconditional offer of £260,000.

2. Chairs Meeting with the Health Minister

At the Chairs meeting with the Health Minister held on 29 April 2019, updates were provided on the Integrated Medium Term Plans for 2019-22 and the implementation of the Well-being of

Future Generations Act. Local and national progress with the implementation of a Healthier Wales was also discussed.

As in previous meetings there was a focus on Winter Unscheduled Care and steps to be taken to ensure improvements in 2019-20 and end of year RTT performance; stroke performance was an area of specific discussion. Board Members will be pleased to note that the Chief Executive of NHS Wales drew attention to the positive unscheduled care performance of Cardiff and Vale UHB.

Helpful updates in relation to the financial position of NHS Wales, finance and the prevention agenda related implementation of Healthier Wales were provided and next steps explored. A key current issue for the Minister is the Welsh Language Standards and how best practice is being shared.

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.

3. Thoracic Surgery Services in South Wales

As Board Members will be aware in November 2018, the six affected health boards supported the recommendation for a single adult thoracic surgery centre based at Morriston Hospital, subject to the requirement for a workforce plan to provide thoracic surgical cover to the Major Trauma Centre which will be based in Cardiff. The commitment to mitigating actions given by WHSCC to all our boards was:

“A commitment to the on call thoracic surgery rota also providing cover to the Major Trauma centre and will be in the form of remote advice to the Trauma team 24/7 plus attending the major trauma centre in the rare event that their specialist intervention skills are required to support the trauma team;

A commitment to providing thoracic surgery presence on the University of Wales site 5 days a week for advice and support for major trauma and other clinical services as required. This will be in place prior to any changes occurring.”

The Board's approval was conditional on the following *“if the issues relating to patient safety aligned with the provision of thoracic surgery cover at the major trauma centre were not resolved within 6 months from the date of the meeting, then the Board would withdraw its approval.”*

The two Medical Directors of Swansea Bay UHB and Cardiff and Vale UHB were tasked with drawing up the model required to satisfy the commitments given by WHSCC above. They have agreed a safe model which has clinical consensus including within Cardiff and the Vale.

Unfortunately, an update paper on Thoracic Surgery Services presented at the Welsh Health Specialist Services Committee (WHSSC) meeting held on 14 May 2019 (see *Chief Executive Officers Board report*) did not accept this model and asked for a delay until July. This is not in the interest of patient safety and patient outcomes. Given this, prior to the 14 May meeting I wrote to the Chairs of affected Health Boards requesting that they consider with their Chief Executive that the proposed model be adopted and reviewed in a reasonable timeframe to stop this delay.

4. Report on the Independent Review of Maternity Services at the former Cwm Taf University Health Board

As Board Members will be aware the report of the Independent Review of Maternity Services at the former Cwm Taf University Health Board was published on 30 April 2019, together an accompanying statement from the Minister for Health and Social Services. On the morning of the reports publication the NHS Wales Chief Executive spoke to all health board Chairs and Chief Executives on behalf of the Minister. It was made clear that all health boards must consider their own services in the context of the recommendations of the report and provide assurance to the Minister within two weeks. Healthcare Inspectorate Wales has also confirmed that it will be undertaking a review of all maternity services across Wales during 2019 / 20.

In view of the seriousness of the issues highlighted in the Independent Report I met with the Consultant Midwife who prepared a report that fed into the Royal College of Obstetricians and Gynaecologists and Royal College of Midwives review. I have also met with the Chair of the former Cwm Taf University Health Board to discuss the findings and next steps. At my request a full report on our maternity services is on today's Board agenda and Suzanne Hardacre, Lead Nurse for Maternity is in attendance.

5. Security at Whitchurch Hospital

Despite all the provisions and significant investment at Whitchurch Hospital the site continues to attract unwanted attention by intruders and Urban Explorers and the hospital has been subject to significant anti-social behaviour, vandalism and theft. The UHB has implemented the following;

- Full perimeter Palisade Security Fencing
- Motion censored CCTV around the perimeter with night-time Infrared illumination
- 24/7 Monitored CCTV in partnership with Cardiff City Council ARC
- Mobile warden patrols & emergency callout provided by Cardiff City Council ARC
- K9 Security Services to patrol perimeter
- Cardiff & Vale UHB Security Services additional Patrols

The UHB has allowed the site to be used by the Armed forces, Police and Fire Service to facilitate training exercises. The site has also been used by production companies for filming purposes who provide additional security to the site when occupied.

We continue to monitor Social Media and YouTube and are fully aware of the videos and photos posted. We will continue to work with the police in reporting all incidents in relation to Whitchurch Hospital.

To date the Health Board has secured two successful convictions against persons caught inside the Whitchurch Hospital site.

6. Regional Partnership Board

I attended a Regional Partnership Board workshop on 7 May, where the steps we are and can take together to care for people at home and negate the need to access hospital care was discussed. The session was truly inspiring and a clear demonstration of how better outcomes for the people of Cardiff and Vale can be achieved by members of the partnership working together.

7. Meeting with the South Wales Police and Crime Commissioner

I had an extremely positive meeting with Alun Michael, South Wales Police and Crime Commissioner at which we discussed the steps that we will together take to tackle knife crime. We are working to introduce a Youth Violence Intervention Programme, where health, and trauma, informed specialist youth workers are embedded alongside clinicians within the UHB's Accident and Emergency Departments. The youth workers will support and empower vulnerable young people, aged 11 to 24 years, who have been the victims of violence or exploitation. The specialist youth workers capitalise on the 'teachable moment' to improve their wellbeing and make long-term positive plans to break away from cycles of violence and offending. They do this by building rapport with the young people, mentoring and advising.

8. Speak Up Safely Group

I intent to relaunch the UHB's 'Speak Up Safely' campaign to ensure that the key steps we have taken as a Board to develop a culture where all staff feel safe to speak up about issues and concerns is sustained. I have started discussions with Dr Aled Jones of the Freedom to Speak Up Local Guardians Project and will ensure that the Board is kept up to date with progress. Further, on behalf of the Chairs of NHS bodies I have been asked to take the national lead on *Speaking up Safely* and plans for a national learning network and national conference are in train.

9. Living Wage City Status

As Board Members may be aware Cardiff is making an application to be recognised as a Living Wage City. The geography of this Living Wage Place will be the administrative boundary of Cardiff Council. I have joined the Cardiff Living Wage City Steering Group and steps are being taken to ensure the UHB gains Living Wage Accreditation.

10. Sexual Assault Services (SARC) Project Board Group

I Chaired the All-Wales SARC Implementation Group on 2 April. At this meeting a Regional Proposal for Sexual Assault Services was discussed. Recommendations arising from this work will come to Board for consideration in July 2019.

11. Child and Adolescent Mental Health Services

In the last week of March, I attended the launch of the newly transferred CAMHS service to Cardiff and Vale UHB from Cwm Taf. The service works with children, young people and their families who are experiencing emotional wellbeing and mental health difficulties, which is vitally important.

Members of the Cardiff and Vale Health Youth Board were at the launch and talked about their experiences of accessing health care. The Youth Board are a very articulate young people who will be able to give the UHB constructive feedback on our services, as well as holding us to account. I am personally delighted to be working with such a focussed and engaging group of young people and Have agreed that we will hold a joint Board meeting with the Youth Board in the near future

12. Royal Horticultural Society (RHS) Cardiff

I was delighted to visit the Health Charity stand at RHS Cardiff and see how beautiful our display was. It was a pleasure to talk to visitors to the show about the Our Orchard project and the difference it will make to the staff, patients and visitors using the services at University Hospital Llandough (UHL). Hearing the positive feedback from visitors about the Blossoming Bed and the Our Orchard project was wonderful, there were many offers of support from the public to help us make things better for our patients.

Taking part in RHS Cardiff has helped bring to life the UHB's vision of how a community orchard would look in the fields surrounding the UHL site. The Health Board is working with partners to establish this innovative project which is believed to be the first of its kind at a hospital site in the UK. I am also delighted to note that the UHB's Blossoming Bed entry won a Silver-Gilt medal and Best Blossoming Bed at RHS Cardiff.

13. First Minister's Visit to Our Orchard

I had the pleasure of welcoming the First Minister to Our Orchard to plant a tree, and to show him around this beautiful site, which is supporting the Health Board's commitment to the Wellbeing of Future Generations Act. I look forward to visiting the orchard in the coming months to see the latest developments at site

14. Urdd Eisteddfod

I am pleased to confirm that the UHB is to be part of a cross-site arts project, Identity and belonging / Hunaniaeth a chynefin, celebrating Welsh Culture, Welsh language and the young people of Wales as part of Urdd 2019. Working with The Makers Guild at Craft in the Bay and several Welsh speaking artists, we will explore Welsh Identity and belonging through a series of tailored arts workshops and an exhibition around health and wellbeing. Our aim is to encourage young people to take part in our workshops and to learn new art-based skills in the medium of Welsh. We will also encourage reflection and responses to Welsh identity, whilst introducing the concept of art-in-health and the NHS

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 <i>Please tick as relevant, click here for more information</i>			
Prevention		Long term	
		Integration	
		Collaboration	X
		Involvement	X
Equality and Health Impact Assessment Completed:	Not Applicable		

Kind and caring
 Caredig a gofalgar

Respectful
 Dangos parch

Trust and integrity
 Ymddiriedaeth ac uniondeb

Personal responsibility
 Cyfrifoldeb personol

CHAIR'S REPORT TO THE BOARD	
Name of Meeting: Board Meeting	Date of Meeting: 30 MAY 2019

LAST UPDATED 20/05/2019

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.

Affixing the UHB Common Seal

The UHB Common Seal has been applied to 9 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.

Register No.	Description of documents sealed
876	Transfer of Part of Register Title CYM685436, 200 Fairwater Rd. Purchased from Cardiff County Council.
877	Agreement DFT 9242-0003 between Cardiff and Vale UHB, Cwm Taf UHB and Rhondda Cynon Taff Borough Council.
878	Sale of land: Freehold vacant premises, Land on the west side of Crystal Glen, Llanishen, (Iorwerth Jones centre), between Cardiff and Vale UHB and Cardiff County Council
879	Land Registry Transfer: TR1, Title of Property WA293281 (land on the west side of Crystal Glen, Cardiff (Iorwerth Jones)
880	Delivery Agreement Part A, Provision of Project Management, Cost Management, M&e Designer, Architectural, Structural and Principal Designer Services between Cardiff and Vale UHB and Perfect Circle – CFMS0122
881	Licence relating to use of a haul road on land at Whitchurch Hospital Cardiff
882	Signature added in the wrong place therefore new documentation prepared and signed – Seal Void
883	Deed of Surrender Relating to Dental Suites at Cwm Gwyrdd Medical Centre

884	Lease of Premise, University Hospital Llandough, Penlan Rd, UHW Heath Park, Cardiff, between Cardiff and Vale University Health Board and Welsh Ambulance Trust
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Chair's Action / Contracts

Other signed legal documents

21/03/2019 – Wayleave Agreement British Telecom

26/04/2019 – Cardiff and Vale UHB and NEC3 Engineering and Construction, Short Contract, Endoscopy Decontamination Suite Main Theatres

26/04/2019 – Cardiff and Vale UHB and Perfect Circle, UHW Refurbishment of Haematology Day Surgery. (CFMS0139)

26/04/2019 – Cardiff and Vale UHB and Hugh James (Gentian sublettings)

- Unit 3 – Tiger
- Units 1&2 – WHSmith
- Units 4&5 – Boots
- Units 9&10 – The Stock Shop

Report Title:	CHIEF EXECUTIVE'S REPORT					
Meeting:	CARDIFF AND VALE UHB BOARD MEETING			Meeting Date:	30.05.19	
Status:	For Discussion		For Assurance		For Approval	For Information
Lead Executive:	CHIEF EXECUTIVE					
Report Author (Title):	INTERIM HEAD OF CORPORATE GOVERNANCE					

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 eighth 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. Welsh Health Specialised Services Committee (WHSSC)

The Committee's last scheduled meeting took place on 14 May 2019. Board members will wish to note that following items were scheduled for decision or discussions:

- Thoracic Surgery Update
- South Wales Blood and Marrow Transplant Programme: Review of Investment – Haematology Pathways
- The Terms of Reference of the Welsh Renal Clinical Network
- WHSSC's Governance and Accountability Framework
- WHSSC's Annual Business Plan

The following Routine Reports and Items for Information were received:

- Integrated Performance Report

- Financial Performance Report
- Reports from the Joint Sub-Committees

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>

2. Emergency Ambulance Service Committee (EASC)

Board members will wish to note that the EASC last met on 14 May 2019. For ease of reference the link to the agenda and papers for the May 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 26 March 2019 can be found in the papers for the May meeting.

Key issues discussed at the May meeting included:

- Ambulance Quality Indicators
- Provider Issues by Exception
- EASC's Annual Governance Statement
- Internal Audit Report on EASC Governance

Board Members will wish to note that the Deputy Chief Executive of NHS Wales wrote to the Chief of Executive of WAST on 4 April regarding emergency ambulance response performance to patients with immediately life threatening conditions (red incidents). The letter highlights Welsh Government expectations that red performance continues to improve to at least 75% (71 – 72% over recent months). Stephen Harrhy, in his role as Chief Ambulance Services Commissioner, has been asked to enhance performance management arrangements.

3. NHS Wales Shared Services Partnership Committee (NWSSP)

Board Members will wish to note that the Committee last met on 23 May 2019. Key issues discussed included:

- Employment Services Service Review
- Project Updates: Laundry Services; Transforming Access to Medicines programme.
- Annual Governance Statement 2018-19

Board members can access the agenda and papers for the May meeting via the following link:
<http://www.nwssp.wales.nhs.uk/sspc-papers-2019>

TRANSFORMATION AND ENGAGEMENT

4. WHSSC Investment in Tertiary Services

As Board Members will be aware the UHB currently offers over 70 different tertiary services including, neurosciences, cardiac surgery, critical care, treatment of cystic fibrosis, the All Wales Medical Genetics Service, nephrology and transplant and paediatric endocrinology.

We have agreed with WHSSC investment in an ambitious programme of development of a

number of these services to firstly, increase the capacity of the services we already offer to provide more high-quality care to more people, expand the range of services and to begin to introduce brand new medicines and treatment pathways to care for our population such as Advanced Therapeutic Medicinal Products (ATMP). Such investment presents the opportunity for the development of services for the people of Wales. I will keep ensure that the Board received regular updates on the progress of the tertiary services strategic plan.

5. Healthy Travel Charter

On behalf of the Board on 23 April 2019 I signed the Healthy Travel Charter alongside thirteen other public sector organisations from across the city of Cardiff including Cardiff Council, Natural Resources Wales, South Wales Fire and Rescue, South Wales Police and Public Health Wales; these organisations together employ over 33,000 people. The Well-being of Future Generations (Wales) Act 2015 has materially informed the development of the Charter.

Through fourteen ambitious actions, the charter promotes walking, cycling, public transport and ultra-low emission vehicle use. The actions include establishing a network of sustainable travel champions, developing targeted communications campaigns for staff, offering and promoting the cycle to work scheme and increasing the availability of video-conferencing for meetings to reduce the number of journeys staff need to make across sites.

By working together with a view to the long-term, public sector organisations in the city aim to increase the proportion of journeys made to and from workplaces that are sustainable, reducing the impact on the environment and health of people in Cardiff for current and future generations. The public sector in Cardiff employs almost one in three adults in the city.

The UHB fully supports the charter and is in the process of expanding the popular Park and Ride service for University Hospital Wales, and will shortly introduce a similar service for University Hospital Llandough.

6. Partnership agreement with Orchard Media

Accessible media and immersive technologies are playing a huge part in improving the wellbeing of our patients. The UHB has signed an ongoing partnership agreement with creative media business, Orchard Media to enable more of our innovative workforce to transform their ideas for service improvement into an app or a virtual reality experience.

We've previously worked with Orchard Media to create the brilliant BAPS (Breast Axilla Postoperative Support) app. Designed by physiotherapists, our own breast cancer surgeon Donna Egbeare and breast cancer survivors; it encourages self-management and offers standardised information in a quick, accessible and engaging way.

We're also in the very early stages of developing a virtual reality patient journey for paediatric scoliosis surgery, which aims to take patients on a tour of the children's hospital, including the theatre suite and the Owl Ward.

7. Neo-Nates digital technology

We have introduced digital technology called vCreate that is transforming how parents communicate with their neo-nate babies while on the Neonatal intensive care unit (NICU) Unit.

The system enables parents to keep in touch with their babies and for them to hear their voice and see their faces while they are away from their bedside. The secure video messaging system is the first in Wales and is a totally secure video messaging service that lets unit staff record and send video updates to parents when they're unable to be by their child's side, minimising the separation anxiety felt by the parents.

8. Community Falls Alliance

The first meeting of the Community Falls Prevention Alliance took place at the end of March, a group of multi-disciplinary health and social care professionals who are coming together to break down organisational barriers and change the conversation around care in the community.

The Alliance has been tasked with creating a more joined-up package of care for some of the most vulnerable people in the community, those who are at risk of falling. Guided by the principle that they're there to represent a clinical or specialist perspective rather than their organisation or department, the group leaves their 'baggage' at the door to put all of their focus into the best outcome for the patient. The pilot scheme is able to take place thanks to funding from The Health Foundation; the initiative was selected as one of 23 successful proposals for its forward-thinking and inclusive vision.

9. Awards

I am delighted to inform the Board that over the past few weeks the UHB has been advised that a number of prestigious awards have been conferred on UHB staff and teams, including:

- The Model Ward for Nutrition and Hydration team won the Efficiency and Improvement Award at the National Hospital Caterers Association awards. The Efficiency and Improvement Award was a new category for the 2019 ceremony and this award is a huge validation of the work undertaken by the multi-disciplinary team, who have gone to great lengths to demonstrate the value to patient outcomes of proper nutrition and hydration.
- Angela Jones and Helen White, specialist podiatrists from the UHB, have won the Welsh Government award for prudent healthcare, part of the prestigious Advancing Healthcare Awards programme, for their pioneering programme to educate people with diabetes on how to care for their feet properly.
- Two of the UHB's outstanding trainee doctors were recently honoured with prestigious Health Education and Improvement Wales (HEIW) BEST Trainee Awards for their commitment to innovation and making a positive difference to healthcare in Wales. I'd like to extend my congratulations on behalf of the health board to Dr Isra Hassan and Dr Lucy Bigham, who received awards for Medical/Dental Education and Outstanding Contribution to Innovation and Technology respectively.
- Our Neuroendocrine Team won the 'Turning it Around' category at the recent Patient Experience Network National Awards (PENNA).
- The Surgery Clinical Board won the category for most improved flu campaign at the National Beat Flu Awards. The Board improved staff uptake of the annual flu vaccine from 41% in 2016/17 to around 61% this year, thereby exceeding the Welsh Government target of 60%.

10. 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.

As advised in my last report, 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.

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

Report Title:	Thoracic Surgery – assurance over the provision of Thoracic Surgery cover at the Major Trauma Centre						
Meeting:	Board				Meeting Date:	30.05.2019	
Status:	For Discussion	X	For Assurance		For Approval	X	For Information
Lead Executive:	Deputy Chief Executive & Director of Transformation						
Report Author (Title):	Director of Corporate Governance						

SITUATION

At the Board Meeting held on the 29th November 2018 the Board gave conditional approval for a single thoracic surgery site to be based at Morriston Hospital, Swansea on the condition that there was safe, on site, thoracic cover for patients in the Major Trauma Centre at UHW.

Specifically the Board resolved that:

- (a) The Board considered the Cardiff and Vale CHC response to the public consultation in making the Board's decisions relating to the WHSSC recommendations;
- (b) The Board approved the recommendation that thoracic surgery services for the population of south east Wales, west Wales and south Powys are delivered from a single site;
- (c) The Board approved the location of that site as being Morriston Hospital, Swansea conditional upon the detailed workforce model and medical rotas to provide 24/7 thoracic surgery cover to the Major Trauma Centre being completed and signed-off by WHSSC within 6 months;
- (d) The Board approved the mitigating actions set out in the WHSSC Report on Public Consultation, to be delivered in line with the implementation of the service change.
- (e) The Board approved that if the issues relating to patient safety aligned with the provision of thoracic surgery cover at the Major Trauma Centre were not resolved within 6 months from the date of the meeting then the Board would withdraw its approval.

The final resolution was based upon commitments to mitigating actions made by WHSSC in its report which discussed by all Health Boards at the same time.

The South Glamorgan CHC approval is also conditional upon those same commitments being met (copy attached at appendix 1)

At the WHSSC Joint Committee Meeting held on 15th May the Committee failed to reach agreement on thoracic surgery and have delayed the decision on the workforce proposals until the 28th June 2019 (copy attached at appendix 2)

The Chair has written to the Chair of WHSSC stating that she was disappointed that the Committee failed to reach an agreement.

ASSESSMENT

Based upon the current situation the Board now has two options:

- (i) Withdraw its approval as the issues relating to patient safety aligned with the provision of thoracic surgery cover at the Major Trauma Centre have not been resolved within the stated 6 months.
- (ii) Extend the previous resolution by 1 month pending a decision from WHSSC regarding workforce arrangements on the 28th of June.

RECOMMENDATION

The Board is asked to:

- Review and discuss the two options now available and any associated implications for the Board.
- Approve one of the two options as a way forward.
- Note the report attached at appendix 2 from WHSSC

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		Long term	x	Integration		Collaboration	x	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.

Trust and integrity

Ymddiriedaeth ac uniondeb

Personal responsibility

Cyfrifoldeb personol

14th May 2019

Mr Len Richards
Chief Executive
Cardiff & Vale University Health Board Headquarters
Woodland House
Maes Y Coed Road
Llanishen
Cardiff

Dear Mr Richards

Re: Adult Thoracic Surgery Assurance

I am writing to provide you and your board with the South Glamorgan CHC response following the Executive Committee meeting held on the 30th April 2019 relating to the previous public consultation on the Adult Thoracic Surgery proposals. Namely,

- General Accessibility with concerns about public transport, travel times and support for Carers and family;
- The interaction between the proposed Thoracic Surgery service and distance from the Major Trauma Centre
- Merging the two centres and how this would affect the workforce and other specialist services;

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- Loss of experience from the University Hospital of Wales
- Repatriation issues when moving patients closer to home
- Lack of financial information provided in the consultation

As the Health Board are aware the Executive Committee in its letter dated 19th November 2018 indicated they were not able to support the proposals based on several areas where it was believed further assurances were required. We acknowledged that the Health Board did respond, and this letter was tabled at your board meeting.

Following our meeting in December 2018 it was agreed that we would develop a mechanism to seek the assurances we required on behalf of the population of Cardiff & Vale of Glamorgan. This resulted in two meetings in public where key stakeholders, the public and other interested parties were invited to attend. We recognise the numbers attending these meetings was not significant and we are satisfied that these events were well publicised, allowing those who wished to give comment the opportunity to do so.

The Executive Committee considered at its meeting the key issues highlighted in our formal response to the consultation and considered the following:

- ✚ Does the Executive Committee now believe all the key issues raised in our letter dated 19th November 2019 have been fully responded to?

Members were of the view that the Health Board and Welsh Health Specialist Services Committee had responded to the key issues highlighted in our letter.

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Cadeirydd / Chair: Mr Malcolm Latham, BA, MSc, MCMI, FIBMS

Prif Swyddog / Chief Officer: Mr Stephen Allen, O.St.J MSc: MIHM

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✚ Does the Executive Committee believe they and the public are now assured and that they are now in a position to support the proposals to establish a single Adult Thoracic Surgery service at Morriston Hospital Swansea?

Members commented that following the assurance process and additional public meetings those who attended were of the view that the additional responses provided assurance to the key issues as indicated in our letter of 19th November 2018 as detailed below.

General Accessibility – public transport, travel times and support for carers and family

Members commented that assurance had been provided for patients who have elective surgery at Morriston that they would be returned to their own locality as soon as possible after surgery. Therefore, mitigating the need for prolonged periods of travel for family and carers.

In addition, Swansea Bay UHB had indicated they had identified suitable onsite accommodation for those carers / family who required accommodation during this period to be close to their relative.

The interaction between the proposed Thoracic Surgery service and distance from the Major Trauma Centre

Members stated that the main areas of concern in relation to the linkage between the Thoracic Surgery service and Major Trauma Centre had been resolved with the written guarantee of a Thoracic surgeon being on site at the University Hospital of Wales, during the

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weekday period. This surgeon would undertake outpatient clinics and where necessary provide services to the Major Trauma Centre did provide assurance.

The Executive Committee commented that assurance had been given that discussions with the Welsh Ambulance Service NHS Trust and Air Ambulance were progressing. Members still commented that the Out of Hours period was still a concern. However, believed that this issue was being progressed to ensure the Major Trauma Centre had access to Thoracic Surgeons and their teams at these times and that plans were being worked up in relation to the distance between the two centres.

Merging the two centres and how this would affect the workforce and other specialist services;

Members were provided with assurance that the relocation of Adult Thoracic Surgery would not adversely affect other services located at UHW. Members acknowledged discussions between WHSSC, and the Health Board were ongoing with addition to internal discussions between the Health Board and Clinicians in relation to their workforce concerns. Members noted that the Health Board would review this element at its Board meeting in May 2019.

Loss of experience from UHW;

Members stated that through the assurance framework they were satisfied that there would not be significant loss of experience from the UHW as a result of this change.

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Repatriation Issues when moving patients closer to home;

During the assurance meetings it was indicated that repatriation was being built into the service specification, whereas in other services this was an add on. The Clinicians indicated that this was a key issue and a clear process on ensuring patients were transferred back to their own Health Board area as soon as practicable after surgery. Members commented that they would review the service specification and implementation plans to ensure repatriation was integral to the establishment of this service.

Lack of financial information provided in the consultation;

Members received confirmation from WHSSC and the Health Board that there would be the need for additional financial input to establish this change. The public and CHC were advised this would be through the capital / revenue process which required health boards to submit business cases to the Welsh Government for approval. Members acknowledged this was a new service design therefore any financial information would be indicative at this time and possible would change as a result. Members did seek further assurances that the Cardiff & Vale UHB would not lose funding as result of this service change which may affect services for patients.

The Executive Committee at its meeting on the 30th April 2019 considered the following:

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- ✚ If assured authorise the CHC Chief Officer to write to the Cardiff & Vale UHB detailing the comments, observations of the Executive Committee
- ✚ If not assured authorise the CHC Chief Officer to write to the Cardiff & Vale UHB detailing the observations and comments of the Executive Committee.
- ✚ Authorise the CHC Chief Officer to refer this service change to the Minister for Health & Social Services. Acknowledging the requirement to provide an alternative proposal as laid out in CHC regulations 2010/2015.

Members of the Executive Committee were of the view that they were assured that the outstanding issues raised had now been fully addressed. In addition, through the assurance process undertaken are satisfied that the public had been given the opportunity to feed in their views, comments and observations. These views confirmed that they were supportive of the proposals to relocate Adult Thoracic Surgery services to Morriston and negated the need for the final two actions.

The Executive Committee wished to place on record our thanks to the representatives from WHSSC and the Health Board who supported the CHC in undertaking the assurance meetings.

Yours sincerely



Stephen Allen
Chief Officer

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Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

Your ref/eich cyf:
Our ref/ein cyf: VH.KS.DD
Date/dyddiad: 15th May 2019
Tel/ffôn: 01443 443443 ext. 8131
Fax/ffacs: 029 2080 7854
Email/ebo: Vivienne.harpwood3@wales.nhs.uk

The Chair and the Board Secretary:

Anuerin Bevan UHB
Cardiff & Vale UHB
Cwm Taf Morgannwg UHB
Hywel Dda UHB
Powys THB
Swansea Bay UHB

Dear Colleague

Re: Adult Thoracic Surgery for South Wales: Update

I am writing to provide an update on developments at yesterday's WHSSC Joint Committee meeting.

You will be aware that we had an agenda item to consider adult thoracic surgery for south Wales and accordingly received a paper on this subject. We had anticipated that the same paper would be forwarded to you for consideration at your health board May 2019 Board meeting with an endorsement from the Joint Committee.

In respect of the recommendation that a decision regarding the workforce arrangements that have been developed to provide thoracic surgical cover from Morriston Hospital, Swansea, for the MTC in UHW, Cardiff be deferred to July 2019, members decided, instead, to request Dr Sian Lewis (and the WHSS Team) to bring a WHSSC commissioning proposal back to the Joint Committee by the end of June 2019 that would take into consideration a number of matters and some uncertainties raised in the paper and during the meeting.

In relation to the other recommendations set out in the paper, after due consideration, Members:

- **Noted and received assurance** that arrangements are in place to address the further issues raised by the affected health boards in November 2018;

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Caerphilly
CF83 3ED

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru
3a Parc Busnes Caerffili
Caerffili
CF83 3ED

Chair/Cadeirydd: *Professor Vivienne Harpwood*
Managing Director of Specialised and Tertiary Services Commissioning/Rheolwr
Gyfarwyddwr Comisiynu Gwasanaethau Arbenigol a Thrydyddol: *Dr Sian Lewis*

- **Supported** the recommendations arising from the assessment of lessons learned from the engagement exercise and public consultation;
- **Noted** the development of the thoracic surgery commissioning plan; and
- **Noted** the implementation project led by SBUHB has commenced with project board and stakeholder meetings already held.

The final recommendation set out in the paper: "To support the recommendations going forward to the six affected health boards and the affected health boards being asked to confirm their unconditional approval for a single adult thoracic surgery centre for south Wales, and parts of mid Wales, based in Morriston Hospital, Swansea." was postponed.

Please circulate this letter to your directors for noting at your May 2019 Board meeting.

Yours sincerely



Professor Vivienne Harpwood
Chair

cc Andrew Goodall, Chief Executive, NHS Wales
Simon Dean, Deputy Chief Executive, NHS Wales

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Managing Director of Specialised and Tertiary Services Commissioning/Rheolwr
Gyfarwyddwr Comisiynu Gwasanaethau Arbenigol a Thrydyddol: *Dr Sian Lewis*

Report Title:	Vale Locality Mental Health Team Pilot Update					
Meeting:	C&V University Health Board Meeting			Meeting Date:	31/5/19	
Status:	For Discussion		For Assurance		For Approval	For Information X
Lead Executive:	Steve Curry, Chief Operating Officer					
Report Author (Title):	Dan Crossland Programme Manager					

SITUATION

Update on progress since last presentation to the board on 31st May 2018. The Vale Locality Mental Health Team Pilot commenced on 17th September 2018. This presentation outlines the progress and developments over the past 7 months.

BACKGROUND

Following the opportunity to move into fit for purpose accommodation, the Vale Locality Team was created from 3 existing geographically separate Community Mental Health Teams (CMHTs) on 17th September 2019 to create a first Locality Mental Health Team in line with Shaping our Future Wellbeing. Extensive engagement with stakeholders was undertaken prior to the move, and ongoing involvement from a diverse range of stakeholders continues to shape the direction, partnership working and clinical remodeling of Community Mental Health provision.

ASSESSMENT

Following the merger of the teams, there have been positive developments, opportunities to reshape services and challenges.

The main challenge at present is low staffing levels across all professional groups for a range of reasons. Recruitment is currently underway to replace vacant posts in all disciplines (Medical, Nursing, Therapies, Social Work, Psychology) and this has provided opportunities to change working practices and plan for a more sustainable and effective workforce in the future.

One such opportunity is enhanced and improved local provision for unscheduled care through reviewing Medical job plans, redesigning crisis pathways, integrating more effectively with Third Sector agencies and reducing waiting times. The aim is to 'get it right first time' by reallocating the most skilled practitioners and professionals to the front of the pathway.

Reshaping services through co-location has allowed on-site service provision to include a small Assertive Outreach Service, input for 'Tier Zero' interventions from Mind in The Vale, and also provision of housing, practical and financial support from the Pobl charity who are providing a drop-in clinic for service-users and carers complimented by carer's support from the Hafal Charity.

ASSURANCE is provided by an evidence-based Public Health approach called 'Care Aims' which promotes care outcomes which are more aligned to what matters to the service-user. This places a greater emphasis on applying Prudent Healthcare approaches towards new and long-term allocated service-users. The approach seeks to change the direction of intervention from a

curative, Medically orientated approach to one where the focus is on quality of life, achievable outcomes and sustainable care provision through greater personal choice and responsibility. To achieve this, existing caseloads are being reviewed across all disciplines using the Care Aims framework. Early analysis indicates that caseloads could be more focused towards provision for those with the greatest need including changes to how the Mental Health (Wales) Measure 2010 Part 1 Scheme has been implemented. These changes would result in better concordance with legislative guidance for 'stable-severe' presentations to be seen more efficiently and effectively in Primary Care, freeing Secondary Care clinicians to deliver more bespoke support to those with the highest clinical need.

The 'My Say' survey conducted by CAVAMH has shown that 79% of service-users interviewed have found the move to the Locality Team has made either no difference or that they are more satisfied with the service.

RECOMMENDATION

The Board is asked to:

- Support changes to the Part 1 Scheme
- Review progress in 6 months with an update for the board
- Support innovation and service-development within 5 Cardiff based CMHTs towards sustainable Locality Mental Health Teams.

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
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Equality and Health Impact Assessment

Yes If "yes" please provide copy of the assessment. This will be linked to the report when published.

Completed:

Kind and caring
Caredig a gofalgar

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

Equality & Health Impact Assessment for the Vale Locality Team

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
 - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
 - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required¹
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Program Implementation Plan for Community Mental Health Services Changes in the Vale of Glamorgan
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Mental Health Clinical Board, Ian Wile Head of Operations Hafan Y Coed, UHL.
3.	Objectives of strategy/ policy/ plan/ procedure/ service	<p>An alternative model for the organisation and management of the Vale of Glamorgan Community Mental Health Service is to integrate the three separate teams into a single Vale Locality Team. This will offer an opportunity to:</p> <ul style="list-style-type: none"> • pool resources across the Vale, making the teams more tolerant of staff sickness and annual leave; • eliminate duplication of processes, thus improving efficiency; • improve communication across the Vale of Glamorgan, • enable a more equitable match between resource and demand as all work

¹http://nwww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&_dad=portal&_schema=PORTAL

		<p>will be allocated across the whole patch;</p> <ul style="list-style-type: none"> • provide a clarity of roles and function • enable professionals to focus on recovery or assessment/short term interventions • allows managers to more effectively utilise resources • Equity of service provision across the Vale of Glamorgan • Opportunity to link individual Access/Duty Professionals to individual GP Clusters • Provide an improved framework for the operational responsibilities outlined in the Social Services and Wellbeing Act 2014 and Together for Mental Health in terms of prevention and social inclusion.
4.	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory² and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need³.</p>	<p>The population of Cardiff and Vale of Glamorgan is growing rapidly. Currently, around 484,800 people live in this area and between 2005 and 2015, the number of people increased by 9.2%, more than twice the Wales average of 4.4%. The number of people aged over 85 years has increased by almost 35% between 2005 and 2014⁴. This population growth is set to rise further with the largest increase (10.4%) in population was seen in Cardiff which increased from around 320,000 in 2005 to 350,000 in 2014</p> <p>Projected Population 2021 - Under 16 - 99,100 / 16 – 64 - 336,200 / 65 – 84 - 72,400 / 85+ - 12,800</p> <p>Total - 520,500</p> <p>Age and Gender</p> <p>The city of Cardiff has a skewed population compared to the Vale of Glamorgan because of the large numbers of students and disproportionately fewer older people. In 2014, approximately 18.4% of Cardiff's population was aged 15-24. As a higher proportion of mental disorders develop between the ages of 14 to 20,</p>

² <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

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

		<p>Cardiff has greater incidence of mental illness. In contrast a fifth of the Vale's population was aged 65+ in 2014, with its greater proportion of older people, the population of the Vale is likely to comprise a higher overall percentage of people with dementia than Cardiff.</p> <p>Ethnicity</p> <p>The proportion of people from the black and ethnic minority (BME) community⁵ in the Vale of Glamorgan is 4% and is similar to the Wales average at 6%. In Cardiff, however, the proportion stands at 16%⁶.</p> <p>Research shows that the incidence of psychosis is higher in the African Caribbean and Black African populations⁷.</p> <p>Educational Attainment</p> <p>The percentage of Year 11 school leavers who were known to be not in education, employment or training (NEET) in 2015 in Wales was 2.8%, ranging from 1.7% in the Vale of Glamorgan to 4.5% in Cardiff⁸.</p> <p>In general, people with a psychotic illness have fewer qualifications and are more likely to have left school before the age of 16 with no qualifications, compared to other groups.</p> <p>Unemployment</p> <p>In 2010, the percentage of people who were claiming one or more employment related benefits in Wales was 14.7%, whereas in Cardiff and the Vale, it was</p>
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⁴ Office of National Statistics (ONS) mid-year population estimates (MYEs), 2005 and 2015

⁵ BME defined as all non-white ethnic groups aggregated from KS201EW table (ONS, Census 2011)

⁶ Office of National Statistics (ONS) Census 2011, KS201EW.

⁷ Morgan et al, First episode psychosis and ethnicity: initial findings from the AESOP study, World Psychiatry, 2006, 5:1, 40-46.

⁸ Careers Wales Pupil Destinations from Schools in Wales, 2015

		<p>slightly less at 12.2% and 11.9% respectively. Mental health conditions are the primary reason for those claiming health-related benefits⁹. More recent data for the year ending 30th June 2016 suggests 4.4% of Vale of Glamorgan residents and 5.2% of Cardiff residents are classed as unemployed.</p> <p>Housing and Homelessness</p> <p>The number of households in Cardiff who were deemed to be unintentionally homeless and in priority need was 820 in 2014/15. In the Vale of Glamorgan this was 235¹⁰. Of these households, 50 had a member who was vulnerable due to a mental illness, learning disability or learning difficulty. Statistically, you are more likely to have a mental health condition if you are homeless: 43% of those accessing homelessness projects in England were suffering from a mental illness.</p> <p>Diagnosis of Mental Illness</p> <p>According to the GP registers in Cardiff and the Vale as at March 2016, there were 4,372 people with a diagnosis of a serious mental illness.</p> <p>There were also 2,947 people with a diagnosis of dementia. However, according to the Alzheimer's Society 2014 report, GP data represents only a fraction of people with dementia in the community¹¹; therefore under-diagnosis is an issue, despite Cardiff and Vale having the best detection rate in Wales.</p> <p>Deprivation</p> <p>Deprivation is associated with poorer mental health outcomes and those with a poorer level of income are more likely to have a common mental illness. Deprivation in the Vale of Glamorgan is largely clustered around Barry and 6.4% of the Vale areas fall into the 10% most deprived in Wales. In contrast, areas of</p>
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⁹ ONS and DWP data from Public Health Wales Observatory, Nov 2009 to August 2010

¹⁰ Info base Cymru, 2013/14. Available from: <http://www.infobasecymru.net/IAS/themes/housing/tabular?viewId=26&geold=1&subsetId=>

¹¹ Alzheimer's Society, http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=1666

		<p>deprivation in Cardiff are mainly in the southern arc of the city and 15.8% of Cardiff's areas fall into the 10% most deprived in Wales¹². Cardiff includes some of the least deprived areas of Wales (e.g. in Cyncoed) and some of the most deprived (e.g. in Splott), which partly explains the large gap in healthy life expectancy in males (24.4 years) within the local authority.</p> <p>Prevalence</p> <p>According to the Welsh Health Survey 2014-15, 13% (age-standardised) of adults in Wales reported currently being treated for a mental illness, the prevalence was 14% and 11% for Cardiff and Vale respectively¹³.</p> <p>This is likely to be an underestimate of the people who have a mental illness as surveys suggest that in England 16% of people have a common mental illness. In terms of a diagnosis of a serious mental illness (schizophrenia, bipolar disorder and other psychoses), there are 4,372 people on primary care registers with these conditions, which is 0.9% of the total GP list size¹⁴.</p> <p>A prediction tool, PsyMaptic has calculated that, in Cardiff and the Vale, we would expect to find 61 new cases of psychosis per annum, between the ages of 16-64¹⁵.</p> <p>In Cardiff the number of persons age 30 and over predicted to have dementia in 2016 was 3,677 rising to 5,242 in 2030. In the Vale of Glamorgan, the number of persons age 30 and over predicted to have dementia in 2016 was 1,867 in 2013 rising to 2,905 in 2030¹⁶.</p> <p>In 2016, there are 2,947 people with a diagnosis of dementia on GP registers in Cardiff and Vale. When adjusted to take account of the age structure of the</p>
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¹² This is taken from the results of the Welsh Index of Multiple Deprivation 2011.

¹³ WHS, 2014-15, WG. <http://gov.wales/docs/statistics/2016/160622-welsh-health-survey-2015-health-status-illnesses-other-conditions-en.xls> (Table A2)

¹⁴ Quality and Outcomes Framework, June 2016, WG

<https://www.gpcontract.co.uk/browse/262/Dementia/16>

¹⁵ Psymaptic, <http://www.psymaptic.org/prediction/psychosis-incidence-map/>

¹⁶ Daffodil Projections, Welsh Government, 2016

		<p>population in 2013, the dementia rate is 2.9 per 1,000 people, compared to 2.7 per 1,000 people for Wales as a whole¹⁷</p> <p>Service usage</p> <p>Benchmarking data shows that the Adult Community Mental Health Team caseload per 10,000 weighted populations is 147 within Cardiff and Vale, which is similar to NHS Benchmarking data of 140. Within this service, there are 252 contacts per whole time equivalent, compared to 240 across the UK.</p> <p>The numbers of admissions per 100,000 populations are 245 in Cardiff and Vale, compared to 234 across UK benchmarking data. Bed occupancy in Cardiff and Vale is 115%, whereas across the UK it is 91% on average.</p> <p>Suicide</p> <p>Suicide rates in Wales are higher than in England but lower than in Scotland and Northern Ireland¹⁸. During the period 2002-2015, European age-standardised rates (EASRs) (aged 10+) in Cardiff and Vale ranged from 12.1 per 100,000 in the Vale of Glamorgan to 13.1 per 100,000 in Cardiff, similar to the Wales rate of 12 per 100,000 persons¹⁹</p>
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¹⁷ Produced by Public Health Wales Observatory, using Audit+ (NWIS).

¹⁵ Using data produced by Public Health Wales Observatory, taken from ONS, GROS & NISRA

¹⁶ Figures produced by Public Health Wales Observatory, using PHM & MYE (ONS)

		<p>Concluding Comments</p> <p>It is clear from the population information that Cardiff and Vale offers a diversity of challenges related to growth, ethnic mix, morbidity, risk and homeless which are unique challenges collectively. The Mental Health Clinical Board is aware that these additional factors challenge the sustainability of services if the current service model remains the same.</p>
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	<p>All CMHT services in the Vale of Glamorgan, including:</p> <ul style="list-style-type: none"> • Amy Evans CMHT • Hafan Dawel • West Vale CMHT. <p>Service users and carers accessing these services will be affected.</p>

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	Integrated services can improve accessibility to statutory and non-statutory providers. Co-location of the CMHTs pools resources and contacts for a diverse population across a wide geographical area. There are opportunities to improve access to Mental Health Services for Older People through greater integration and to improve the transitions from CAMHS services. Improved facilities including improved soundproofing of clinical areas is likely to have a positive impact on people who have specific requirements due to their religious or philosophical beliefs in terms of privacy and dignity.	Integration and increased co-production with a range of services dedicated to health and wellbeing outcomes. Inclusion of a broad range partner agencies and services on the future model planning workstream. Increasing the operational hours of the service reduces the impact on working adults who may require time off to attend appointments. This should reduce the impact on service-users or carers in work.	Co-production should be reflected in any new standard operating procedure for the locality team. The implementation of an advisory board containing service-user and carer representatives, third sector agencies and non-mental health providers (such as Housing and Police) will be included in the new standard operating procedure. Managerial support of work-life balance requests for longer hours should allow for extending the operating hours of the locality team.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.2 Persons with a disability as defined in the Equality Act 2010</p> <p>Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>Improvements in the soundproofing of clinical areas is likely to have a positive impact on people with sensory loss along with greater access to specialist equipment and technologies.</p> <p>The proposed building (in Barry Hospital) has dedicated disabled parking and is ground floor accessible with disabled toilet areas.</p> <p>Travel time to and from clinics for service-users and carers with physical disabilities is likely to be increased from larger areas of the geographical locality with 2 locally-based clinics closing.</p>	<p>Aim for Charter Mark for Sensory Loss within the new Locality Team.</p> <p>Flexibility of clinical staff to see service-users in their own homes or GP practices where travel considerations are evident. Satellite bases are to be retained for a period to ensure that service-users and carers are not disadvantaged by travel.</p> <p>Ensure there are accessible leaflets for people with sensory loss or impairment as recommended in All Wales Standards for Accessible Communication and Information for People with Sensory Loss 2013. Ensure that sensory loss or impairment is 'flagged' on computer records and that</p>	<p>Maintaining satellite bases for up to 1 year following the move will reduce the impact on service-users. Ongoing feedback from service-users and carers about accessibility of service needs to be monitored via service-user and carer support groups.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
		<p>letters are written in 14pt Arial. Recommend that a range of contact methods are available to people with sensory loss or impairment to arrange appointments. These include text messaging, textphones or email communications.</p> <p>Ensure reception has hearing loop system.</p> <p>Ensure that appropriate signage ensures accessibility.</p>	
<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	<p>Outpatient clinics for people requesting gender reassignment are in operation across the three CMHTs currently. Improved clinical environments will allow for a better in-clinic experience for service-users as well as opportunities to centralise specialist clinics. There is the potential for increased travel from specific areas of the locality to the clinic (see below).</p>	<p>Centralisation of specialist practice within the locality and process mapping to reduce variation of practice.</p> <p>Flexibility of clinical staff to see service-users in their own GP practices where travel considerations are evident. Review Part 1 Scheme to consider provision of Primary Care Clinics for Psychiatric Outpatients who attend</p>	<p>Review of the Part 1 scheme to promote more flexible working to meet service-user need.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>Larger staffing numbers provide a greater diversity of genders to allow flexibility to provide chaperones of a particular gender or clinicians of a particular gender when requested by service-users than is currently provided by the 3 CMHTs.</p> <p>Improved facilities including improved soundproofing of clinical areas is likely to have a positive impact on people who have specific requirements due to their religious or philosophical beliefs in terms of privacy and dignity.</p>	Gender Identity Clinics.	
6.4 People who are married or who have a civil partner.	Improved facilities including improved soundproofing of clinical areas is likely to have a positive impact on people who have specific requirements due to their religious or philosophical		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	beliefs in terms of privacy and dignity.		
<p>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</p> <p>They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p>	<p>Pooling of staff across 3 CMHTs is likely to reduce the impact of maternity leave cover on the locality. This has a consequent benefit for staff using leave to start phased returns to work or choosing to reduce hours following maternity leave.</p> <p>Greater travel distances may impact on accessibility of the service for service-users who are breastfeeding or who care for children, particularly during school holidays.</p> <p>Breastfeeding facilities will be made available for staff.</p> <p>Improved facilities in clinical areas is likely to have a positive impact on people who require privacy.</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	Improved facilities including improved soundproofing of clinical areas is likely to have a positive impact on people using translators to express their needs. Greater travel distances may impact on accessibility of the service for non-English speaking carers and service-users.	Flexibility of clinical staff to see service-users in their own homes or GP practices where travel considerations are evident. Satellite bases are to be retained for a period to ensure that service-users are not disadvantaged by travel or additional travel costs.	
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	Improved facilities including improved soundproofing of clinical areas is likely to have a positive impact on people who have specific requirements due to their religious or philosophical beliefs in terms of privacy and dignity.	A dedicated quiet room is available to support service-users or carers who may require it.	
6.8 People who are attracted to other people of:	Pooling of information and better co-production with partner		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<ul style="list-style-type: none"> the opposite sex (heterosexual); the same sex (lesbian or gay); both sexes (bisexual) 	<p>agencies should allow for better access to related support services.</p> <p>Improved facilities in clinical areas is likely to have a positive impact on people who require privacy.</p>		
<p>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p>	<p>Reducing the numbers of locations from 3 to 1 should allow for greater centralisation of leaflets and resources along with a greater concentration of Welsh speakers within the Locality Team to meet specific needs???</p> <p>No current leaflets or information exists for the new locality in any form.</p> <p>WAITING FOR Alun Williams, Welsh Language officer comments.</p>	<p>Ensure that leaflets and documentation is compliant with Welsh Language Act requirements.</p>	
<p>6.10 People according to their income related group:</p>	<p>Increased travel is likely to have a financial impact on service-</p>	<p>Flexibility of clinical staff to see service-users in their own</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	users and carers who are not in work or are on low incomes.	<p>homes or GP practices where travel considerations are evident.</p> <p>Satellite bases are to be retained for a period to ensure that service-users are not disadvantaged by travel or additional travel costs.</p> <p>Increasing the operational hours of the service reduces the impact on working adults who may require time off to attend appointments. This should reduce the impact on service-users or carers in work.</p>	
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	Deprivation in the Vale of Glamorgan is largely clustered around Barry and 6.4% of the Vale areas fall into the 10% most deprived in Wales. In contrast, areas of deprivation in Cardiff are mainly in the southern arc of the city and 15.8% of Cardiff's	<p>Flexibility of clinical staff to see service-users in their own homes or GP practices where travel considerations are evident.</p> <p>Satellite bases are to be retained for a period to ensure</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>areas fall into the 10% most deprived in Wales.</p> <p>Increased travel is likely to have a financial impact on service-users or carers who are not in work or are on low incomes.</p>	<p>that service-users are not disadvantaged by travel or additional travel costs.</p> <p>Increasing the operational hours of the service reduces the impact on working adults who may require time off to attend appointments. This should reduce the impact on service-users or carers in work.</p>	
<p>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</p>	<p>People who are homeless, refugees and asylum seekers who are resident in the western Vale or Penarth may experience increased travel to the new Locality Team building.</p>	<p>Satellite bases are to be retained for a period to ensure that service-users are not disadvantaged by travel or additional travel costs.</p>	

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	<p>Integration and co-location of services is likely to improve the range and availability of resources to support the health and wellbeing needs of more diverse populations.</p>	<p>Better identification of needs at assessment in line with Social Services and Wellbeing Act.</p> <p>Preventative strategies and interventions for service-users at risk of developing mental health problems can be achieved by more integrated working with Primary Care providers (such as PMHSS, GP surgeries). Implementation of Primary Care Mental Health Practitioner posts and Part 1 Psychiatric Outpatient provision may assist to achieve early identification, intervention or signposting.</p>	
<p>7.2 People being able to improve /maintain healthy lifestyles:</p>	<p>Co-location and integration with substance misuse and alcohol services can have a positive</p>	<p>Co-location and integration with substance misuse and alcohol services within the</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>	<p>impact on the culture and expertise within the Locality Team.</p> <p>Better links with practitioners within GP practices (such as new Primary Care Mental Health Practitioner posts) should result in improved communication and consequent health outcomes for service-users within the locality.</p>	<p>Locality Team.</p>	
<p>7.3 People in terms of their income and employment status:</p> <p>Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>	<p>Increasing the operational hours of the service will increase accessibility and availability of services.</p>	<p>Increasing the operational hours of the service reduces the impact on working adults who may require time off to attend appointments. This should reduce the impact on service-users or carers in work.</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>	<p>Improvements in the soundproofing of clinical areas is likely to have a positive impact on people with sensory loss along with greater access to specialist equipment and technologies.</p> <p>The proposed building (in Barry Hospital) has dedicated disabled parking and is ground floor accessible with disabled toilet areas.</p> <p>Travel to and from clinics for service-users with physical disabilities is likely to be increased from larger areas of the geographical locality with 2 locally-based clinics closing.</p> <p>Improved condition of the building in comparison to current provision is likely to have a positive impact on staff and service users.</p>	<p>Flexibility of clinical staff to see service-users in their own homes or GP practices where travel considerations are evident.</p> <p>Satellite bases are to be retained for a period to ensure that service-users are not disadvantaged by travel or additional travel costs.</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>Centralisation of the Locality Team in Barry may have a consequent negative impact on service-users due to the potential loss of geographical proximity to related partner agencies in Western and Eastern Vale. In addition, greater distance for service-users in these areas can reduce their familiarity, access and use of services.</p> <p>Movement of the Amy Evans Centre from Barry Town Centre to the Hospital incurs increased transport costs for residents of Barry previously accessing services in Amy Evans.</p>	<p>Close links with Eastern and Western Vale partners will need to be established to ensure that any local developments or innovations are not missed due to services relocating to Barry. In particular any local third sector developments in these areas will need to develop close links to the Locality Team across the wide geographical area.</p>	<p>Establishment of an advisory board to include Third Sector and community organisations for the locality team will improve local knowledge and maintain networks.</p> <p>Keithley has advised actions to referenced here</p>
<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally</p>	<p>There is a potential loss of staff due to the OCP process and increased travel for staff from Eastern and Western Vale areas. Travel to meet service-user need across the geographical patch is likely to be increased due to staff travelling from the new Locality Base to Western and Eastern Vale</p>	<p>Flexibility of clinical staff to see service-users in their own homes or GP practices where travel considerations are evident.</p> <p>Satellite bases are to be retained for a period to ensure that service-users and staff</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
responsible Wales	areas.	<p>are not disadvantaged by travel or additional travel costs.</p> <p>The Mental Health Clinical Board is committed to managing the OCP process in accordance with the OCP policy and recommended best practice.</p> <p>As per the Organisation's OCP: Excess mileage will be reimbursed in accordance with the Reserve Mileage Rate for a period of up to 4 years. Alternatively, staff may claim a lump sum equivalent to 2 years excess travel payments.</p>	

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

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	Overall positive impact but with a potential for some negative impact relating to travel, accessibility and finance. However this is mitigated by satellite bases, improved facilities, co-location and reconfiguration of Part 1 scheme.
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	Integration and increased co-production with a range of services dedicated to health and wellbeing outcomes. Inclusion of a broad range partner agencies and services on the future model planning workstream.	DC	By March 2019	Implementation of an advisory board in the new standard operating procedure.
	Increasing the operational hours of the service.	PB	By March 2019	Managerial support of work-life balance requests.
	Aim for Charter Mark for Sensory Loss within the new Locality Team.			
	Flexibility of clinical staff to see service-users in their own homes or GP practices where travel considerations are evident.	PB	By March 2019	
	Retain satellite bases.	PB	By September 2018	

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
	Ensure there are accessible leaflets.	DC	By March 2019	
	Ensure reception has hearing loop system.	HH	By September 2016	
	Ensure that appropriate signage ensures accessibility	HH	By September 2019	
	Centralisation of specialist practice within the locality and process mapping to reduce variation of practice.	DC /PB	By September 2019	
	Consultation with third sector, interfacing services and service-user and carer organisations in the development of this EHIA has not indicated any additional areas of concern.	DC		

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p> <p>8.4 What are the next steps?</p> <ul style="list-style-type: none"> Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> continues unchanged as there are no significant negative impacts adjusts to account for the negative impacts continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) stops. Have your strategy, policy, plan, procedure and/or service proposal approved Publish your report of this impact assessment Monitor and review 	<p>On reviewing this policy minor positive changes have been made. The EHIA has been consulted upon as has the proposal itself. There has been no significant negative impacts and where there has been, mitigation has been put in place.</p> <p>The move has been approved by the Clinical Board and Local Authority, and the impact of the integration will continue to be monitored every 6 months as part of the clinical modeling subgroup. When this policy is reviewed, this EHIA will form part of that consultation exercise. This EHIA will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required. The UHB standard is that all policies are reviewed within 3 years (1 year if a statutory requirement).</p> <p>The Policy and EHIA will be published once the policy/proposal has been approved.</p>			6 month review of EHIA within clinical modeling subgroup.

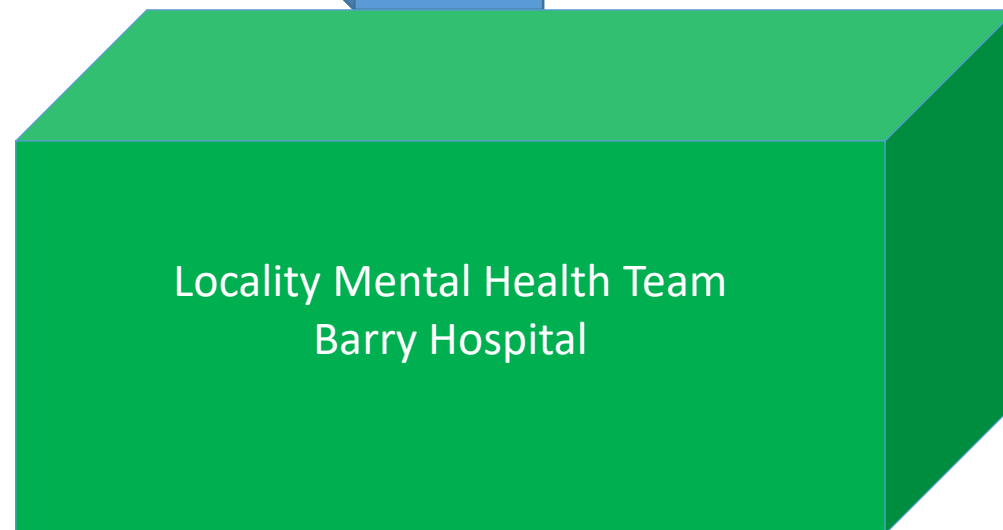
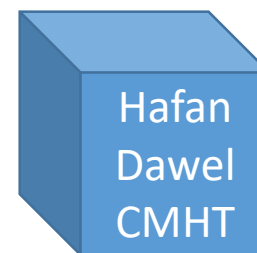
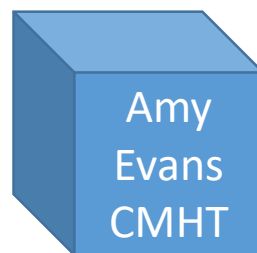
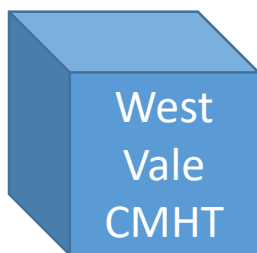
Appendix 3

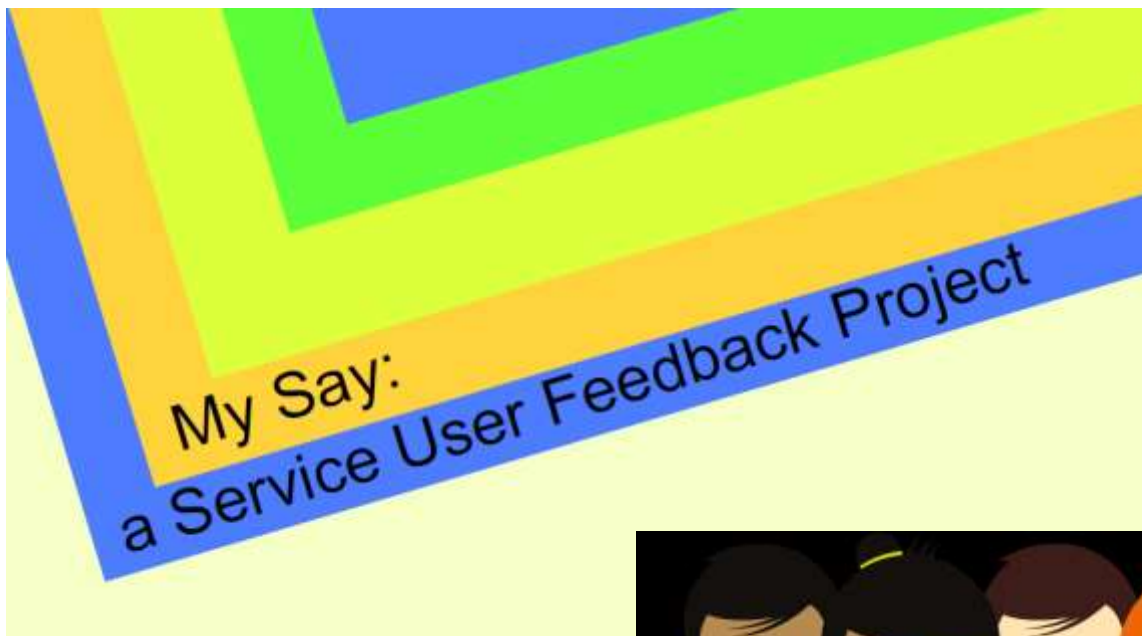
Tips

- Be clear about the policy or decision's rationale, objectives, delivery method and stakeholders.
- Work through the Toolkit early in the design and development stages and make use of it as the work progresses to inform you of those most affected and inform mitigating actions
- Allow adequate time to complete the Equality Health Impact Assessment
- Identify what data you already have and what are the gaps.
- Engage with stakeholders and those most affected early. View them as active partners rather than passive recipients of your services.
- Remember to consider the impact of your decisions on your staff as well as the public.
- Record which organisations and protected characteristic groups you engaged with, when you engaged with them and how you did so (for example, workshop, public meeting, written submission).
- Produce a summary table describing the issues affecting each protected group and what the potential mitigations are.
- Report on positive impacts as well as negative ones.
- Remember what the Equality Act says – how can this policy or decision help foster good relations between different groups?
- Do it with other people! Talk to colleagues, bounce ideas, seek views and opinions.

Vale Locality Mental Health Team

Mental Health Clinical Board





"I have been looked after extremely well"

"I am on my 4th rotation of consultant, my third CPN all under two years."

Views on the merge...
53% 'no difference'
26% 'more satisfied'
21% 'less satisfied'

73% felt they were treated with empathy, dignity and respect

Over half respondents satisfied with care and treatment

"I want more say in my treatment with other options explained and discussed openly"

64% found Crisis care helped

"People who need immediate treatment are not always suicidal"

"Very helpful, got me out of the hole I was in at the time"

My Say:
a Service User Feedback Project

We found the quality of patient care and engagement with service users and their carers to be of a good standard. Service users spoke positively about the support they received from staff.



The team were carrying psychiatry and psychology vacancies which were having a negative impact upon the care and treatment provided to service users.



We found that access to the service had improved very recently, and service users were being seen in a more timely manner, however this was still in need of improvement.

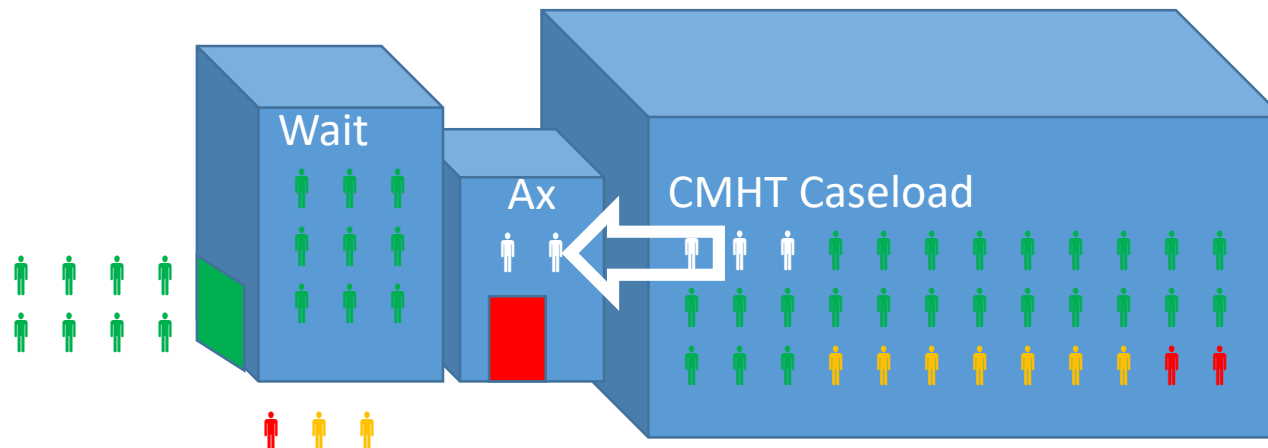
We're working well together, I prefer having a big team around me, but it can be disorganised at times

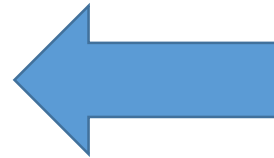
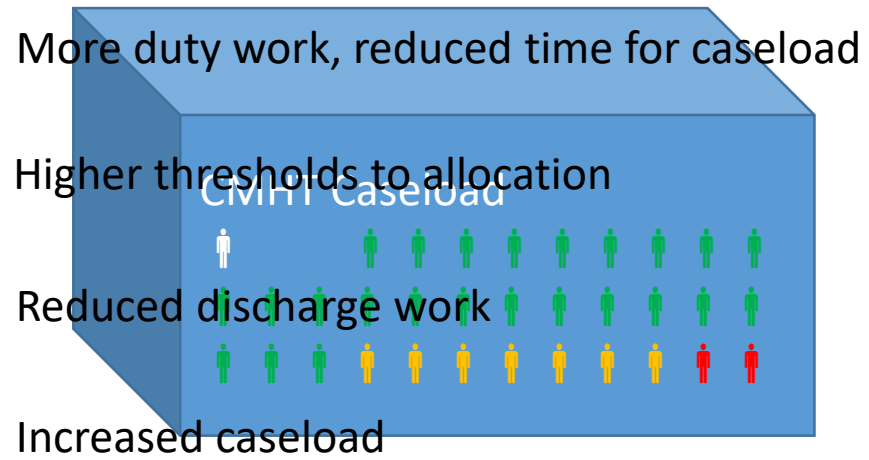
Medic availability has been a problem with vacancies. Can effect decision making.

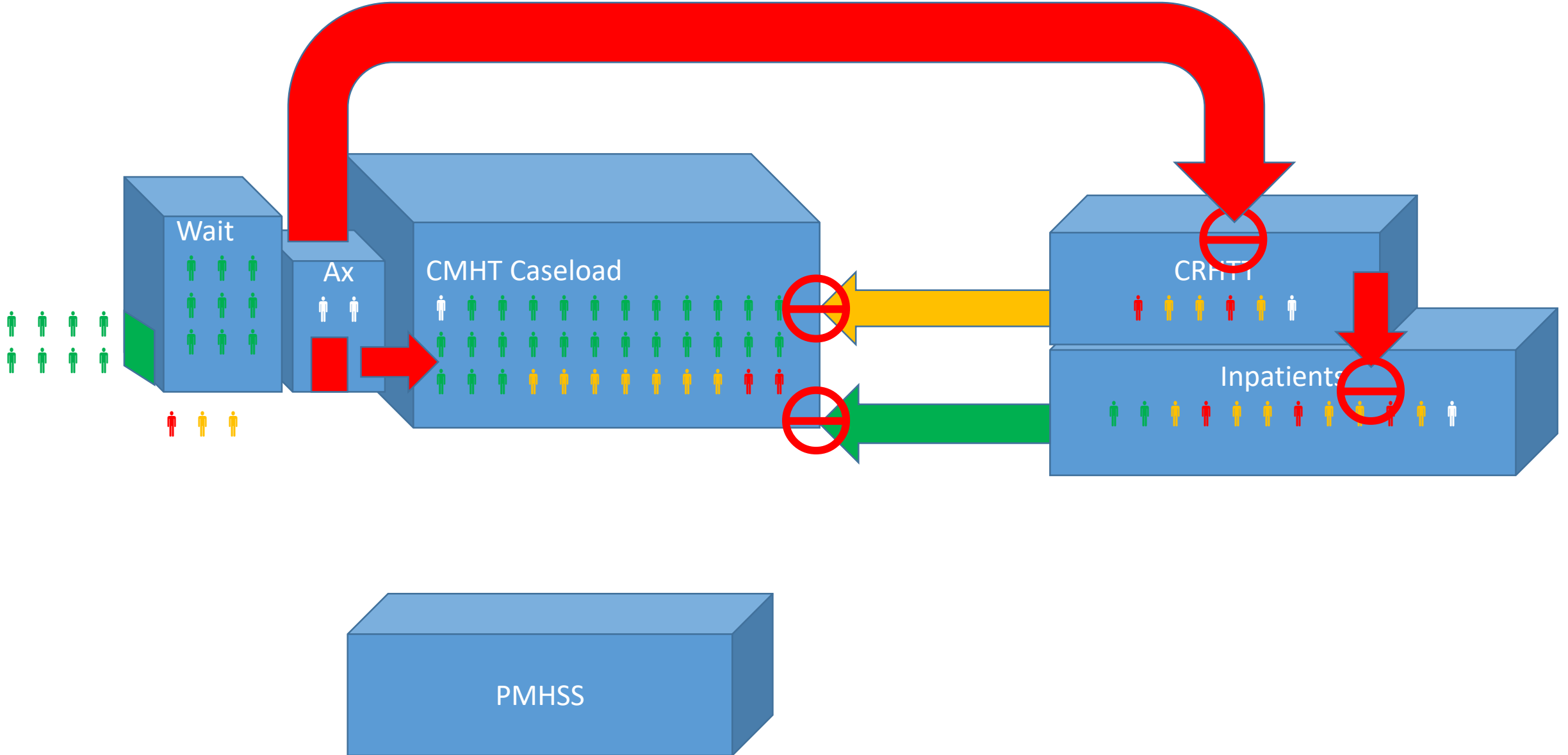
More training would be useful, to have better skills to do the job that's needed

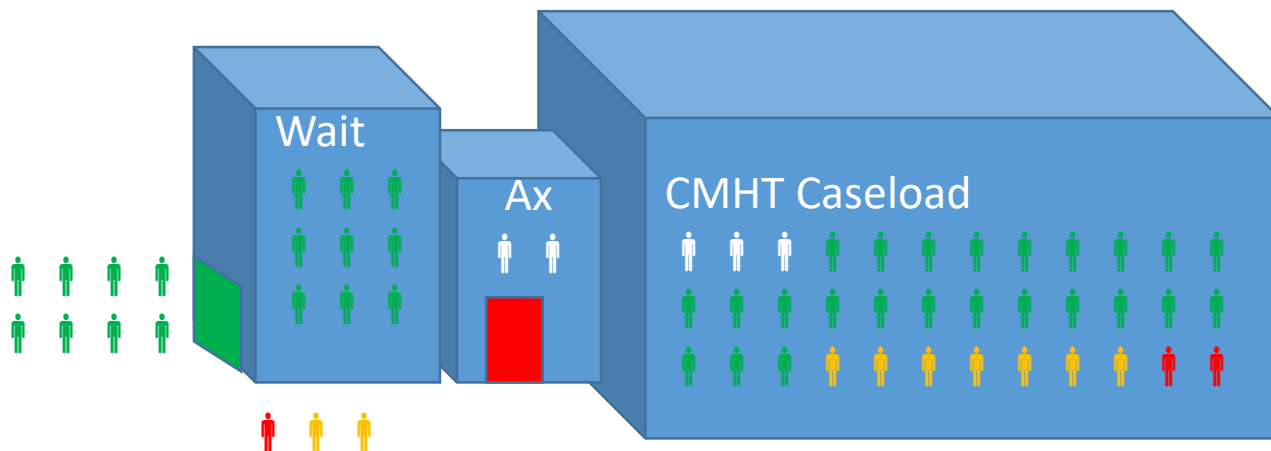


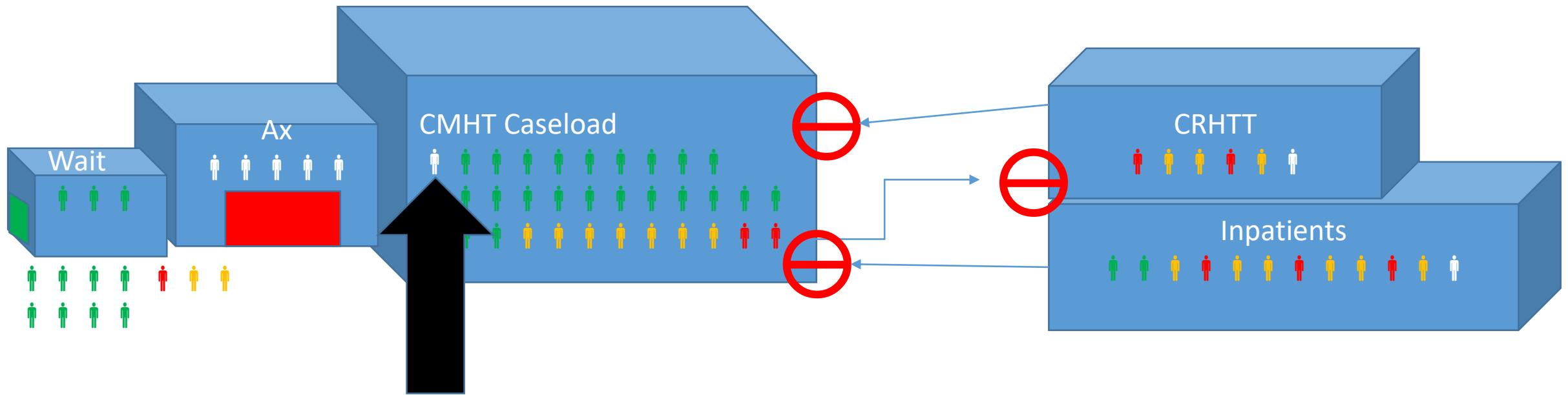
The Nursing role sometimes isn't very clear, we're a bit of a 'jack of all trades'- other professions define themselves more easily.





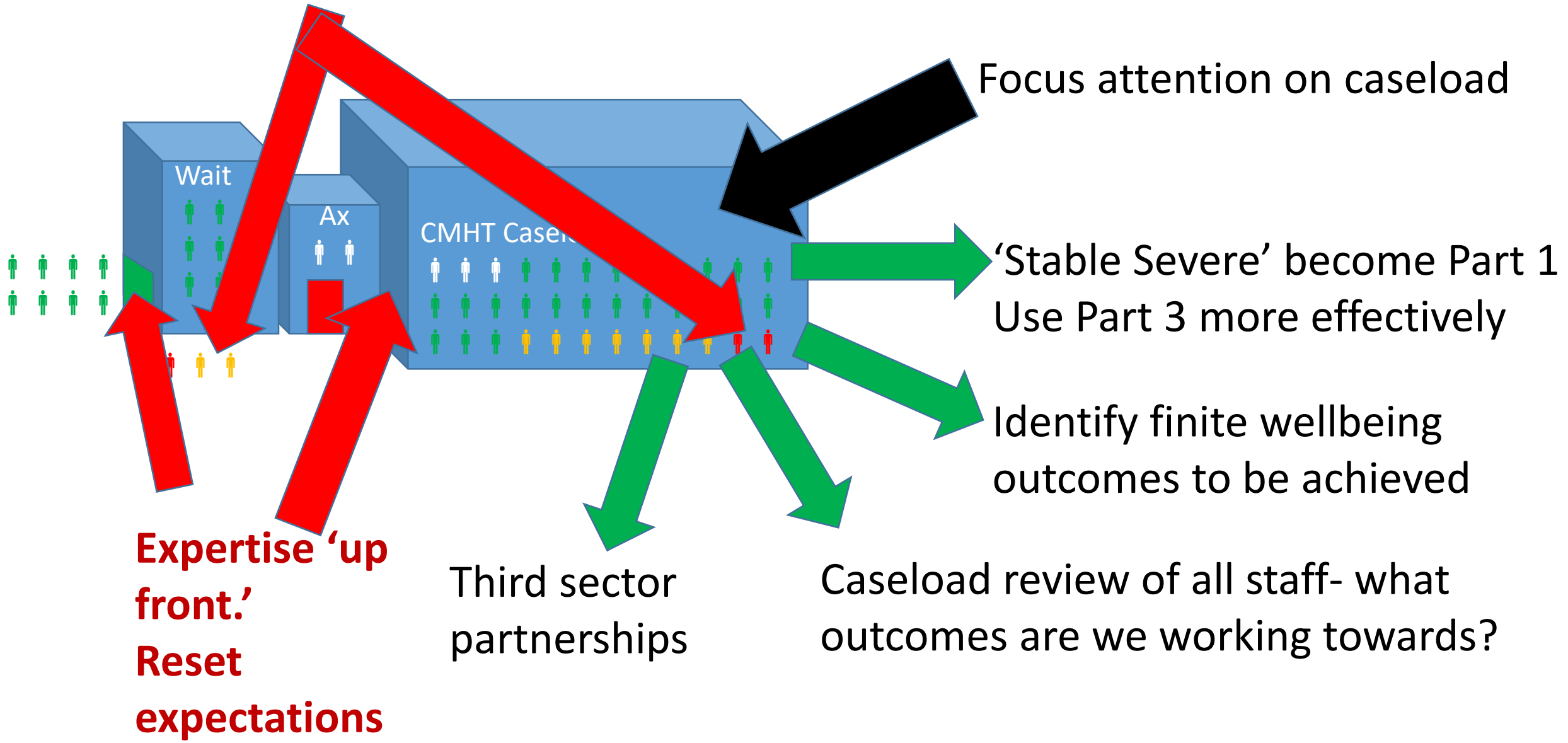




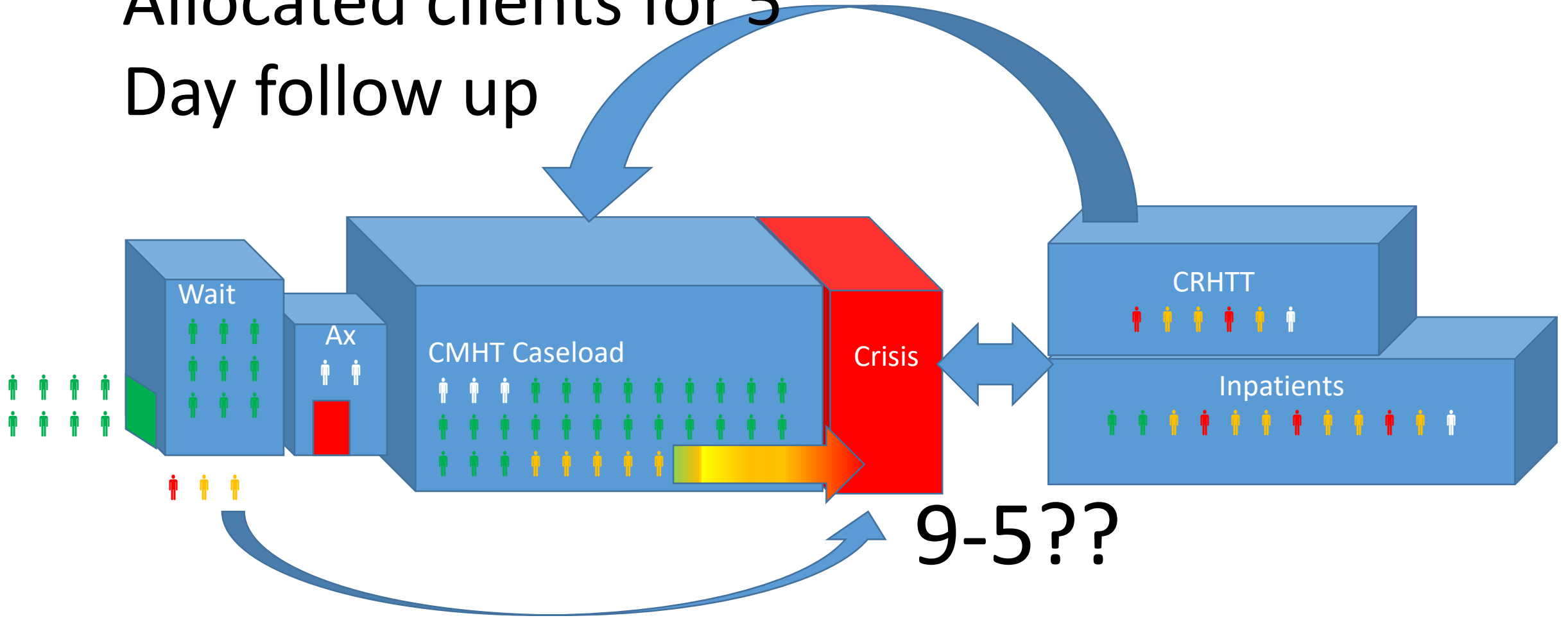


Low caseload mobility, leading to higher thresholds for allocation.
Risk is 'passed on' to other services.
Referrals get 'caught between' services.

In-team crisis function



Allocated clients for 5 Day follow up



Q&A

Care Aims caseload management tool

	HIGH PREDICTED EFFECTIVENESS IN RELATION TO RISK/ IMPACT	MEDIUM PREDICTED EFFECTIVENESS IN RELATION TO RISK/ IMPACT	LOW PREDICTED EFFECTIVENESS IN RELATION TO RISK/ IMPACT
HIGH NEED FOR TIME/ RESOURCE IN THIS EPISODE	13%	1.5%	2%
MEDIUM NEED FOR TIME/ RSEOURCE IN THIS EPISODE	7%	16.5%	6%
LOW NEED FOR TIME/ RESOURCE IN THIS EPISODE	4%	3%	47%

HIW Annual Findings

Cardiff and Vale University Health Board

30/05/2019

Alun Jones
Deputy Chief Executive

www.hiw.org.uk

Cardiff and Vale UHB – Our Work



- 2 hospital inspections including one follow up
- 3 general practice inspections
- 11 dental practice inspections
- 1 Mental Health Unit Inspection
- 1 Community Mental Health Team Inspection

Cardiff and Vale UHB – Our Work



West Vale CMHT, Vale Locality Mental Health Team, Barry Hospital, Colcott Road, Barry CF64 8YH	CMHT	04-Dec-18
Clare Road Medical Centre, 148 Clare Road, Grangetown, CF11 6RW	GP	22-Aug-18
Pontprennau Medical Centre	GP	05-Nov-18
Danescourt Surgery, 4 Rachel Close, Danescourt, Cardiff, CF5 2SH	GP	18-Mar-19
St Davids Hospital	Hospital Follow Up	25-Apr-18
UHW	Hospital Inspection	25-Mar-19
Hafan Y Coed CF64 2XX	Mental Health Unit	19-Mar-19

Cardiff and Vale UHB – Our Work (continued)



Setting	Inspection Type	Date
Integrated Dental Facility, Butetown Health Centre, Plas Iona, Cardiff, CF10 5HW	Dental	11-Jun-18
Smile Studio Penarth Ltd, 4 Plymouth Road, Penarth, CF64 3DH	Dental	02-Jul-18
Castle Court Dental Practice, 1 Castle Court, Dinas Powys, CF64 4NS	Dental	31-Jul-18
Bay House Dental Practice, 59 Cathedral Road, Cardiff, CF11 9HE	Dental	06-Aug-18
Cox and Hitchcock Dental Group, 9 Rhyd y Penau Road, Cyncoed, CF23 6PX	Dental	20-Aug-18
The Dental Surgery - Corporation Road, 99 Corporation Road, CF11 7AQ	Dental	24-Oct-18
Windsor Dental Care, 2-3 Windsor Road, Barry, CF62 7AW	Dental	29-Oct-18
Penylan Dental Practice, 86 Penylan Road, Cardiff, CF23 5HX	Dental	28-Nov-18
Alison Jones Dental Surgery, 45 Barry Road, Barry, CF63 1BA	Dental	17-Dec-18
Birchgrove Dental Practice, 100 Caerphilly Road, Cardiff, CF14 4AG	Dental	31-Jan-19
Cathedral Dental Clinic, 166 Cathedral Road, Cardiff, CF11 9JD	Dental	26-Mar-19

Overall Summary

- Inspection findings within the health board were generally positive. Where improvement was required, all services have responded constructively and engagement from health board leadership has also been positive
- Re-inspection of services by HIW has revealed improvement in many areas and it is clear that the health board sees external and internal scrutiny as a positive means of learning and improving
- Further work is required in general practices and some hospital settings to ensure that patients are aware of how that can raise a concern about the care they received
- HIW's inspection of the emergency and assessment unit at University Hospital revealed a number of issues which were impacting on the safety and dignity of patients. The health board must reflect on its own assessment of the arrangements that were in place prior to HIW's inspection and why more action was not taken in relation to issues of which it was aware

Hospital Inspection(s)

Two inspections, at St David's Hospital and University Hospital Wales

- ✓ Broadly positive findings in relation to our follow up inspection of St David's hospital, with action having been taken in relation to previous findings
- ✓ Emergency and medical assessment units at University Hospital of Wales: The use of patient journey boards to help patients to understand their journey through the department. Training and induction provision appeared to be excellent. We also observed excellent interaction between staff and patients with a kind compassionate approach being taken with all patients

Hospital Inspection(s)

Areas where improvements were required

- ✗ Further work is required in relation to the safe administration of medicine (St David's)
- ✗ We found there was scope for greater involvement of social workers and that speech and language and occupational therapy input could have been increased (St David's)
- ✗ A number of immediate patient safety issues were raised with the health board following our inspection of the emergency and medical assessment units at University Hospital of Wales. These included the inadequate arrangements for treating and monitoring patients in the assessment unit and failure to regularly check resuscitation equipment and medicine to ensure that it could be used safely in the event of an emergency

Mental Health

One Mental Health unit inspection at Hafan y Coed

- ✓ We found that peer review checks were being carried out, with staff from other areas of the hospital checking the quality of care as a means of driving up standards and sharing good practice
- ✓ HIW's peer reviewers were impressed by the comprehensive needs assessments being carried out to develop patients' care and treatment plans
- ✓ Health and safety audits, including ligature audits, were thorough and up to date
- ✓ The unit makes use of a patient questionnaire which is regularly adapted to cover issues that have been identified

Mental Health

Areas where improvements were required

- ✗ Whilst the health board has effective arrangements for managing the risk associated with 'patients sleeping out' of the unit, this appears to be a common occurrence and the health board should ensure that it monitor this situation, satisfying itself that it is continuing to manage risk safely
- ✗ Garden areas in the Hafan y Coed mental health unit were dirty and unkempt. The unit relied on staff to clean and maintain these areas, which they rarely had time to do. As the only outside space available to detained patients, the condition of these facilities has a significant impact on the patient experience

Three Inspections

- ✓ Patients were generally positive about their experience and in two of the three practices inspected, they found it easy to make appointments
- ✓ There were some examples of good cluster working, including an out of hours pilot (Danescourt Surgery)
- ✓ All practices were well maintained and clean
- ✓ All practices were considered to be safe and effective, although two required improvements in order to fully meet the health and care standards
- ✓ Practices were generally well led

Key areas where improvements were required

- ✗ An Immediate assurance letter was issued at one practice due to issues around checking drug fridge temperatures
- ✗ A range of improvements were required around administration of Putting Things Right, including better recording of complaints and provision of information to patients (all inspections)
- ✗ In two practices we noted scope for improvement in the quality of record keeping, including consistency of recording the reasons for prescribing or significant diagnoses

Dentists

11 Dental practice inspections

- ✓ Patients stated they were happy with the care they received in all eleven inspections
- ✓ The standard of record keeping was high or good in seven of the 11 inspections completed
- ✓ We commented positively on management and leadership in eight inspection reports, two of which had no recommendations made in this area
- ✓ We found that most practices had appropriate arrangements for use of X-ray
- ✓ In general we found practices to be clean with a few minor environmental issues requiring rectification

Dentists

Areas where improvement was required (themes)

- × We found issues with frequency of checks, storage or location of emergency equipment in six inspections
- × We recommended that a number of practices should increase the levels of audit and quality improvement activities carried out

Community Mental Health

- ✓ At our West Vale Community Mental Health Team (CMHT) inspection, we found safe and effective care was being provided with positive feedback from users and improved access/timeliness
- ✓ We found consistently high standards of record keeping at the CMHT, including Mental Health Act documentation
- ✓ A good, multi-disciplinary, approach was taken in relation to service user assessments, care planning and reviews

Community Mental Health

- × The CMHT service was in a period of substantial change, which was impacting upon processes, procedures, meetings and management structures. This was having an impact upon the morale of staff at the time of the inspection and there was a need for clarification with regards to these arrangements

Governance and engagement

- Where issues arise, the health board has responded soundly with improvement plans being completed and provided in good time
- We generally found that themes identified in previous inspections were being addressed in follow up work.
- Three immediate assurance letters issued in 2018/19
- The health board has been open and responsive to requests and has proactively informed Relationship Manager of challenges that the health board is facing

HIW Annual Report 2017-18



Alun Jones

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0300 062 8120

REPORT TITLE:	PATIENT SAFETY QUALITY AND EXPERIENCE REPORT – V1						
MEETING:	Board Meeting				MEETING DATE:	31.05.19	
STATUS:	For Discussion		For Assurance		For Approval		For Information
LEAD EXECUTIVE:	Executive Nurse Director						
REPORT AUTHOR (TITLE):	Assistant Director, Patient Safety and Quality – 029 2184 6117 Assistant Director, Patient Experience – 029 2184 6108						
PURPOSE OF REPORT:							

SITUATION:

The purpose of this paper is to present an integrated Quality, Safety and Experience report which covers the period from March to April 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:

The Numbers of SIs being reported continues to decrease. This is a direct result of the revised pressure damage reporting guidance. This will continue to be monitored.

Patient satisfaction rates have fallen to 91% and 92% in UHW and UHL respectively during April 2019. There is currently no apparent reason for this and satisfaction scores will continue to be monitored.

There has been a marked decrease in the Health Boards overall 30 day response times, which is currently 74%, however, the Concerns Team will continue to work closely with Clinical Boards to improve this.

Benchmarking data has been included where available, although the Board should be advised, that there

is currently little, comparable, benchmarking data available across Wales and the UK.

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
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EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:

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



PATIENT SAFETY QUALITY AND EXPERIENCE REPORT

March – April 2019

Serious patient safety incidents (SIs reportable to Welsh Government)

How are we doing?

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

Serious Incidents		
Clinical Board	Number	Description
Children & Women	• 1	An infant required admission to the Neonatal Unit for exchange transfusion. An investigation is underway to determine whether the admission to the Unit was timely.
	• 1	An infant was noted to have seizures two days after birth. Radiological imaging indicated cerebral infarcts could be seen. An investigation is underway to review the woman's labour.
	• 1	An infant presented to the Emergency Department. He was eventually transferred to Paediatric Critical Care where he sadly died. An investigation is underway to determine whether implementation of the Sepsis 6 bundle was timely.
	• 1	A woman presented to the Midwifery Led Unit in labour. Sadly, she experienced an intrauterine death. An investigation is underway to determine whether her care was appropriately managed.
Clinical Diagnostics & Therapeutics	• 1	An investigation is underway to review the appropriateness of an assessment by a Speech and Language Therapist involving a patient known to Mental Health services who sadly died following a choking incident.
	• 1	A patient died following a procedure under the care of Neuro-interventional Radiology. An

	<ul style="list-style-type: none"> 1 	<p>investigation is being undertaken to ensure her care was appropriate.</p> <p>A software update involving an analyser in the Biochemistry laboratory was problematic and led to incorrect results being issued. The affected patients have been followed up and reviewed in order to ensure that no harm was caused by the problem.</p>
Medicine	<ul style="list-style-type: none"> 3 5 1 	<p>Falls where the patient sustained significant injury.</p> <p>Grade 3, 4 or unstageable healthcare acquired pressure damage.</p> <p>A patient presented to hospital following a fall at home. The patient's neurological status began to deteriorate and he was subsequently confirmed to have had an acute stroke following which he died. An investigation is underway to ensure his care was timely and appropriate.</p>
Mental Health	<ul style="list-style-type: none"> 6 1 1 1 1 	<p>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 4 of the patient's deaths. For the remaining 2 patients, the circumstances of their deaths are not yet confirmed.</p> <p>A patient known to Mental Health services has self-harmed and required admission to hospital to treat injuries sustained in a fall from a height.</p> <p>A patient in Mental Health Services for Older People fell in the bathroom on the ward and sustained a head injury which required transfer to acute services for treatment.</p> <p>A patient known to Mental Health services was remanded in custody following an alleged assault on his partner.</p> <p>A 16 year old patient required admission to Hafan Y Coed as no suitable beds were otherwise available.</p>
Primary Care & Intermediate Care	<ul style="list-style-type: none"> 1 	<p>A prisoner with a terminal illness required transfer to hospital where he died. As this is subject to review by the Prison and Probation Ombudsman and Coroner, it was reported to Welsh Government.</p>
Specialist	<ul style="list-style-type: none"> 1 	<p>An increased incidence of Vancomycin-resistant Enterococci infection is being</p>

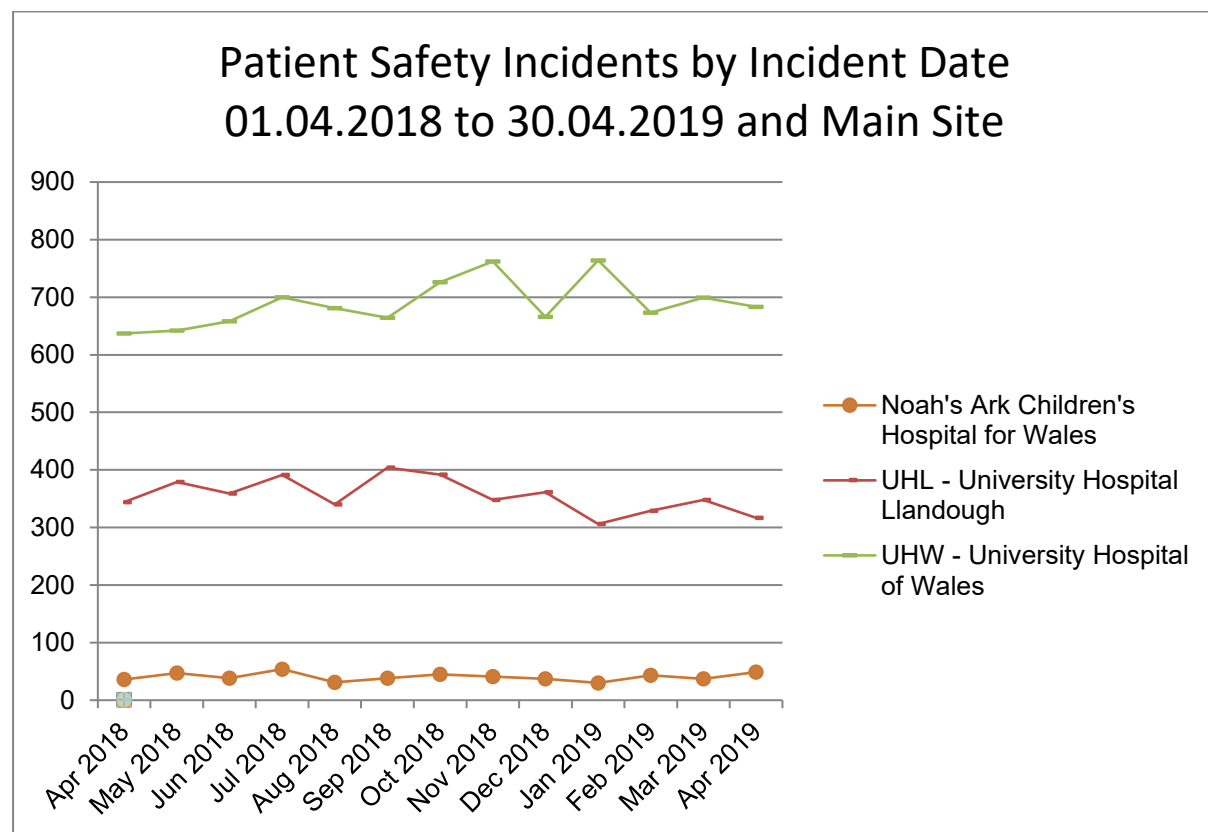
		managed on the haematology ward.
Surgery	<ul style="list-style-type: none"> • 1 It has been reported that there was a delay of approximately 4 months to follow up a patient with suspected wet age related macular degeneration. • 1 Concern has been raised regarding a patient's diagnosis and treatment as it transpired that she had carcinoma of unknown primary with metastases. She sadly died. • 1 Fall where the patient sustained significant injury. • 1 Grade 3, 4 or unstageable healthcare acquired pressure damage. • 1 A patient's treatment is being reviewed in view of cancellation of 4 appointments to monitor a basal cell carcinoma to an eye lid that subsequently required Mohs Surgery. • 1 A patient underwent a botox injection procedure on the incorrect limb. This is being managed as a Never Event. • 1 A patient underwent abdominal surgery following which a swab was retained. This is being managed as a Never Event. 	
Total	35	

No Surprises		
Clinical Board	Number	Description
Medicine	• 1	An alleged theft of a patient's property has been reported to the police.
Specialist	• 1	A water leak on a ward at UHW led to a number of cubicles being closed on wards underneath the 5 th floor ward whilst Estates attended the problem.
Multiple	• 1	An outbreak of Norovirus temporarily affected ward areas across the UHB.
Total		

How are we doing?

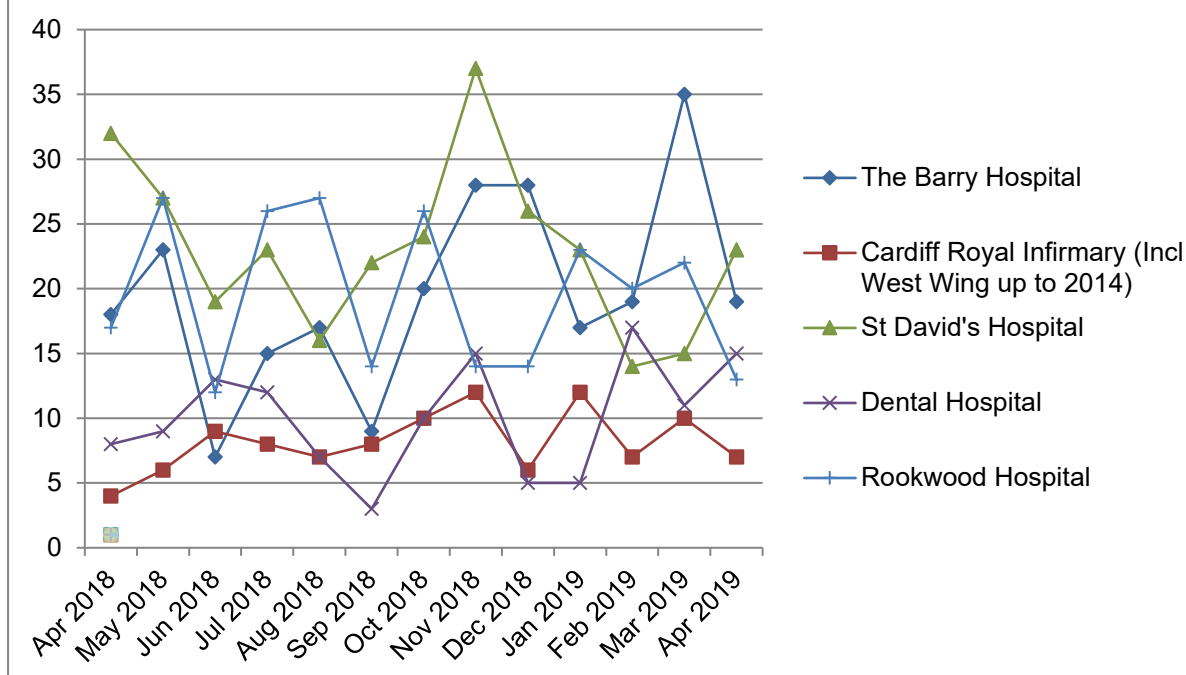
In terms of general incident reporting, the following graph demonstrates the patient safety incidents reported on to the UHB's Datix risk management system by main sites between April 2018 and April 2019. As would be anticipated, the majority of the incidents were recorded at the University Hospital 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 April 2018 and April 2019. The lower volume of incidents reported reflects the size and activity levels at the sites.

Patient Safety Incident by Incident Date 01.04.2018 - 30.04.2019 and Other Sites



How do we compare to our Peers?

There is no updated benchmarking information available from Welsh Government regarding the position across Wales on patient safety incident reporting.

Never Events

All Wales position

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

UK data on never events, published by NHS improvement reports that there were 496 never events reported in England during 2018-2019. More information can be found at the following link:

<https://improvement.nhs.uk/resources/never-events-data/> . Wrong site surgery and retained foreign object post procedure are the most commonly occurring never event.

The UHB has unfortunately reported two new Never Events to Welsh Government in this reporting timeframe. They both occurred in the Surgery Clinical Board; one was an incorrect site procedure for a botox injection and the other was a retained swab following abdominal surgery.

What are we doing about it?

These new incidents are currently under investigation.

The UHB is revising the approach to the National Safety Standards for Invasive Procedures (NatSSIPs) in order to ensure the approach is driving the necessary quality improvement in clinical practice.

A meeting of the NatSSIPs group scheduled for early May 2019 will be piloting a new way of reviewing procedures for central line insertion using a multidisciplinary and pan-Clinical Board process. This is a learning outcome following two previous Never Events of retained guidewires following central line insertion.

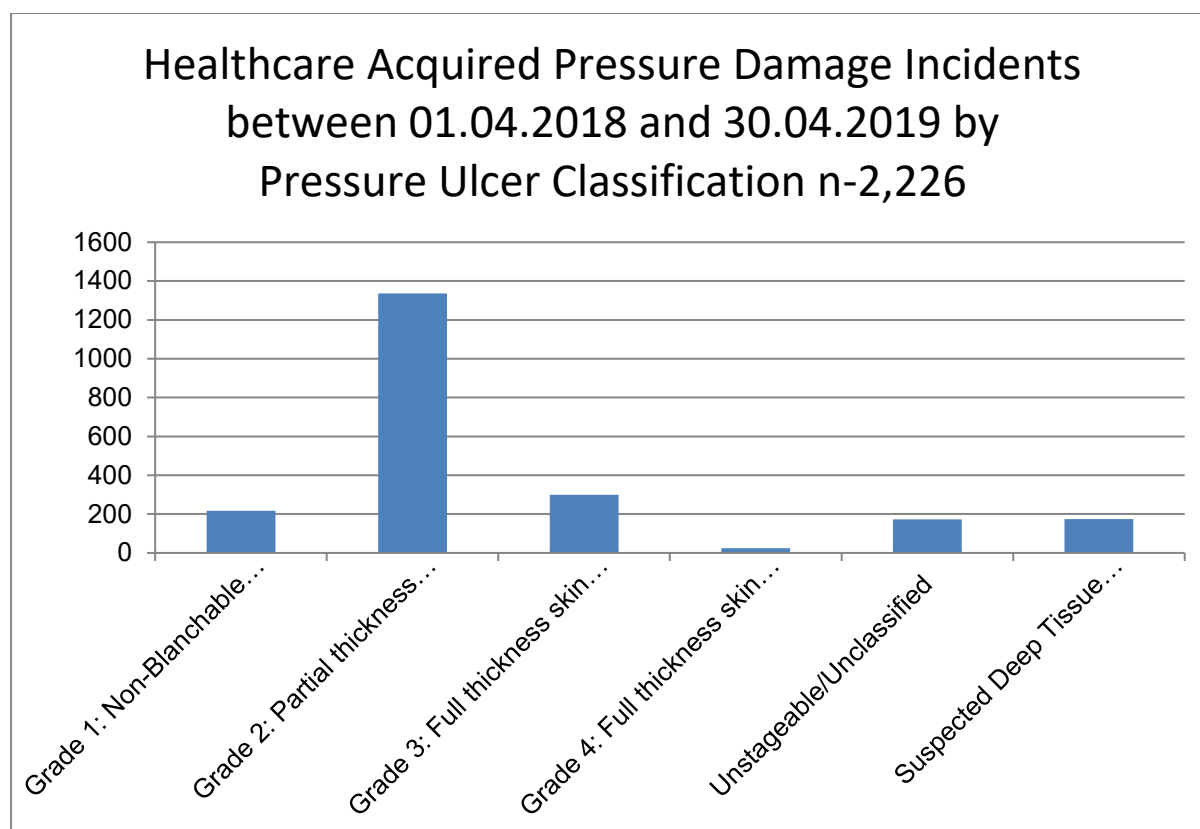
In addition to this, work is underway to clarify processes for a UHB vascular access service.

Pressure Ulcers

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. It is not always immediately obvious as to where the patient was located when the pressure damage developed; whether it is healthcare acquired and whether there has been duplicate reporting of the same incident due to patient movement between departments.

How are we doing?

Between 01.04.2018 and 30.04.2019 3,119 incidents of pressure ulcers were reported as patient safety incidents. Of these, staff indicated that 2,226 (71%) 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. 941 of the incidents were recorded as having occurred in the home setting which indicates the complexity and frailty of patients in the community.



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 healthcare acquired grade 3, 4 and unstageable pressure damage that has been determined to be avoidable.

Additionally, all Health Boards are now also required 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 anticipated that this will provide regular benchmarking data in the near future.

The Patient Safety Team will be meeting with an Officer representative of the Chief Nursing Officer's department over the coming weeks in order to consider any early learning that Welsh Government can share about the new process.

What are we doing about it?

The UHB's pressure damage task and finish group continues to be an active forum taking forwards improvement work required. The Patient Safety and Datix Teams continue to take forwards system developments required. This work is supporting the task and finish group with implementing the revised pressure damage reporting arrangements brought in by Welsh Government in January 2019.

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

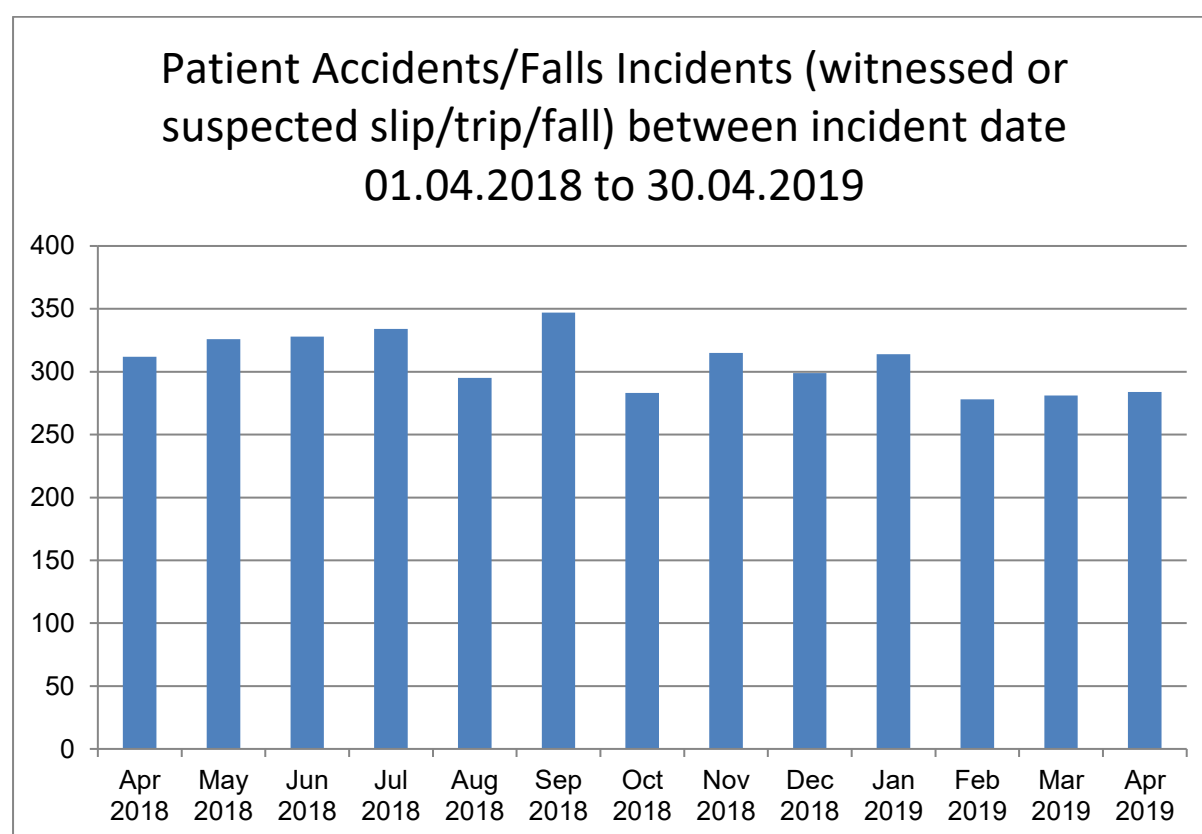
The Patient Safety Team have also completed a review of the pressure damage SIs reported to Welsh Government in 2018. The findings will be presented to the next meeting of the group in order to take forwards an improvement project.

Patient Falls

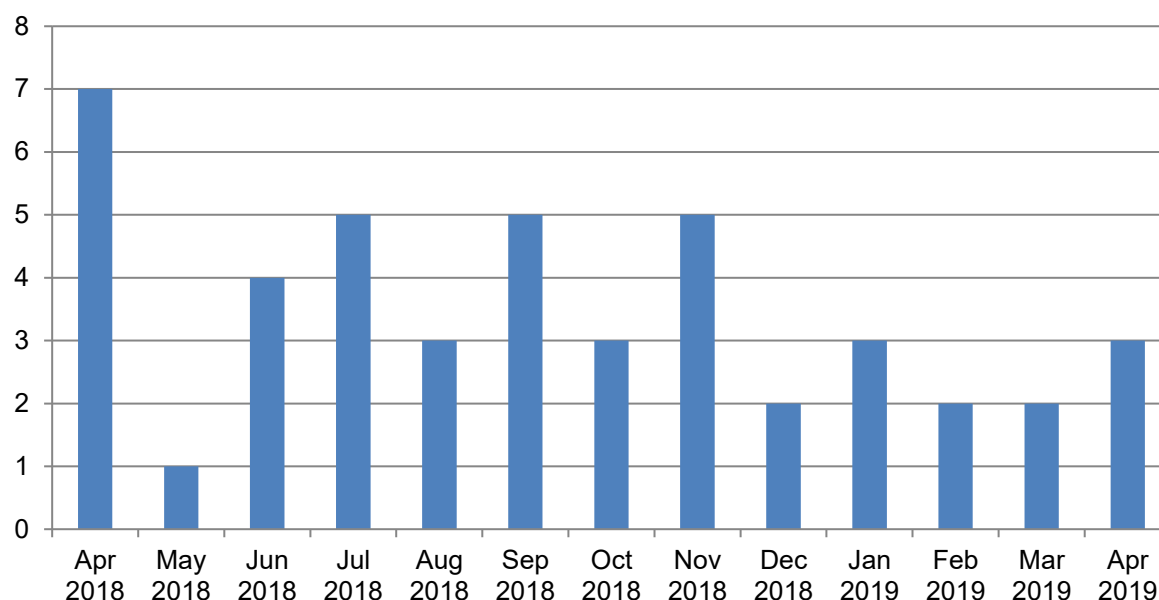
How are we doing?

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

The following table indicates the number of patient accidents/falls reported between April 2018 and April 2019. The majority of falls continue to result in no significant injury to patients. The trend in a lower volume of falls incidents requiring SI reporting has essentially continued.



Patient falls which resulted in serious harm reportable to Welsh Government between incident date 01.04.2018 to 30.04.2019



How do we compare with our peers?

Patient falls continue to be a frequently reported patient safety incident. Reliable benchmarking information in relation to the number of falls in Wales and in the UK is not currently available.

Some benchmarking data in relation to falls prevention is available from the National Audit of in-patient falls. The latest report was published in November 2017 and can be viewed [here](#). Areas identified for improvement in the UHB, include the development of continence plans, assessment of delirium, medication management, vision assessment and the monitoring of lying and standing blood pressure.

What are we doing about it?

The Falls Delivery Group will continue to oversee implementation of the UHB Falls Framework. Improvements identified as part of the National Audit of in-patient falls, will be included as part of the Falls Framework implementation plan. The Board received a detailed report at the November 2018 meeting.

The new Falls and Fragility Audit Programme (FFFAP) continuous inpatient falls audit, which commenced in 2019, reviews compliance with management of injurious falls. The UHB is participating in this.

The Falls Fuel Tank video previously developed by the Falls Strategy Lead has now been made available with British Sign Language to accompany English and Welsh

subtitled versions. This development has come about as a result of collaboration and support from a senior nursing colleague in Aneurin Bevan University Health Board.

The video can be viewed [here](#)

Regulation 28 reports

No Regulation 28 reports were received from Her Majesty's Coroner in this reporting timeframe.

Outcomes of internal and external inspection processes

Internal observations of care

How we doing?

Twenty seven unannounced inspections took place during March and April 2019; these took place across five Clinical Boards. One inspection was undertaken at the request of a Clinical Board's Director of Nursing.

Areas of notable practise:

- Excellent sister/charge nurse leadership noted in many areas. In particular, the leadership on A&Es, C3 & C1 has been commended. Within these areas, the extent to which health care assistants are supported in their development is clearly evident. HCAs have successfully introduced mouth care assessments, have created patient & relative information leaflets, are being supported to access nurse training and comment that they feel 'looked after' within their teams.
- Student feedback has been positive across all areas. Within Children's Hospital wards, students from Swansea University have indicated a desire to relocate to Cardiff to work when they complete nurse training.
- Staff report that training with delivered by practice development nurses within cardiothoracic directorate is excellent. PDN has developed a website containing training materials for staff. There are plans to develop a cardiology package from HCAs.
- Following the establishment of quality & safety group to support stroke recovery centre, patient feedback relating to improved responses to call bells has been noted. Newly appointed ward sister has introduced a number of changes and staff feedback about her influence is positive.
- 'Red to Green' noted to be working well in an increasing number of clinical areas. This was especially evident on East 6 and it is reported that there is good good engagement from MDT to support the initiative.
- 'Get up get dress get moving' campaign is being promoted widely

What are we doing about it?

Areas for improvement:

- Within Mental health services for older people there are inconsistencies relating to the use of SKIN bundles and continence assessments. The directorate deputy senior nurse and corporate nursing standards team have been meeting with ward sisters and are organising ward based training.
- Patients in CAVOC reporting difficulties getting enough rest & sleep. This feedback is consistent with Health & Care Standards Audit feedback. Corporate nursing team and T&O senior nurse to pilot initiative involving using decibel readers to track noisiest areas of ward and times of the night that patient sleep is disrupted.
- Emergency blood glucose barcode is still being used in some clinical areas. POCT team to provide a report of all clinical areas continuing to test patient blood glucose under an emergency barcode. This report will be shared with ward sister/charge nurses as necessary.
- An intractable concern frequently noted is the lack of adequate storage facilities on UHW sites. This leads to cluttered clinical areas and fire doors that are sometimes obstructed. It has been observed that corridors outside wards are especially cluttered with beds and broken equipment.
- Insufficient reviews of patient risk assessment documentation was noted within two clinical areas. Concerns to form part of daily safety briefings. Ward sisters to audit compliance over next month.

External inspection processes

Healthcare Inspectorate Wales (HIW) carried out the following unannounced visits during March 2019:

Hafan Y Coed - There were no immediate assurance issues identified and the feedback was generally very positive. At time of writing the UHB is awaiting the draft report.

March 2019 – EU/AU at UHW – Although the reviewers could not speak highly enough of the staff that they met over the three day visit, the visit resulted in immediate assurance issues in relation to the suitability of the Lounge area in the AU as an area for unwell patients who want to sleep and/or lie down, staffing levels in the Medical Assessment care Unit (MACU), checks in relation to the resuscitation trolley, fridge temperatures. There was also an unlocked medication cupboard containing eye medication.

Immediate action has been taken to increase staffing levels as an interim measure and to put in place more senior oversight and review of patients in the Lounge on a 2 hourly basis. All staff have been reminded of the need for regular checks of resuscitation equipment and fridge temperatures and new thermometers have been ordered for domestic fridges which are used to store food. The unlocked medicine cupboard has been de-commissioned and the eye medication that was contained in it has been re-located to another suitable, secure cupboard in the department.

The UHB is currently embarking on a major piece of work to improve emergency flow and the environment in the Lounge area of the Assessment Unit. A positive meeting between HIW, the Executive Nurse Director and Chief Operating Officer has taken place to provide assurance on the proposed approach.

At the time of writing the UHB is awaiting the draft report. The inspection findings and the necessary improvements will be reported in detail at the September 2019 QSE Committee.

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?

Each month the Patient Experience Team receives in excess of a thousand paper surveys. This supports the data collected through our Tablet and Kiosk mechanism as well as the seven 'Happy or Not' machines situated across the Health Board.

The patient satisfaction scores from the all surveys administered across the Health Board are illustrated in the table below.

	March	April
UHL	96%	92%
UHW	97%	91%

The Board will note that satisfaction scores have dropped during April 2019. It is difficult to determine any particular reason as to why this has happened, but the UHB will continue to monitor this over the coming months.

The newly introduced Welsh Government National Survey now incorporates the following question:

4 How recent was the experience you are thinking of?

- ☐ In the last 6 months
- ☐ Between 1 and 2 years ago
- ☐ Between 6 months and 1 year ago
- ☐ More than 2 years ago

Patients have reported on experiences that were historic and therefore results could be affected as they are not reporting on their 'real time' experience. This will allow the UHB to determine the nature and timeliness of feedback in a more meaningful way.

During April the updated Welsh Government Survey 'Your NHS Wales Experience' was administered for the first time.

The UHB has also developed two new surveys which have been administered during May across both inpatient and outpatient areas. These surveys have been designed to

ascertain feedback supporting the Health Board strategy, providing information that we could learn from and importantly act upon;

Examples of additional questions include;

1. If able have staff encourages you to get out of bed and move around?
2. If able, have staff encouraged you to get dressed?
3. If able, have you had the opportunity to be involved in activities?

Questions 1 and 2 align to the 'get up, get dressed, get moving' campaign; promoting independence and preventing deconditioning, while the information from question 3 will be used to inform the Volunteering agenda, including opportunities for befriender, activity and musician volunteer support.

Retrospective

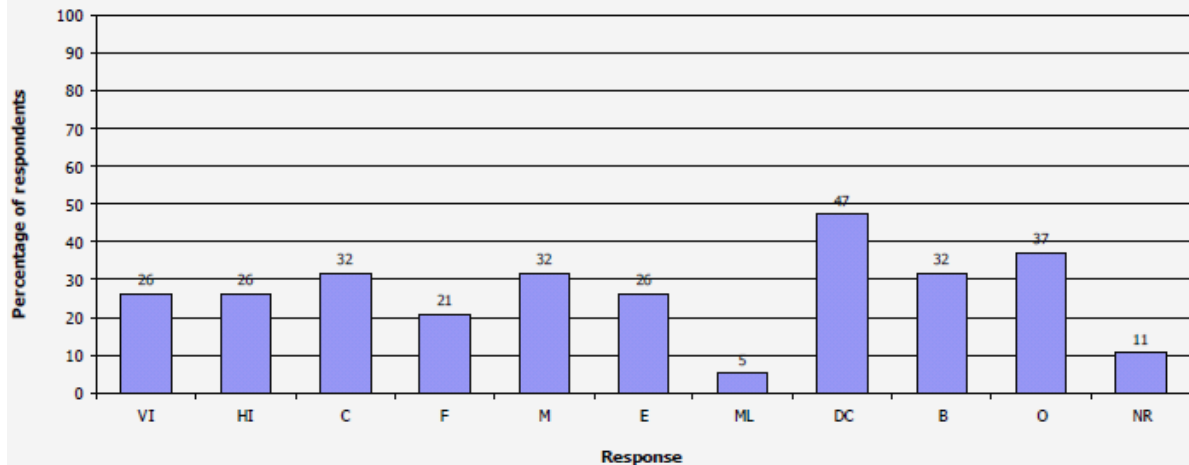
Retrospective data can be very informative to ascertain experience, once a person, has left our care. There are numerous bespoke surveys being undertaken to inform colleagues, examples include;

Young Adults Diabetes Services

Ninety one surveys have recently been issued to young people with diabetes. The purpose is to assist the team to understand their experience of the clinic, along with overall questions relating to the young person's diabetes and how it feels from their perspective. An update will be provided in a subsequent report.

The Learning Disability Questionnaires have been administered weekly since August 2018. Three reports were completed and shared with the Lead Nurse for Surgery; these provide data from January to early May 2019. The numbers administered are relatively low; however the qualitative comments are diverse.

4. Please describe any special needs they have:



Key for response abbreviations:

Value	Special need	Value	Special need
VI	- Visual impairment	O	- Other
HI	- Hearing impairment	NR	- No response
C	- Requires support with continence		
F	- Requires assistance with feeding		
M	- Requires support with mobility		
E	- Epilepsy		
ML	- Memory loss, communication		
DC	- Difficulties challenging		
B	- Behaviour		

Patients in their survey outlined the importance of time and communication to help them understand the choices about their health care

Some of the comments in relation to **‘What did people do to help you make choices?’** include:

- *‘By reading - and explaining’.*
- *‘Didn't really have to make choices.’*
- *‘Mother always stays with me to help’.*
- *‘Plenty of meetings with doctors, nurses, dieticians etc’.*
- *‘Provide the best and safest outcome’*
- *‘Spoke slowly and repeated questions if I didn't understand or became distracted’*

Andy Jones, Lead Nurse in the Surgical Clinical Board has been recognised nationally for the work he has been doing in training Learning Disability champions.

The training, which is supported by MENCAP and the Ridd Foundation, provides staff with the knowledge and skills to specially tailor the care which they provide to adequately meet the needs of this vulnerable patient group and their carers/families. For instance, some with a learning disability may need extra time to process the information you give them, especially regarding medical issues. They may also have

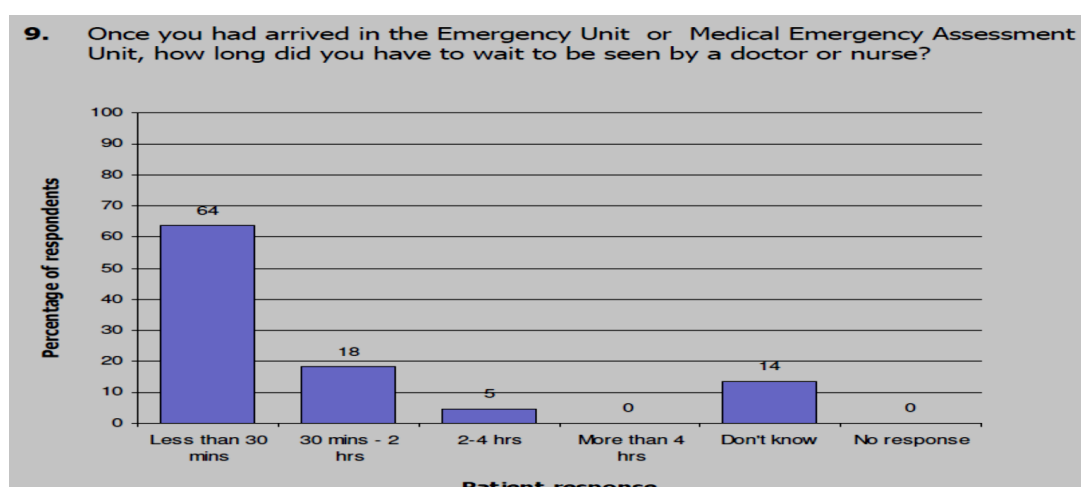
limited communication skills and not be able to verbalise their symptoms and their needs in the same way as other patients.

The central tenet of the training is simple: to see and treat the person, not the disability.

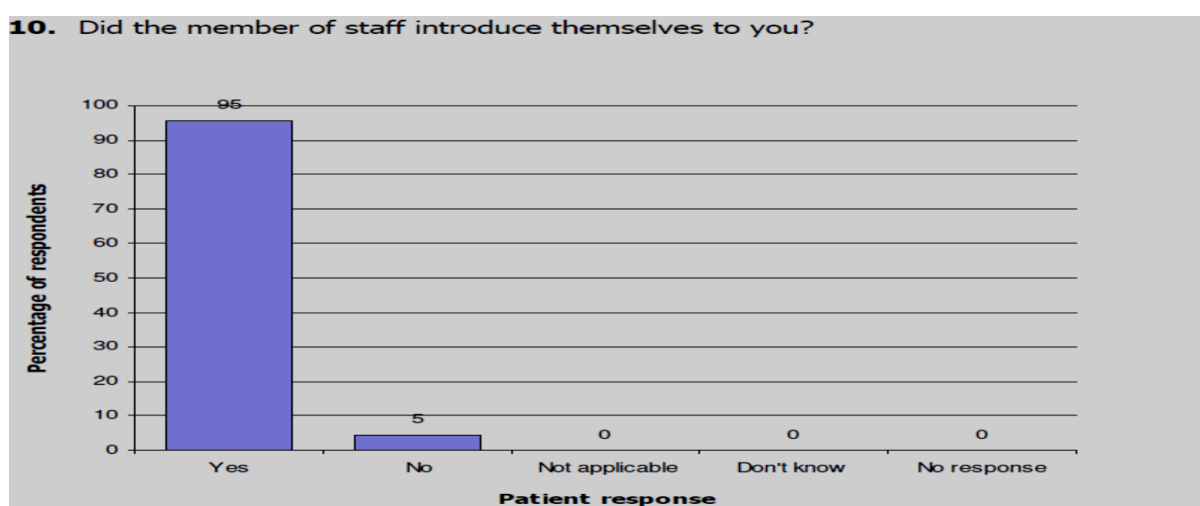
The ongoing survey work enables us to measure the impact of the increased awareness and see the training in action.

Proactive and Reactive

A joint survey is undertaken between the Welsh Ambulance Service Trust and the Emergency Unit at UHW. During the last quarter January-March 22 surveys were completed, this was a reduction on the 55 completed during October –December 2018.



It should be noted that 64% of people responded that they were seen in less than 30 minutes; consistent with the October–December 2018 report.



Positively the number of staff who introduced themselves had increased from 87% in the October – December 2018 report to 95% during the first quarter of 2019.

The majority of comments were in relation to the ambulance service and this report was shared with colleagues at WAST. Most comments in relation to EU were generally positive, there was slight criticism in relation to communication as illustrated below:

Some consistency in predicted treatment, between departments, is required

Very helpful staff. The doctor who saw us excellent.

Model ward

The Model Ward initiative was successful in securing the UK Award for Efficiency and Improvement for Nutrition and Hydration at the Hospital Caterers Association National Conference in April. This is a wonderful example of Multidisciplinary Team working. Some of the positive comments shared by our patients and their carers include;

I like the table it is nice to sit down with a friend and have a chat

Mum feels the food is good.
Always plenty of drinks available - excellent idea to cut up fruit into portions

Feedback Kiosks



There are seven 'Happy or Not' Kiosks across the Health Board, which are rotated and the questions changed as appropriate. During March, kiosks were situated in the Emergency Unit, specifically to ascertain some experience data which could be considered in line with performance.

How would you rate your overall experience today?



50%
2,858 resp.



12%
665 resp.



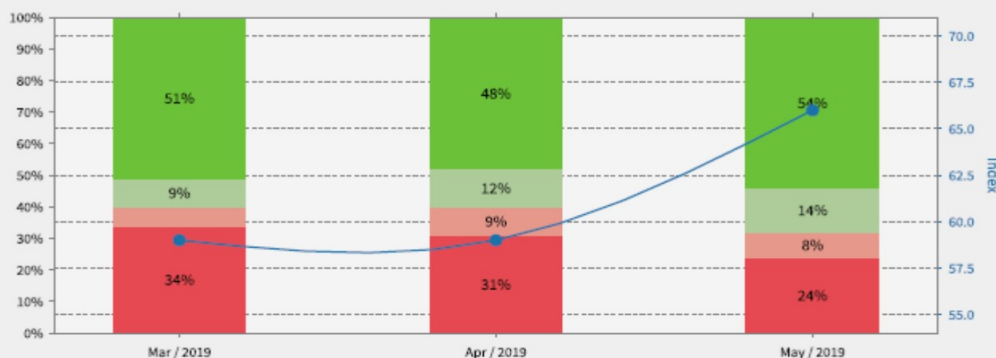
8%
443 resp.



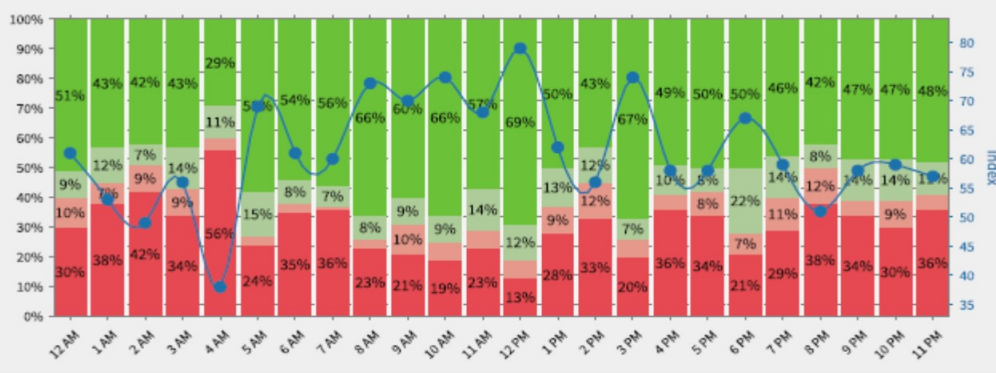
30%
1,705 resp.

Index: 61.0
Responses: 5,671

Monthly distribution



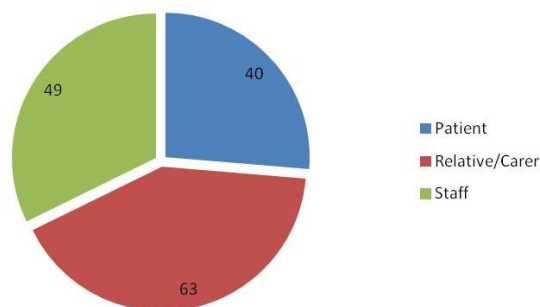
Hourly distribution



It is evident, that there are particular times of day when experience seems to be adversely affected and based on the data this is seen at 04.00, 1400 and 2000 hours. Whilst this needs further consideration to understand the reasons, the kiosks are providing useful data.

Kiosks are also available for patients, staff and relatives to provide feedback. Medicine Clinical Board hosted two Kiosks in March and April across the following areas;

1. SRC
2. AU
3. B7
4. East 2



152 responses were received. Qualitative comments, indicated positively that staff were adhering to the Health Board values and behaviors.

Primary Care also hosted a kiosk in the Department of Sexual Health (DOSH)

93 surveys were completed (1st – 30th April)

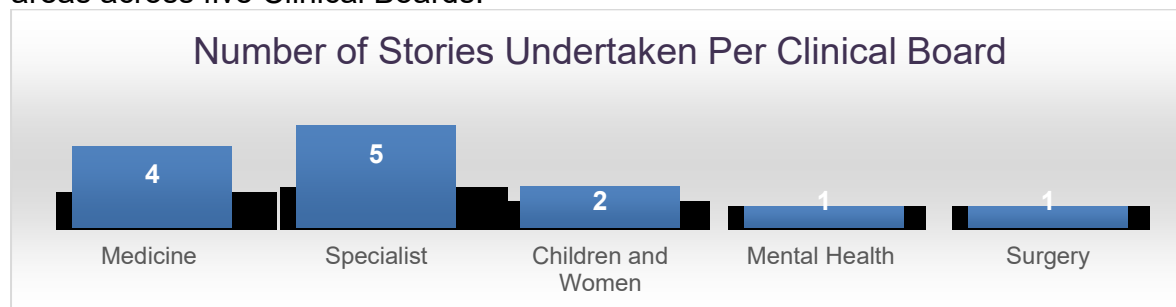
- 77% said it was very easy or easy to get an appointment
- 82% had been made to feel welcome on the department
- 68% said staff always introduced themselves
- 85% said they had definitely been treated with dignity and respect
- 83% overall satisfaction score

During May the kiosks are being utilised in Surgery and also in Primary Care Clinical Board.

Balancing

Patient, Carer and staff stories are also a powerful way to share experience data. During March a story was undertaken with a patient who had been cared for under the Rehabilitation Team in Rookwood. The patient described what it felt like when he had been unable to communicate properly or do things for himself, due to his injuries. The story is currently being edited and transcribed and will be used as a training aid for staff looking after patients in Neurological Rehabilitation. Themes from this will be shared within a future report.

Additionally, during March 2nd year Medical students undertook patient stories in 13 areas across five Clinical Boards.



Colleagues from the clinical areas have been asked to share outcomes with the Patient Experience Team, when the information has been analyzed.

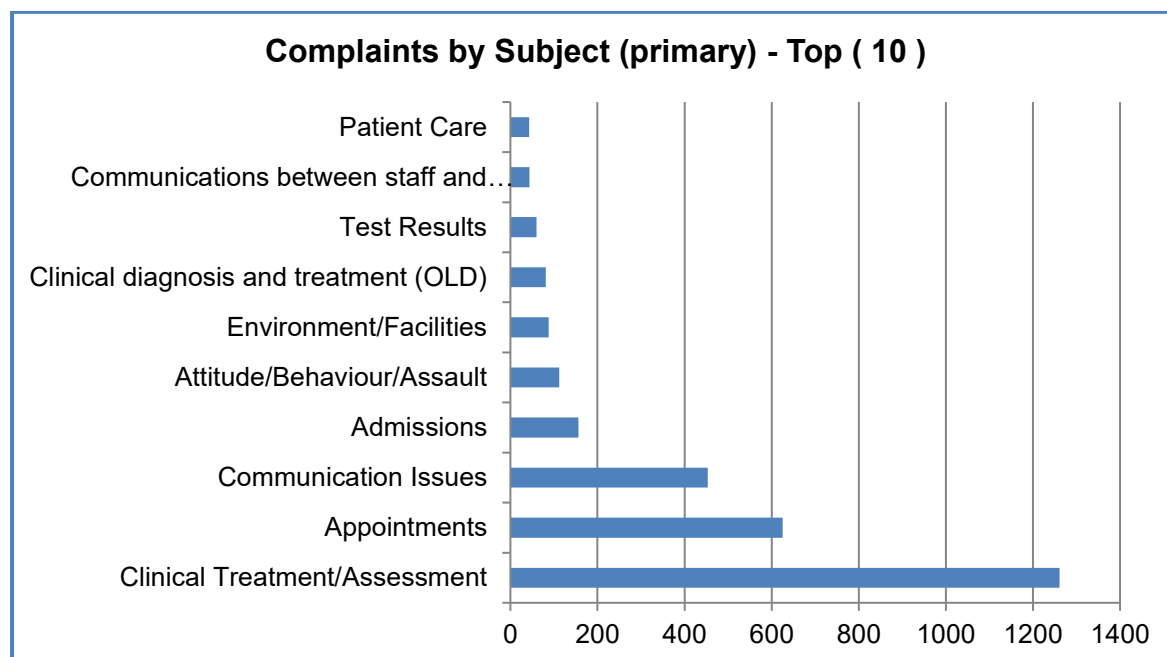
What are we doing?

You Said	We Did
Dirty extract ventilation	All fan system reviewed by Estates – Filters changed as needed
Can someone have the initiative to change the hour on the clock in reception	Estates contacted and actioned

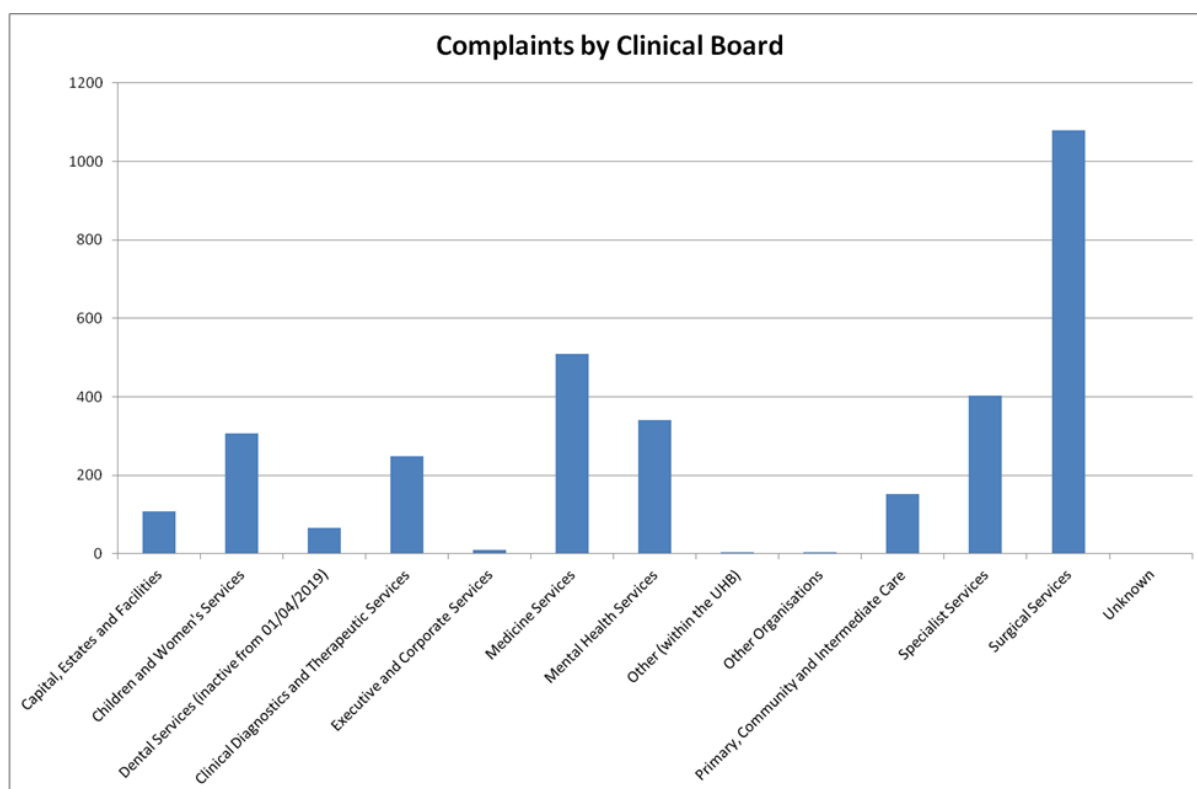
Balancing

Concerns Between 1st March 2018 and 30th April 2019, the Health Board has received 3233 complaints.

As you will note from the breakdown below, the highest number of concerns, 1,261 in total, related to concerns about clinical diagnosis, treatment and assessment,.



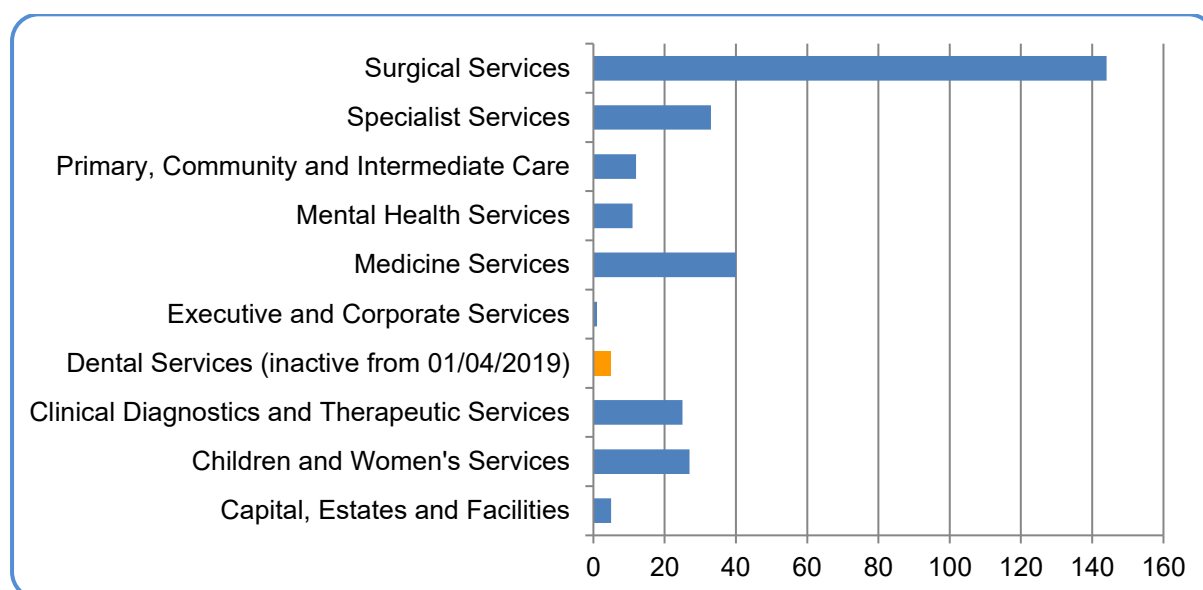
Complaints by Clinical Board



You will see from the chart above that Surgery continue to receive the highest number of concerns; (33% of all concerns); in total they received 1,080 concerns. The highest number of concerns, 470, registered for Surgical Clinical Board relate to the ENT, Ophthalmology and Urology Directorate.

Medicine received the second highest number of concerns, 508 in total, with Integrated Medicine receiving the highest number, 182 in total, followed by AU and EU receiving 157 during the same period.

Out of the 3233 complaints received, 1873 were resolved informally. The chart below shows the number of Concerns that Clinical Boards were able to resolve informally by providing a speedy resolution.



Concerns data for March and April shows a significant increase in the number of concerns received in comparison to last year. During this period last year, (2018) the Health Board received 436 concerns whilst, during the same period this year, we have received 516. Of these 59% were resolved informally.

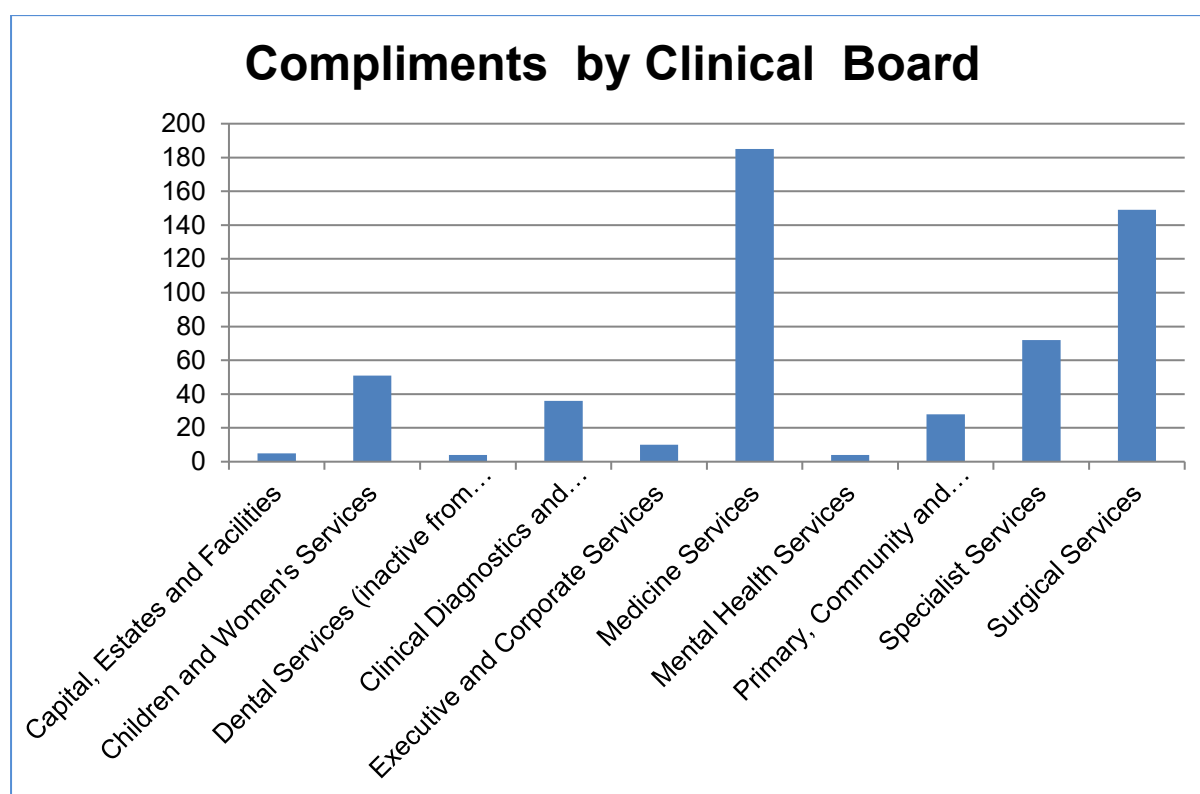
The Health Board continues to receive concerns regarding Car Parking; however, the Concerns Team has worked with the Parking Office to agree replies to queries regarding parking provision, signage and traffic management. This has streamlined the process for answering complaints and comments about parking issues in a timelier manner.

It is disappointing to note a marked decrease in the Health Boards overall 30 day response times which is currently 74%. There have been a number of staff and structural changes within some of the Clinical Boards. This has necessitated additional training for newly appointed staff to undertake investigations into concerns in order to maintain the quality of responses; this has temporarily impacted on the 30 day response time. The Concerns Team will continue to work closely with Clinical Boards to improve this.

It should be noted that the UHB is currently awaiting a directive from Welsh Government that will have an impact on the way we report/record our concerns. The anticipated impact of this will be that we will see a marked decrease in the number of informal concerns recorded whilst our recorded formal concerns will increase. We aim to ensure this does not impact on the way we manage our concerns and people raising concerns will still receive a proportionate and timely resolution where possible.

Compliments

During the period 1st March 2018 to 30th April 2019, the Health Board received 544 compliments.



As you will see from the chart above, Medicine Clinical Board continues to receive the highest number of compliments (185), in particular for the Emergency Unit. This is followed by Surgery receiving 149 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.

What are we doing?

You Said	We Did
Shortage of antenatal classes – patient not offered alternative	Provisions have been made to increase antenatal classes. A new Face book live service

	has been launched providing a live online service for women with the opportunity to ask pregnancy related questions directly to midwives and receive prompt answers.
Concerns highlighted areas where improvements were required in how we communicate with patients attending Ward West 6 as an Outpatient or day case for procedures.	A named nurse will now be identified for any patient attending as an outpatient/day case. The area is also developing an information leaflet for patients.
Patients surgery cancelled as patient had had a chewing gum – the guidance did not specifically advise patients that they could not have chewing gum	All preoperative information sheets were reviewed showing variation and inconsistencies in the information provided. This has been corrected to ensure clear and specific guidance is given.
A question was raised regarding the policy of gender neutral letters – letter refers to GP's as "he"	30 standard letters have now been amended

PERFORMANCE REPORT	
Name of Meeting : Board Meeting	Date of Meeting : 30 th May 2019
Executive Lead : Deputy Chief Executive	
Authors : Members of the Performance and Information Department (tel 029 20745602)	
Caring for People, Keeping People Well: This report underpins the integrity value of the Health Board's Strategy, providing transparency on our progress in delivering our duties to our resident population and patients and clients who rely on us to provide clinically and cost effective care.	
Financial impact: The achievement of the efficiency and productivity targets will deliver savings to support the financial position.	
Quality, Safety, Patient Experience impact : The performance report outlines performance over the domains of quality and safety and patient experience, and outlines areas and actions for improvement.	
Health and Care Standard 1 – Governance Leadership and Accountability CRAF Reference No 6 - Resources	
Equality and Health Impact Assessment Completed: Not Applicable	

ASSURANCE AND RECOMMENDATION

REASONABLE ASSURANCE is provided by:

- the fact that the UHB has shown improvement in its compliance with the national delivery and outcomes framework and ability to deliver our Operational Delivery Plan for 2018/9 by achieving compliance with 26 of its 68 performance measures.

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

SITUATION

The full Performance Report sets out the UHB's performance against Welsh Government (WG) Delivery Framework and other priority targets for the financial year 2018/19 where the data is available and provides more detail on actions being taken to improve performance in areas of concern.

BACKGROUND

The UHB is presently compliant with 26 of its 68 performance measures (January = 27/68, March 2018=18/60) and is making satisfactory progress towards delivering a further 23 (January = 27, March 2018 = 23).

Since the last report 6 measures have improved

#2 – Percentage of children who received 2 doses of the MMR vaccine by age 5 has increased to 91.2% in the quarter ending December 2018 from 86.3% in the previous quarter

13 – The UHB's results from national patient experience surveys have routinely been above 90% in 2018/19, an improvement of circa 10%.

40 – The rate of non attendance for both new and follow up outpatient appointments has reduced to 9.6% and 10.7% respectively from 10.1% and 12.2% at the start of the year.

#45 – The number of procedures postponed either on the day or day before for specified non clinical reasons fell over the course of the year from 2309 in 2017/18 to 2070 in 2018/19.

#50 – The numbers of patients waiting in excess of 36 weeks for elective treatment reduced to 327 at 31st March 2019 from 984 at the start of the financial year.

#62 – The number of patients whose transfer of care is delayed reduced from 51 in January to 37.

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

#15 – The proportion of formal complaints responded within 30 working days fell to 74% in March, down from 78%. However, over the course of the year our overall rate was 78% well above our levels of responsiveness in 2017/18.

#26 – The proportion of GP practices that completed the mental health training in dementia care fell from 32% to 23% in 2017/18 (availability of data is rather delayed)

#29 – The proportion of serious incidents assured in the agreed timescale reduced to 27% in March.

As a result at the end of the year there were 19 measures where the UHB's performance was below the expected standard.

This is summarised in the table below:

Policy Objective	Green	Amber	Red	Score
Delivering for our population	9	9	4	13.5/22
Delivering our service priorities	1	3	2	2.5/6
Delivering sustainably	15	8	8	19/31
Improving culture	1	3	5	2.5/9
Total	26	23	19	37.5/68

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:

- 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
- Healthcare acquired infections
- Finance

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

The corporate scorecard is embedded here, or displayed on the page overleaf:



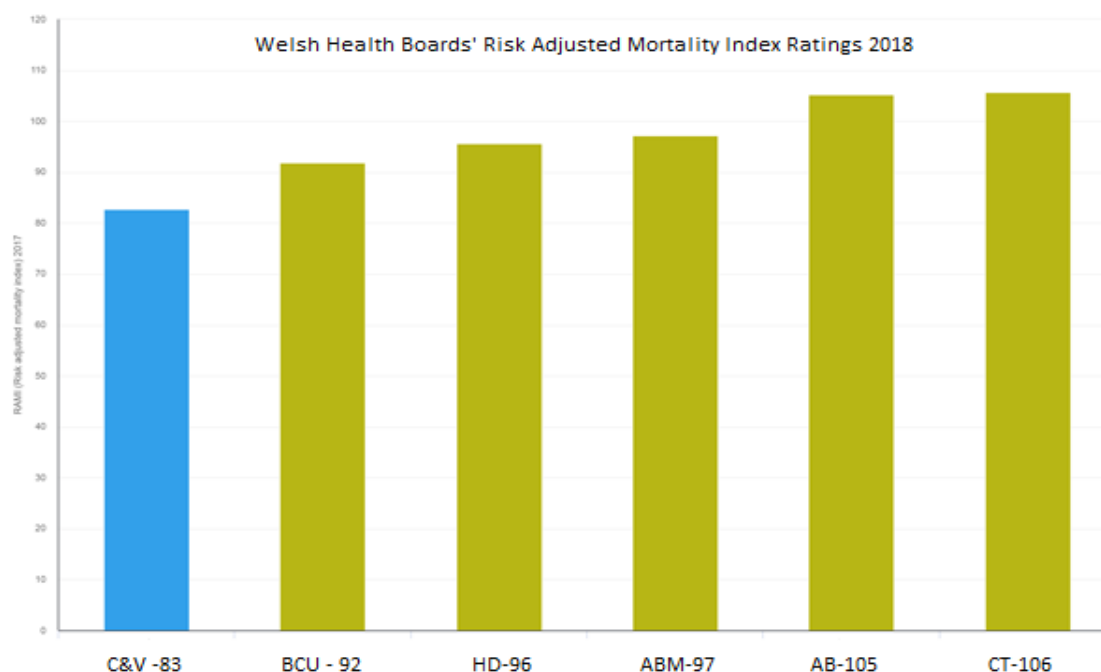
Performance
report_May_19_boar

Cardiff and Vale University Health Board - Performance Dashboard - 2018/19																					
Performance	Strategic Objectives	Measure	n	Mar-18	Mar-19	Mar-18	Mar-19	Mar-18	Mar-19	RAG	Nov-18	RAG	Jan-19	RAG	Mar-19	RAG	Latest Trend	Target	Time period	Exception Report	
Public Health	All take responsibility for improving our health and wellbeing	Uptake of influenza vaccination among high risk groups	1	+55.0% (95% CI: 50.0% - 60.0%)	+55.70% (95% CI: 50.7% - 60.7%)	+55.0% (95% CI: 50.0% - 60.0%)	+55.70% (95% CI: 50.7% - 60.7%)	+55.0% (95% CI: 50.0% - 60.0%)	+55.70% (95% CI: 50.7% - 60.7%)	G	+55.0% (95% CI: 50.0% - 60.0%)	G	+55.0% (95% CI: 50.0% - 60.0%)	G	+55.0% (95% CI: 50.0% - 60.0%)	G	0.0	Green: Community: 72%, staff 80%, Amber (improvement on 18/11) - 72% (95% CI: 67.2% - 76.8%)	at 31 March 2019		
		Percentage of children who have received 5 doses of the 6 in 1 vaccine by age 5 and received 2 doses of the MMR vaccine by age 5	2	84.6%	84.0%	83.1%	81.2%	5 in 1: 94.7%, MMR2: 97.3%	5 in 1: 94.7%, MMR2: 97.3%	G	5 in 1: 94.7%, MMR2: 97.3%	G	5 in 1: 94.7%, MMR2: 97.3%	G	5 in 1: 94.7%, MMR2: 97.3%	G	0.0	Target: 95% amber - MMR2: 95% and 95.2%	Q3 18/19		
		Proportion of adults obese or overweight	3	55% (12/13)	54% (13/14)	54%	54%	52% Age and 54%	52% Age and 54%	G	56%	G	56%	G	56%	G	0.0	Reduction on previous year (54% 12/13, 53/14)	NSW 2018-19		
		% of adults consuming > 14 units of alcohol per week (New measure)	4	44% (12/13)	44% (13/14)	44%	42%	22% Age and 23%	22% Age and 23%	G	21%	G	21%	G	21%	G	0.0	New measure - previous results relate to consumption above recommended units	NSW 2018-19		
		Proportion of adults meeting physical activity guidelines	5	28% (12/13)	27% (13/14)	27%	26%	60% Age and 59%	60% Age and 59%	A	57%	A	57%	A	56%	A	0.0	Target: continuous reduction in % of adults who reported being physically active for more than 150 mins in the previous week	NSW 2018-19		
		% of CBV resident smokers who make a quit attempt via smoking cessation services - Target 5%	6	not available	0.6%	1.1%	0.7% to 12%	0.6% to 12%	0.6% to 12%	0.6% to 12%	A	0.4% to 12%	A	0.4% to 12%	A	0.4% to 12%	A	0.0	WG target 5% over course of full year - MMR2: 5% (95% CI: 4.2% - 5.8%)	Q3 18/19	
		% of CBV residents who are 12 validated as consistently smoking 4 weeks - measured annually - Target 5%	7	not available	36.9%	46.0%	37.0%	55.3% Q3 17/18	55.3% Q3 17/18	A	53.0%	A	53.0%	A	53.0%	A	0.0	Tier 1 target 40% (MMP: 40% - 63%)	Q3 18/19		
		Rate of conceptions among females under 18	8	Cardiff 30 per 1000, Vale 24 per 1000	Cardiff 30 per 1000, Vale 24 per 1000	Cardiff 30 per 1000, Vale 24 per 1000	Cardiff 30 per 1000, Vale 24 per 1000	Cardiff 30 per 1000, Vale 24 per 1000	Cardiff 30 per 1000, Vale 24 per 1000	G	Cardiff 30 per 1000, Vale 24 per 1000	G	Cardiff 30 per 1000, Vale 24 per 1000	G	Cardiff 30 per 1000, Vale 24 per 1000	G	0.0	Target 10% reduction on previous year	Q3 2019		
		Crude hospital mortality rate for people aged less than 75	9	3.10%	3.27%	3.94%	3.05%	3.05%	3.05%	G	3.04%	G	3.04%	G	3.04%	G	0.0	12 Month Improvement Target (17/18) was 3.03%	12 months to Mar-19		
		Deliver outcomes that matter to people		Demonstrate reduction in the monthly rate for stroke, heart attack and fractured neck of femur patients (30 day post event, 12 wks)	11	stroke 14.5%, heart attack 3.7%, MRCF 6.9% (P46)	stroke 12.8%, heart attack 3.7%, MRCF 6.9% (P46)	stroke 12.8%, heart attack 3.7%, MRCF 6.9% (P46)	stroke 12.8%, heart attack 3.7%, MRCF 6.9% (P46)	stroke 12.8%, heart attack 3.7%, MRCF 6.9% (P46)	G	stroke 12.8%, heart attack 3.7%, MRCF 6.9% (P46)	G	stroke 12.8%, heart attack 3.7%, MRCF 6.9% (P46)	G	stroke 12.8%, heart attack 3.7%, MRCF 6.9% (P46)	G	0.0	Demonstrate reduction in rolling 12 month rate (2017: 12.5% (95% CI: 11.5% - 13.5%))	2018	✓
% Universal mortality reviews undertaken within 28 days of a death	12			29%	Operational score 84% (12/18 - 100%), User Experience score 80% (22/28 - 100%)	Operational score 84% (12/18 - 100%), User Experience score 80% (22/28 - 100%)	Operational score 84% (12/18 - 100%), User Experience score 80% (22/28 - 100%)	Operational score 84% (12/18 - 100%), User Experience score 80% (22/28 - 100%)	Operational score 84% (12/18 - 100%), User Experience score 80% (22/28 - 100%)	G	Operational score 84% (12/18 - 100%), User Experience score 80% (22/28 - 100%)	G	Operational score 84% (12/18 - 100%), User Experience score 80% (22/28 - 100%)	G	Operational score 84% (12/18 - 100%), User Experience score 80% (22/28 - 100%)	G	0.0	New measure - previous results relate to cases as 6/10 or above (Green 90%)	Monthly targeted for Mar-19	In Nursing Director's report	
National Patient experience survey	13			2017 - 2018: 84% (12/18 - 100%), 2018 - 2019: 84% (12/18 - 100%)	Operational score 84% (12/18 - 100%), User Experience score 80% (22/28 - 100%)	Operational score 84% (12/18 - 100%), User Experience score 80% (22/28 - 100%)	Operational score 84% (12/18 - 100%), User Experience score 80% (22/28 - 100%)	Operational score 84% (12/18 - 100%), User Experience score 80% (22/28 - 100%)	Operational score 84% (12/18 - 100%), User Experience score 80% (22/28 - 100%)	G	Operational score 84% (12/18 - 100%), User Experience score 80% (22/28 - 100%)	G	Operational score 84% (12/18 - 100%), User Experience score 80% (22/28 - 100%)	G	Operational score 84% (12/18 - 100%), User Experience score 80% (22/28 - 100%)	G	0.0	% of pts responding who rated overall experience of care as 6/10 or above (Green 90%)	National patient experience survey Mar-19	In Nursing Director's report	
"Two minutes of your Time patient feedback scores"	14			8/11 > 90%	7/11 > 90%	6/11 > 90%	7/11 > 90%	6/11 > 90%	7/11 > 90%	G	7/11 > 90%	G	7/11 > 90%	G	7/11 > 90%	G	0.0	Green: 90% for each of the 11 questions, Amber: 80% (Green 90%)	Monthly targeted for Mar-19	In Nursing Director's report	
Proportion of formal complaints responded to within 30 working days	15			45%	42%	55%	42%	74%	45%	G	84%	G	84%	G	84%	G	0.0	Green: 80% Amber: sustainable improvement from 45-50%	2018-19		
Life expectancy at birth	16			82.3 (2017)	82.4 (2017)	82.4 (2017)	82.4 (2017)	82.4 (2017)	82.4 (2017)	G	82.4 (2017)	G	82.4 (2017)	G	82.4 (2017)	G	0.0	Continuous improvement (June 18 figures updated)	2019		
Reduce infant mortality for population	17			4.1 per 1,000 live births (2017)	4.3 per 1,000 live births (2017)	4.3 per 1,000 live births (2017)	4.3 per 1,000 live births (2017)	4.3 per 1,000 live births (2017)	4.3 per 1,000 live births (2017)	G	4.3 per 1,000 live births (2017)	G	4.3 per 1,000 live births (2017)	G	4.3 per 1,000 live births (2017)	G	0.0	Continuous improvement (June 18 figures updated)	2019		
% live births with a birth weight of less than 2500g	18			7.2% (2017)	6.7% (2017)	5.6% (2017)	5.6%	5.6%	5.6%	G	6.5%	G	6.5%	G	6.5%	G	0.0	12 month cumulative reduction on previous year (5.5%)	Mar-19		
Rate of hospital admissions with any mention of neonatal staff form for children and young people per 1000 per year (New measure)	19			1157	1248	1020	1039	1020	1039	A	1039	A	1039	A	1039	A	0.0	Annual reduction from 3.6 in 18/17, 3.87 in 18/18, 4.30 in 18/19	Year 17/18		
Reduce harm, waste and ensure sustainability				Reduction in the number of emergency hospital admissions for basket of 8 chronic conditions per 1000 per year	20	1157	1248	1020	1039	1020	1039	A	1039	A	1039	A	1039	A	0.0	Reduction against same 12 month period of previous year (10/14)	2018
		Reduction in the number of emergency hospital readmissions within a year for basket of 8 chronic conditions	21	223	198	192	198	202	197	A	197	A	197	A	197	A	0.0	reduction against Jan-Dec 2017	2018		
		Emergency admission for hip fracture (age-standardised, 65+ per 100,000 people) (Previous Population adjusted)	22	377.5 (Mar-Feb 18)	433.9 (Mar-Feb 19)	490	554.6	583.7	593	A	593	A	593	A	593	A	0.0	reduction on previous year (575 per 100,000 cost index-62)	2018		
		Delivery of the 31 day (Net- USC) and 60 day (USC) cancer access standards	23	88% NUSC, 88% USC	88% NUSC, 88% USC	88% NUSC, 88% USC	88% NUSC, 88% USC	88% NUSC, 88% USC	88% NUSC, 88% USC	G	88% NUSC, 88% USC	G	88% NUSC, 88% USC	G	88% NUSC, 88% USC	G	0.0	Green: 1st 18% NUSC, 88% USC, Amber: MMR2: 88% (95% CI: 83.2% - 92.8%)	Mar-19	✓	
		Primary care contractor professional assurance status	24	Satisfactory	Satisfactory	Satisfactory	Satisfactory	Managerial Intervention Required	Managerial Intervention Required	A	Managerial Intervention Required	A	Managerial Intervention Required	A	Managerial Intervention Required	A	0.0	Present internal assessment of CBV GP sustainability position - last review for full year April-Mar 19	at 31/3/19		
		% GP Practices open during duty core hours or within 1 hour of duty core hours	25	76% (2017)	83% (2018)	83% (2018)	88%	88%	88%	G	88%	G	88%	G	88%	G	0.0	Improved target (2017 - 88%)	2018/19		
		Dementia Bundle: Diagnosis rates, Access & training	26	97%	Diagnosis: 54%, Access: 57%, Training: 42%	Diagnosis: 54%, Access: 57%, Training: 42%	Diagnosis: 54%, Access: 57%, Training: 42%	Diagnosis: 54%, Access: 57%, Training: 42%	Diagnosis: 54%, Access: 57%, Training: 42%	G	Diagnosis: 54%, Access: 57%, Training: 42%	G	Diagnosis: 54%, Access: 57%, Training: 42%	G	Diagnosis: 54%, Access: 57%, Training: 42%	G	0.0	Target: diagnosis improvement in proportion - 10% increase patients seen within 14 weeks. Target improvement in GP practices that completed all 3 bundles (2017: 50%)	Diagnosis 11/18, Access 11/18, Training 11/18		
		% of people over 65 who are discharged from hospital and referred to a care home and not from place of residence	27	2.37%	2.37%	2.80%	3.00%	3.30%	3.30%	A	3.44%	A	3.33%	A	3.37%	A	0.0	Demonstrate reduction in rolling 12 month rate (2017: 3.29, 2018: 3.29, 2019: 3.29)	12 months to Mar-19	✓	
		Sustained compliance against four acute stroke bundles	28	1.98% ± 2.46%, 3.75% ± 2.45%	2.8% ± 2.8%, 3.75% ± 2.45%	1.35% ± 2.10%, 3.75% ± 2.45%	2.2% ± 2.9%, 3.75% ± 2.45%	1.27% ± 2.9%, 3.75% ± 2.45%	1.27% ± 2.9%, 3.75% ± 2.45%	A	1.27% ± 2.9%, 3.75% ± 2.45%	A	1.27% ± 2.9%, 3.75% ± 2.45%	A	1.27% ± 2.9%, 3.75% ± 2.45%	A	0.0	Amber: Continuous improvement - Green: MMR2: 88% (95% CI: 83.2% - 92.8%)	Monthly performance to Mar-19		
		Number of new acute admissions for sepsis in both primary and secondary care	29	102	97	97	97	97	97	G	97	G	97	G	97	G	0.0	No. of Sepsis reduction in year (2017: 102, 2018: 97)	Monthly targeted for Mar-19	In Nursing Director's report	
Care for patients and environment		% patients with a positive screening for sepsis in both primary and secondary care	30	84%	84%	84%	84%	84%	84%	G	84%	G	84%	G	84%	G	0.0	Continuous improvement target (2017: 84%, 2018: 84%, 2019: 84%)	Monthly targeted for Mar-19		
		% of patients with a positive screening for sepsis in both primary and secondary care	31	84%	84%	84%	84%	84%	84%	G	84%	G	84%	G	84%	G	0.0	Continuous improvement target (2017: 84%, 2018: 84%, 2019: 84%)	Monthly targeted for Mar-19		
		% of patients with a positive screening for sepsis in both primary and secondary care	32	84%	84%	84%	84%	84%	84%	G	84%	G	84%	G	84%	G	0.0	Continuous improvement target (2017: 84%, 2018: 84%, 2019: 84%)	Monthly targeted for Mar-19		
		Patient environment: Credit 4 cleaning scores for high risk areas	33	Very high risk: 100%, High risk: 92%, Significant risk: 91.3%	Very high risk: 100%, High risk: 94%, Significant risk: 91.3%	Very high risk: 100%, High risk: 94%, Significant risk: 91.3%	Very high risk: 100%, High risk: 94%, Significant risk: 91.3%	Very high risk: 100%, High risk: 94%, Significant risk: 91.3%	Very high risk: 100%, High risk: 94%, Significant risk: 91.3%	G	Very high risk: 100%, High risk: 94%, Significant risk: 91.3%	G	Very high risk: 100%, High risk: 94%, Significant risk: 91.3%	G	Very high risk: 100%, High risk: 94%, Significant risk: 91.3%	G	0.0	Green: 100%, Amber: 90%	Monthly targeted for Mar-19		
		% compliance with Hand Hygiene (HYG 5 moments)	34	91%	91%	94%	94%	94%	94%	G	94%	G	94%	G	94%	G	0.0	WG target: 113 C-40, 88 Success, 284 w-40	Apr 18 to Mar 19		
		Reduction in C. difficile and Clostridium difficile (MRSA cases)	35	80 C difficile cases, 31 MRSA cases	112 C difficile cases, 11 C aureus cases	112 C difficile cases, 11 C aureus cases	112 C difficile cases, 11 C aureus cases	112 C difficile cases, 11 C aureus cases	112 C difficile cases, 11 C aureus cases	A	112 C difficile cases, 11 C aureus cases	A	112 C difficile cases, 11 C aureus cases	A	112 C difficile cases, 11 C aureus cases	A	0.0	WG target: 113 C-40, 88 Success, 284 w-40	Apr 18 to Mar 19		
		Financial balance, remain within resource limits	36	£179,170 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	G	£21,360 deficit at M12	G	£21,360 deficit at M12	G	£21,360 deficit at M12	G	0.0	10% reduction on previous year (2017: 180,000, 2018: 180,000)	2018/19 planned deficit £3m		
		Financial balance, remain within resource limits	37	£179,170 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	G	£21,360 deficit at M12	G	£21,360 deficit at M12	G	£21,360 deficit at M12	G	0.0	Approved planned expenditure £46,480m	2018/19 planned deficit £3m		
		Reduction in Underlying deficit	38a	£179,170 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	G	£21,360 deficit at M12	G	£21,360 deficit at M12	G	£21,360 deficit at M12	G	0.0	£179,170 deficit at M12	2018/19 planned deficit £3m		
		Delivery of recurrent 1% savings target	38b	£179,170 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	G	£21,360 deficit at M12	G	£21,360 deficit at M12	G	£21,360 deficit at M12	G	0.0	£179,170 deficit at M12	2018/19 planned deficit £3m		
Sustainability		Delivery of financial improvement target	38c	£179,170 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	G	£21,360 deficit at M12	G	£21,360 deficit at M12	G	£21,360 deficit at M12	G	0.0	£179,170 deficit at M12	2018/19 planned deficit £3m		
		Overseer payments compliance 30 day Net NHS	39a	£179,170 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	G	£21,360 deficit at M12	G	£21,360 deficit at M12	G	£21,360 deficit at M12	G	0.0	£179,170 deficit at M12	2018/19 planned deficit £3m		
		NHS within Cash Limit	39b	£179,170 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	G	£21,360 deficit at M12	G	£21,360 deficit at M12	G	£21,360 deficit at M12	G	0.0	£179,170 deficit at M12	2018/19 planned deficit £3m		
		Maintain Positive Cash Balance	39c	£179,170 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	G	£21,360 deficit at M12	G	£21,360 deficit at M12	G	£21,360 deficit at M12	G	0.0	£179,170 deficit at M12	2018/19 planned deficit £3m		
		Number of procedures undertaken that are on the NHS's "Prevention and normally undertaken" list for procedures of limited clinical effectiveness	40	£179,170 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	£21,360 deficit at M12	G	£21,360 deficit at M12	G	£21,360 deficit at M12	G	£21,360 deficit at M12	G	0.0	£179,170 deficit at M12	2018/19 planned deficit £3m		
		Receiving Inpatient Health Utilisation (inpatient																			

1) MORTALITY

How are we doing and how do we compare with our peers?

Annual data for 2018 from CHKS indicates that Cardiff and Vale UHB has the lowest risk adjusted mortality rates in Wales, with 17% (83 – 100) fewer deaths observed than would be expected based on the UK average. The UHB's performance is in line with the performance attained by our peer group of 24 acute teaching hospitals in the UK outside of London.



Risks

Whilst mortality rates are a useful indicator for measuring the UHB's effectiveness in providing safe, clinically effective care and for the early identification of harm occurring, detailed 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?

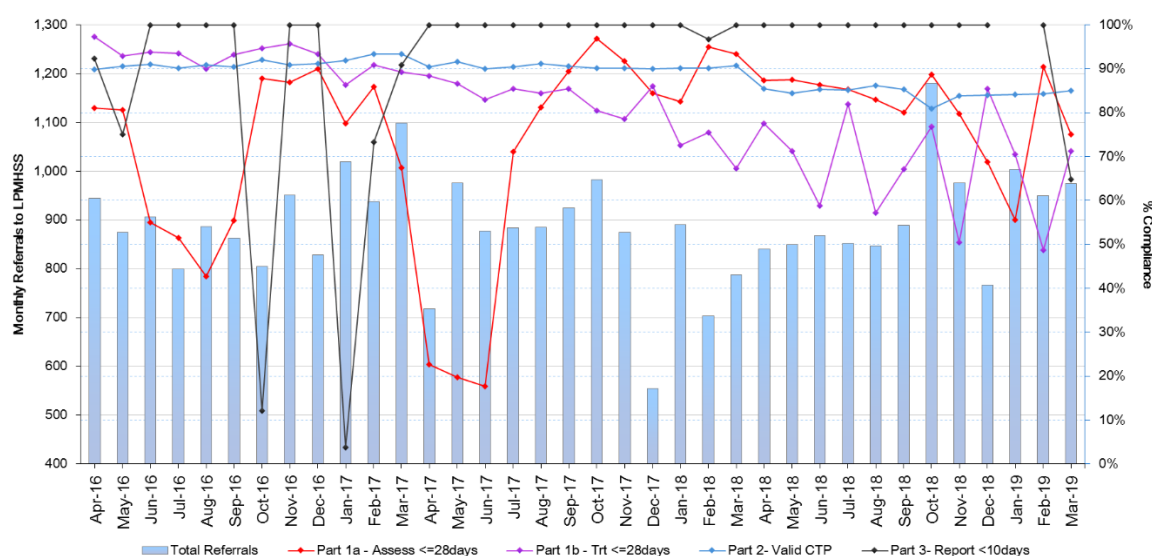
The UHB continues to act on the findings of national clinical audits to identify and understand potential service issues and variation from best practice.

2) MENTAL HEALTH

How are we doing?

10,993 referrals were received by primary mental health services in 2018/19, an increase of 9% from 2017/18. As described below performance in meeting Part 1 of the Mental Health measure was variable over the course of the year, whilst the UHB consistently met parts 2 and 3.

Part 1 of the measure requires service users of primary mental health services to receive an assessment within 28 days and to receive therapeutic intervention following assessment within a further 28 days. For the year as a whole, 80.3% of service users received an assessment within 28 days compared to the Welsh Government's expected standard of 80%.



Over the course of the year 64% of users then received a therapeutic intervention following assessment within 28 days, below the minimum standard expected by the Welsh Government of 80%. Performance was low due to the unprecedented level of referrals received during the year.

Part 2 of the measures sets out an expectation that mental health service users should have a valid Community Treatment Plan completed at the end of each month. The Welsh Government's minimum standard of 90% continues to be met by the UHB.

Former users assessed under part 3 of the Mental Health measure are expected by the measure to receive a report detailing an outcome of their assessment within 10 days of the assessment. This relatively new measure is now being consistently met by the UHB.

Part 4 provision of an advocacy service for patients continues to be met.

How do we compare with our peers?

In March 2019 the UHB's performance deteriorated, with performance being below average against all measures.

Indicator	Target	Month	Wales	ABM	AB	BCU	C&V	Ctaf	Hdda	Powys	CV Rank
1a - % assessments within 28 days	80%	Mar-19	76%	77%	81%	76%	75%	51%	92%	88%	6/7
1b- % therapeutic interventions within 28 days of assessment	80%	Mar-19	81%	88%	84%	68%	71%	95%	82%	75%	5/7
% residents with a valid CTP	90%	Mar-19	90%	91%	90%	90%	85%	89%	91%	96%	7/7

What are the main areas of risk?

The main risk to providing an accessible responsive service is the lack of resilience within the services' capacity at periods of relatively higher demand.

What actions are we taking?

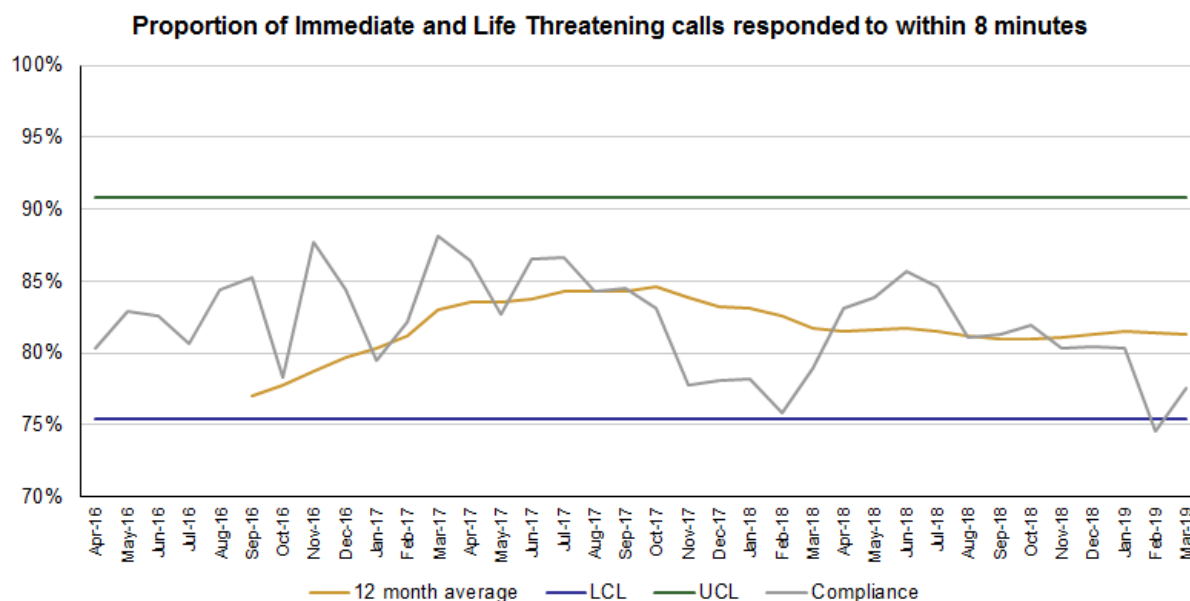
Part 1 – The approach to improving performance is threefold – Increasing Primary Care first point of contact Mental Health provision; Right sizing its capacity – to balance assessment and intervention; and Developing CAMHS to work alongside the newly repatriated CAMHS specialist services.

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.

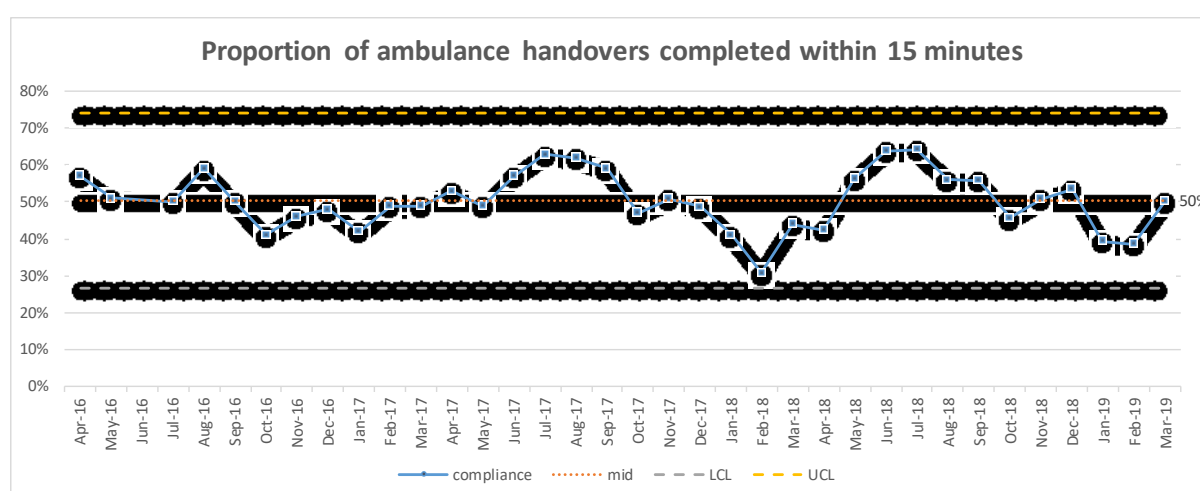
3) UNSCHEDULED CARE

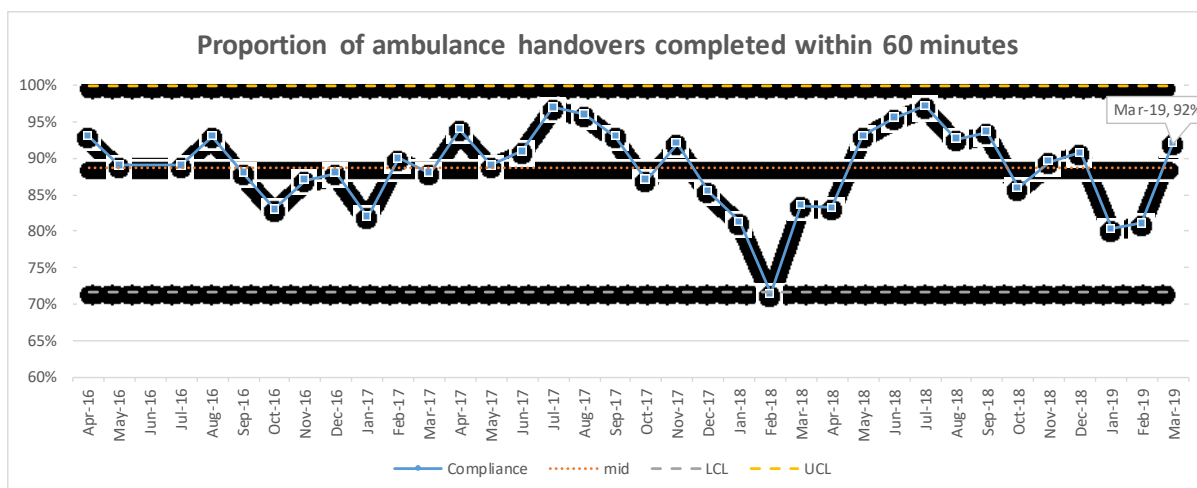
WAST 8 Minutes Response

The Health Board commissions the Welsh Ambulance Service Trust to provide responsive, high quality services to patients. Throughout 2018/19 there have been consistently high performance levels achieved for the proportion of patients with a potentially immediate or life threatening condition within Cardiff and the Vale, to whom the Ambulance Service responded within 8 minutes. The annual rate was 81%, and the discrete rate for March was 78%, both above the Welsh Government target of 65%.



In respect of ambulance handovers, 50% of patients were handed over within 15 minutes in March and 92% of patients handed over within an hour which is below the WG minimum standard of 60% within 15 minutes, and 100% within 60 minutes.

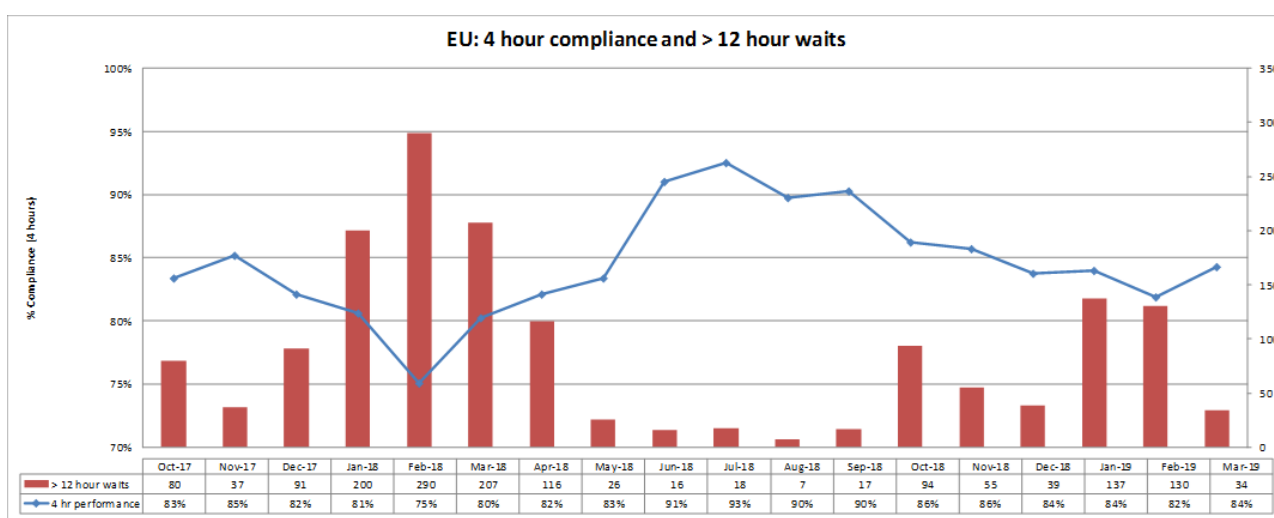




The proportion of patients admitted, discharged or transferred within 4 hours was 86.3% for 2018/19, 2.6% above last year in the context of a 3.8% increase in attendances. The position for March was an improvement of 4.1%, with reported performance 84.3% against 80.3% in March last year.

At a number of points throughout the year, Cardiff and Vale's ED transit time was ranked within the top 10 across comparable site emergency units in the UK. In particular, performance in the crucial winter months has stayed well ahead of the previous year's performance, with 4 hours performance 3% above last year (83.98% versus 80.71%). This is against the trend in Wales and across the UK.

The number of patients waiting in excess of 12 hours was 34 in March, a marked improvement on the 207 unfortunate patients who waited over 12 months in March 2018. The performance for the year did not meet the WG's expected standard of zero. 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.

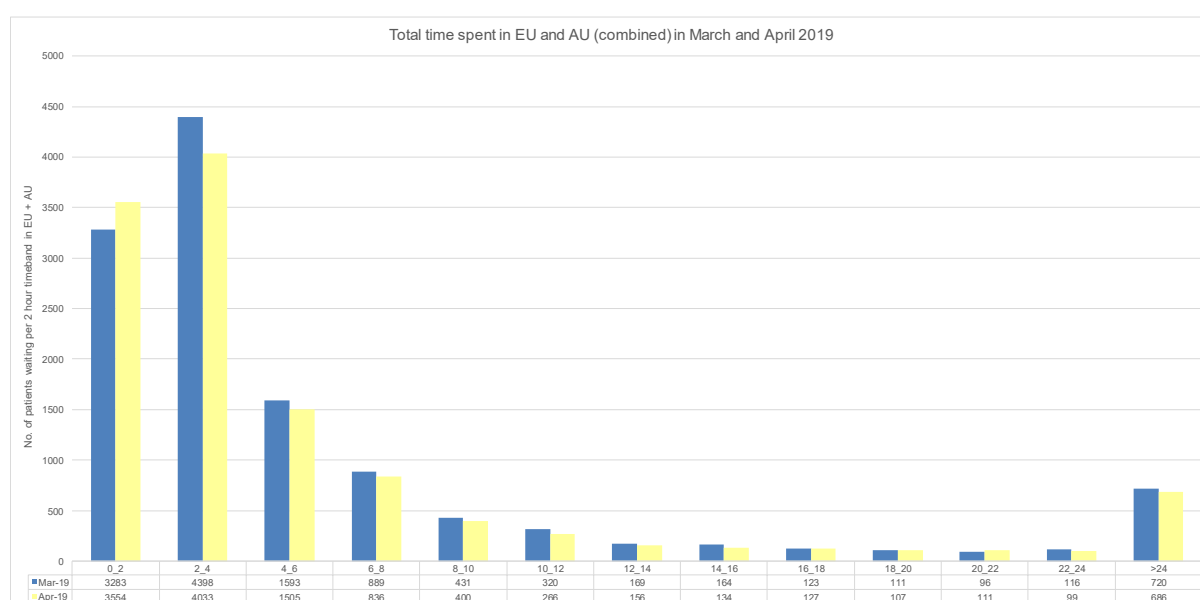


Emergency Assessment Waiting Times

The UHB saw an average of 400 patients per day in March and April through the UHW emergency and assessment units. They present from various different locations, arrive via different routes and have very different personal and clinical requirements. As a result there is wide variation in the time and the demands they have on our front line hospital unscheduled care services.

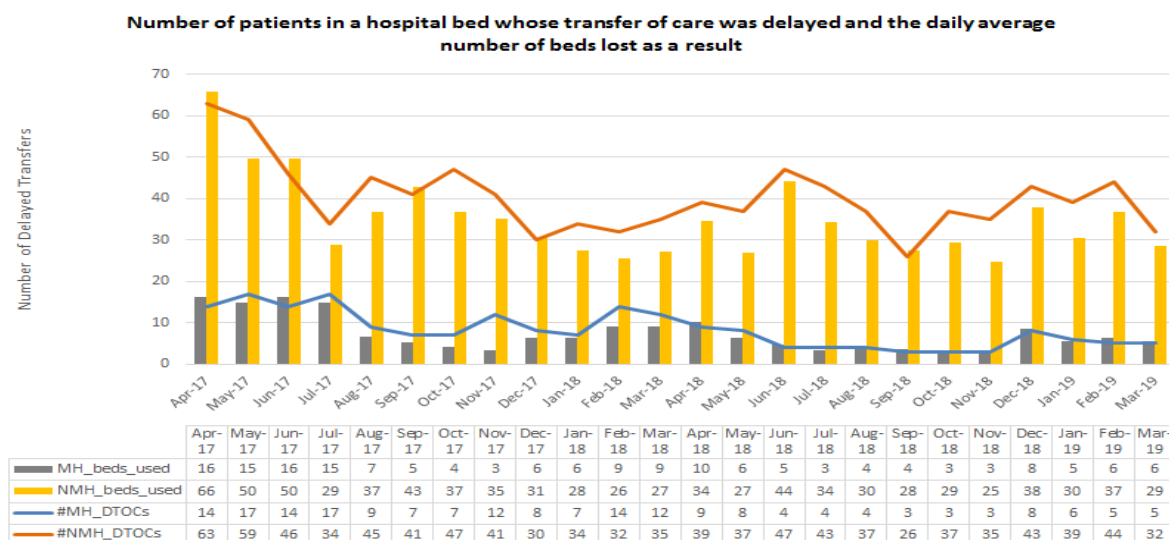
In March and April 2019, the average combined time that patients spent in the emergency and assessment units of UHW was 6.3 and 6.4 hours respectively. The distribution profile and statistics of these waiting times is shown in the following figures:

EU&AU combined access times	Mar-19	Apr-19
Number of attendances	12413	12014
Average of total time EU&AU (hrs)	6.4	6.3
Max of total time EU&AU (hrs)	120	122



prior to being admitted, discharged, treated or

Delayed Transfers Of Care : The total number of patients whose care was delayed reduced from 47 to 37 over the course of the year



How do we compare with our peers?

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

Indicator	Target	Month	Wales	ABM	AB	BCU	C&V	Ctaf	Hdda	Powys	CV Rank
%new patients waiting longer than 4 hrs in EU	95%	Mar-19	78%	76%	79%	71%	84%	83%	82%	100%	1/6
No. patients waiting >12 hours in EU	0	Mar-19	4472	861	561	1633	34	435	948	0	1/6
% Red calls WAST respond to within 8mins	65%	Mar-19	71%	73%	73%	70%	78%	70%	63%	58%	1/6
Patients waiting more than 1hr for an ambulance handover	0	Mar-19	2544	928	558	438	189	0	407	n/a	2/6

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?

Recruitment and retention of clinical staff, in particular the high level of nursing vacancies and high reliance on temporary staffing remains a main area of risk.

There is a need to balance risk across the whole system i.e. not just in-hospital but also in the community.

What actions are we taking?

The Health Board is progressing a number of schemes to improve the recruitment and retention of nursing staff, including a student streamlining scheme for third year student nurses, recruitment of overseas nurses and recruitment festival on 22nd June 2019. 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.

Working with our partners across health, social care and the voluntary sector, our focus remains on:

1. *Right place, right time* - Improved access to Urgent and Emergency care
2. *Every Day Counts* – Timely decision making and access to diagnostics and therapies
3. *Get Me Home* - Alternative services in the community to reduce long hospital stays

There are a number of programmes of work ongoing and schemes in place to support these, including the rollout of 'Red to Green' on wards; continuing to maximise our core Community Resource Team capacity ; 'Get me home plus'; and additional Age Connect capacity. The Length of Stay improvement programme of work, part of the UHB's Transformation Programme, is being informed and supported by an increased use of data and business intelligence.

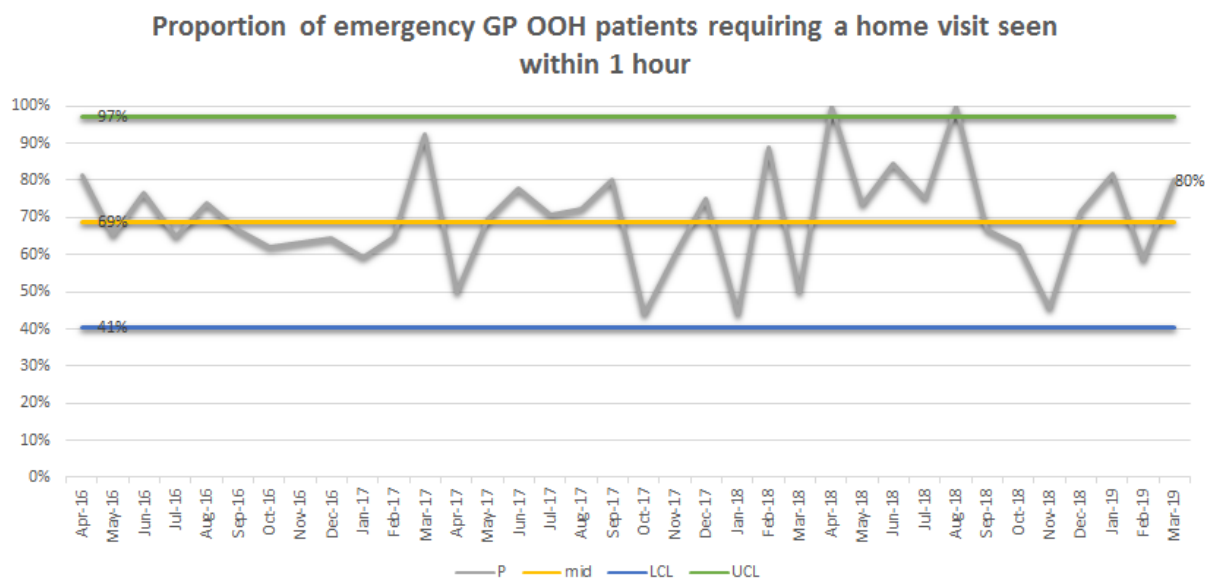
4) GP OUT OF HOURS SERVICES (OOH)

How are we doing?

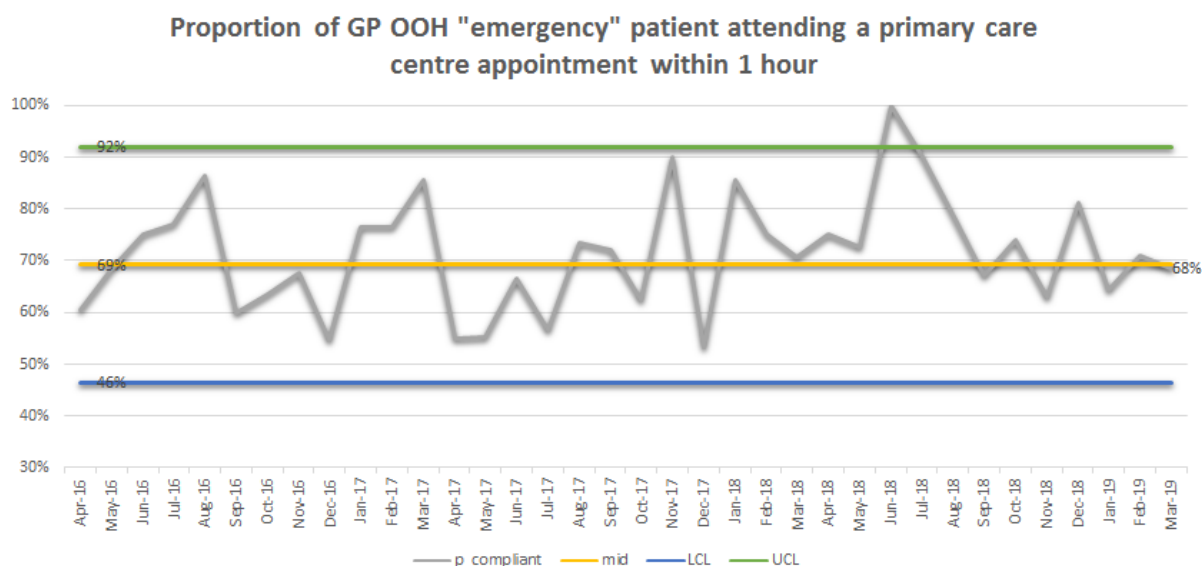
The UHB monitors the performance of the Out of Hours service using the Welsh Government Quality and Monitoring Standards. In March the UHB was compliant with 6 of the standards and within 10% of the required level for 4 of the standards.

Cardiff and Vale of Glamorgan Out of Hours Monthly Data Report						
** Please note the percentages are rounded to the nearest whole number.						
	Demonstrates that a standard has been achieved		Total Contacts=9598			
	Demonstrates that a standard is within 10% of being achieved		Total Clinical Contacts Recorded on			
	Demonstrates that a standard has not been achieved		Adastra = 8297			
	Demonstrates volumes only		Mar-19			
Standard	Description	Target	Total	Result	Score	
Telephone Services						
Telephone Calls	Number of calls answered within set timeframes	95% ans. in 60 seconds	8523	7594	89%	
		100% ans. in 120 seconds	8523	7996	94%	
Abandoned Calls	Number of callers who abandon their attempt after 60 secs.	No more than 5%	8523	166	2%	
Handling	% of calls recording the correct patient demographic information	100% Correct	8523	8523	100%	
Telephone Triage Services						
Urgent Triage	Number of urgent calls, logged & returned within set timeframes	98% triaged within 20 minutes	2614	2142	82%	
	Longest time to triage an urgent call	Longest time		485		
	Average of the 10 longest times to triage an urgent call	Average time		341		
Routine Triage	Number of routine calls, logged & returned within set timeframes	98% triaged within 60 minutes	4036	3501	87%	
	Longest time to triage a routine call	Longest time		716		
	Average of the 10 longest times to triage a routine call	Average time		603		
Immediate Life Threatening (ILT) Conditions						
Referral	Number of life threatening conditions identified	100% within 3 minutes	182	182	100%	
Home Visiting						
Home Visits	The number and percentage of home visits	No target	8297	515	6%	
HV P1 (Emergency)	The number of face to face contacts within one hour	75% seen within one hour	10	8	80%	
	The number of face to face contacts within two hours	100% seen within two hours	10	8	80%	
HV P2 (Urgent)	The number of face to face contacts within two hours	98% seen within two hours	162	116	72%	
HV P6 (Less Urgent)	The number of face to face contacts within six hours	98% seen within six hours	343	278	81%	
Primary Care Centre Appointments						
PCC	The number and percentage of PCC attendances	No target	8297	2854	34%	
PCC P1 (Emergency)	The number of face to face contacts within one hour	75% seen within one hour	19	13	68%	
	The number of face to face contacts within two hours	100% seen within two hours	19	19	100%	
PCC P2 (Urgent)	The number of face to face contacts within two hours	98% seen within two hours	289	221	76%	
PCC P6 (Less Urgent)	The number of face to face contacts within six hours	98% seen within six hours	2546	2488	98%	
Transmissions						
Transmissions	The number of reports sent to GP Practice by OOH	100% by 9am	8956	8956	100%	
Other Data						
Outcomes	The number of calls ending in telephone advice	No target	8297	2302	28%	
	The number of calls advised to contact their GP within 24hrs.	No target	8297	1088	13%	
Referrals OUT	The number of referrals to the Emergency Department	No target	8297	585	7%	
	The number of referrals to WAST	No target	8297	225	3%	
	The number of referrals for direct admission	No target	8297	281	3%	
Referrals IN	The number of referrals from the Emergency Department	No target	8297	53	0.6%	
	The number of referrals from WAST	No target	8297	171	2%	
Rota	Shift fill rate (reported in hours)	100% of shifts filled	4906	4041	82%	
Complaints/Incidents						
Complaints	Total number of complaints received & number upheld	No target		2		
Compliments	Total number of compliments received	Volume only		1		
Significant Events	Total number of significant events recorded	Volume only				
Serious Incidents	Total number of serious incidents recognised	Volume only				

As per the chart below the proportion of home visits for patients prioritised as “emergency” which were provided within 1 hour continued to fluctuate wildly over the course of the year between limits of 41% and 97%, reflecting the large variation in demand on this service, both in terms of volume and location. The median performance is 69% compared with the Welsh Government’s delivery standard of 75%



The proportion of primary care centre appointments provided within 1 hour for those prioritised as “emergency” was stationary throughout the year at a median of 69%.
 spike in activity noted Jun-18



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?

- **National standards** – New national standards have been implemented, with the service using April data to inform the nuances in the requirements and the requirements on service models.

- **Workforce planning** – Capacity and Demand exercises have been completed alongside best practice reviews. Following this a three year workforce plan is being implemented and an evaluation of the MDT taking place.

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:** Over the course of 2018/19 there were 1 contract termination which has been subsequently reissued.
- c) **Directly managed GP services:** The UHB presently has no directly managed primary medical care services
- d) **Other contract variations:** There were 4 temporary list closures (2 of the 4 applications made in 2017-18 but the closure continued in to 2018-19). There are presently no closed lists.

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 first contact physiotherapy and liaison mental health clinics are being rolled out across all clusters, with the musculoskeletal clinics having commenced in 4 of the 9 clusters. Early evaluation is positive.

Roll out digital solutions, including:

- HealthPathways – a digital repository of pathways jointly agreed across Primary and Secondary Care. There are now 38 live pathways and 4 more in development.
- Vision 360 platform has been procured and there is a phased rollout plan in place.

6) STROKE

How are we doing?

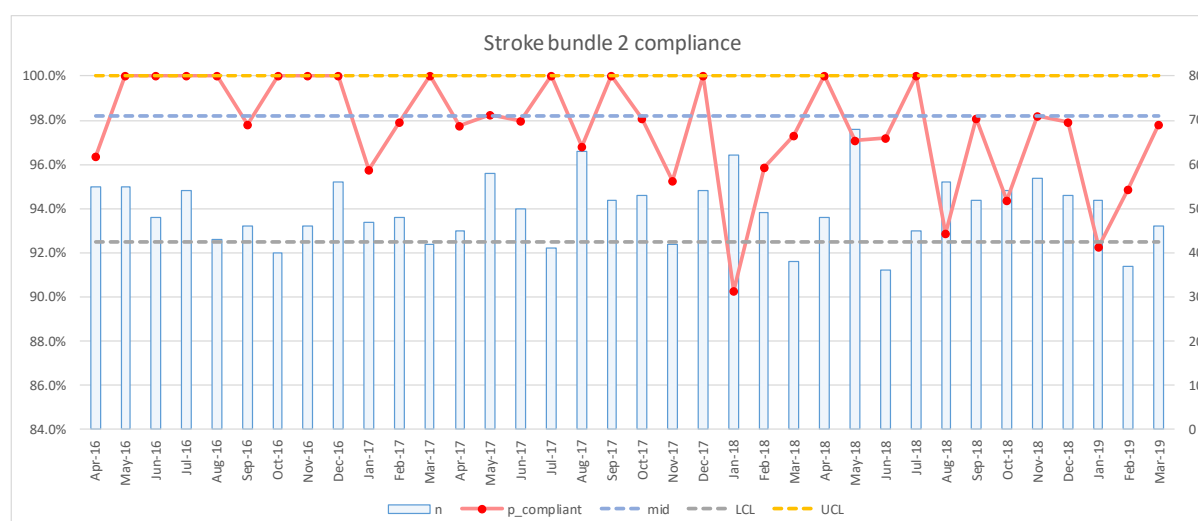
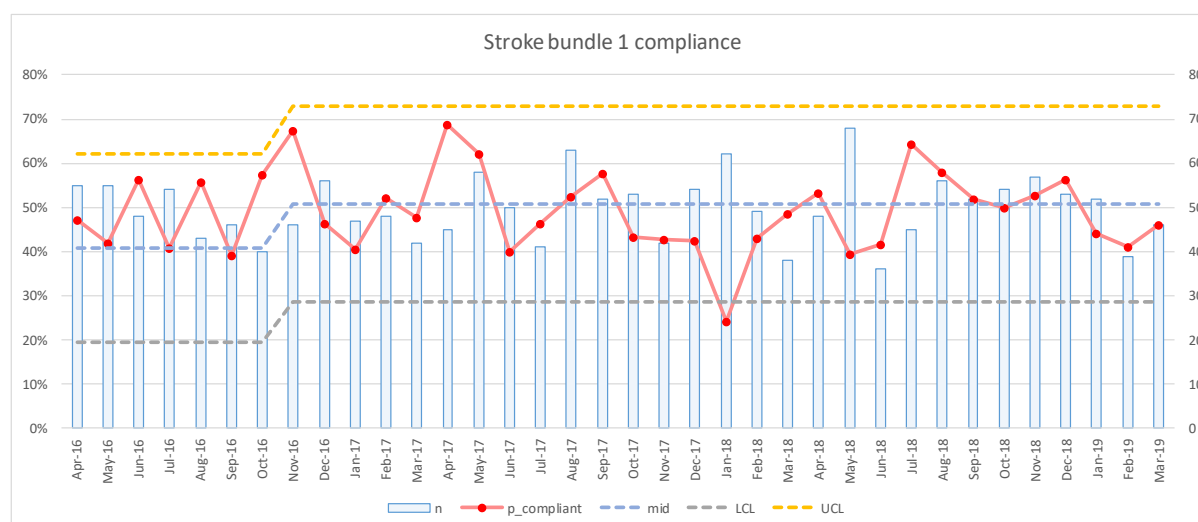
UHW was one of five sites across Wales to be given a level B rating in the latest Sentinel **Stroke** National Audit Programme (SSNAP) data, with the other seven sites level C or D. Our overall performance in delivering the 4 SSNAP bundles improved over the course of the year as shown below:

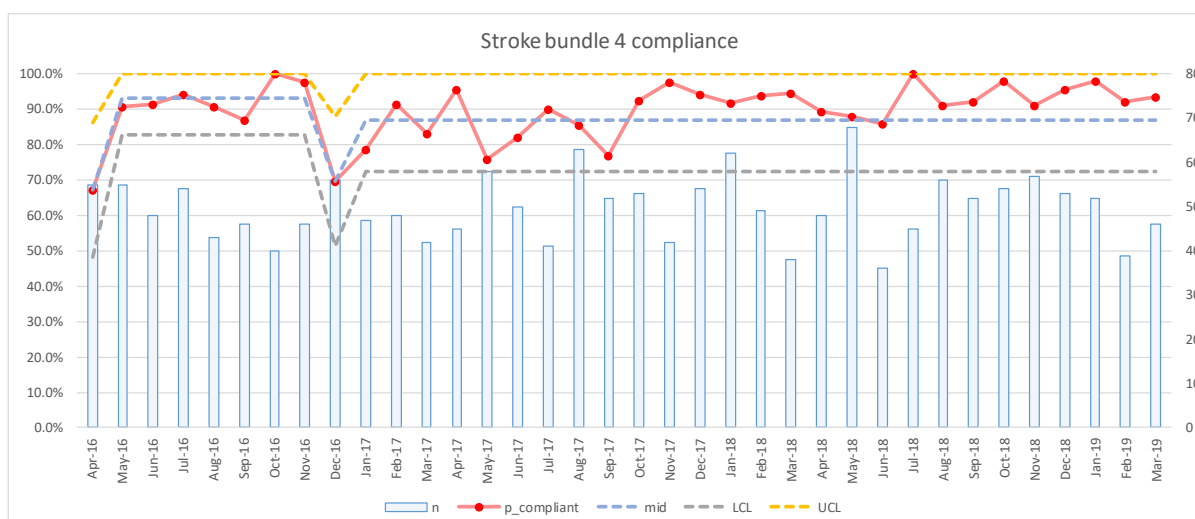
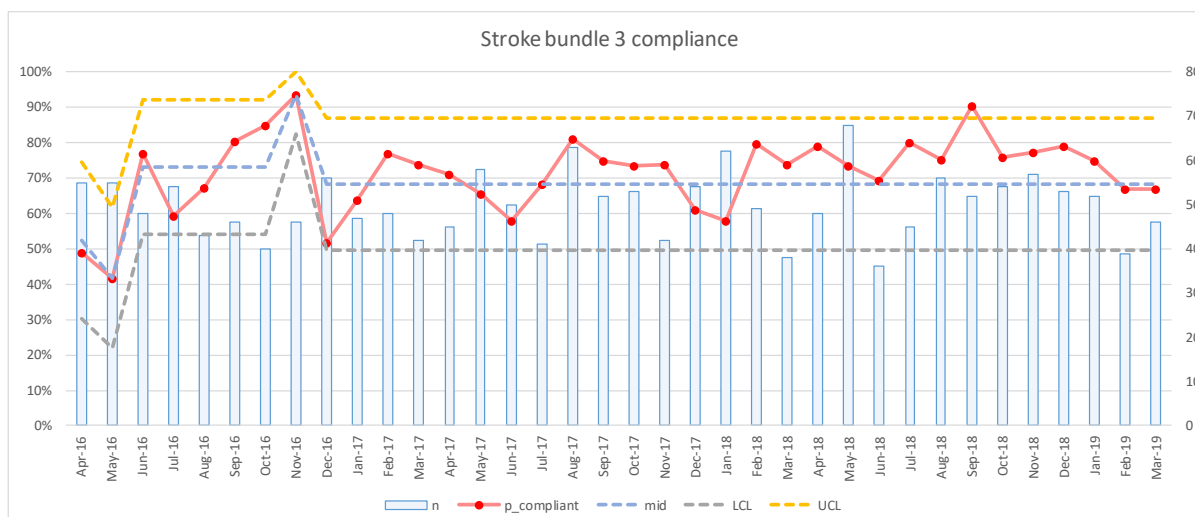
Bundle	2017/18	2018/19
1. Within 4 Hours Care KPI	48%	49%
2. Within 12 Hours Care KPI	99%	97%
3. Within 24 Hours Care KPI	66%	76%
4. Within 72 Hours Care KPI	85%	93%

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 Mar-19
4 Hour QIM	Direct Admission to Acute Stroke Unit within 4hours	65%	54%
12 Hour QIM	CT Scan within 12 hours	99%	97%
24 Hour QIM	Assessed by a Stroke Consultant within 24 hours	80%	76%
45 Minute QIM	Thrombolysis Door to Needle within 45 minutes	35%	19%

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





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.

Indicator	Target	Month	Wales	ABM	AB	BCU	C&V	Ctaf	Hdda	CV Rank
Stroke<4hours, Direct admission to acute stroke unit	59%	Mar-19	53%	51%	53%	50%	53%	42%	69%	2/6
Stroke <1hour- CT scan	55%	Mar-19	56%	51%	51%	41%	52%	73%	85%	3/6
Stroke <24hours - Assessed by a stroke consultant	84%	Mar-19	85%	86%	96%	81%	73%	65%	33%	4/6
Stroke thrombolysis - door to needle <45 mins	Improve	Mar-19	21%	30%	21%	7%	17%	0%	92%	4/6

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?

The two key improvement actions are:

- 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?

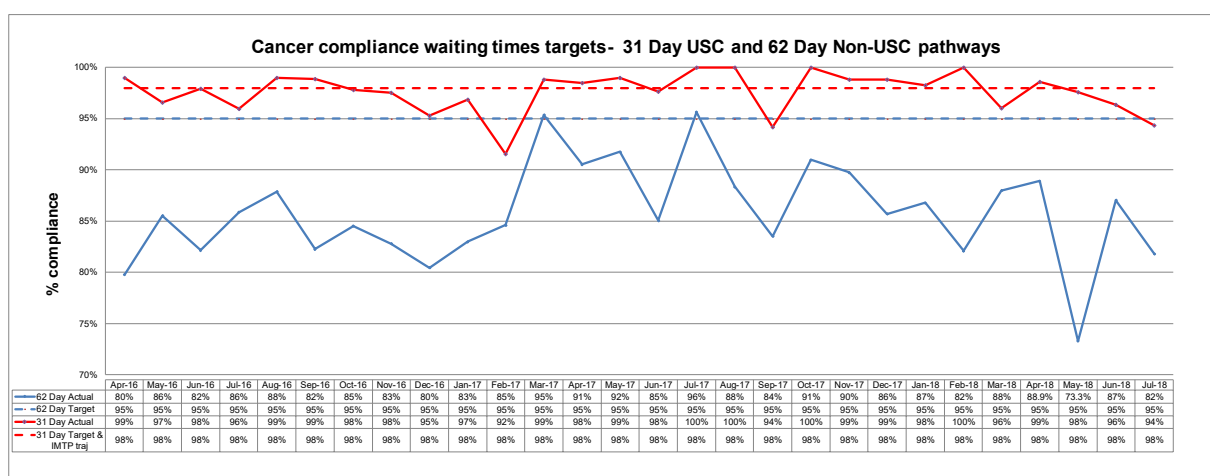
Over the course of 2018/19 83.4% of cancer patients who were referred by their GP as urgent with suspected cancer commenced treatment within 62 days of their referral, against a minimum expected standard of 95%. This is a deterioration on the 88% observed in 2017/18.

95.8% of patients who were not on an "urgent suspected cancer" pathway commenced treatment within 31 days of the requirement for treatment being agreed with them. The UHB did not meet the minimum expected standard of 98% and our performance was below the 98.4% level delivered in 2017/18.

Performance by tumour site and by month is shown in the two figures below.

	Urgent Suspected Cancer			Non-Urgent Suspected Cancer		
	Number of patients treated	Number treated within 62 days	% treated within 62 Days	Number of patients treated	Number treated within 31 days	% treated within 31 days
Head and neck	71	65	91.5%	38	38	100%
Upper Gastrointestinal	68	46	67.6%	74	73	98.6%
Lower Gastrointestinal	121	77	63.6%	158	152	96.2%
Lung	84	65	77.4%	172	166	96.5%
Sarcoma	5	5	100%	7	7	100%
Skin	173	172	99.4%	56	55	98.2%
Brain/CNS	1	1	100%	37	36	97.3%
Breast	187	161	86.1%	131	120	91.6%
Gynaecological	62	59	95.2%	63	63	100%
Urological	294	243	82.6%	114	102	89.5%
Haematological	25	16	64%	37	36	97.3%
Acute Leukaemia	3	3	100%	14	14	100%
Children's cancer	0	0		7	7	100%
Other	17	14	82.5%	17	17	100%
UHB Total	1111	927	83.4%	925	886	95.8%

Monthly performance against the 31 and 62 day standards is shown below:



What are the main areas of risk?

Our main areas of risk remain:

An increased focus on clearing the backlog of patients waiting > 62 days in GI and urology for treatment, whilst the right thing to do, will have a detrimental impact on our performance.

Increase in demand in a number of tumour sites, with exceptional demand in a number of tumour sites – including urology and GI,

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?

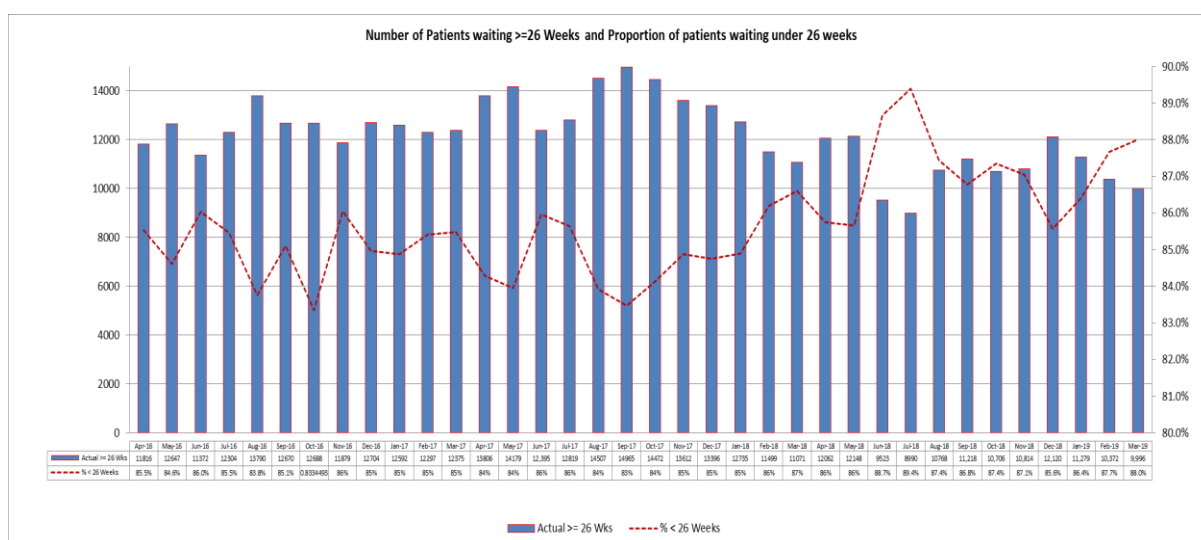
The actions being taken to improve cancer performance are as outlined in the paper presented to the Board in March 2019. In the short term, the improvement actions fall broadly into two categories - tumour site specific actions and secondly strengthening tracking arrangements. Tumour site specific plans 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 Health Board continues to progress with its Implementation Plan for the Single Cancer Pathway. Shadow reporting for March showed compliance as 80% treated in target (with suspensions applied).

8) ELECTIVE ACCESS

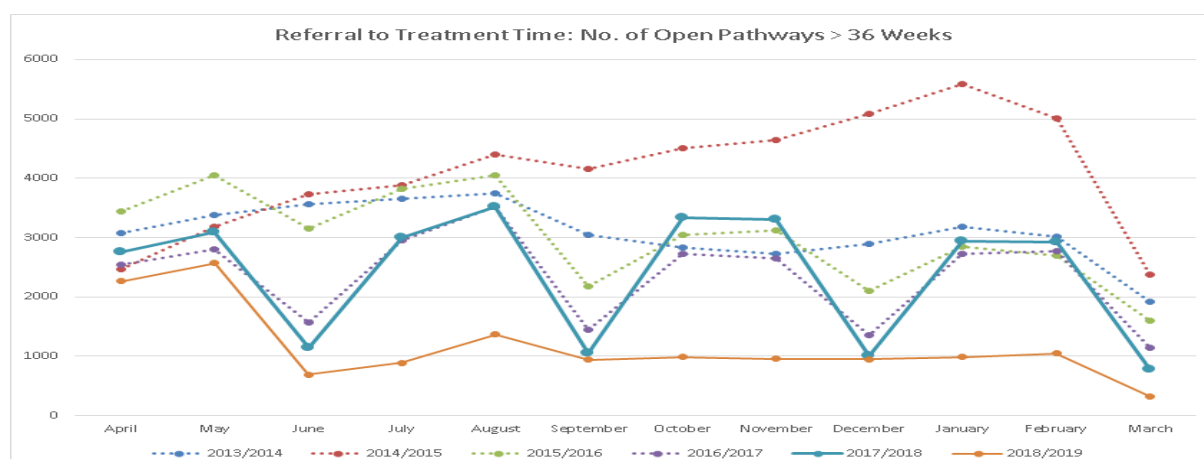
How are we doing?

The Welsh Government has set a target that 95% of most patients referred for consultant-led elective care should be treated within 26 weeks from date of receipt of referral, with the remaining 5% seen within 36 weeks. At the end of March 2019, there were 9,996 patients waiting in excess of 26 weeks on an elective referral to treatment time pathway, equating to 88% of patients waiting under 26 weeks.

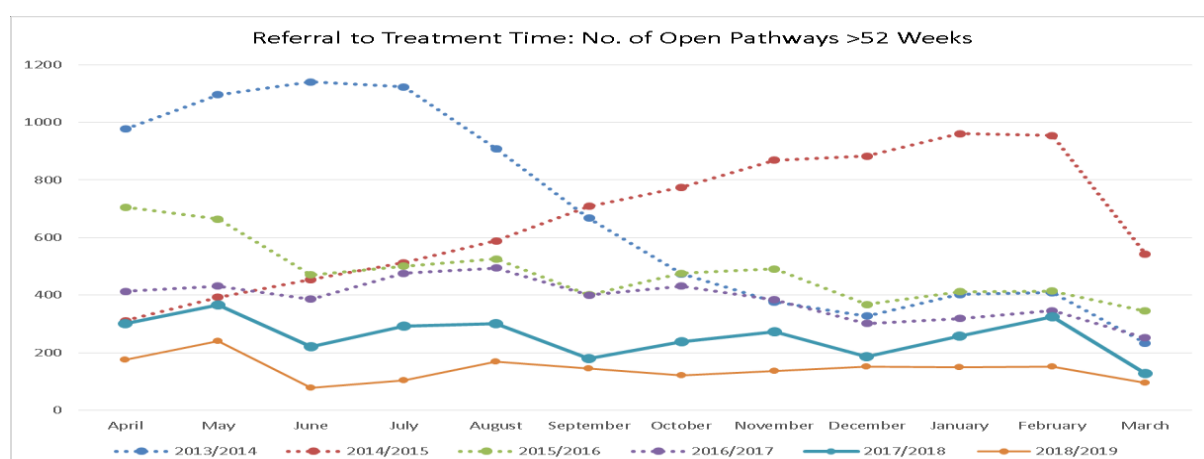


Over 2018/19 the Health Board further reduced the number of patients waiting in excess of 36 weeks for elective care to 327 by the end of March 2019. This was in

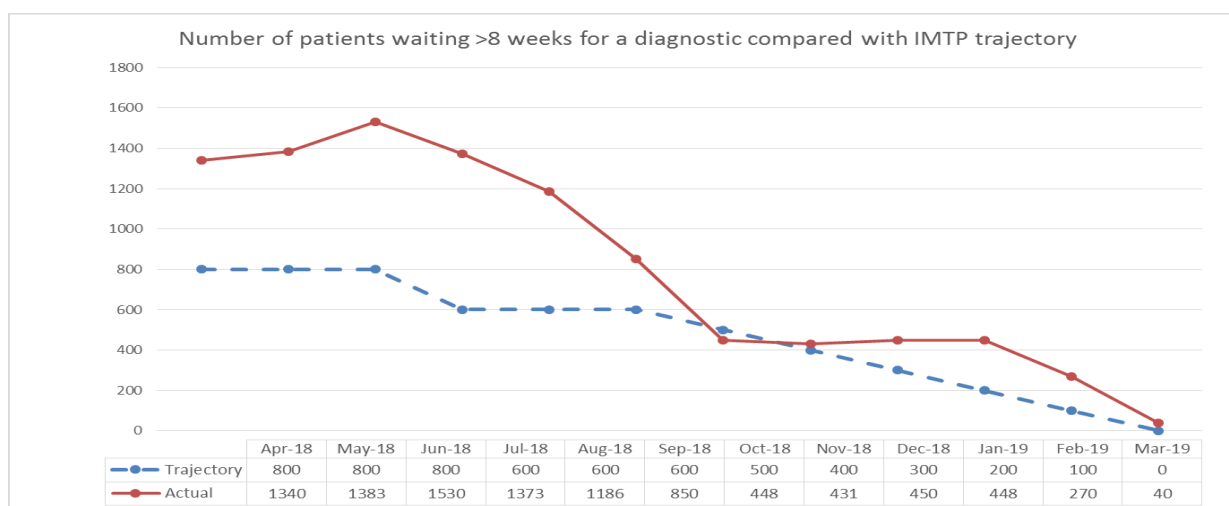
line with the year-end improvement trajectory of 450 that had been agreed with the Welsh Government and represented a 58% reduction over the course of the year.



At the end of March 2019 the UHB was still providing care to 96 patients who had been waiting greater than 52 weeks. This was a 25% reduction on the position at the start of the year, the Welsh Government's expectation is that no patient will wait in excess of 52 weeks.



During 2018/19 the Health Board also reduced the number of patients waiting greater than 8 weeks for a diagnostic test at the end of March 2019 to 40, against a revised target of 0. This position represented a 95% reduction on March last year (883).



How do we compare with our peers?

The All-Wales waiting time position at the end of March is shown below. The table suggests that the UHB's performance is in the middle of that of our peers.

Indicator	Target	Month	Wales	ABM	AB	BCU	C&V	Ctaf	Hdda	Powys	CV Rank
% of patients waiting less than 26 weeks (RTT)	95%	Mar-19	89%	89%	92%	85%	88%	92%	91%	100%	6/7
No. patients waiting >36 weeks (RTT)	0	Mar-19	8985	2628	112	5918	327	0	0	0	5/7
No. patients waiting >14 weeks for therapies	0	Mar-19	2781	437	0	2277	40	27	0	0	5/7
No. patients waiting >8 weeks for diagnostics	0	Mar-19	4	0	0	0	0	0	0	4	1/7

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 aim for 2019/20 is to clear all >36 week breaches. In doing so, a number of capacity issues will need to be resolved, not least access to specialist operating theatres.

What actions are we taking?

The approach to delivery for RTT and diagnostics remains the same as in previous years, i.e. Implementation of Speciality specific delivery plans developed as part of the Health Board's annual Planned care planning cycle and monitoring of these plans on a weekly / monthly basis. Escalation processes are in place to identify and agree mitigating actions where specialties are 'off' plan

9) FINANCE

How are we doing?

The UHB's 2018/19 operational plan included a £9.9m planned deficit.

The UHB's provisional draft year end revenue outturn is a deficit of £9.872m which is £0.028m better than the £9.900m forecast deficit. The UHB is also reporting that it stayed within its Capital Resource Limit and achieved its creditor payment compliance target. The results are provisional as they are subject to External Audit scrutiny, however the year-end reported position is not expected to materially change.

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 10th 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 12 position

The UHB reported a deficit of £9.872m at month 12 as follows:

- £9.900m planned deficit;
- £(0.028)m favourable variance against plan.

Income and Expenditure Analysis

Summary Financial Position for the period ended 31st March 2019

Income/Pay/Non Pay	In Month			Provisional Year End		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m
Income	(139.164)	(138.967)	0.198	(1,389.978)	(1,387.362)	2.616
Pay	54.314	54.359	0.045	616.588	614.657	(1.932)
Non Pay	85.675	85.686	0.011	783.290	782.577	(0.713)
Variance to Draft Plan £m	0.825	1.079	0.254	9.900	9.872	(0.028)
Planned Deficit	(0.825)	0.000	0.825	(9.900)	0.000	9.900
Total £m	0.000	1.079	1.079	(0.000)	9.872	9.872

Progress against savings targets

The UHB 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 12 the UHB had 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 had a fully established £9.266m financial improvement plan.

Underlying deficit position

The underlying deficit position brought forward into 2018/19 was £49.0m. Successful delivery of the 2018/19 plan reduced this to £36.3m by the year end.

Creditor payment compliance

The UHB's annual performance was 95.0% at the end of March and therefore it achieved its statutory target in 2018/19.

Remain within Capital expenditure resource limit

The UHB successfully remained within its Capital Resource Limit (CRL) in 2018/19. Net capital expenditure was £0.073m (0.15%) below the approved CRL of £48.486m.

Cash

The UHB cash balance at the end of March was £1.2m.

What are our key areas of risk?

The previously identified key risks in delivering the plan were mitigated and the UHB delivered its year end forecast.

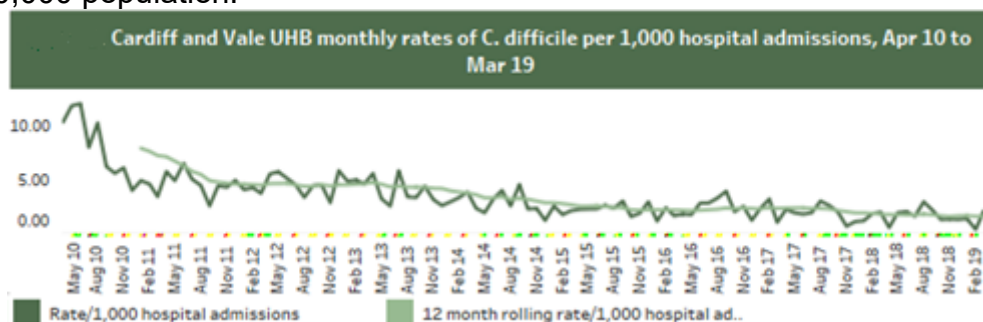
What actions are we taking to improve?

Managing down the underlying deficit – The underlying deficit has fallen by £12.8m since the start of the year. The Welsh Government approved the UHB's 2019/20-2021/22 Integrated Medium Term Plan (IMTP) which includes a balanced financial plan and measures to recurrently address the UHBs underlying deficit. This is dependent on the delivery of a 3.8% savings target.

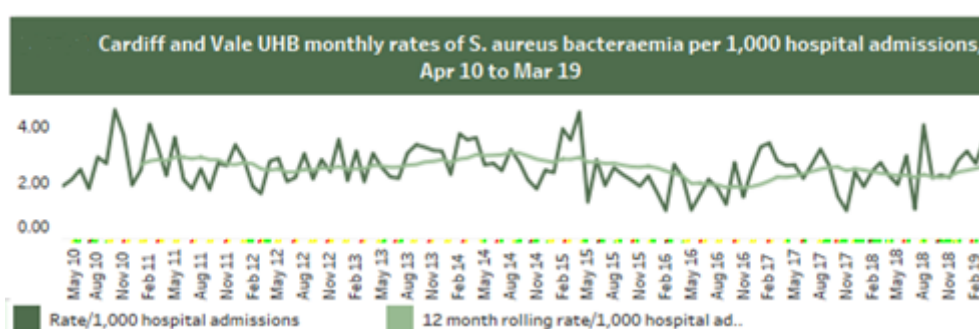
10) HEALTHCARE ACQUIRED INFECTIONS

How are we doing in meeting the Welsh Government Reduction Expectations

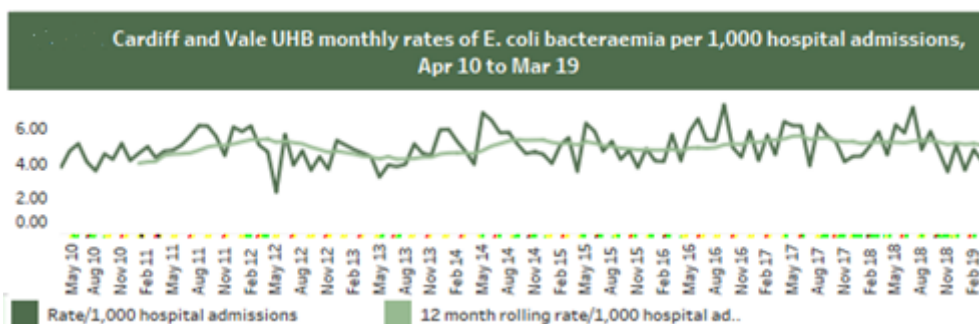
C. difficile – Welsh Government target: 23 cases per 100,000 population - The UHB met the target, observing 107 cases over the course of the year, a rate of 21 cases per 100,000 population.



Staph. aureus Bacteraemia – Welsh Government target: 20 cases per 100,000 population -The UHB observed an increase in the number of Staph. aureus bacteraemia against the previous year, including more cases of MRSA bacteraemia. The rate at the end of the year was 35 cases per 100,000 population.




E.coli blood stream infections – Welsh Government target: 60 cases per 100,000 population. The UHB failed to achieve the reduction expectation for E.coli bacteraemia by the end of March 19, observing a rate of 68 cases per 100,000 population. This was a reduction on the number of cases observed in 2017/18.



How do we compare with our peers?

The table below shows the rate of HCAs across Wales for the financial year 2018/19. Overall the UHB is 3/7 for C-difficile, 3/6 for S.Aureus and 2/6 for e-coli.

Wales HCAI mandatory surveillance summary, 2018/19														Iechyd Cyhoeddus Cymru Public Health Wales	
Higher than same period of previous FY				Same as same period of previous FY				Lower than same period of previous FY							
	C. difficile		MRSA bacteraemia		MSSA bacteraemia		S. aureus bacteraemia		E. coli bacteraemia		Klebsiella sp bacteraemia		Pseudomonas aeruginosa bacteraemia		
	Current period number	Current period rate	Current period number	Current period rate	Current period number	Current period rate	Current period number	Current period rate	Current period number	Current period rate	Current period number	Current period rate	Current period number	Current period rate	
Abertawe Bro Morgannwg UHB	179	33.66	16	3.01	170	31.96	186	34.97	506	95.14	152	28.58	31	5.83	
Aneurin Bevan UHB	155	26.37	12	2.04	144	24.50	156	26.54	428	72.82	122	20.76	30	5.10	
Betsi Cadwaladr UHB	171	24.56	19	2.73	155	22.26	174	24.99	573	82.29	122	17.52	38	5.46	
Cardiff and Vale UHB	107	21.68	19	3.85	153	31.01	172	34.86	335	67.89	85	17.23	37	7.50	
Cwm Taf UHB	55	18.39	5	1.67	96	32.10	101	33.77	278	92.95	65	21.73	19	6.35	
Hywel Dda UHB	144	37.48	13	3.38	118	30.71	131	34.09	350	91.09	76	19.78	40	10.41	
Powys THB	19	14.34	0	0.00	0	0.00	0	0.00	4	3.02	0	0.00	0	0.00	
Velindre NHST	2	0.00	0	0.00	2	0.00	2	0.00	9	0.00	6	0.00	1	0.00	
Wales	832	26.62	84	2.69	838	26.81	922	29.50	2,483	79.45	628	20.09	196	6.27	

What actions are we taking:

- To reduce E-coli rates as a UHB, we are leading a national pilot to reduce rates in the community. This involves more screening in the community environment and the development of a new pathway. Our early positive results were recently discussed at the national antimicrobial conference
- To reduce S-Aureas rates, through the Infection Prevention and control committee we are progressing towards adaptation of a root cause analysis approach, similar to that which has proved successful in C-difficile. This approach provides a greater wealth of evidence and understanding on which actions to prevent similar events that resulted in an infection occurring.

RECOMMENDATION:

The Board is asked to **CONSIDER** UHB current performance and the actions being taken to improve performance.

Latest management performance against Key Delivery Areas										
Indicator	Target	Month	Wales	ABM	AB	BCU	C&V	CTaf	HDa	Powys
% of patients waiting less than 26 weeks for treatment (RTT)	95%	Mar-19	89.1%	89.3%	92.0%	84.8%	87.9%	91.6%	90.6%	99.7%
Number of patients waiting more than 36 weeks for treatment (RTT)	0	Mar-19	8,985	2,628	112	5,918	327	0	0	0
Number of patients waiting over 8 weeks for specified diagnostics	0	Mar-19	2,781	437	0	2,277	40	27	0	0
Number of patients waiting over 14 weeks for specified therapies	0	Mar-19	4	0	0	0	0	0	0	4
% new patients spending no longer than 4 hours in an Emergency Department	95%	Mar-19	78.7%	75.7%	78.5%	71.1%	84.3%	82.8%	81.7%	100.0%
Number of patients waiting more than 12 hours in an Emergency Department	0	Mar-19	4,472	861	561	1,633	34	435	948	0
% of Red calls responded to within 8 minutes	65%	Mar-19	71.2%	72.8%	73.2%	70.4%	77.6%	70.0%	62.9%	57.6%
Number of patients waiting more than 1 hour for an ambulance handover	0	Mar-19	2,544	928	558	438	189	0	407	
% of patients referred as non-urgent suspected cancer seen within 31 days	98%	Mar-19	96.8%	93.5%	98.2%	97.2%	96.1%	100.0%	95.8%	
% of patients referred as urgent suspected cancer seen within 62 days	95%	Mar-19	85.8%	84.1%	87.2%	86.8%	84.0%	90.6%	84.2%	
Stroke <4 hours = Direct admission to Acute Stroke Unit	58.9% (Oct-18 to Dec-18 SSNAP)	Mar-19	52.6%	50.6%	52.6%	50.0%	53.3%	41.7%	68.5%	
Stroke <1 hour = CT Scan	54.5% (Oct-18 to Dec-18 SSNAP)	Mar-19	56.6%	50.6%	50.6%	40.7%	51.9%	72.5%	84.6%	
Stroke <24 hours = Assessed by a Stroke Consultant	84.4% (Oct-18 to Dec-18 SSNAP)	Mar-19	84.7%	86.1%	96.2%	81.3%	73.1%	64.7%	98.5%	
Stroke Thrombolysis = Door to needle within 45 minutes	Improvement (12 month trend)	Mar-19	20.6%	30.0%	21.4%	7.7%	16.7%	0.0%	33.3%	
% of assessments by the LPMHSS undertaken within 28 days from the date of receipt of referral	80%	Mar-19	75.6%	76.8%	80.6%	75.6%	75.0%	51.2%	91.9%	88.0%
% of therapeutic interventions started within 28 days following an assessment by the LPMHSS	80%	Mar-19	81.4%	87.7%	83.8%	68.0%	71.2%	95.1%	81.5%	74.7%
% of LHB residents in receipt of secondary MH services (all ages) to have a valid CTP	90%	Mar-19	89.5%	90.9%	90.3%	90.4%	84.9%	89.0%	91.1%	96.0%
Number of HB non mental health delayed transfers of care (rolling 12 months)	A reduction of no less than 5% of total number of HB delays for the previous financial year	Mar-19	4,491	1,030	895	1,068	459	314	489	220
Number of HB mental health delayed transfers of care (rolling 12 months)	A reduction of no less than 10% of total number of HB delays for the previous financial year	Mar-19	822	321	48	178	62	66	108	39
Cumulative number of cases of C Difficile per 100,000 pop	26 (18 for CT, 25 for AB, 23 for C&V) per 100,000 pop for 2018/19 period	Apr-18 to Mar-19	26.6	33.7	26.4	24.6	21.7	18.4	37.5	
Cumulative number of cases of S Aureus bacteraemia per 100,000 pop	20 (19 for AB) per 100,000 pop for 2018/19 period	Apr-18 to Mar-19	79.5	95.1	72.8	82.3	67.9	93.0	91.1	
Cumulative number of cases of eColi bacteraemia per 100,000 pop	67 (61 for AB, 60 for C&V) per 100,000 pop for 2018/19 period	Apr-18 to Mar-19	79.5	95.1	72.8	82.3	67.9	93.0	91.1	
% smokers make a quit attempt	End year cumulative target of 5%	Q1-Q3 18/19	2.2%	1.9%	2.4%	2.6%	1.1%	3.3%	2.5%	1.4%
% CO validated quit rate at 4 weeks	End year cumulative target of 40%	Q1-Q3 18/19	43.8%	55.4%	43.3%	37.9%	53.3%	36.2%	47.1%	40.4%

Report Title:	Transformation Programme – Developing Clear Benefits & Measures					
Meeting:	UHB Board			Meeting Date:	30 th May 19	
Status:	For Discussion		For Assurance		For Approval	
					For Information	X
Lead Executive:	Dr Sharon Hopkins					
Report Author (Title):	Head of Programme Management Office					

SITUATION

The Transformation Programme seeks to set the conditions in the organisation that will facilitate the implementation of Shaping our Future Wellbeing through achieving change at the front line making it, business as usual and easy for our staff, patients and communities to engage in and achieve.

There are now 5 enabling programmes directed at 'conditions' from a starting point of 7. Two have been merged, leadership and culture. One which was a specific project, required the development of the proposal against the Wales Transformation fund, with a view to the oversight of this moving to the Strategic Leadership Group (of the Regional Partnership Board RPB) if successful. The proposal was approved in October 2018.

We are working on defining and articulating the benefits that will fall out of transformation and improvement activity.

BACKGROUND

The board has received a number of papers outlining the approach we are taking and the progress to date. It has also participated in a development session to understand and inform the role of the board in transformation. Those discussions have made clear that transformation approaches will not result in immediate change and that time is required to be able to see measurable impact. Nevertheless we recognise that a mechanism for tracking progress and accessing whether approaches need to be altered, developed or even stopped is important. To this end we had already developed a high level dashboard (appendix 3) seeking to track the changes in the four measures we would expect to impact on at an operation level. Each measure considers activity, quality and resource. The measures are LOS, decreasing out-patient activity on hospital sites; theatre productivity and variation.

To date we have concentrated on scoping the enablers setting the programmes of work, building the content of each and starting active work. We are now developing the measures to understand if the conditions we are seeking to change are being impacted and what benefits are accruing.

There are also a series of supporting projects underway (appendix 2), some of which were started between October 2017 and March 2018. Some of these have completed, some have been changed as we have acted on the learning and some have been stopped. They have informed learning and development, exercised our ability to make decisions to stop or materially change a project and highlight our difficulties in spreading new practice and change. These have all been reported through monthly highlight reports to the HSMB.

The Transformation Programme is made up of the following Enablers and Leads working with multi-disciplinary teams throughout the organization. Some involve our local partner organisations and all are informed by our Canterbury partners.

Enabler	Executive Lead	Transformation Team Lead
HealthPathways	Sharon Hopkins	Stephen Parnell
Alliancing	Abigail Harris	Ruth Jordan
Culture and Leadership	Martin Driscoll	Rachel Gidman & Joanne Brandon
Digitally Enabled Organisation	Fiona Jenkins	Mark Cahalane and Joy Whitlock
Accessible Information	Sharon Hopkins	Andrew Nelson

ASSESSMENT

The programmes are now well underway and each is at a different stage of development. Benefits and outcomes have been identified for each programme and supporting projects. Work continues to refine these measurable benefits and outcomes. It is intended that these key programmes will be visualised in the information room at Woodland house to highlight progress and benefit realisation.

A summary for each of the five programmes and supporting projects is available in the appendices (appendix 1).

RECOMMENDATION

The Board is asked to

- **NOTE** the contents of the report.

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

Appendix 1:

Each of the Transformation Enabler Programmes are outlined below.

HealthPathways

Aims

- To provide a one stop shop for GP's to access clinical pathway information.
- To build relationships between primary and secondary care through the localisation of pathways.
- To reduce waste, harm and variation.

Benefits

- Increasing ability to understand and interpret the impacts of clinical guidance.
- Reducing the number of online locations that GP's go to for clinical advice.
- Reducing unnecessary clinical investigations.
- Increasing the number of 'appropriate' referrals through WCCG/WPRS.
- Improving reference material to help with patient discussions.

Baseline Information (February 2019 – HealthPathways Go Live date)

Measurable Benefit	Baseline	Target
Number of completed pathways live on the system	25 (Feb 2019)	120 (Spring 2020)
Percentage of GP's surveyed reporting that they find it difficult to locate relevant evidence based information during 10min consultation?	70% (Feb 2019)	50% (Spring 2020)
Percentage of GP's surveyed reporting that they sometimes feel that unnecessary testing is done due to lack of easily accessible clinical guidance?	73% (Feb 2019)	40% (Spring 2020)
Number of different sources of information are currently used by GP's to find clinical information	9 (Feb 2019)	5 (Spring 2020)
Percentage of GP's surveyed reporting that they would be supportive of using HealthPathways	95% (Feb 2019)	95% (Spring 2020)



**CARING FOR PEOPLE
KEEPING PEOPLE WELL**



**GIG
CYMRU
NHS
WALES**

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

Alliancing

Aims

- To develop an alliancing model for Cardiff and Vale that collaborates with partners and provides leadership and a methodology for transformation of areas identified by benchmarking of the health and care system.
- To test and refine the alliancing model with community falls prevention as the area of activity.

Benefits

Currently the *Cedar evaluation centre* is assessing the alliancing methodology, with a view to providing a report highlighting the potential benefits of this approach.

Overarching benefits of the alliancing methodology include:

- Front line clinical service design.
- Multidisciplinary collaboration which Improves 'first time' resolution of large complex problems.
- Decision making and services designed around the patient.
- Supports culture change by managers supporting clinically lead change.
- Increased inclusion in the decision making process.
- Reduced time to gain consensus, therefore, shorter time to implementation of solutions.
- An agreed staged methodology to ensure successful outcomes.
- Improved resource utilisation.

CAV are currently applying the alliancing methodology to reduce the number of avoidable falls in the community. To date a number of meetings have been held and indications from those attending are that this is a great opportunity to make a significant difference.

Example benefits for the Community Falls Prevention Alliance

Benefit	Outcome measures (all stratified for over 75 years)	Process measures (all stratified for over 75 years)
Reduce the number of avoidable community falls	<ul style="list-style-type: none">• Number of WAST contacts for falls• Number of attendances in the Emergency Unit for falls (Oct 2018 baseline : 70-90 patients weekly)	<ul style="list-style-type: none">• The % of ambulance contacts for falls that are not conveyed to hospital• Number of patients accessing falls prevention services
Promote activity and independence in the community	<ul style="list-style-type: none">• Number of patients engaging in community-based falls programmes	<ul style="list-style-type: none">• Outcome measures from community programmes

Reduce harm, improve outcomes and quality of life for people who sustain a fall	<ul style="list-style-type: none"> • Acute hospital admissions for fractured neck of femur (Oct 2018 baseline: 7 weekly) • Acute hospital admissions as a result of a fall to medicine and surgery (Oct 2018 baseline: 30-40 patients weekly – 57% to Medicine, 43% to surgery) 	<ul style="list-style-type: none"> • Average LOS (Oct 2018 baseline: Patients admitted to Medicine – 15-25 days, patients admitted to Surgery – 10-25 days, patients with a fractured neck of femur – 20-45 days) • The number of patients discharged from the EU with a falls flag who are subsequently admitted as an acute inpatient (Oct 2018 baseline: 40-60 patients discharged weekly, between 40-50 of these are subsequently admitted) • Subsequent consultant episodes for patients with a falls diagnosis (Oct 2018 baseline: 1-5 weekly) • Number of people who state they have improved confidence to live independently
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Culture and Leadership

Aims

- To develop an enabled workforce confident in leadership and capable of leading change.
- To adopt a coaching culture to motivate and empower individuals to take personal responsibility and make decisions to transform services.
- To create a climate for the Organisational culture to become more aligned to the Cardiff and Vale values and behaviors.
- To encourage innovation and support new innovative ways of working.
- To have an organisation that is high in trust and low in bureaucracy.
- To promote professional cultures that support team work, continuous service improvement and citizen engagement.

Benefits

Measurable Benefit	Baseline	Target
Number of individuals who participate in the "Amplify" engagement event	Collated in June 2019	80 (July 2019)
Number of individuals who participate and go through the showcase social mobilisation	2,500 (NZ)	4000 (Oct 2019)
Leadership styles - a decrease in a dominance directive style to an enabling coaching style through the climate which is created through the UHB	Collated in June 2019	Assessed in June 2020
Reduction in absenteeism	Accumulative 12 months 5.09% (Feb 2019)	4.6% (2020)
Percentage of employees undertaking the staff survey	23% (Autumn 2018)	50% (Autumn 2020)

Digitally Enabled Organisation

Aims

- Identify means to unlock staff efficiency or practice via greater digital support.
- Implement Management Executive supported initiatives to deliver greater efficiency via digital.
- Reducing duplication of patient information.
- Provide accurate, real time patient information which is easily accessible to clinicians.
- To standardise digital best practice across the organisation.

Benefits

Measurable Benefit	Baseline	Target
Better informed care, enabled via digital access to all pertinent health and care record.	Staff Survey - how much access to overall patient health and care records do you feel you have?	By 2020, surveyed staff will feel that 60% of any active patient record is digitally available <i>n.b. this is 60% of patients health and care record being digitally available to the staff member (in their view), not that 60% of patient health and care records are fully digital</i>

Measurable Benefit	Baseline	Target
Mobilisation - the % of the clinical workforce that have access to digital health and care records via a mobile facility.	Staff Survey - The number of staff that are accessing digital record via a recognised mobilisation tool (community devices, remote access solutions).	50% of staff surveyed by 2020
Staff capability to use technology and access records - number of people that attend a mandatory training course	The number of attendants to technology and access course	25% of UHB operational staff by 2021
Increase the number of staff that have single sign on capability	% of health board record systems that are accessible via single sign on	25% by 2020
The existence of a digital change coordinator in each clinical board	The number new employees in the position of digital change coordinator	4 within 2019, 6 within 2020, 9 within 2021

Accessible Information

Aims

- To enable deliver a more joined up approach to health and care by making Information accessible when and where it is required in order to enable:
- Safe and effective joint working and communication between different organisations and with citizens directly.
- Clinicians at every level to make quicker and better decisions, improving safety, and reducing error in order to deliver better outcomes.
- Improved understanding and management of how services work together & demand for those services.
- Improved team work and communication.
- A Reduction in waste by cutting out repeated work.
- The UHB to be prepared for emerging technologies such as artificial intelligence, precision medicine and genomics.

Benefits

Financial

- **Income generation** – the programme has the potential to generate revenue in a variety of ways.

Increasing research funding: the health board's federated platform will make bids for research funding (especially health and care research) more attractive and competitive. Given available funding, even marginal gains in this respect could result in a significant increase in research funding. The Wellcome Trust alone awarded grants worth £450m in 2017/18.

Commercial income: there is the possibility that the data in the Health Board's data hub will generate commercial revenue. However, this is heavily dependent on a national / Welsh Government information governance / data commercialisation policy being in place.

- **Potential productivity and cash releasing savings** – the NDR programme is expected to generate a series of productivity gains with opportunities for cash releasing savings. These have been estimated on a prudent and conservative basis. These benefits covering the following areas are profiled in more detail in the tables further below.

Accelerate the adoption of evidence based medicine: through the reduction of repeat testing, in addition to freeing up tester time for higher priority work.

Enabling more self and community care: the programme will help identify the right patients and facilitate improved communication between clinicians and other medical staff and patients, allowing patients to track their progress and symptoms. This will for example promote greater self-care and more effective care in the community realising improved health outcomes and patient experience at a lower cost to the system.

Identifying and reducing unwanted variation: the programme will provide insights to support the spread of best practice throughout our health and social care system, helping to more effectively identify where variation exists and whether it is unwarranted. This is likely to impact areas like orthopaedics, general surgery, vascular surgery, and cardiothoracic surgery amongst others.

Improving emergency responses: the programme will make emergency planning more efficient, resulting in marginal decreases to annual spend on emergency services.

Maximise capacity utilisation: the programme will allow our health and social care system to understand its patients better. This will allow a more proactive approach to care keeping patients healthy, more regular engagement reducing A&E attendances to deal with routine issues so they don't get to the point where hospital treatment is necessary.

Optimising supply allocation to demand: the programme will underpin a small reduction in staffing costs, through better forecasting of demand and supply, utilising analytics to improve workforce allocation and management.

Appendix 2:

The current supporting projects are outlined below:

Patient Knows Best

Aims and Benefits

- **Significant contribution to “Information For You” strategy.** Patients will have access to as much of their electronic health record as possible.
- **Empower the Person.** Through various functionality, including online care plans that can be shared with the patient’s care network, support the patients in taking an increased ownership and role in their care.
- **Facilitate significant elements of service redesign. Including community based services.** Self-reporting, for instance, will enable a significant reduction in outpatient attendance. The capacity freed up in outpatients can be directed to further improvements such as early, supported discharge, with an open ticket back to the ward if becomes necessary.
- **Provide cashable savings (letters).** Letters to patients will be accessible within PKB, rather than via traditional postage. This is much cheaper than current methods. Even if a patient does not open a letter, it can be rerouted to an outsourced provider, which will send a paper letter cheaper than can be produced internally within CAV.
- **Facilitate operational savings (time/resource/cost).** Very similar activity within Sussex & Surrey IBD process, reduced priority admission waiting time from 6 weeks to 1 week.
Reduced admissions (average 5 day stay) by 90% and reduced surgery by 80%. Cheaper medications were also utilised as condition did not reach the same level of severity.
- **Home First.** In addition to early supported discharge, PKB will facilitate the use of online questions and telephone/video conferencing to reduce the need for patients to attend site.
- **Outcomes that matter to people.** Trials within CAV Audiology have demonstrated that when patients are able to complete pre-clinic questionnaires at home, in their own time, the response are much more meaningful and hence enable improved focus on the required care and support.

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Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

- By facilitating a fully informed consent, patients are able to fully understand post treatment impact and actively make a decision on the pathway that suits their needs. This significantly reduced DNAs at the outset of treatment and at the latter stages, when patients fully realise the pending impact on an impending procedure.
- **Reducing health inequalities.** ENT and Audiology have demonstrated that the time saved via unnecessary appointments and improved processes has allowed specialist nurses to target those, often elderly and isolated patients, which have disengaged from their services. PKB also enables patients to delegate access to their records within PKB to their circle of care, thus enabling increased support, through better informed carers - who can see appointments, care plans, letters, meds, help to self-report etc.
- **Compliance.** ENT and Audiology have confirmed that issuing compliance related questionnaires and surveys via PKB has resulted in a significantly higher return rate.

There are many other benefits, specific to each specialty. A comprehensive benefits tracker will be in place for every specialty and actual benefits reported upon.

Digital Dictation

Aims and benefits

- Reduce the time taken to issue all clinical letters, including those to GPs and patients, following attendance at hospital
- Increase the ease of creation of letters via speech recognition, automation and auto-population of known data, decisions and outcomes.
- Remove the current need to pass paper copies of letters back and forth for editing, before a final version is approved.
- Provide selectable workflows that can be overseen by team leaders, in order to maintain efficient production.
- Provide the ability to prioritise urgent letters, such that can be easily located and sit at the top of the queue.
- Remove the current dependency upon fragile tapes and aging equipment
- Make that info within letters available to the patient record via SNOMED coding.
- Provide the ability to dictate letters via mobile apps and devices, increasing flexibility (not all functionality may be available for mobile users).

This project also clearly dovetails with the PKB project. Letters could be produced far more quickly and then made immediately available to patients via the online PKB portal.

The Cardiff and Vale Way for Improvement and Projects

Aims

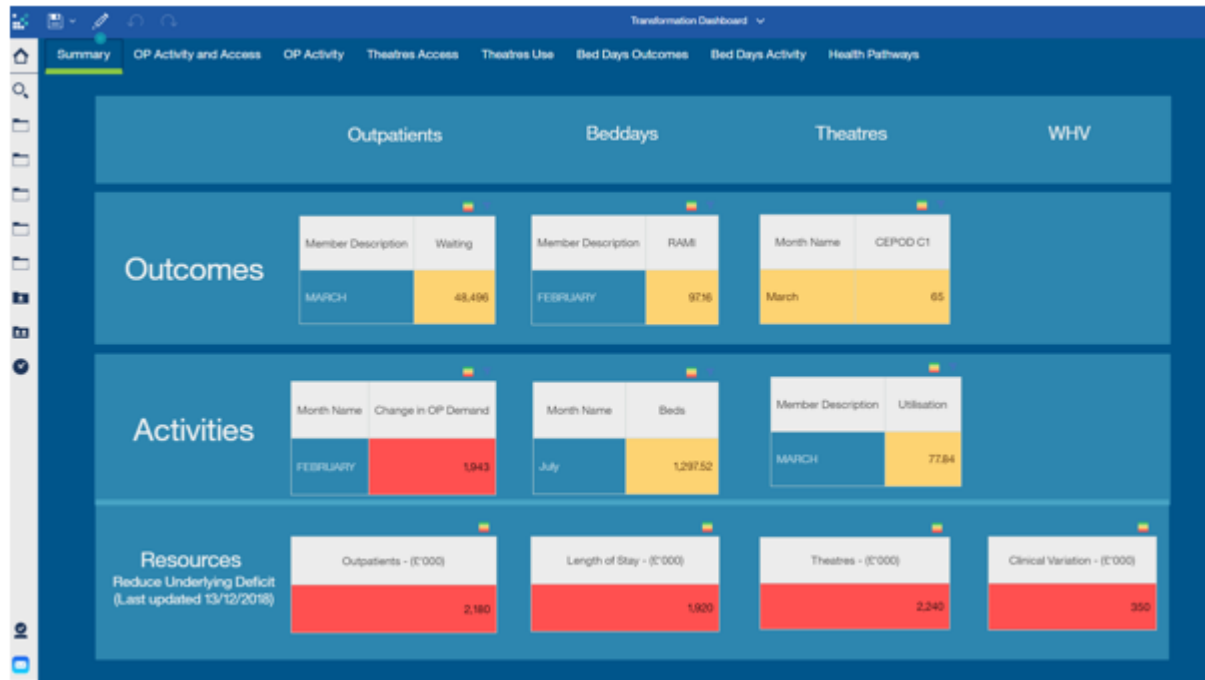
- To increase strategic alignment and prioritisation of projects and programmes.
- To produce a single 'source of truth' for project and improvement delivery.
- To reduce variation in the way the improvements and projects are managed and reported.
- To capture and ensure delivery of project benefits.
- To increase transparency of project information within the organisation , ensuring it is relevant and accurate and provided in a way that can be understood.
- To be the central point for lessons learned, templates and best practice and the sharing of knowledge.
- To provide accessible and relevant support to the organisation for project management .
- To improve the governance and decision making processes around project delivery in the organisation.
- To provide an integrated visual management system across CAV.

Benefits

Measurable Benefit	Target (July 2020)
Number of Projects tracked on the Project Management System	60
Number of Projects tracked via Visual Management System	15
Percentage of projects using the Cardiff and Vale Way	60%
Percentage of project with benefits actively being tracked	60%
Live projects on schedule and budget	65%
Projects realising expected benefits	60%
Closed projects reporting project success	70%

Appendix 3:

An example of the transformation dashboard:



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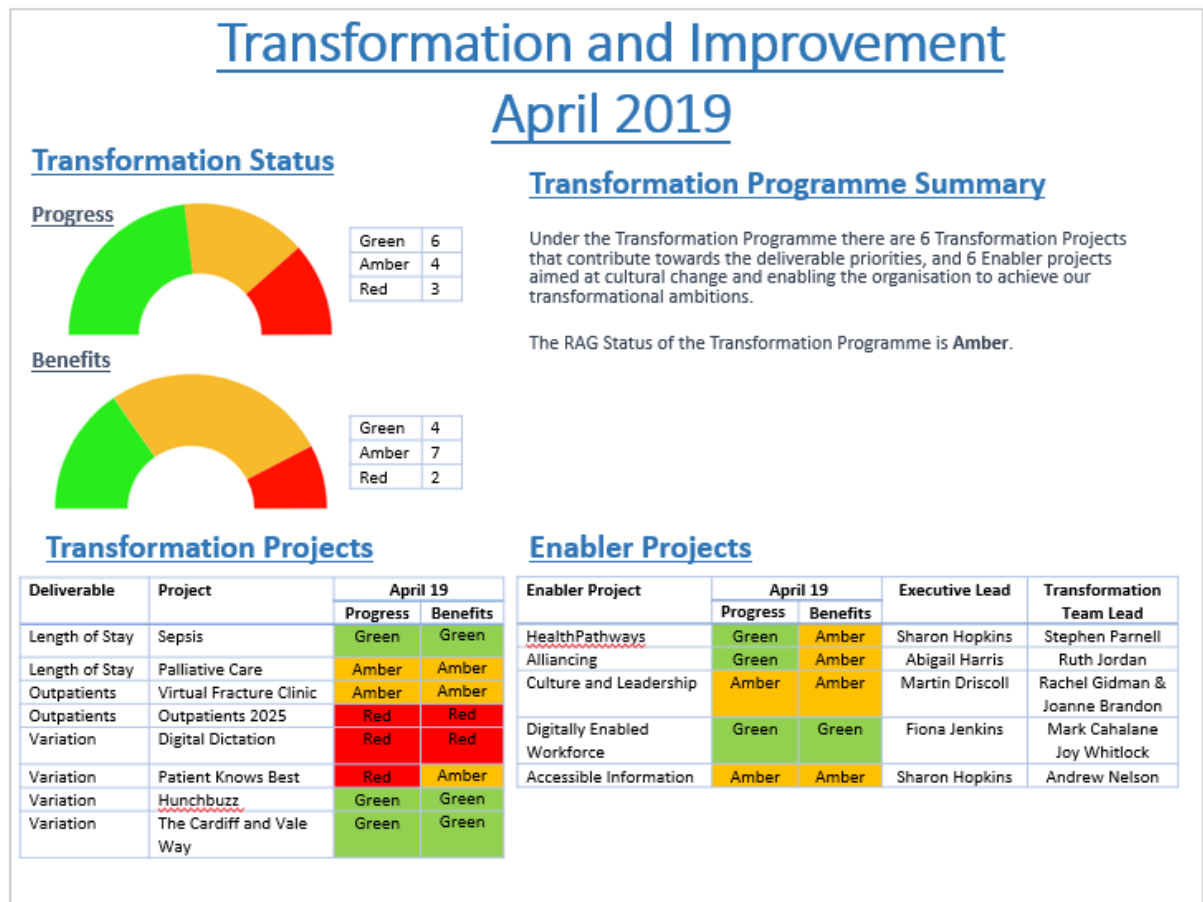
CARING FOR PEOPLE
KEEPING PEOPLE WELL



GIG
CYMRU
NHS
WALES

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

An example of the transformation summary report:



Report Title:	Board Assurance Framework May 2019						
Meeting:	UHB Board				Meeting Date:	30.05.19	
Status:	For Discussion	✓	For Assurance	✓	For Approval	✓	For Information
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	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.

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 March 2019.

There are a number of steps which still need to be progressed 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 will be presented to the Board at the July 2019 meeting
2. Assess the organisation's 'Risk Appetite' – A Board development day was held in April to assess the organisation's 'Risk Appetite' (see separate report to Board) – Action complete.
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 is now happening and Committees of the Board are reviewing risks which are relevant to their Committee to provide further assurance to the Board.
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.

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.

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	
Equality and Health Impact Assessment Completed:	Not Applicable		

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Cyfrifoldeb personol

BOARD ASSURANCE FRAMEWORK 2018/19 – MAY 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	8	4	<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.

Risk Date added: 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		
Cause	Increased vacancies in substantive clinical workforce Requirements of the Nurse Staffing Act and BAPM Standards Ageing workforce Insufficient supply of Nurses at UK national level High nurse turnover in Medicine and Surgery Clinical Boards Insufficient supply of Doctors in certain specialties at UK national level (e.g., Adult Psychiatry, Anaesthetics, General Medicine, Histopathology, Neurosurgery) Changes to Junior Doctor Training Rotations (Deanery) Brexit		
Impact	Increase in agency and locum usage Increase in costs of using agency and locum Impact on quality of care provided to the population Rates above Welsh Government Cap (Medical staff) Low Staff moral and sickness Poor attendance at statutory and mandatory Training Potentially inadequate levels of staffing		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	Project 95% Nurse Recruitment and Retention Programme Medical international recruitment strategies (including MTI) Recruitment campaign through social media with strong branding Job of the week Staff engagement with recruitment drive Programme of talent management and succession planning Values based recruitment Medical Training Initiative (MTI) 2 year placement scheme Comprehensive Retention Plan introduced from October 2018		
Current Assurances	Workforce metrics reported to Strategy and Delivery Committee High conversion rates from media campaign and Open Day Highest percentage of students in Wales applied to Cardiff and Vale UHB (23.2%) Nurse monitoring at Nurse Productivity Group (NPG) Medical monitoring at Medical Workforce Advisory Group (MWAG) Trajectory showing next vacancies in nursing Paediatric Surgery now fully established A & E fully established by February 2019 Extra capacity put in place to deal with winter pressure – winter ward		
Impact Score: 5	Likelihood Score: 4-3	Net Risk Score:	15 (Extreme)
Gap in Controls	Continuation of Open days uncertain Plan for recruitment of overseas staff		
Gap in Assurances	Trajectory showing net vacancies in nursing		

Actions		Lead	By when	Update since 28.03.2019
1. Trajectory to be developed showing recruitment and when numbers arrive plus leavers providing a net effect		RW/MD	31/12/2018	Complete – trajectory presented to Management Executives 3.12.2018
2. Plan for overseas recruitment of nursing staff to be developed		MD	31/03/2019	Complete – 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	Complete – 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	Complete – discussion and agreement on Winter Ward capacity and Management Executives 10.01.2019
5. Nurse adaptation programme starting this year which is a 6mth education programme and there will be four cohorts (two a year) which run consecutively.		RW	Starting October 2019	New action
6. Continuation of social media campaign – see action 3 above. Campaign commenced Open day		MD/JB	22/04/2019 22/06/2019	New action
7. Nurse retention plan in place including internal nurse transfer scheme		RW	31/05/2019	New action
Impact Score: 5	Likelihood Score: 2	Target Risk Score:		10 (High)

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.

Risk		There is a risk that the organisation will not be able to deliver its ambition within the approved plan with Welsh Government	
Date added: 20.05.2019			
Cause		Budgets overspent at month 1 within Medicine (336k) and Surgery (£205K) and insufficient progress being made with Corporate Savings (shortfall of £2.3m) (one Clinical Boards currently in escalation) Cost Improvement Programme not yet identified in all areas Significant nursing overspend Reduction in income received	
Impact		Unable to deliver approved plan with Welsh Government Reputational Loss	
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls		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 monthly on Management Executives Meeting Standing Financial Instructions in place with clear delegations of authority	
Current Assurances		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: 2 4	Net Risk Score:	20 (Extreme)
Gap in Controls		No gaps currently identified.	
Gap in Assurances		Not all Clinical Boards of Corporate have a CIP in place recurrently	

Actions		Lead	By when	Update since 28.03.2019
1. Clinical Boards in escalation to recover the position and CIP		RC	30/06/2019	New action
2. Investments on hold, pending identification of future savings schemes, to meet corporate affordability gap		RC	30/06/2019	New action
Impact Score: 5	Likelihood Score: 1	Target Risk Score:		5 (moderate)

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.

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

Actions		Lead	By when	Update since 28.03.2019
1. Health Pathways – to create a protocol driven of what should and can be done in Primary care/Community care.		SH	31/03/2020	Health pathways launched on 14/02/2019. As at 07/05/2019 32 pathways were live.
2. Roll out of Mental Health and MSK MDT's to reduce the primary care burden on GP's		SC	31/01/2019 – 31/03/2010	Roll out commenced and plan monitored through GMS Sustainability Implementation Board
3. Roll out digital solutions for smart working (join up system – Vision 360 degree)		SH	31/03/2020	Commenced – Vision 360 platform procured-phased roll out plan
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	Not due
Impact Score: 5	Likelihood Score: 2	Target Risk Score:		10 (high)

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.

Risk Date added: 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.		
Cause	Non-compliance with regulatory or statutory requirements Non-compliance with effective decontamination processes to support the delivery of high quality patient care Appointment of contractor without required quality checks being in place to ensure service delivered was of a high standard		
Impact	Harm and distress caused to patients and their families Reputational damage to the Health Board Increase in clinical claims Financial consequences		
Impact Score: 4	Likelihood Score:4	Gross Risk Score:	16 (Extreme)
Current Controls	Human Tissue Act HTA Licencing Standards Statutory Designated Individual in post Clinical Board QSE arrangements; CD&T – regulatory compliance group Quality, Safety and Experience Committee in place supported by robust governance and reporting structure Office of Professional Leadership shares responsibility for Quality Agenda (Medical Director, Executive Nurse Director, Executive Director of Therapies and Health Science) Quality and Safety Team Patient Experience Team Health and Care Standards Decontamination and reusable devices procedure in place Decontamination Group Weekly Executive led concerns/claims and serious incidents meeting Monitoring of ongoing investigations Quality control system that triangulates areas of concern		
Current Assurances	Annual Report to Quality, Safety and Effectiveness Committee on key quality and safety areas External accreditation processes Monitoring of incident trends, noise in the system or any concerns arising from inspections Heath and Care Standard Self-Assessment undertaken on key areas and reported into the Quality , Safety and Experience Committee Internal Audit reviews on quality and safety Health and Safety Committee		
Impact Score: 4	Likelihood Score:3	Net Risk Score:	12 (High)

Gap in Controls	Lack of central decontamination Unit			
	Lack of robust QSE criteria/monitoring in procurement and commissioning processes			
	Capacity of the Patient Safety and Patient Experience team to enable more proactive approach to quality improvement and data analysis			
	Limited Assurance Internal Audit Report on Legislative/ Regulatory Compliance			
	Lack of robust patient identification processes			
Gap in Assurances	Robust ongoing monitoring and assurance reporting on historical areas of concern			
	Internal audit programme needs to be more closely aligned to areas of greatest risk			
Actions		Lead	By when	Update since 28.03.2019
1. Discuss and agree a way forward in relation to central decontamination unit		RW / FJ	31/12/2018 22.04.2019 30/06/2019	Investigation of endoscopy decontamination incident will highlight issues which need addressing. A central decontamination unit is likely to be a recommendation from the investigation. This requirement needs to be discussed at the Surgery Clinical Board and a plan developed.
2. Review of procurement and commissioning processes to be undertaken to ensure that robust quality, safety and experience criteria and included		RW/ RC	31/03/2019 30.04.2019 30/06/2019	Process of investigation been undertaken on ophthalmology insourcing incident – Terms of Reference for investigation include procurement processes in relation to clinical services. Procurement of clinical services process still being reviewed
3. Review of capacity of Patient Safety and Patient Experience Team to be undertaken		RW	31/03/2019	Team currently being reviewed- complete.
4. Actions within Limited Assurance Internal Audit report on Legislative and Regulatory Compliance to be completed		NF	28/02/2019 30/04/2019 30/06/2019	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. Action continuing and will be audited for progress during first quarter
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 - complete
6. Review of IRMER breaches to be undertaken to identify trends and themes		RW	31.05.2019	New action added March 2019 Action continuing outcome to be reported to QSE
Impact Score: 4	Likelihood Score:1	Target Risk Score:		4 (Moderate)

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.

Risk	There is a risk that the cultural change required will not be implemented in a sustainable way		
Cause	<p>There is a belief within the organisation that the current climate within the organisation is high in bureaucracy and low in trust.</p> <p>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>		
Impact	<p>Staff morale may decrease</p> <p>Increase in absenteeism</p> <p>Difficulty in retaining staff</p> <p>Potential decrease in staff engagement</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:	16 (Extreme)
Current Controls	<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> <p>Financial resources in place but need to be careful how used</p>		
Current Assurances	<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> <p>Matrix of measurement now in place which will be presented in the form of a highlight report</p>		
Impact Score: 4	Likelihood Score: 3 2	Net Risk Score:	12 8 (High)
Gap in Controls	Lack of resources allocated to the culture change agenda.		
Gap in Assurances	Outcomes to measure culture are not explicit due to other factors influencing this enabler.		

Actions	Lead	By when	Update since 28.03.2019
1. An experiential leadership suite of programmes to be launched in 2019	MD / RG	31/05/2019 31/03/2020	Commenced - Compassionate Leadership sessions facilitated by Professor West undertaken in November for senior leaders and other staff
2. 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 31/07/2019	Complete and ongoing – group established and action plan being finalised. Four main themes have been identified by the group and work will be complete by July 2019
3. Learning from Canterbury Model with a Model Experiential Leadership Programme	MD	June 2019 31/10/2019	Commenced – planning and design of programme has started. Work on this programme and work with Canterbury continues.
4. Leadership Styles and Climate Programme Top 80 Leaders in the organisation	MD	30/06/2019	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. Initial cohort of leaders complete workshop taking place in June for top 40 leaders
5. Wellbeing Service for staff which triangulates: - Mental - Physical - Financial wellbeing	MD	30/06/2019	New action – This is being increased for 2 years with a bid going to the Charitable Funds Committee in June 2019.
6. Toyota Visit by Executive Directors	SH	31/05/2019	New action – outputs from visit and way forward being discussed at Management Executives
Impact Score: 4	Likelihood Score: 2 1	Target Risk Score:	8 4 (Moderate)

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.

Risk Date added: 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.		
Cause	<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>		
Impact	<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>		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	<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>Additional discretionary capital £1.7m for IT and £1.6m for equipment which enabled purchasing of equipment urgently needing replacement.</p>		
Current Assurances	<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:	20 (Extreme)
Gap in Controls	<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> <p>Traceability of Medical Equipment</p>		
Gap in Assurances	<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>		
Actions	Lead	By when	Update since 28.03.2019
1. Progress implementation on the estates strategic plan	AH	30/11/2019	Forms part of IMTP. Annual report against Estates Plan to be presented to the Board in November 2019
2. Separate discussion with WG Director of Strategy to ensure shared understanding of risks and plans	AH	31/12/2018	Complete
3. Regular reporting on capital programme and risks to Capital Management, Management Executive and Strategy and Delivery Committee	AH	Ongoing	Ongoing
4. Review of IT SOP to be undertaken	SH	31/03/2019	Commenced – new Director in post who will be taking this forward
5. Strengthen Clinical Board engagement with Medical Equipment Group	FJ	31/03/2019	Commenced and agreed that this group will in future report into HSMB on a regular basis
6. Medical Equipment prioritisation is managed through the Medical Equipment Group	FJ	Ongoing	Ongoing
7. Traceability of Medical Equipment sits with Medical Equipment Group	FJ	TBC	New action – Clinical lead working with Welsh Government National Group to get advice on plan to be developed.
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (high)

Key:

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

Report Title:	Year End Statements 2018/19						
Meeting:	Board Meeting				Meeting Date:	30th May 2019	
Status:	For Discussion		For Assurance		For Approval	x	For Information
Lead Executive:	Executive Director of Finance						
Report Author (Title):	Deputy Director of Finance						

SITUATION

The Audit and Assurance Committee has a key role in reviewing the accounts and associated documentation and making a recommendation to the Health Board for their approval. The Annual Accounts, the Letter of Representation, the audit enquiries of those charged with governance and management, the Wales Audit Office ISA 260 Report, the Accountability Report and the Head of Internal Audit opinion and Annual Report have been reviewed by the Audit and Assurance Committee at its Special Meeting held on 30th May 2019 who recommend to the Board that it agrees and endorses these year-end statements and documents.

REPORT

BACKGROUND

With regards to its role in providing advice to the Board, the Audit and Assurance Committee, in accordance with its Terms of Reference, has responsibility to specifically comment upon the Letter of Representation to the external auditors, the Accounts and accounting policies. The Audit and Assurance Committee also has a key role in reviewing the Annual Accountability Report and the ISA260 report from the Wales Audit Office. The Annual Accountability Report contains the Annual Accounts and the remuneration report which are the key financial statements.

The Accountability Report and supporting accounting and governance documents have been reviewed by the Audit Committee at its special meeting held on 30th May 2019. The Audit and Assurance Committee also received the ISA260 report from the Wales Audit Office and considered their proposed audit opinion that the financial statement give a true and fair view of the Health Boards financial position for the year ended 31st March 2019.

ASSESSMENT

OVERVIEW OF FINANCIAL PERFORMANCE 2018/19

The National Health Service Finance Act 2014 places two financial duties on the UHB:

- A duty under section 175 (1) to ensure that its expenditure does not exceed the aggregate of the funding allocated to it over a period of 3 years.
- A duty under section 175 (2A) to prepare and obtain approval from the Welsh Ministers for a plan which achieves the first duty above, while also improving the health of the people for whom the UHB is responsible and improving the healthcare provided to them.

A summary of financial performance is set out below.

UHB Performance against its Revenue Resource Limit

For 2018/19, 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. Subsequent to this, the UHB revised its financial plan and agreed with Welsh Government, through the formal Targeted Intervention process, that it would not submit an IMTP for approval as it was significantly away from being financially balanced. As the UHB was not in a position to have an IMTP which could be approved by Welsh Ministers, it therefore **failed to meet its financial duty under section 175 (2A)**.

The Health Board considered its position at its March 2018 Board Meeting and approved an operational plan with a projected £19.9m deficit. On 10th July 2018 the UHB submitted its one year operational plan to Welsh Government. Whilst no formal mechanism exists for its approval, this position was accepted by Welsh Government and the UHB then received £10m additional annual operating plan funding which reduced the UHBs forecast deficit to £9.9m.

Therefore, the operational plan for 2018/19 was to achieve a year-end out-turn position of a £9.9m deficit, whilst maintaining the quality and safety of services and delivering upon agreed performance measures. The UHB made good progress in delivering against this plan and the out-turn position is a deficit of £9.872m being £0.028m better than the one year operational plan.

The UHB had a deficit of £29.243m in 2016/17 and a deficit of £26.853m in 2017/18. This means that over the three year period the aggregated deficit is £65.968m. Thus **the UHB has failed to meet its financial duty under section 175 (1) against its Revenue Resource Limit**.

Performance against its Capital Resource Limit

The UHB effectively managed its considerable capital programme during the year and the accounts show a small surplus of £0.074m against its Capital resource Allocation of £48.487m.

The UHB had a surplus of £0.078m in 2016/17 and £0.088m in 2017/18 against its Capital Resource Limit. This means that over the three year period the aggregated surplus is £0.240m. **Thus the UHB has met its financial duty to break-even against its Capital Resource Limit over the three years 2016/17 to 2018/19.**

APPROVAL OF YEAR END STATEMENTS

The Audit and Assurance Committee held a special meeting on 30th May 2019 to consider the Annual Accounts and associated documentation. The recommendation from this Committee is that the Board agrees and endorses the Wales Audit Office ISA 260 Report, the letter of representation, the Head of Internal Audit Opinion and Annual Report, the response to the audit

enquiries of those charged with governance and management and approves the Annual Accountability Report which includes the annual accounts and financial statements

ASSURANCE

The key assurances on the accuracy of the Annual Accountability Report including the Annual Accounts and associated financial statements are provided by:

- The programme of work and review that the Audit and Assurance Committee has undertaken throughout 2018/19;
- The opinion of the Head of Internal Audit which states that the Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively;
- The Audit and Assurance Committee's review and recommendations for 2018/19 to agree and endorse these year-end statements;
- The Letter of Representation to be sent to the Wales Audit Office and the response given to the audit enquiries to those charged with governance and management;
- The work completed by the Wales Audit Office who intend to issue an unqualified opinion on the 2018/19 financial statements with regard to them being true, fair and properly prepared.

RECOMMENDATION

The Board is asked to:-

- **NOTE** the reported financial performance contained within the Annual Accounts and that the UHB has breached its statutory financial duties in respect of revenue expenditure;
- **AGREE AND ENDORSE** the Wales Audit Office ISA 260 Report for 2018/19 which includes the letter of representation;
- **AGREE AND ENDORSE** the Head of Internal Audit Opinion and Annual Report for 2018/19;
- **AGREE AND ENDORSE** the response to the audit enquiries of those charged with governance and management;
- **APPROVE** the Annual Accountability Report for 2018/19 including the Annual Accounts and financial statements.

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	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered

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

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



WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

Archwilydd Cyffredinol Cymru
Auditor General for Wales

Audit of Financial Statements Report – Cardiff and Vale University Local Health Board

Audit year: 2018-19

Date issued: May 2019

Document reference: 1267A2019-20

Purpose of this document

This document is a draft supplied in confidence solely for the purpose of verifying the accuracy and completeness of the information contained in it and to obtain views on the conclusions reached.

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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Contents

The Auditor General intends to issue an unqualified audit opinion on the financial statements being true and fair, and properly prepared; and he intends to issue a qualified audit opinion and substantive report on regularity.

There are also some other issues to report to you prior to the approval of the financial statements.

Summary report

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Summary report

Introduction

- 1 The Auditor General is responsible for providing an opinion on whether the financial statements give a true and fair view of the financial position of Cardiff and Vale University Local Health Board (the Health Board) at 31 March 2019 and its income and expenditure for the year then ended.
- 2 We do not try to obtain absolute assurance that the financial statements are correctly stated, but adopt the concept of materiality. In planning and conducting the audit, we seek to identify material misstatements in your financial statements, namely, those that might result in a reader of the accounts being misled.
- 3 The quantitative level at which we judge such misstatements to be material for the Health Board is £14 million. Whether an item is judged to be material can also be affected by certain qualitative issues such as legal and regulatory requirements and reporting sensitivity. Areas of the financial statements that we judge to be material by nature include, for example, the remuneration report and the related party disclosures.
- 4 International Standard on Auditing (ISA) 260 requires us to report certain matters arising from the audit of the financial statements to those charged with governance of a body in sufficient time to enable appropriate action. This report sets out the relevant matters for consideration by the Audit Committee and the Board.

Status of the audit

- 5 The Health Board provided us with its draft 2018-19 financial on 26 April 2019, being the deadline stipulated by the Welsh Government. We have substantially completed our audit work.
- 6 At the time of writing this report we were due to receive the Health Board's PDF document that combines the accountability report and the financial statements. This is the final document that is to be signed by the Health Board and certified by the Auditor General. It is subject to our audit checks for accuracy.
- 7 We are reporting to you the more significant issues arising from the audit, which we believe you must consider prior to approval of the financial statements. The audit team has already discussed these issues with the Director of Finance.

Proposed audit report

- 8 Once you have provided us with a Letter of Representation based on that set out in [Appendix 1](#), it is the Auditor General's current intention to:
 - issue an unqualified audit opinion on the 2018-19 financial statements, with regard to them being true, fair and properly prepared; and
 - issue a qualified opinion on regularity because the Health Board has breached its revenue resource-limit by spending £65.968 million over its

authorised limit of £2,693 million for the three-year period 2016-17 to 2018-19, which therefore constitutes irregular expenditure.

- 9 The proposed audit certificate and report are set out in [Appendix 2](#), which the Auditor General is due to sign on 11 June 2019. The Auditor General intends to issue a substantive report (as opposed to a 'nil' report) that explains the statutory financial duties applicable for 2018-19 and the duties that the Health Board has breached.
- 10 There are two breaches for 2018-19. The £65.968 million revenue overspend that is set out at paragraph 8; and the lack of an integrated medium-term plan (IMTP) for 2018-19 to 2020-21 that the Welsh Government had approved.
- 11 The Auditor General closes his substantive report by recognising that the Welsh Government has recently approved the Health Board's IMTP for 2019-20 to 2021-22. This approved IMTP is relevant to next year's audit of the 2019-20 financial statements.

Significant issues arising from the audit

Uncorrected misstatements

- 12 There are no non-trivial uncorrected misstatements identified in the financial statements. Where our audit identified misstatements, the Health Board's management has corrected them in the audited statements that are being presented for approval and signing.
- 13 While there are no significant uncorrected misstatements, each year we do draw your attention to less significant misstatements that are uncorrected. We report them to you as they can be relevant to our audit of subsequent financial years and our consideration of the Health Board's performance each year against its rolling three-year resource limit (in terms of our regularity opinion).
- 14 For 2018-19 we are reporting the following less-significant misstatements that collectively result in revenue expenditure being overstated by £55,354, as set out below:
 - the understatement of prepayments by £17,803 due to the incorrect assessment of the period of the services being provided to the Health Board (with a corresponding overstatement of expenditure);
 - the overstatement of the bad debt provision by £9,910 due to spreadsheet error (with a corresponding understatement of expenditure);
 - the overstatement of a purchase-order accrual by £6,093 due to the incorrect inclusion of VAT on a purchase order (with a corresponding overstatement of expenditure); and
 - the overstatement of an accrual by £41,368 for which goods had been received after 31 March 2019 (with a corresponding overstatement of expenditure).

- 15 In the past two years we have reported the following less significant misstatements, being:
- the overstatement of a purchase-order accrual by £5,600 due to the incorrect inclusion of VAT on a purchase order (to a supplier that does not charge VAT); and
 - the overstatement of pharmaceutical non-cash limited expenditure and understatement of pharmaceutical cash limited expenditure (Note 3.1) of £19,244.
 - the overstatement of other creditors (and expenditure) by £15,305 due to a supplier invoice for the period 1 October 2016 to 31 July 2017 not being partly accounted for as a prepayment (for the element relating to 2017-18); and
 - the overstatement of other creditors (and expenditure) by £4,035 due to a supplier invoice for the period 1 March 2017 to 28 February 2018 not being partly accounted for as a prepayment (for the element relating to 2017-18).
- 16 We can confirm that these reported misstatements for the past three years do not affect the proposed audit opinions that are set out in [Appendix 2](#).

Corrected misstatements

- 17 There are misstatements that management has corrected, but which we consider should be drawn to your attention due to their relevance to your responsibilities over the financial reporting process. They are set out with brief explanations in [Appendix 3](#).

Other significant issues arising from the audit

- 18 During the course of the audit we consider a number of matters both qualitative and quantitative relating to the accounts and report any significant issues arising to you. Our conclusions are as follows:
- **We have no concerns about the qualitative aspects of your accounting practices and financial reporting, although we do draw some matters to your attention.** Generally, we found the information provided to be relevant, reliable, comparable, material and easy to understand. We concluded that accounting policies and estimates are appropriate and financial statement disclosures unbiased, fair and clear.
- Over the coming months we will meet with the Health Board's finance and governance teams to review the processes in place and discuss our respective experiences. This engagement will enable both parties to identify and agree where further improvement can be made for 2019-20.
- We did not encounter any significant difficulties during the audit.** We generally received good quality information in a timely and helpful manner and were not restricted in our work. We engaged with officers regularly

throughout May to provide an update on our audit issues, review progress, and agree actions. The Health Board's officers prepared a detailed closedown plan for 2018-19 that incorporated our audit requirements. This approach continues to help the preparation and audit of the accountability report and financial statements to the tight deadlines in place.

- **There were no significant matters discussed and corresponded upon with management, which we need to report to you.**
- **There are no other matters significant to the oversight of the financial reporting process that we need to report to you.**
- **We did not identify any material weaknesses in your internal controls.** While we did not identify any material weaknesses in your internal controls, we did identify some weaknesses, which we will be reporting separately.
- **There are no other matters specifically required by auditing standards to be communicated to those charged with governance.**

Recommendations arising from our 2018-19 financial audit work

- 19 Following the audit certification by the Auditor General we will issue a separate report setting out:
- the Health Board's actions against last year's recommendations; and
 - our audit observations and recommendations from this year's audit, together with senior officers' responses and intended actions.
- 20 The areas that we expect to cover will include:
- The need to strengthen the Health Board's policy and process for the evaluation and approval of 'retire and return' applications by staff, with a particular need to apply the Department of Health's guidance in full; and
 - weakness in the Health Board's arrangements for the counting and recording its year-end stock (known as 'inventories' in the financial statements).
- 21 That report will be considered by the Audit Committee at its next meeting.

Independence and objectivity

- 22 As part of the final stages of our audit we are required to provide you with further representations concerning our independence.
- 23 We can confirm that we have complied with ethical standards and in our professional judgment we are independent and our objectivity is not compromised. There are no known relationships between the Wales Audit Office and the Health Board that we consider to bear on our objectivity and independence.

Appendix 1

Final Letter of Representation

Auditor General for Wales
Wales Audit Office
24 Cathedral Road
Cardiff
CF11 9LJ

30 May 2019

Representations regarding the 2018-19 financial statements

This letter is provided in connection with your audit of the financial statements (including that part of the Remuneration Report that is subject to audit) of Cardiff and Vale University Local Health Board (the Health Board) for the year ended 31 March 2019 for the purpose of expressing an opinion on their truth and fairness, their proper preparation and the regularity of income and expenditure.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

As Chief Executive and Accountable Officer I have fulfilled my responsibility for:

- Preparing the financial statements in accordance with legislative requirements and the Treasury's Financial Reporting Manual. In preparing the financial statements, I am required to:
 - observe the accounts directions issued by Welsh Ministers with the approval of HM Treasury, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis;
 - make judgements and estimates on a reasonable basis;
 - state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and
 - prepare them on a going concern basis on the presumption that the services of the Health Board will continue in operation.
- Ensuring the regularity of any expenditure and other transactions incurred. On this point it is important to note that the Health Board has breached its revenue resource-limit for the three-year period 2016-17 to 2018-19.

- The design, implementation and maintenance of internal controls to prevent and detect error.

Information provided

We have provided you with:

- Full access to:
 - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
 - additional information that you have requested from us for the purpose of the audit; and
 - unrestricted access to staff from whom you determined it necessary to obtain audit evidence.
- The results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- Our knowledge of fraud or suspected fraud that we are aware of and that affects the Health Board and involves:
 - management;
 - employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements.
- Our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others.
- Our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
- The identity of all related parties and all the related party relationships and transactions of which we are aware.
- Our knowledge of all possible and actual instances of irregular transactions.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

Significant assumptions used in making accounting estimates, including those measured at fair value, are reasonable.

Related party relationships and transactions have been appropriately accounted for and disclosed.

Disclosures in the Remuneration Report are accurate and complete.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions. The effects of uncorrected misstatements identified during the audit are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

Representations by the Board

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by the Board on 30 May 2019.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Leonard Richards

Chief Executive

30 May 2019

Maria Battle

Chair

30 May 2019

Appendix 2

The proposed certificate and independent auditor's report of the Auditor General for Wales to the National Assembly for Wales

The Certificate of the Auditor General for Wales to the National Assembly for Wales

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements of Cardiff and Vale University Local Health Board for the year ended 31 March 2019 under Section 61 of the Public Audit (Wales) Act 2004. These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Tax Payers Equity and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and HM Treasury's Financial Reporting Manual based on International Financial Reporting Standards (IFRSs).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of Cardiff and Vale University Local Health Board as at 31 March 2019 and of its net operating costs for the year then ended; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Basis for opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the Cardiff and Vale University Local Health Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Executive has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Cardiff and Vale University Local Health Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The Chief Executive is responsible for the other information in the annual report and accounts. The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

Basis for Qualified Opinion on Regularity

Cardiff and Vale University Local Health Board has breached its revenue resource limit by spending £65.968 million over the £2.693 million that it was authorised to spend in the three-year period 2016-17 to 2018-19. This spend constitutes irregular expenditure. Further detail is set out in my Report at page x.

Qualified Opinion on Regularity

In my opinion, except for the irregular expenditure of £65.968 million explained in the paragraph above, in all material respects the expenditure and income have been applied to the purposes intended by the National Assembly for Wales and the financial transactions conform to the authorities which govern them.

Report on other requirements

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the information given in the Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and the Governance Statement has been prepared in accordance with Welsh Ministers' guidance; and
- the information given in the Foreword and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements and the Foreword and Accountability Report have been prepared in accordance with Welsh Ministers' guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the Cardiff and Vale University Local Health Board and its environment obtained in the course of the audit, I have not identified material misstatements in the Foreword and Accountability Report or the Governance Statement.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- proper accounting records have not been kept;
- the financial statements are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed; or
- I have not received all the information and explanations I require for my audit.

Please see my Report on page x.

Responsibilities

Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities set out on pages x to x, the Directors and the Chief Executive are responsible for the preparation of financial statements which give a true and fair view and for such internal control as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors and Chief Executive are responsible for assessing the Cardiff and Vale University Local Health Board's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Responsibilities for regularity

The Chief Executive is responsible for ensuring the regularity of financial transactions.

I am required to obtain sufficient evidence to give reasonable assurance that the expenditure and income have been applied to the purposes intended by the National Assembly for Wales and the financial transactions conform to the authorities which govern them.

Adrian Crompton
Auditor General for Wales
11 June 2019

24 Cathedral Road
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Report of the Auditor General to the National Assembly for Wales

Report of the Auditor General for Wales to the National Assembly for Wales

Introduction

Local Health Board (LHBs) are required to meet two statutory financial duties – known as the first and second financial duties.

For 2018-19 Cardiff and Vale University Local Health Board (the LHB) failed to meet both the first and the second financial duty and so I have decided to issue a narrative report to explain the position.

Failure of the first financial duty

The **first financial duty** gives additional flexibility to LHBs by allowing them to balance their income with their expenditure over a three-year rolling period. The third three-year period under this duty is 2016-17 to 2018-19, and so it is measured this year for the third time.

Note 2.1 to the Financial Statements shows that the LHB did not manage its revenue expenditure within its resource allocation over this three-year period, exceeding its cumulative revenue resource limit of £2,693 million by £65.968 million. The LHB therefore did not meet its first financial duty.

Where an LHB does not balance its books over a rolling three-year period, any expenditure over the resource allocation (i.e. spending limit) for those three years exceeds the LHB's authority to spend and is therefore 'irregular'. In such circumstances, I am required to qualify my 'regularity opinion' irrespective of the value of the excess spend.

Failure of the second financial duty

The **second financial duty** requires LHBs to prepare and have approved by the Welsh Ministers a rolling three-year integrated medium term plan. This duty is an essential foundation to the delivery of sustainable quality health services. An LHB will be deemed to have met this duty for 2018-19 if it submitted a 2018-19 to 2020-21 plan approved by its Board to the Welsh Ministers who then approved it by 30 June 2018.

As shown in Note 2.3 to the Financial Statements, the LHB did not meet its second financial duty to have an approved three-year integrated medium term plan in place for the period 2018-19 to 2020-21.

In September 2016 the Welsh Government placed the LHB in 'targeted intervention'. In the absence of an approved integrated medium-term plan, with the agreement of the Welsh Government the LHB has been operating under annual planning arrangements. In March 2018 the Board approved the LHB's Annual Operating Plan for 2018-19, which set out a planned annual deficit of £19.9 million. Subsequent to the Board's approval, in July 2018 the Welsh Government provided additional funding of £10 million which reduced the planned annual deficit to £9.9m. The LHB's actual deficit for 2018-19 was £9.872 million, as shown in Note 2.1 to the Financial Statements.

In February 2019 the Welsh Government reduced the escalation status of the LHB from 'targeted intervention' to 'enhanced monitoring'. Further to this change, in March 2019 the Welsh Government approved the LHB's three-year integrated medium term plan for 2019-20 to 2021-22.

Adrian Crompton

Auditor General for Wales

11 June 2019

Appendix 3

Summary of corrections made to the draft financial statements which should be drawn to the attention of the Board

During our audit we identified the following misstatements that have been corrected by management, but which we consider should be drawn to your attention due to their relevance to your responsibilities over the financial reporting process.

Exhibit 1: summary of corrections made to the draft financial statements

Value of correction	Nature of correction	Reason for correction
£16.096 million	<u>Note 20: Provisions</u> For the 'clinical negligence' category there has been a decrease of £16.096 million in the amount 'arsing during the year' and a corresponding decrease in the amount 'reversed unused'. This misstatement also affected the previous year's provisions' note by £42.3 million. An explanatory footnote has been added below that note, rather than correcting the affected figures.	Both figures were overstated due to the Health Board's process of reversing all opening balances and then raising new amounts against each clinical negligence case. The Health Board should reflect in-year movement/change against each case's brought-forward balance. For both financial years the amendments are presentational within Note 20 and have no impact on the Statement of Comprehensive Net Expenditure.
£9.438 million	<u>Primary statement: Other Comprehensive Net Expenditure</u> The 'Total comprehensive net expenditure for the year' decreased by £9.438 million.	There was a formula error in the accounts template that the Welsh Government had provided to all health boards.
£1.294 million	<u>Primary statement: Statement of Changes in Taxpayers Equity</u> The 'transfers between reserves' has been adjusted to: <ul style="list-style-type: none">• increase the revaluation reserve balance: and• decrease the general fund balance.	To correct the difference in depreciation charged on the current and historic cost of assets. The Health Board completes this adjustment each year, after providing us with the draft financial statements. Each year we report the adjustment for completeness.

Value of correction	Nature of correction	Reason for correction
Disclosures only	<u>Note 9: Employee costs</u> The addition of a footnote to disclose a classification error of £2.3 million in the prior-year disclosures, between 'salaries and wages' and 'social security costs'.	To disclose the existence of the classification error in the comparative figures. The error has no impact on the Statement of Comprehensive Net Expenditure.
Disclosures only	<u>Note 32 (and Note 1.22): Pooled budgets</u> The addition of a new partnership arrangement with Cardiff Council and the Vale of Glamorgan Council. The Health Board's expenditure for 2018-19 totalled £27,408,331.	To disclose all pooled budget arrangements.
Disclosures only	<u>Note 34: Other information</u> The addition of a short narrative on Brexit that was provided by the Welsh Government. Also, a detailed narrative on Brexit has also been added to the Annual Governance Statement.	Inclusion of the Brexit narratives based on advice received from us and the Welsh Government.

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Cardiff and Vale University Health Board

HEAD OF INTERNAL AUDIT OPINION & ANNUAL REPORT 2018/19

May 2019

**NHS Wales Shared Services Partnership
Audit and Assurance Services**

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Report status:	Final
Draft report issued:	20 th May 2019
Final report issued:	23 rd May 2019
Author:	Head of Internal Audit
Executive:	Director of Corporate Governance and Executive Director of Finance
Audit Committee:	30 th May 2019

1. EXECUTIVE SUMMARY

1.1 Purpose of this Report

The Board is collectively accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives, and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system. A key element in that flow of assurance is the overall assurance opinion from the Head of Internal Audit.

This report sets out the Head of Internal Audit opinion together with the summarised results of the internal audit work performed during the year. The report also includes a summary of audit performance in comparison to the plan and an assessment of conformance with the Public Sector Internal Audit Standards (these are the requirements of Standard 2450).

1.2 Head of Internal Audit Opinion

The purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the Accountable Officer and the Board which underpin the Board's own assessment of the effectiveness of the system of internal control. The approved internal audit plan is biased towards risk and therefore the Board will need to integrate these results with other sources of assurance when making a rounded assessment of control for the purposes of the Annual Governance Statement.

The overall opinion has been formed by summarising audit outcomes across eight key assurance domains. The overall opinion is then based upon these grouped findings. In a change to previous year all domains now carry equal weighting.

In my opinion the Board can take **Reasonable Assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Several significant matters require management attention with low to moderate impact on residual risk exposure until resolved.

1.3 Delivery of the Audit Plan

The internal audit plan has been delivered substantially in accordance with the agreed schedule and changes required during the year, as approved by the Audit Committee. Regular audit progress reports have been submitted to the Audit Committee during the year.

Our External Quality Assessment (EQA), conducted by the Chartered Institute of Internal Auditors, and our Quality Assurance and Improvement Programme have both confirmed that our internal audit work 'generally conforms' to the requirements of the Public Sector Internal Audit Standards for 2018/19. We are now able to state that our service 'conforms to the IIA's professional standards and to PSIAS.

1.4 Summary of Audit Assignments

The report summarises the outcomes from the internal audit plan undertaken in the year and recognising audit provides a continuous flow of assurance includes the results of legacy audit work reported subsequent to the prior year opinion. The report also references assurances received through the internal audit of control systems operated by NWSSP for transaction processing on behalf of the Health Board.

The audit coverage in the plan agreed with management has been deliberately focused on key strategic and operational risk areas; the outcome of these audit reviews may therefore highlight control weaknesses that impact on the overall assurance opinion.

In overall terms we can provide positive assurance to the Board that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively in the following assurance domains:

- Financial Governance and Management;
- Clinical governance quality and safety;
- Strategic planning, performance management and reporting;
- Information governance and security;
- Operational services and functional management;
- Workforce management; and
- Capital and estates management.

We are not able to provide positive assurance to the Board that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively within the Corporate governance, risk Management and regulatory compliance domain. This is due to the outcome of the following audits that were given Limited assurance:

- Standards of Behaviour; and
- Legislative / Regulatory Compliance

There were also a number of additional individual audits where the significance of the matters identified resulted in those reports being given Limited assurance. These were as follows:

- Information Governance - GDPR;
- Cyber Security;
- Mental Health CB – Sickness Management;
- Surgery CB - Medical Finance Governance; and
- Medicine CB – Internal Medicine Follow-up.

It can be seen from the Limited Assurance reports listed above that one of these is a follow up audit to a previous limited assurance report, highlighting that previously agreed actions have not been implemented on a timely basis.

It is noted that a further three planned follow-up audits to previous limited assurance reports were deferred into the 2019/20 plan at the request of the Health Board and following agreement by the Audit Committee. We are therefore not able to provide any assurance within the current annual report on the level of progress made in relation to these previous limited reports. The significance of these deferred follow-ups has been taken into account when assessing the overall ratings for the respective assurance domains.

Management are aware of the specific issues identified and have agreed action plans to improve control in these areas. These planned control improvements should be referenced in the Annual Governance Statement where appropriate.

Please note that our assessment across each of the domains has also taken into account, where appropriate, the number and significance of any audits that have been deferred during the course of the year.

2. HEAD OF INTERNAL AUDIT OPINION

2.1 Roles and Responsibilities

The Board is collectively accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives, and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

The Annual Governance Statement is a statement made by the Accountable Officer, on behalf of the Board, setting out:

- How the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives.
- The purpose of the system of internal control, as evidenced by a description of the risk management and review processes, including compliance with the Health & Care Standards.
- The conduct and results of the review of the effectiveness of the system of internal control including any disclosures of significant control failures, together with assurances that actions are or will be taken where appropriate to address issues arising.

The organisation's risk management process and system of assurance should bring together all of the evidence required to support the Annual Governance Statement.

In accordance with the Public Sector Internal Audit Standards (PSIAS), the Head of Internal Audit (HIA) is required to provide an annual opinion, based upon and limited to the work performed on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. This is achieved through an audit plan that has been focussed on key strategic and operational risk areas and known improvement opportunities, agreed with executive management and approved by the Audit Committee, which should provide an appropriate level of assurance.

The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of risk-based audit work formulated around a selection of key organisational systems and risks. As such, it is a key component that the Board takes into account but is not intended to provide a comprehensive view.

The Board, through the Audit Committee, will need to consider the Internal Audit opinion together with assurances from other sources including reports issued by other review bodies, assurances given by management and other relevant information when forming a rounded picture on governance, risk management and control for completing its Governance Statement.

2.2 Purpose of the Head of Internal Audit Opinion

The purpose of my annual Head of Internal Audit opinion is to contribute to the assurances available to the Accountable Officer and the Board of Cardiff and Vale University Health Board which underpin the Board's own assessment of the effectiveness of the organisation's system of internal control.

This opinion will in turn assist the Board in the completion of its Annual Governance Statement, and may also be taken into account by regulators including Healthcare Inspectorate Wales in assessing compliance with the Health & Care Standards in Wales, and by Wales Audit Office in the context of their external audit.

The overall opinion by the Head of Internal Audit on governance, risk management and control is a function of this risk based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

2.3 Assurance Rating System for the Head of Internal Audit Opinion

The assurance rating framework for expressing the overall audit opinion was refined in 2013/14 in consultation with key stakeholders across NHS Wales. In 2016/17, following further discussion with stakeholders, it was amended to remove the weighting given to three of the eight domains when judging the overall opinion. The framework applied in 2016/17 has been used again to guide the forming of the opinion for 2018/19.

The assurance rating system based upon the colour-coded barometer and applied to individual audit reports remains unchanged. The descriptive narrative used in these definitions as clarified in 2012/13 has proven effective in giving an objective and consistent measure of assurance in the context of assessed risk and associated control in those areas examined.

This same assurance rating system is applied to the overall Head of Internal Audit opinion on governance, risk management and control as to individual assignment audit reviews. The assurance rating system together with definitions is included at **Appendix D**.

The individual conclusions arising from detailed audits undertaken during the year have been summarised by the eight assurance domains that were used to frame the internal audit plan at its outset. The aggregation of audit results by these domains gives a better picture of assurance to the Board and also provides a rational basis for drawing an overall audit opinion.


A quality assurance review process has been applied by the Director of Audit & Assurance and the Head of Internal Audit in the annual reporting process to ensure the assurance domain ratings and overall opinion are consistent with the underlying audit evidence and in accordance with the criteria for judgement at **Appendix E**.

2.4 Head of Internal Audit Opinion

2.4.1 Scope of opinion

The scope of my opinion is confined to those areas examined in the risk based audit plan which has been agreed with senior management and approved by the Audit Committee. The Head of Internal Audit assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and be seen as an internal driver for continuous improvement.

The Head of Internal Audit opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control is set out below.

Reasonable assurance		The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.
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In reaching the overall Reasonable Assurance Opinion I have identified that the majority of reviews during the year concluded positively with sound control arrangements operating in many areas.

In forming the overall opinion I have also concluded that seven of the eight individual domains would be classified with a positive assurance opinion; One being substantial assurance and six being reasonable assurance. I have classified one of the individual domains with a limited assurance opinion.

During the year ten Substantial Assurance and twenty seven reasonable assurance opinions were given for individual assignments. However it is important to highlight that seven Limited assurance reports have been issued during the year and these were split across three of the eight assurance domains.

Furthermore it is also important to note that a total of eight audits were deferred into the 2019/20 Internal Audit plan. Three of these related to follow up audits of previous limited assurance reports. The significance of these deferred audits has been taken into account when assessing the ratings for the assurance domains and the overall assurance opinion.

This opinion will need to be reflected within the Annual Governance Statement along with confirmation of action planned to address the issues raised. Particular focus should be placed on the agreed response to any limited

assurance reports issued during the year and the significance of the recommendations made.

2.4.2 Basis for Forming the Opinion

In reaching the opinion the Head of Internal Audit has applied both professional judgement and the Audit & Assurance “*Supporting criteria for the overall opinion*” guidance produced by the Director of Audit & Assurance and shared with key stakeholders, see **Appendix E**.

The Head of Internal Audit has concluded that Reasonable Assurance can be reported for six of the eight assurance domains, around which the plan is structured. Substantial assurance has been reported for one domain and Limited assurance for the remaining domain.

The audit work undertaken during 2018/19 and reported to the Audit Committee has been aggregated at **Appendix B**.

The evidence base upon which the overall opinion is formed is as follows:

- An assessment of the range of individual opinions arising from risk-based audit assignments contained within the Internal Audit plan that have been reported to the Audit Committee throughout the year. This assessment has taken account of the relative materiality of these areas and the results of any follow-up audits in progressing control improvements.
- The results of any audit work related to the Health & Care Standards including, if appropriate, the evidence available by which the Board has arrived at its declaration in respect of the self-assessment for the Governance, Leadership and Accountability module; and
- Other assurance reviews which impact on the Head of Internal Audit opinion including audit work performed at other organisations (see Section 3 – Other Work for details).

As stated above these detailed results have been aggregated to build a picture of assurance across the eight key assurance domains around which the risk-based Internal Audit plan is framed. Where there is insufficient evidence to draw a firm conclusion the assurance domain is not rated.

In addition, the Head of Internal Audit has considered residual risk exposure across those assignments where limited or no assurance was reported.

Further, a number of audit assignments planned this year did not proceed to full audits following preliminary planning work and these were either; removed from the plan; removed from the plan and replaced with another audit; or deferred until a future audit year. Where changes were made to the audit plan then the reasons were presented to the Audit Committee for consideration and approval. Notwithstanding that the opinion is restricted to those areas which were subject to audit review, the Head of Internal Audit has considered the impact of changes made to the plan when forming their overall opinion.

A summary of the findings in each of the domains is set out below. Each domain heading has been colour coded to show the overall assurance for that domain.

Corporate Governance, Risk Management and Regulatory Compliance

The Audit of Claims Reimbursement was given substantial assurance, with the reviews of Health and Care Standards and Contract Compliance being given reasonable assurance.

However, the reviews of standards of behaviour (DoI & G&H) and Legislative / Regulatory compliance were given limited assurance. Whilst the Health Board has identified and commenced actions to address the highlighted weaknesses in these areas, the significance of the issues has led to the overall limited assurance rating for the domain.

The UHB's Board Assurance Framework and Risk Management processes have also been reviewed in support of the overall opinion and the Annual Governance Statement has also been reviewed for reasonableness.

Financial Governance and Management

The audit of the main financial systems was given reasonable assurance with improvement required around management of the Oracle Hierarchies.

The audits of Charitable Funds and the Cost Improvement Programmes (CIPs) were both given Substantial Assurance.

The audit of Private and Overseas Patients was deferred at the request of the Health Board and, as such, assurance could not be provided.

Clinical Governance Quality & Safety

The audits of the Annual Quality Statement, Ombudsman Reports and Ward Nurse Staffing Levels were all given Substantial assurance. There were no significant issues identified in any of the audits which has led to the overall Substantial assurance rating for this domain.

The draft MHRA Compliance audit is currently given Reasonable assurance with a number of recommendations made to enhance the current governance and control processes.

The DoLS Follow-up audit was deferred at the request of the Health Board and, as such, assurance could not be provided.

Strategic Planning, Performance Management & Reporting

The audits of Performance Reporting Non RTT, Delayed Transfers of Care (DToC) Reporting and Strategic Planning / IMTP were each given Substantial assurance.

The audit of Commissioning has been given Reasonable assurance and the UHB Transformation audit is currently draft Reasonable assurance.

The planned follow up audit of the previous Limited assurance Continuing Healthcare (CHC) report has been deferred at the request of the Health Board. As such assurance cannot be provided but the potential significance of the audit has been taken into account when assessing the overall assurance rating for the domain. The audit of Public Health Targets was also deferred.

Information Governance & IT Security

The audit of Neurosciences IT System Follow-up was given Substantial assurance with the audits of Renal IT System, e IT Learning and e-advice (draft) being given Reasonable Assurance.

However, the audits of Information Governance and Cyber Security were given Limited assurance. In both cases a significant number of key weaknesses were identified around the current structures and processes in place within the Health Board.

Operational Service and Functional Management

A total of eleven audits were carried out across all the Clinical Boards covering a range of topics including Nurse rotas, absence management and interface incidents. Eight of the audits received Reasonable assurance.

The audits of Mental Health CB – Sickness Management, Surgery CB – Medical Staff Governance and Medicine CB – Internal Medicine Follow-up all received Limited assurance. The Medicine CB audit represents a particular risk as it was a follow-up of a previously Limited assurance report.

The audit of Children & Women CB – Transition Plans was deferred at the request of the UHB and, as such, assurance could not be provided.

Workforce Management

Both the Electronic Staff Record and Management of the Disciplinary Process audits were given Reasonable Assurance.

The planned follow-up audit of Consultants Job Planning was deferred at the request of the Health Board. As such assurance cannot be provided but the

potential significance of the audit has been taken into account when assessing the overall assurance rating for the domain.

Capital & Estates Management

The audits of Sustainability Reporting, Cleaning Standards Follow-up, Carbon Reduction Commitment and the Estates Time Recording System – Kronos were each given Reasonable Assurance.

The three Capital Scheme audits were also given Reasonable assurance along with Reasonable assurance for the Estates Statutory Compliance - Water audit.

The Commercial Outlets and Service Improvement Team audits were deferred at the request of the UHB and, as such, assurance could not be provided.

2.4.3 Limitations to the Audit Opinion

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems.

As mentioned above the scope of the audit opinion is restricted to those areas which were the subject of audit review through the performance of the risk-based Internal Audit plan. In accordance with auditing standards and with the agreement of senior management and the Board Internal Audit work is deliberately prioritised according to risk and materiality. Accordingly the Internal Audit work and reported outcomes will bias towards known weaknesses as a driver to improve governance risk management and control. This context is important in understanding the overall opinion and balancing that across the various assurances which feature in the Annual Governance Statement.

Caution should be exercised when making comparisons with prior years. Audit coverage will vary from year to year based upon risk assessment and cyclical coverage on key control systems.

2.4.4 Period covered by the Opinion

Internal Audit provides a continuous flow of assurance to the Board and subject to the key financials and other mandated items being completed in-year the cut-off point for annual reporting purposes can be set by agreement with management. To enable the Head of Internal Audit opinion to be better aligned with the production of the Annual Governance Statement a pragmatic cut-off point has been applied to Internal Audit work in progress.

By previous agreement with the Health Board, audit work reported to draft stage has been included in the overall assessment, all other work in progress will be rolled-forward and reported within the overall opinion for next year.

The majority of audit reviews will relate to the systems and processes in operation during 2018/19 unless otherwise stated and reflect the condition of

internal controls pertaining at the point of audit assessment. Follow-up work will provide an assessment of action taken by management on recommendations made in prior periods and will therefore provide limited scope update on the current condition of control and a measure of direction of travel.

There are also some specific assurance reviews which remain relevant to the reporting of the Annual Report required to be published by 31 May 2019. These specific assurance requirements relate to the following two public disclosure statements:

- Annual Quality Statement; and
- Environmental Sustainability Report.

The specified assurance work on these statements has been aligned with the timeline for production of the Annual Report and accordingly will be completed and reported to management and the Audit Committee subsequent to this Head of Internal Audit opinion. However, the Head of Internal Audit's assessment of arrangements in these areas is legitimately informed by drawing on the assurance work completed as part of this current year's plan albeit relating to the 2017/18 Annual Report and Quality Statement, together with the preliminary results of any audit work already undertaken in relation to the 2018/19 Annual Report and Quality Statement.

2.5 Required Work

There are a number of pieces of work that Welsh Government has required previously that Internal Audit should review each year, where applicable. These pieces cover aspects of:

- Health & Care Standards, including the Governance, Leadership and Accountability standard;
- Annual Governance Statement;
- Annual Quality Statement;
- Environmental Sustainability Report;
- Carbon Reduction Commitment; and
- Welsh Risk Pool Claims Reimbursement.

Where appropriate, our work is reported in Section 5 – Risk based Audit Assignments and at **Appendix B**.

Please note that there are discussions ongoing with Welsh Government as to whether this work will be required in 2019/20 and future years.

2.6 Statement of Conformance

The Welsh Government determined that the Public Sector Internal Audit Standards (PSIAS) would apply across the NHS in Wales from 2013/14.

The provision of professional quality Internal Audit is a fundamental aim of our service delivery methodology and compliance with PSIAS is central to our audit

approach. Quality is controlled by the Head of Internal Audit on an ongoing basis and monitored by the Director of Audit & Assurance. The work of internal audit is also subject to an annual assessment by the Wales Audit Office. In addition, at least once every five years, we are required to have an External Quality Assessment. This was undertaken by the Chartered Institute of Internal Auditors (IIA) in February and March 2018. The IIA concluded that NWSSP's Audit & Assurance Services conforms with all 64 fundamental principles and 'it is therefore appropriate for NWSSP Audit & Assurance Services to say in reports and other literature that it conforms to the IIA's professional standards and to PSIAS.'

The NWSSP Audit and Assurance Services can assure the Audit Committee that it has conducted its audit at Cardiff and Vale University Health Board in conformance with the Public Sector Internal Audit Standards for 2018/19.

Our conformance statement for 2018/19 is based upon:

- the results of our internal Quality Assurance and Improvement Programme (QAIP) for 2018/19 which will be reported formally in the Summer of 2019;
- the results of the work completed by Wales Audit Office; and
- the results of the External Quality Assessment undertaken by the IIA.

We have set out, in **Appendix A**, the key requirements of the Public Sector Internal Audit Standards and our assessment of conformance against these requirements. The full results and actions from our QAIP will be included in the 2018/19 QAIP report. There are no significant matters arising that need to be reported in this document.

2.7 Completion of the Annual Governance Statement

While the overall Internal Audit opinion will inform the review of effectiveness for the Annual Governance Statement the Accountable Officer and the Board need to take into account other assurances and risks when preparing their statement. These sources of assurances will have been identified within the Board's own performance management and assurance framework and will include, but are not limited to:

- Direct assurances from management on the operation of internal controls through the upward chain of accountability;
- Internally assessed performance against the Health & Care Standards;
- Results of internal compliance functions including Local Counter-Fraud, Post Payment Verification, and risk management;
- Reported compliance via the Welsh Risk Pool regarding claims standards and other specialty specific standards reviewed during the period; and
- Reviews completed by external regulation and inspection bodies including the Wales Audit Office and Healthcare Inspectorate Wales.

3. OTHER WORK RELEVANT TO THE HEALTH BOARD

As our internal audit work covers all NHS organisations there are a number of audits that we undertake each year which, while undertaken formally as part of a particular health organisation's audit programme, will cover activities relating to other Health bodies. The Head of Internal Audit has had regard to these audits, which are listed below.

NHS Wales Shared Services Partnership (NWSSP)

As part of the internal audit programme at NHS Wales Shared Services Partnership (NWSSP), a hosted body of Velindre NHS Trust, a number of audits were undertaken which are relevant to the Health Board/Trust. These audits of the financial systems operated by NWSSP, processing transactions on behalf of the Health Board/Trust, derived the following opinion ratings:

- General Medical Services (GMS) – Substantial
- General Pharmaceutical Services (GPS)– Substantial
- General Ophthalmic Services (GOS) – Substantial
- General Dental Services (GDS) - Substantial
- Procurement - Accounts Payable – Reasonable
- Employment Services – Payroll - Reasonable

Please note that other audits of NWSSP activities are undertaken as part of the overall NWSSP internal audit programme.

In addition, as part of the internal audit programme at Cwm Taf UHB a number of audits were undertaken in relation to both the Welsh Health Specialist Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC). These audits are listed below and derived the following opinion ratings:

Welsh Health Specialist Services Committee (WHSSC)

- High cost drugs review (Reasonable)
- Review of network groups and advisory boards (Reasonable)
- Risk management (Reasonable)
- Governance arrangements (Reasonable)

Emergency Ambulance Services Committee (EASC)

- Governance and performance (Reasonable)
- Non-Emergency Patient Transport Service (NEPTS) Follow up of baseline position

We have also undertaken two audits relating to the processes and operations of NWIS:

NHS Wales Informatics Service (NWIS)

- Business Continuity (Reasonable)
- Change Control (Limited)

While these audits do not form part of the annual plan for the Health Board, they are listed here for completeness as they do impact on the Health Board's activities, and the Head of Internal Audit does consider if any issues raised in the audits could impact on the content of our annual report.

Full details of the NWSSP audits are included in the NWSSP Head of Internal Audit Opinion and Annual Report and are summarised in the Velindre NHS Trust Head of Internal Audit Opinion and Annual Report along with the NWIS audits; the WHSSC and EASC audits are detailed in the Cwm Taf UHB Head of Internal Audit Opinion and Annual Report.

4. DELIVERY OF THE INTERNAL AUDIT PLAN

4.1 Performance against the Audit Plan

The Internal Audit Plan has been delivered substantially in accordance with the schedule agreed with the Audit Committee, subject to changes agreed as the year progressed. Regular audit progress reports have been submitted to the Audit Committee during the year. Audits which remain to be reported and reflected within this Annual Report will be reported alongside audits from the 2019/20 operational audit plan.

The assignment status summary is reported at section 5 and **Appendix B**.

In addition, throughout the year we have responded to requests for advice and/or assistance across a variety of business areas. This advisory work undertaken in addition to the assurance plan is permitted under the standards to assist management in improving governance, risk management and control. This activity has been reported during the year within our progress reports to the Audit Committee.

4.2 Service Performance Indicators

In order to be able to demonstrate the quality of the service delivered by Internal Audit, a range of service performance indicators supported by monitoring systems have been developed. These have become part of the routine reporting to the Audit Committee during 2018/19. The key performance indicators are summarised in the **Appendix C**.

Post audit questionnaires (PAQs) are issued following the finalisation of relevant audit assignments. During 2018/19 a total of twenty four PAQs were issued with eight responses received. This represents a return rate of 33%. Where respondents have made specific comments these have been reviewed by the Head of Internal Audit for any necessary action.

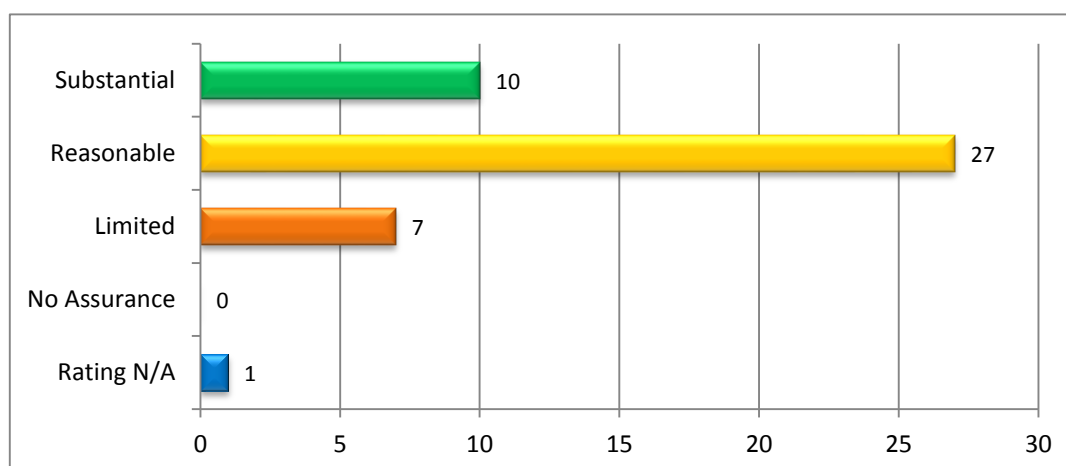
5. RISK BASED AUDIT ASSIGNMENTS

The overall opinion provided in Section 1 and our conclusions on individual assurance domains is limited to the scope and objectives of the reviews we have undertaken, detailed information on which has been provided within the individual audit reports.

5.1 Overall summary of results

In total 45 audit reviews were reported during the year. Figure 1 below presents the assurance ratings and the number of audits derived for each.

Figure 1 Summary of audit ratings



The assurance ratings and definitions used for reporting audit assignments are included in **Appendix D**.

In addition to the above, there were eight audits which did not proceed following preliminary planning and agreement with management, as it was recognised that there was action required to address issues / risks already known to management and an audit review at that time would not add additional value.

The following sections provide a summary of the scope and objective for each assignment undertaken within the year along with the assurance rating.

5.2 Substantial Assurance



In the following review areas the Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively. Those few matters that may require attention are compliance or advisory in nature with low impact on residual risk exposure.

Review Title	Objective
Annual Quality Statement	To assist Cardiff and Vale UHB with accuracy checking, including the triangulation of data and evidence, before the publication of the AQS.
Ombudsman Reports	To establish if appropriate processes are in place to ensure that the Health Board fully complies with all Public Services Ombudsman for Wales (PSOW) investigations and appropriately acts on any issued reports.
Charitable Funds	To establish if the Health Board has appropriate processes in place to ensure that the Charitable Funds are appropriately managed and administered in accordance with relevant legislation and Charity Commission guidance.
IT System Follow-up – Neurosciences IT System	To provide the Health Board with assurance that agreed actions from the previous Limited assurance review of the Patientcare IT system have been implemented appropriately.
Cost Improvement Programme	To establish if cost reduction targets were appropriately established, devolved through the organisation, that appropriate plans had been developed to meet these and that the plans were implemented and monitored.
Claims Reimbursement	To provide assurance to the Audit Committee that the claims reimbursement process is in compliance with the requirements of the Welsh Risk Pool Standard.

Review Title	Objective
Performance Reporting Data Quality – Non RTT	To provide assurance over the accuracy of performance figures reported within the Health Board's Performance Report.
Delayed Transfers of Care Reporting	To establish if the Health Board has appropriate processes in place to ensure the effective recording and reporting of DToC activity in accordance with Welsh Government requirements.
Ward Nurse Staffing Levels	To establish if the Health Board has appropriate processes in place to ensure that it is complying with the requirements of the Nurse Staffing Levels (Wales) Act 2016.
Strategic Planning / IMTP	To establish if adequate processes were in place to ensure effective on-going monitoring and delivery of the Health Board's 2018/19 one year plan.

5.3 Reasonable Assurance



In the following review areas the Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively. Some matters require management attention in either control design or operational compliance and these will have low to moderate impact on residual risk exposure until resolved.

Review Title	Objective
Shaping Our Future Wellbeing – Capital Projects	To gain assurance that appropriate arrangements were established to deliver the proposed programme and associated capital projects.
Dental CB – Theatre Sessions	To establish if the theatre sessions are appropriately planned and managed in order to deliver effective patient care.

Review Title	Objective
Dental CB – Dental Nurse Provision	To establish if clinic rotas are effectively planned and managed.
Environmental Sustainability Report	To assess the adequacy of management arrangements for the production of the Sustainability Report within the Annual Report.
Electronic Staff Record	To assess the adequacy of the arrangements in place for the deployment of the ESR and subsequent utilisation of the system.
Management of the Disciplinary Process	To assess the adequacy of the arrangements in place for the management of the disciplinary process and subsequent utilisation of the relevant procedures.
Carbon Reduction Commitment	To assess compliance with CRC requirements and guidance.
PCIC CB – District Nursing Rotas	To establish if district nursing rotas are effectively planned and managed.
MH CB – Section 17 Leave	To establish if appropriate processes were in place to ensure effective compliance with providing leave to detained patients in accordance with Section 17 of the Mental Health Act 1983 and The Code of Practice for Wales 2016.
Cleaning Standards – Follow-up	To establish if the previously agreed management actions have been implemented, in order to ensure that the Health Board has appropriate processes in place to enable it to comply with the National Standards for Cleaning in NHS Wales.
Renal IT System	To provide assurance that data held within the Renal system is accurate, secure from unauthorised access and loss and that the system is used fully
Contract Compliance	To establish whether the Health Board has adequate processes in place for ensuring compliance with the rules around carrying out competitive tendering and awarding commercial contracts.

Review Title	Objective
CD&T CB – Bank, Agency & Overtime Spend	To establish if bank, agency and overtime usage is effectively justified, verified and authorised and the subsequent payments are correctly processed and authorised.
Estates Time Recording / Kronos	To establish whether the Kronos time recording system currently being piloted within UHW is designed and operating effectively to ensure the appropriate management of staff rotas and time recording.
Capital Project – Rookwood Relocation	To determine the adequacy of, and operational compliance with, the systems and procedures of the University Health Board for the management of capital projects.
PCIC CB – PCIC Interface Incidents	To establish if incidents detected by GPs relating to interface incidents are appropriately reported, recorded, communicated and acted upon to reduce the risk of re-occurrence.
Medicine CB – Sickness Absence Management	To establish if sickness absence is being effectively managed in order to minimise the rates of absence.
Capital CRI Safeguarding Works	To determine the adequacy of, and operational compliance with, the systems and procedures of the University Health Board for the management of capital projects.
Commissioning	To establish if the Health Board has an appropriate Commissioning framework in place that is being consistently applied to ensure that the health needs of the population are being met.
e IT Training	To provide assurance that learning is appropriately developed to provide knowledge to the user base, is subject to review and is delivering according to user needs.
Estates Statutory Compliance - Water	To determine the adequacy of, and operational compliance with, the systems and procedures of the UHB, taking account of relevant NHS and other supporting regulatory and procedural requirements, as appropriate.

Review Title	Objective
UHB Core Financial Systems	To establish if the Health Board has appropriate processes in place to ensure the effective management of the Asset Register and the General Ledger Approval Hierarchies.
Health & Care Standards	To establish if the Health Board has adequate procedures in place to ensure that the standards are effectively utilised to improve clinical quality and patient experience and that appropriate processes are in place to assess performance against the standards.
Specialist CB – Medical Finance Governance	To establish if there are effective governance arrangements in place within the Clinical Board to ensure that Medical staff time and costs are appropriately monitored and controlled.
UHB Transformation Process (draft)	To establish if the development of the seven enablers and the processes in place for their management and implementation are appropriate to allow for the effective future delivery of the Transformation Process.
e-Advice Project (draft)	To provide assurance that e-Advice is subject to appropriate governance and testing, that data is securely transferred between systems and that it is producing the anticipated benefits.
MHRA Compliance (draft)	To establish if adequate processes are in place within Pharmacy to ensure compliance with MHRA requirements.

5.4 Limited Assurance



In the following review areas the Board can take only **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.

Review Title	Objectives
MH CB – Sickness Management	The purpose of the review was to establish if sickness absence is being effectively managed in order to minimise the rates of absence.
Standards of Behaviour (DoI & G&H)	The purpose of the review was to establish if the Health Board has appropriate processes in place to ensure that all its employees and Independent Members practice the highest standards of conduct and behaviour.
Legislative / Regulatory Compliance	The purpose of the review was to establish if effective processes are in place to ensure that the Health Board complies with all licencing, statutory and regulatory requirements and any associated risks or issues are effectively identified and addressed.
Information Governance - GDPR	The overall objective of the audit was to provide assurance to the Health Board that arrangements are in place and managed appropriately within its wards, departments and directorates to ensure compliance with the requirements of the GDPR.
Surgery CB – Medical Finance Governance	The purpose of the review was to establish if there are effective governance arrangements in place within the Clinical Board to ensure that Medical staff time and costs are appropriately monitored and controlled.
Medicine CB – Internal Medicine Follow up	The purpose of the follow up review is to establish if the previously agreed management actions have been implemented, in order to ensure that all staff members comply with statutory and mandatory requirements and annual PADRs are effectively planned and completed.

Review Title	Objectives
Cyber Security	The purpose of the review was to provide assurance to the Audit Committee that a process is in place for ensuring cyber security which provides protection from malicious software and appropriately protects the UHB information.

5.5 No Assurance



There are no audited areas in which the Board has **no assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively, or where action remains to be taken to address the whole control framework with high impact on residual risk exposure until resolved.

5.6 Assurance Not Applicable

The following reviews were undertaken as part of the audit plan and reported or closed by correspondence without the standard assurance rating indicator, owing to the nature of the audit approach.

Review Title	Objective
Risk Management / BAF Development	Review of risk management and assurance arrangements to inform HIA Annual Opinion

Additionally, the following audits were deferred for reasons outlined below. The reason for deferment is outlined for each audit together with any impact on the Head of Internal Audit Opinion.

Review Title	Reason / Impact
Continuing Healthcare Follow-up	It was requested by the UHB that this follow-up be deferred due to the time required to implement actions. Potential impact on domain assurance rating.

Review Title	Reason / Impact
Public Health Targets	It was requested by the UHB that this audit be deferred due to the introduction of new WG targets. No impact on Audit Opinion.
Consultant Job Planning Follow-up	It was requested by the UHB that this follow-up be deferred due to the time required to implement actions. Potential impact on domain assurance rating.
DoLS Follow-up	It was requested by the UHB that this follow-up be deferred due to the implementation of a new process for DoLS authorisations. Potential impact on domain assurance rating.
Private and Overseas Patients	It was requested by the UHB that this audit be deferred due to the potential effect of Brexit outcome. No impact on Audit Opinion.
C&W CB – Paeds & Adults Transition Plans	It was requested by the UHB that this audit be deferred due to a change in process. No impact on Audit Opinion.
Commercial Outlets	It was requested by the UHB that this audit be deferred due to internal work being undertaken by Finance staff. No impact on Audit Opinion
Estates Service Improvement Team	It was requested by the UHB that this audit be deferred due to changes in Estates structure. No impact on Audit Opinion

6. ACKNOWLEDGEMENT

In closing I would like to acknowledge the time and co-operation given by directors and staff of the Health Board to support delivery of the Internal Audit assignments undertaken within the 2018/19 plan.

Ian Virgill

Acting Head of Internal Audit

Audit and Assurance Services

NHS Wales Shared Services Partnership




May 2019

ATTRIBUTE STANDARDS	
1000 Purpose, authority and responsibility	Internal Audit arrangements are derived ultimately from the NHS organisation's Standing orders and Financial Instructions. These arrangements are embodied in the Internal Audit Charter adopted by the Audit Committee on an annual basis.
1100 Independence and objectivity	Appropriate structures and reporting arrangements are in place. Internal Audit does not have any management responsibilities. Internal audit staff are required to declare any conflicts of interests. The Head of Internal Audit has direct access to the Chief Executive and Audit Committee chair.
1200 Proficiency and due professional care	Staff are aware of the Public Sector Internal Audit Standards and code of ethics. Appropriate staff are allocated to assignments based on knowledge and experience. Training and Development exist for all staff. The Head of Internal Audit is professionally qualified.
1300 Quality assurance and improvement programme	Head of Internal Audit undertakes quality reviews of assignments and reports as set out in internal procedures. Internal quality monitoring against standards is performed by the Head of Internal Audit and Director of Audit & Assurance. WAO complete an annual assessment. An EQA was undertaken in 2018.
PERFORMANCE STANDARDS	
2000 Managing the internal audit activity	<p>The Internal Audit activity is managed through the NHS Wales Shared Services Partnership. The audit service delivery plan forms part of the NWSSP integrated medium term plan. A risk based strategic and annual operational plan is developed for the organisation. The operational plan gives detail of specific assignments and sets out overall resource requirement. The audit strategy and annual plan is approved by Audit Committee.</p> <p>Policies and procedures which guide the Internal Audit activity are set out in an Audit Quality Manual. There is structured liaison with WAO, HIW and LCFS.</p>

2100 Nature of work	The risk based plan is developed and assignments performed in a way that allows for evaluation and improvement of governance, risk management and control processes, using a systematic and disciplined approach.
2200 Engagement planning	The Audit Quality Manual guides the planning of audit assignments which include the agreement of an audit brief with management covering scope, objectives, timing and resource allocation.
23000 Performing the engagement	The Audit Quality Manual guides the performance of each audit assignment and report is quality reviewed before issue.
2400 Communicating results	Assignment reports are issued at draft and final stages. The report includes the assignment scope, objectives, conclusions and improvement actions agreed with management. An audit progress report is presented at each meeting of the Audit Committee. An annual report and opinion is produced for the Audit Committee giving assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control.
2500 Monitoring progress	An internal follow-up process is maintained by management to monitor progress with implementation of agreed management actions. This is reported to the Audit Committee. In addition audit reports are followed-up by Internal Audit on a selective basis as part of the operational plan.
2600 Communicating the acceptance of risks	If Internal Audit considers that a level of inappropriate risk is being accepted by management it would be discussed and will be escalated to Board level for resolution.

AUDIT RESULTS GROUPED BY ASSURANCE DOMAIN

Assurance domain	Audits	Overall rating	Not rated	No assurance	Limited assurance	Reasonable assurance	Substantial assurance
Corporate Governance, Risk and Regulatory Compliance	6		● Risk Management		● Standards of Behaviour ● Legislative / regulatory Compliance	● Contract Compliance ● H&CS	● Claims Re-imbursement
Financial Governance and Management	3					● Core Financials	● Charitable Funds ● CIPs
Clinical Governance, Quality and Safety	4					● <i>MHRA Compliance (Draft)</i>	● Annual Quality Statement ● Ombudsman Reports ● Ward Nurse Staffing Levels
Strategic Planning, Performance Management and Reporting	5					● Commissioning ● <i>UHB Transformation (Draft)</i>	● Performance Reporting Non RTT ● DToC Reporting ● Strat Plan IMTP
Information Governance and Security	6				● Information Governance – GDPR ● Cyber Security	● Renal It system ● e-IT Training ● <i>e-Advice Project (Draft)</i>	● Neuroscience It System follow up

Assurance domain	Audit count	Overall rating	Not rated	No assurance	Limited assurance	Reasonable assurance	Substantial Assurance
Operational Service and Functional Management	11				<ul style="list-style-type: none"> ● Mental Health CB - Sickness Mgt. ● Surgery CB - Medical Staff Governance ● Medicine CB – Internal Medicine Follow-up 	<ul style="list-style-type: none"> ● Dental – Nurse Sessions ● Dental – Theatre Sessions ● Mental Health CB – Section 17 ● PCIC District Nursing rotas ● CD&T CB – Bank, Agency & OT Spend ● Medicine CB – Absence Management ● PCIC Interface Incidents ● Specialist CB - Medical Staff Governance 	
Workforce Management	2					<ul style="list-style-type: none"> ● Electronic Staff Record ● Management of the Disciplinary Process 	
Capital and Estates Management	8					<ul style="list-style-type: none"> ● Shaping Our Future Wellbeing – Capital Projects ● Environmental Sustainability Report ● Cleanliness Standards 	

Assurance domain	Audit count	Overall rating	Not rated	No assurance	Limited assurance	Reasonable assurance	Substantial Assurance
						Follow up ● Carbon Reduction Commitment (SSU) ● Estates Time Recording System – Kronos ● Capital Project – Rookwood ● Capital – Safeguarding Work CRI ● Estates Statutory Compliance – Water	
	45		1	0	7	27	10

Key to symbols:

● Audit undertaken within the annual Internal Audit plan

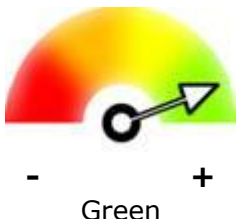

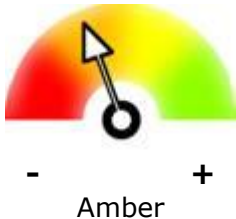
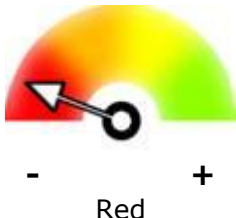
Italics Reports not yet finalised but have been issued in draft

PERFORMANCE INDICATORS

Indicator Reported to Audit Committee	Status	Actual	Target	Red	Amber	Green
Operational Audit Plan agreed for 2018/19	G	April 2019	By 30 June	Not agreed	Draft plan	Final plan
Total assignments reported against adjusted plan for 2018/19	G	(45/46) 98%	100%	v>20%	10%<v<20%	v<10%
Report turnaround: time from fieldwork completion to draft reporting [10 working days]	A	(40/45) 89%	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time taken for management response to draft report [15 working days]	R	(23/41) 56%	80%	v>20%	10%<v<20%	v<10%
Report turnaround: time from management response to issue of final report [10 working days]	G	(41/41) 100%	80%	v>20%	10%<v<20%	v<10%

Key: v = percentage variance from target performance

Audit Assurance Ratings

RATING	INDICATOR	DEFINITION
Substantial assurance		The Board can take substantial assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with low impact on residual risk exposure.
Reasonable assurance		The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.
Limited assurance		The Board can take limited assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.
No assurance		The Board has no assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with high impact on residual risk exposure until resolved.

Overall opinion assessment matrix

Supporting criteria for the overall opinion

Criteria	Substantial Assurance	Reasonable Assurance	Limited assurance	No Assurance
Audit results consideration				
Overall results				
Assurance domains rated green	≥5 green; and			
Assurance domains rated yellow	≤3 yellow; and	≥5 yellow; and		
Assurance domains rated amber	No amber; and	≤ 3 amber; and	≥5 amber; and	
Assurance domains rated red	No red	No red	≤3 red	≥4 red
Audit scope consideration				
Audit spread domain coverage	All domains must be rated	No more than 1 domain not rated	No more than 2 domains not rated	3 or more domains not rated

Note: The overall opinion (see section 2.4.2) is subject ultimately to professional judgement notwithstanding the criteria above.

Confidentiality

This report is supplied on the understanding that it is for the sole use of the persons to whom it is addressed and for the purposes set out herein. No persons other than those to whom it is addressed may rely on it for any purposes whatsoever. Copies may be made available to the addressee's other advisers provided it is clearly understood by the recipients that we accept no responsibility to them in respect thereof. The report must not be made available or copied in whole or in part to any other person without our express written permission.

In the event that, pursuant to a request which the client has received under the Freedom of Information Act 2000, it is required to disclose any information contained in this report, it will notify the Head of Internal Audit promptly and consult with the Head of Internal Audit and Board Secretary prior to disclosing such report.

The Health Board shall apply any relevant exemptions which may exist under the Act. If, following consultation with the Head of Internal Audit this report or any part thereof is disclosed, management shall ensure that any disclaimer which NHS Wales Audit & Assurance Services has included or may subsequently wish to include in the information is reproduced in full in any copies disclosed.

Audit

The audit was undertaken using a risk-based auditing methodology. An evaluation was undertaken in relation to priority areas established after discussion and agreement with the Health Board. Following interviews with relevant personnel and a review of key documents, files and computer data, an evaluation was made against applicable policies procedures and regulatory requirements and guidance as appropriate.

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Where a control objective has not been achieved, or where it is viewed that improvements to the current internal control systems can be attained, recommendations have been made that if implemented, should ensure that the control objectives are realised/ strengthened in future.

A basic aim is to provide proactive advice, identifying good practice and any systems weaknesses for management consideration.

Responsibilities

Responsibilities of management and Internal Auditors:

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and

detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we may carry out additional work directed towards identification of fraud or other irregularities. However, Internal Audit procedures alone, even when carried out with due professional care, cannot ensure fraud will be detected. The organisation's Local Counter Fraud Officer should provide support for these processes.



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Date issued: 21 January 2019

Dear Chris,

Cardiff and Vale University Local Health Board 2018-19: audit enquiries to those charged with governance and management

As you know, each year I am responsible for obtaining reasonable assurance that the financial statements taken are free from material misstatement, whether caused by fraud or error. My 2019 Audit Plan, which the Audit Committee will consider on 26 February 2019, will set out the respective responsibilities of auditors, management and those charged with governance.

This letter formally seeks documented consideration and understanding on a number of governance areas that impact on my audit of your financial statements. These considerations are relevant to both the management of the Cardiff and Vale University Local Health Board (the UHB) and 'those charged with governance' (the Board).

I have set out below the areas of governance on which I am seeking views.

1. Management processes in relation to:
 - undertaking an assessment of the risk that the financial statements may be materially misstated due to fraud;
 - identifying and responding to risks of fraud in the organisation;
 - communication to employees of views on business practice and ethical behaviour; and
 - communication to those charged with governance the processes for identifying and responding to fraud.
2. Management's and the Board's awareness of any actual or alleged instances of fraud.
3. How management and the Board gain assurance that all relevant laws and regulations have been complied with.
4. Whether there is any potential litigation or claims that would affect the financial statements.

5. Management processes to identify, authorise, approve, account for and disclose related party transactions and relationships and the Board's oversight of these processes.

The information you provide will inform our understanding of the UHB and its business processes and support our work in providing an audit opinion on your 2018-19 financial statements.

I would be grateful if you could complete the attached tables in **Appendices 1 to 3**. Your responses should be formally considered and communicated to us on behalf of both management and those charged with governance by 5 April 2019. In the meantime, if you have queries please feel free to contact me or Mark Jones.

Yours sincerely,



Mike Usher
Engagement Director

cc Bob Chadwick, Director of Finance

Appendix 1

Matters in relation to fraud

International Standard for Auditing (UK and Ireland) 240 covers auditors' responsibilities relating to fraud in an audit of financial statements.

The primary responsibility to prevent and detect fraud rests with both management and 'those charged with governance', which for the Health Board is the Board. Management, with the oversight of the Board, should ensure there is a strong emphasis on fraud prevention and deterrence and create a culture of honest and ethical behaviour, reinforced by active oversight by those charged with governance.

As external auditors, we are responsible for obtaining reasonable assurance that the financial statements are free from material misstatement due to fraud or error. We are required to maintain professional scepticism throughout the audit, considering the potential for management override of controls.

What are we required to do?

As part of our risk assessment procedures we are required to consider the risks of material misstatement due to fraud. This includes understanding the arrangements management has put in place in respect of fraud risks. The ISA views fraud as either:

- the intentional misappropriation of assets (cash, property, etc); or
- the intentional manipulation or misstatement of the financial statements.

We also need to understand how the Board exercises oversight of management's processes. We are also required to make enquiries of both management and the Board as to their knowledge of any actual, suspected or alleged fraud and for identifying and responding to the risks of fraud and the internal controls established to mitigate them.

Enquiries of management - in relation to fraud	
Question	2018-19 Response
1. What is management's assessment of the risk that the financial statements may be materially misstated due to fraud and what are the principal reasons?	The assessed risk is extremely low as management are not aware of any fraud or potential fraud that would materially impact on the financial statements. This assessment is made on the basis of a robust and comprehensive counter fraud and internal audit services. Any potential fraud cases are rigorously investigated and pursued by counter fraud. Internal Audit also undertake a detailed annual review of the main financial systems from which the financial statements are prepared which has been reviewed as giving substantial assurance.
2. What processes are employed to identify and respond to the risks of fraud more generally and specific risks of misstatement in the financial statements?	The Health Board has a year-end accounts closure process, including an analytical review which aims to mitigate against the risks of any financial misstatements. The Health Board's internal auditors also annually review the fundamental financial systems upon which the financial statements are based. This is also supported by a robust and well-resourced counter fraud programme. In addition, the Health Board has undertaken, through the Counter Fraud Department, a range of measures such as establishing a Post Payment Verification Panel which evaluates and monitor 'errors' with claims that have been submitted to Primary Care Services by the individual GP Practices and Opticians. All senior staff in the Finance Department must be professionally qualified accountants whose professional institutes have strong code of conducts and professional ethics. Any deliberate mis-statements would likely result in the individual being stuck off from their professional body.
3. What arrangements are in place to report fraud issues and risks to the Audit Committee?	The Audit Committee agrees a Counter Fraud Work Plan at the start of the year. It then receives regular Counter Fraud progress

Enquiries of management - in relation to fraud	
Question	2018-19 Response
	reports at all of its normal business meetings. It also receives an annual counter fraud report which details the work that has been undertaken during the year, together with a Self-Risk Assessment that is required to be submitted to the NHS Counter Fraud Authority which measures the Health Board's level of counter fraud work against a set of agreed National Standards for NHS Bodies in relation to fraud, bribery and corruption.
4. How has management communicated expectations of ethical governance and standards of conduct and behaviour to all relevant parties, and when?	All staff have access to the Standards of Behaviours Framework Policy via the Intra and Internet plus this is included upon recruitment and at induction. Consultant Medical and Dental Staff are reminded of the need to declare interests etc, when completing their job plans. Board members are made aware of the policy on recruitment and are also prompted to complete a declaration on an annual basis. This requires them to confirm that they have read and understood the policy. 'Declarations of Interest' is also a standing item on the agenda of all Board and Committee meetings. In addition, the Standards of Behaviours Framework policy has been circulated and also raised at the Health Systems Management Board to ensure that it is cascaded through Clinical Boards. This has been done to make sure that expectations of ethical governance and standards of conduct and behaviour are being communicated to all professional staff and not only to Medical and Dental staff. This policy and process will be strengthened during the next financial year due to the fact that the Health Board has received a limited assurance report on Standards of Behaviour.
5. Are you aware of any instances of actual, suspected or alleged fraud within the audited body since 1 April 2018?	Yes, this is fully reported to the Audit Committee at its regular business meeting in its private session via a counter fraud progress report. Also, as part of their private meetings, the Board receives minutes from the private meeting of the Audit Committee, which

Enquiries of management - in relation to fraud	
Question	2018-19 Response
	include reference and any significant points highlighted in the Counter Fraud Progress Reports.
6. Are you aware of any fraud within the NHS Wales Shared Services Partnership since 1 April 2018?	No, but this is also fully reported to both the NWSSP and Velindre NHS Trust (as the hosting body) Audit Committees at its regular business meeting via a counter fraud progress report.
Enquiries of those charged with governance – in relation to fraud	
Question	2018-19 Response
1. How does the Board exercise oversight of management's processes for identifying and responding to the risks of fraud within the audited body and the internal control that management has established to mitigate those risks?	The Board has delegated the review and monitoring of management processes for identifying and responding to fraud risks to the Audit Committee. This monitoring is supported by the work of the Audit Committee and the internal audit and counter fraud functions for which the Finance Director is the lead Executive Director. The Audit Committee receives regular reports on counter fraud matters and on the adequacy of internal control that exist within the Health Board and on the actions being taken to mitigate these risks. The Chair of the Audit Committee is an Independent Member of the Board and reports back to the Health Board on these matters and the minutes of both the public and private meetings of the Audit Committee are included in the meeting papers of the Board.
2. Are you aware of any instances of actual, suspected or alleged fraud with the audited body since 1 April 2018?	Yes, as part of their private meetings, the Board receives minutes from the private meeting of the Audit Committee, which includes any significant points highlighted in the Counter Fraud Progress Reports.

Appendix 2

Matters in relation to laws and regulations

International Standard for Auditing (UK and Ireland) 250 covers auditors' responsibilities to consider the impact of laws and regulations in an audit of financial statements.

Management, with the oversight of those charged with governance, the Board, is responsible for ensuring that the Health Board's operations are conducted in accordance with laws and regulations, including compliance with those that determine the reported amounts and disclosures in the financial statements.

As external auditors, we are responsible for obtaining reasonable assurance that the financial statements are free from material misstatement due to fraud or error, taking into account the appropriate legal and regulatory framework. The ISA distinguishes two different categories of laws and regulations:

- laws and regulations that have a direct effect on determining material amounts and disclosures in the financial statements; and
- other laws and regulations where compliance may be fundamental to the continuance of operations, or to avoid material penalties.

What are we required to do?

As part of our risk assessment procedures we are required to make inquiries of management and the Board as to whether the Health Board is in compliance with relevant laws and regulations. Where we become aware of information of non-compliance or suspected non-compliance we need to gain an understanding of the non-compliance and the possible effect on the financial statements.

Enquiries of management – in relation to laws and regulations	
Question	2018-19 Response
1. How have you gained assurance that all relevant laws and regulations have been complied with?	Assurances are gained via the appropriate Board Committees where these issues are discussed. Where relevant these are linked to the Corporate Risk and Assurance Framework for the Health Board. This process will be strengthened due to the Health Board receiving a limited assurance report on Regulatory Compliance.
2. Have there been any instances of non-compliance or suspected non-compliance with relevant laws and regulations since 1 April 2018, or earlier with an ongoing impact on the 2018-19 financial statements?	Yes, there has been a Health and Safety Executive notice of legal action against the Health Board with a court hearing scheduled for February 2019. A provision for a financial penalty was included within the 2017/18 financial statements.
3. Are there any potential litigations or claims that would affect the financial statements?	There are some of Employment Tribunal cases involving the Health Board and these have been accounted for within the financial statements.
4. Have there been any reports from other regulatory bodies, such as HM Revenues and Customs which indicate non-compliance?	Whilst no reports have been issued, the Health Board has been reviewed by HRMC this year in respect of compliance with VAT regulations. These have been accounted for in the financial statements.
Enquiries of those charged with governance – in relation to laws and regulations	
Question	2018-19 Response
1. How does the Board, in its role as those charged with governance, obtain assurance that all relevant laws and regulations have been complied with?	Assurances are gained via the appropriate Board Committees where these issues are discussed. Where relevant these are linked to the Corporate Risk and Assurance Framework for the Health Board.
2. Are you aware of any instances of non-compliance with relevant laws and regulations?	Yes, the Health and Safety Executive notice of legal action.

3. Are you aware of any non-compliance with laws and regulations within the NHS Shared Services Partnership since 1 April 2018?	No.
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Appendix 3

Matters in relation to related parties

International Standard for Auditing (UK and Ireland) 550 covers auditors' responsibilities relating to related party relationships and transactions.

The nature of related party relationships and transactions may, in some circumstances, give rise to higher risks of material misstatement of the financial statements than transactions with unrelated parties.

Because related parties are not independent of each other, many financial reporting frameworks establish specific accounting and disclosure requirements for related party relationships, transactions and balances to enable users of the financial statements to understand their nature and actual or potential effects on the financial statements. An understanding of the entity's related party relationships and transactions is relevant to the auditor's evaluation of whether one or more fraud risk factors are present as required by ISA (UK and Ireland) 240, because fraud may be more easily committed through related parties.

What are we required to do?

As part of our risk assessment procedures, we are required to perform audit procedures to identify, assess and respond to the risks of material misstatement arising from the entity's failure to appropriately account for or disclose related party relationships, transactions or balances in accordance with the requirements of the framework.

Enquiries of management – in relation to related parties	
Question	2018-19 Response
<p>1. Confirm that you have disclosed to the auditor:</p> <ul style="list-style-type: none"> the identity of any related parties, including changes from the prior period; the nature of the relationships with these related parties; details of any transactions with these related parties entered into during the period, including the type and purpose of the transactions. 	<p>Yes, these are all disclosed to the auditor.</p>
<p>2. What controls are in place to identify, authorise, approve, account for and disclose related party transactions and relationships?</p>	<p>Staff are required to make declarations in accordance with the Standards of Behaviour Framework Policy, incorporating Gifts, Hospitality and Sponsorship. All Board members are asked to make a declaration on an annual basis, which is then recorded and published in the Declarations of Board Members' Interests. Where a Board Member's interests change during the year, they have a personal responsibility to declare this and inform the Board Secretary. These related party transactions are identified in the annual accounts and their materiality quantified. For all Committees and the Board we have a standing agenda item at the beginning of each meeting 'Declaration of Interest' in relation to items on the agenda.</p>
Enquiries of the those charged with governance – in relation to related parties	
Question	2018-19 Response
<p>1. How does the Board, in its role as those charged with governance, exercise oversight of management's processes to identify, authorise, approve, account for and disclose related party transactions and relationships?</p>	<p>The Audit Committee receives bi-annual reports relating to compliance with the policy and the Gifts, Hospitality and Sponsorship Register. It also scrutinises the Annual Accounts which contain details of related party transactions.</p>

Report Title:	PRESENTATION OF THE AUDITED ACCOUNTABILITY REPORT FOR 2018-19						
Meeting:	Board				Meeting Date:	30.05.19	
Status:	For Discussion		For Assurance		For Approval	x	For Information
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Interim Head of Corporate Governance						

SITUATION

The purpose of this paper is to present the Accountability Report for 2018-19 (see Appendix 1) to the Board for ADOPTION.

REPORT

BACKGROUND

The Welsh Government issued, as in previous years, guidance for the preparation of annual reports and accounts. This guidance is based on HM Treasury's Government Financial Reporting Manual (FReM)¹ and is intended to simplify and streamline the presentation of the annual reports and accounts so that they better meet the needs of those who read and use them.

NHS bodies are required to publish, as a single document, a three part annual report and accounts document, which must include:

Part 1: The Performance Report, which must include:

- An overview
- A Performance analysis

Part 2: The Accountability Report, which must include:

- A Corporate Governance Report
- A Remuneration and Staff Report
- A Parliamentary Accountability and Audit Report

Part 3: The Financial Statements

The Accountability Report i.e. Part 2 of the Annual Report must be submitted to the Welsh Government, on 31 May 2019 (noon), together with the Financial Statements, (Annual Accounts).

Board Members will wish to note that the Performance Report will be completed in June 2019, after the relevant performance metrics are made available by the Welsh Government. All three sections will be then combined into a single document, the 'Annual Report and Accounts' and will be published and presented at the UHB's Annual General Meeting to be held on 25 July 2019.

ASSESSMENT

The requirements of the Accountability Report are based on the matters required to be dealt with in a Directors' Report, as set out in Chapter 5 of Part 15 of the Companies Act 2006 and Schedule 7 of SI 2008 No 410, and in a Remuneration Report, as set out in Chapter 6 of the Companies Act 2006 and Schedule 8 of SI 2008 No 410. As not all requirements of the Company's Act apply to NHS bodies, the structure adopted is as described in the Treasury's Government Financial Reporting Manual (FReM) and set out in the 2018-19 Manual for Accounts for NHS Wales, issued by the Welsh Government.

The Accountability Report is required to have three sections:

- Corporate Governance Report
- Remuneration and Staff Report
- National Assembly for Wales Accountability and Audit Report

An overview of the content of each of these three sections is provided in the introduction to the accountability report.

Feedback on the draft Accountability Report has been received from the Wales Audit Office, Welsh Government and the Audit and Assurance Committee. In light of this feedback changes were made to improve its clarity.

The Audit and Assurance Committee is to consider the Accountability Report when it meets on 30 May 2017 (am). Subject to comments from the Audit and Assurance Committee, the Board is asked to adopt the Accountability Report.

Following adoption by the Board:

- The Chief Executive Officer will sign and date the key elements of the Accountability Report, including the Annual Governance Statement.
- The Statement of Directors' Responsibilities will be signed by the Chair, Chief executive Officer and Executive Director of Finance.
- The signed Accountability Report will be submitted to Welsh Government and Wales Audit office by noon on 31 May 2019 together with the Annual Accounts.

RECOMMENDATION

The Board is asked to:-

- NOTE the content of this report;
- NOTE that the Accountability Report for 2018-19 has been subject to a statutory audit by Wales Audit Office
- ADOPT the Accountability Report for 2017-18.

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
Equality and Health Impact Assessment Completed:	Not Applicable		



GIG
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NHS
WALES

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

The Accountability Report

Signed by:

Date: 30 May 2019

Len Richards
Chief Executive Officer

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INTRODUCTION TO THE ACCOUNTABILITY REPORT

The requirements of the Accountability Report are based on the matters required to be dealt with in a Directors' Report, as set out in Chapter 5 of Part 15 of the Companies Act 2006 and Schedule 7 of SI 2008 No 410, and in a Remuneration Report, as set out in Chapter 6 of the Companies Act 2006 and Schedule 8 of SI 2008 No 410. As not all requirements of the Company's Act apply to NHS bodies, the structure adopted is as described in the Treasury's Government Financial Reporting Manual (FReM) and set out in the 2018-19 Manual for Accounts for NHS Wales, issued by the Welsh Government.

The Accountability Report is required to have three sections:

- [Corporate Governance Report](#)
- [Remuneration and Staff Report](#)
- [National Assembly for Wales Accountability and Audit Report](#)

An overview of the content of each of these three sections is provided below.

THE CORPORATE GOVERNANCE REPORT

This section of the Accountability Report provides an overview of the governance arrangements and structures that were in place across the Cardiff & Vale University Health Board (the UHB) during 2018-19. It also explains how these governance arrangements supported the achievement of the UHB's vision, and strategic objectives.

The Director of Corporate Governance and her team have compiled the report the main document being the [Annual Governance Statement](#). This section of the report has been informed by a review of the work taken forward by the Board and its Committees over the last 12 months and has had input from the Chief Executive, as Accountable Officer, Board Members and the Audit and Assurance Committee.

In line with requirements set out in the Companies Act 2006, the Corporate Governance report includes:

- [The Directors Report](#)
- [A Statement of Accountable Officers Responsibilities](#)
- [A Statement of Directors' Responsibilities in Respect of the Accounts](#)
- [The Annual Governance Statement](#)

REMUNERATION AND STAFF REPORT

The Remuneration Report contains information about senior manager's remuneration. The definition of "Senior Managers" for these purposes is: *"those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments."*

NATIONAL ASSEMBLY FOR WALES ACCOUNTABILITY AND AUDIT REPORT

This report contains a range of disclosures on the regularity of expenditure, fees and charges, compliance with the cost allocation and charging requirements set out in HM Treasury guidance, material remote contingent liabilities, long-term expenditure trends, and the audit certificate and report.

CORPORATE GOVERNANCE REPORT

This section of the Accountability Report provides an overview of the governance arrangements and structures that were in place across the Cardiff & Vale University Health Board during 2018-19. It includes:

- Director's Report
- A Statement of Accountable Officer Responsibilities
- A Statement of Directors' Responsibilities in Respect of the Accounts

THE DIRECTORS' REPORT

THE COMPOSITION OF THE BOARD AND MEMBERSHIP

Part 2 of The Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 sets out the required membership of the Boards of Local Health Boards, the appointment and eligibility requirements of members, the term of office of non-officer members and associate members. In line with these Regulations the Board of Cardiff & Vale University Health (the UHB) comprises 26 members including:

- a chair
- a vice-chair
- officer members
- non-officer members

The UHB has 11 Independent Members, all of whom are appointed by the Minister for Health and Social Services.

The Board provides leadership and direction to the organisation and is responsible for governance, scrutiny and public accountability, ensuring that its work is open and transparent by holding its meetings in public. The members of the Board are collectively known as “the Board” or “Board members”; the officer and non-officer members (which includes the Chair) are referred to as Executive Directors and Independent Members respectively. All Independent and Executive Members have full voting rights.

In addition, to officer and non-officer members Welsh Ministers may appoint up to three associate members. Associate members have no voting rights.

Before an individual may be appointed as a member or associate member they must meet the relevant eligibility requirements, set out in Schedule 2 of The Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulation 2009, and continue to fulfil the relevant requirements throughout the time that they hold office.

The Regulations can be accessed via the following link: [NHS Wales Governance e-Manual | Regulations \(Constitution, Membership and Procedures\)](#)

VOTING MEMBERS OF THE BOARD DURING 2018-19

During 2018-19, the following individuals were full voting members of the Board of the UHB:

Figure 1: Voting Members of the Board

Name	Role	Dates
Independent Members		

Maria Battle	Chair	Full year
Charles Janczewski	Vice Chair	Full year
John Antoniazzi	Independent Member (Capital)	Full year
Gary Baxter	Independent Member (University)	Full Year
Eileen Brandreth	Independent Member (ICT)	Full year
Susan Elsmore	Independent Member (Local Authority)	Full year
Akmal Hanuk	Independent Member (Community)	Full year
Michael Imperato	Independent Member (Legal)	Full year
Sara Moseley	Independent Member (Third Sector)	Full year
John Union	Independent Member (Finance)	Full year
Dawn Ward	Independent Member (Trade Union Side)	Full year
Executive Directors		
Len Richards	Chief Executive Officer	Full year
Ruth Walker	Executive Nurse Director	Full year
Graham Shortland	Medical Director	Full year
Robert Chadwick	Executive Director of Finance	Retired in December 2018 for a period of two weeks and returned for 16 hours per week initially. See full details on page 62.
Abigail Harris	Executive Director of Planning	Full year
Fiona Jenkins	Executive Director of Therapies and Health	Full Year

	Science	
Fiona Kinghorn	Executive Director of Public Health	From 1 October 2018
Steve Curry	Executive Director of Primary and Community Care, and Mental Health	Full Year
Martin Driscoll	Executive Director of Workforce and Organisational Development	Full Year
Sharon Hopkins	Executive Director of Public Health	Until 1 October 2018

NON-VOTING MEMBERS OF THE BOARD DURING 2018-19

During 2018-19 the following individuals were Associate Members of the Board:

Figure 2: Associate Members of the Board

Sharon Hopkins	Director of Transformation and Informatics/Deputy Chief Executive Officer	From 1 October 2018
Nicola Foreman	Director of Corporate Governance/Board Secretary	From 23 July 2018
Richard Thomas	Chair, Stakeholder Reference Group	From 27 November 2018
Sue Bailey	Chair, Healthcare Professionals' Forum	Full Year
Lance Carver	Director of Social Services, Vale of Glamorgan Council	Full Year
Paula Martyn	Chair, Stakeholder Reference Group	To 26 November 2018

While Associate Members take part in public Board meetings, they do not hold any voting rights:

Further details in relation to role and composition of the Board can be found at pages 10 to 22 of the [Annual Governance Statement](#). In addition, short biographies of all our Board members can be found on our website at: [Board Members](#)

The [Annual Governance Statement](#) also contains further information in respect of Board and Committee Activity.

DECLARATION OF INTERESTS

Details of company directorships and other significant interests held by members of the Board which may conflict with their responsibilities are maintained and updated on a regular basis. A [Register of Interests](#) is available and can be accessed by clicking on the link, or a hard copy can be obtained from the Director of Corporate Governance on request.

PERSONAL DATA RELATED INCIDENTS

Information on personal data related incidents formally reported to the Information Commissioner's office and "serious untoward incidents" involving data loss or confidentiality breaches are detailed on page 39 to 40 of the [Annual Governance Statement](#).

ENVIRONMENTAL, SOCIAL AND COMMUNITY ISSUES

The Board is aware of the potential impact that the operation of the UHB has on the environment and it is committed to wherever possible:

- ensuring compliance with all relevant legislation and Welsh Government Directives
- working in a manner that protects the environment for future generations by ensuring that long term and short-term environmental issues are considered
- preventing pollution and reducing potential environmental impact

The Board's [Sustainability Report](#), which forms a key part of the Performance Report section of the Annual Report provides greater detail in relation to the environmental, social and community issues facing the UHB.

STATEMENT OF PUBLIC SECTOR INFORMATION HOLDERS

As the Accountable Officer of the Cardiff & Vale University Health Board, and in line with the disclosure requirements set out by the Welsh Government and HM Treasury, I confirm that the UHB has complied with the cost allocation and charging requirements set out in HM Treasury guidance during the year.

Signed by:

Date: 30 May 2019

Len Richards
Chief Executive Officer

STATEMENT OF ACCOUNTABLE OFFICER RESPONSIBILITIES 2018-19



The Welsh Ministers have directed that I, as the Chief Executive, should be the Accountable Officer of Cardiff & Vale University Health Board.

The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officer' Memorandum issues by the Welsh Government.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as the Accountable Officer.

I also confirm that:

- As far as I am aware, there is no relevant audit information of which Cardiff & Vale University Health Board's auditors are unaware. I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that Cardiff & Vale University Health Board's auditors are aware of that information
- Cardiff & Vale University Health Board's Annual Report and Accounts as a whole is fair, balanced and understandable. I take personal responsibility for the Annual Report and the judgments required for determining that it is fair, balanced and understandable.

Signed by:

Date: 30 May 2019

**Len Richards
Chief Executive Officer**

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS FOR 2018-19

The Directors of Cardiff & Vale University Health Board are required under the National Health Service Act (Wales) 2006 to prepare accounts for each financial year

The Welsh Ministers, with the approval of the Treasury, direct that these accounts give a true and fair view of the state of affairs of the UHB and of the income and expenditure of the UHB for that period.

In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting principles laid down by the Welsh Ministers with the approval of the Treasury;
- make judgements and estimates which are responsible and prudent; and
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the account

On behalf of the directors of Cardiff & Vale University Health Board we confirm:

- that we have complied with the above requirements in preparing the 2018-19 account
- that we are clear of their responsibilities in relation to keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the authority and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction by the Welsh Ministers.

By Order of the Board

Signed by:

Date: 30 May 2019

Len Richards
Chief Executive Officer

Signed by:

Date: 30 May 2019

Maria Battle
Chair

Signed by:

Date: 30 May 2019

Robert Chadwick
Executive Director of Finance

ANNUAL GOVERNANCE STATEMENT

This Annual Governance Statement details the arrangements that were in place to manage and control resources during the financial year 2018-19. It also sets out the governance arrangements in place to ensure probity, mitigate risks and maintain appropriate controls to govern corporate and clinical situations

SCOPE OF RESPONSIBILITY

The Board of the Cardiff & Vale University Health Board (the UHB) is accountable for good governance, risk management and internal control. As the Chief Executive and Accountable Officer of the UHB I have clearly defined responsibilities as set out in the Accountable Officer Memorandum and my letter of appointment. These responsibilities relate to maintaining appropriate governance structures and procedures, as well as a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and the organisation's assets for which I am personally responsible. These duties are carried out in accordance with the responsibilities assigned by the Accountable Officer of NHS Wales.

I am held to account for my performance by the Chair of the UHB and the Chief Executive and Accounting Officer for the NHS in Wales. I have formal performance meetings with both the Chair and the Chief Executive of NHS Wales. Further, the Executive Team of the UHB meet with the senior leaders of the Department of Health and Social Services on a regular basis.

I am required to assure myself, and therefore the Board, that the organisation's executive management arrangements are fit for purpose and enable effective leadership. The following statement demonstrates the mechanisms and methods used to enable me to gain that assurance.

This Annual Governance Statement details the arrangements that I put in place during 2018-19 to discharge my responsibilities as the Chief Executive Officer of the UHB to manage and control the UHB's resources. It also sets out the governance arrangements that were in place to ensure probity, and that strategic and delivery plans are in place, risks mitigated and assured and we have the appropriate controls to govern corporate and clinical situations.

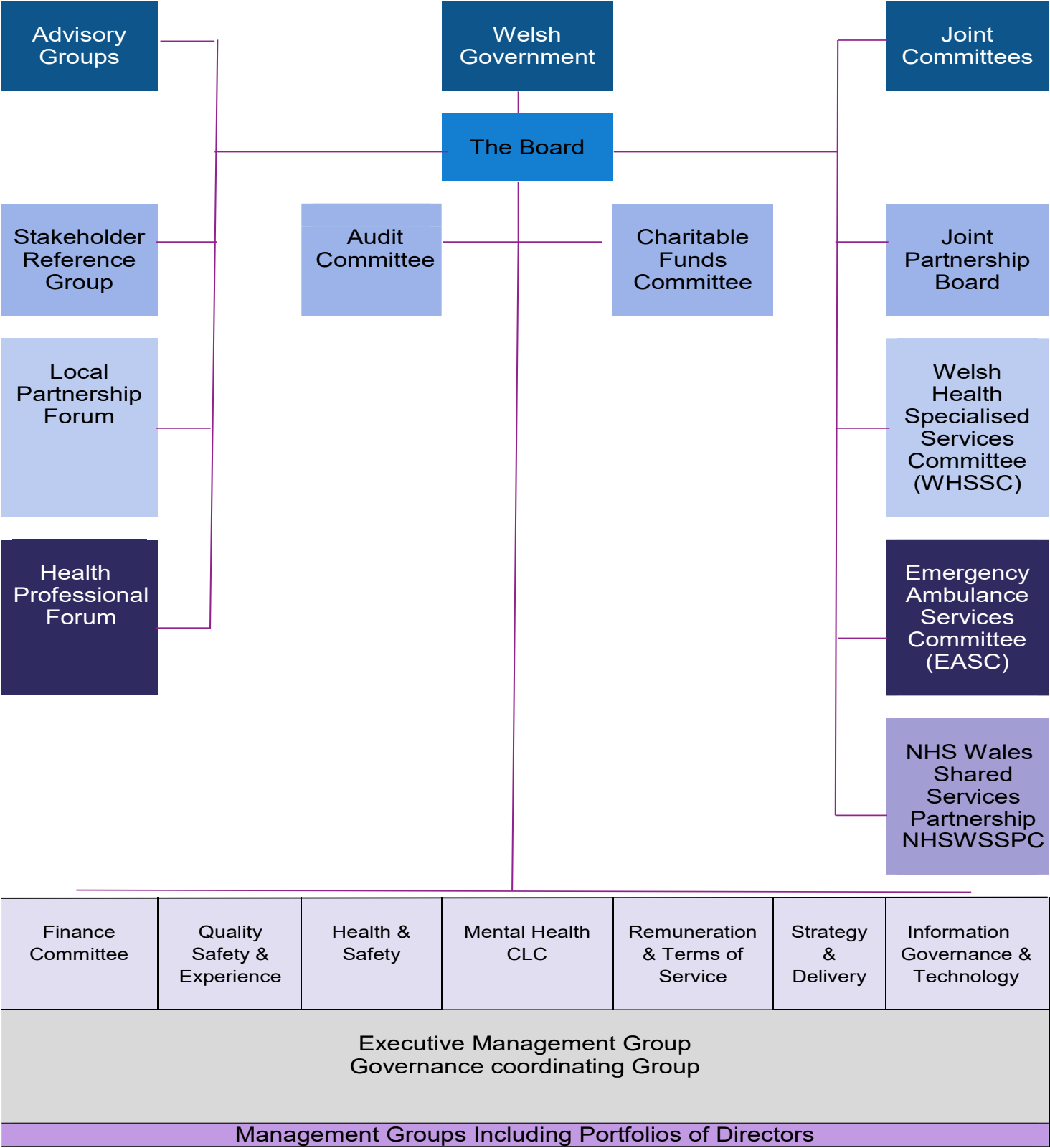
OUR GOVERNANCE AND ASSURANCE FRAMEWORKS

The UHB is one of the largest NHS organisations in the UK. It employs approximately 14,500 staff and spends around £1.4 billion every year on providing health and wellbeing services to a population of around 490,000 residing in Cardiff and the Vale of Glamorgan. It also serves a wider population across South and Mid Wales for a range of specialties. The UHB is a teaching health board with close links to the university sector, and together we are training the next generation of healthcare professionals.

The UHB has a clear purpose from which its strategic aims and objectives have been developed. Our vision is to '*Care for People, Keep People Well*'. The Board is accountable for setting the organisation's strategic direction, ensuring that effective governance and risk management arrangements are in place and holding Executive Directors to account for the effective delivery of its Annual Plan.

Figure 3 that follows, provides an overview of the governance framework that was in operation during 2018-19.

Figure 3: The UHB's Governance Framework



THE BOARD

The Board has been constituted to comply with the Local Health Board (Constitution, Membership and Procedures) (Wales) Regulations 2009. The Board functions 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. Details of those who sit on the Board are published on our website at: [Board Members](#). Further information is also provided in the [Directors Report](#).

The Board is at the top of the UHB's governance and assurance systems. Its principal role is to exercise effective leadership, provide strategic direction and control. The Board is accountable for governance and internal control in the organisation, and I, as the Chief Executive and Accountable Officer, am responsible for maintaining appropriate governance structures and procedures. In summary, the Board:

- Sets the strategic direction of the organisation within the overall policies and priorities of the Welsh Government and the NHS in Wales
- Establishes and maintains high standards of corporate governance
- Ensures the delivery of the aims and objectives of the organisation through effective challenge and scrutiny of performance across all areas of responsibility
- Monitors progress against the delivery of strategic and annual objectives
- Ensures effective financial stewardship by effective administration and economic use of resources

The UHB Board consists of 26 members including the Chair, Vice Chair and Chief Executive. The Board has 11 Independent Members and 4 Associate Members, three of whom are appointed by the Minister for Health and Social Services.

In addition to responsibilities and accountabilities set out in terms and conditions of appointment, Board members also fulfil a number of Champion roles where they act as ambassadors for these matters.

STANDING ORDERS AND SCHEME OF RESERVATION AND DELEGATION

The UHB's governance and assurance arrangements have been aligned to the requirements set out in the Welsh Government's Governance e-manual and the Citizen-centered Governance Principles. Care has been taken to ensure that governance arrangements also reflect the requirements set out in HM Treasury's 'Corporate Governance in Central Government Departments: Code of Good Practice 2011'.

The Board has approved Standing Orders for the regulation of proceedings and business. They are designed to translate the statutory requirements set out in the Local Health Board (Constitution, Membership and Procedures) (Wales) Regulations 2009 into day to day operating practice. Together with the adoption of a scheme of matters reserved for the Board, a detailed scheme of delegation to officers and Standing Financial Instructions, they provide the regulatory framework for the business conduct of the UHB and define "its ways of working". The Standing Orders in place during 2018-19 were adopted by the Board in 2015, they are available on the [Policies, Procedures and Guidelines](#) page of our website.

Standing Orders and the Scheme of Reservation and Delegation are supported by a suite of corporate policies, and together with the Standards of Behaviour Framework, Risk Management Policy and Performance Management Framework make up the UHB's Governance Framework.

In 2018-19, a review of these arrangements was started to ensure that they support the implementation of the 'UHB's Integrated Medium Term Plan and aligned strategic objectives; an update on progress is provided in the pages that follow.

The Board, subject to any directions that may be made by the Welsh Ministers, is required to make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the UHB may be carried out effectively, and in a manner that secures the achievement of the its aims and objectives. To fulfil this requirement, in alignment with the review of Standing Orders and Committee terms of reference, a detailed review of the Board's Scheme of Reservation and Delegation of Powers was also started. The document, will go to the Board for approval in July 2019. As recommended by Wales Audit Office in its Structured Assessment Report for 2018, going forward the UHB's Standing Orders will be reviewed annually.

COMMITTEES OF THE BOARD

Section 2 of the UHB's Standing Orders provides that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the Health 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."* In line with these requirements the Board has established a standing Committee structure, which it has determined best meets the needs of the UHB, while taking account of any regulatory or Welsh Government requirements. Each Committee is chaired by an Independent Member of the Board and is constituted to comply with The Welsh Government Good Practice Guide – Effective Board Committees.

During 2018, steps were taken to strengthen Board and committee working. At the February 2018 board development session, board members agreed the following improvement objectives for the Board:

- To concentrate more on the UHB's strategy and not operational matters; focusing more on the UHB's mission, 'Caring for People, Keeping People Well' and the 10 strategic objectives in Shaping our Future Wellbeing;
- To improve alignment between strategic objectives and key corporate risks;
- To receive higher levels of assurance and scrutiny;
- To reducing the volume of papers; and
- To avoid the duplication of papers and discussion between different Committees and/or the Board.

A number of changes have been made to support these objectives; these include:

- A review of Committee membership. The allocation of independent members to committees has been reviewed in an attempt to optimise their contribution by best utilising their individual skills, specialisms and interests.
- A revision of 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.
- The introduction of a new Board and committee cover report template. The 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.

- 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.

In its 2017 structured assessment the Wales Audit Office raised concerns about the balance of work between the Strategy and Engagement (S&E) and Resource and Delivery (R&D) Committees. After six months of operation the UHB reviewed these committees and replaced them with the Strategy and Delivery Committee, due to there being a lack of clarity over responsibilities and some duplication. The Strategy and Delivery (S&D) Committee met for the first time in March 2018 and it is working well. The Board's other committees remained the same during 2018.

During the final quarter of 2018-19, a full and considered review of each of the terms of reference of the Board's committees was undertaken (*the need for this review was highlighted by the WAO in its 2018 Structured Assessment*). This review highlighted areas where assurance and risk management arrangements required strengthening and consequently the terms of reference of a number of the Committees were updated. As a result the following Board Committees will be in place during 2019-20:

- Audit and Assurance Committee
- Charitable Funds Committee
- Finance Committee
- Health & Safety Committee
- Information Governance & Technology Committee
- Mental Health and CLC Committee
- Quality, Safety & Experience Committee
- Remuneration & Terms of Service Committee
- Strategy & Delivery Committee

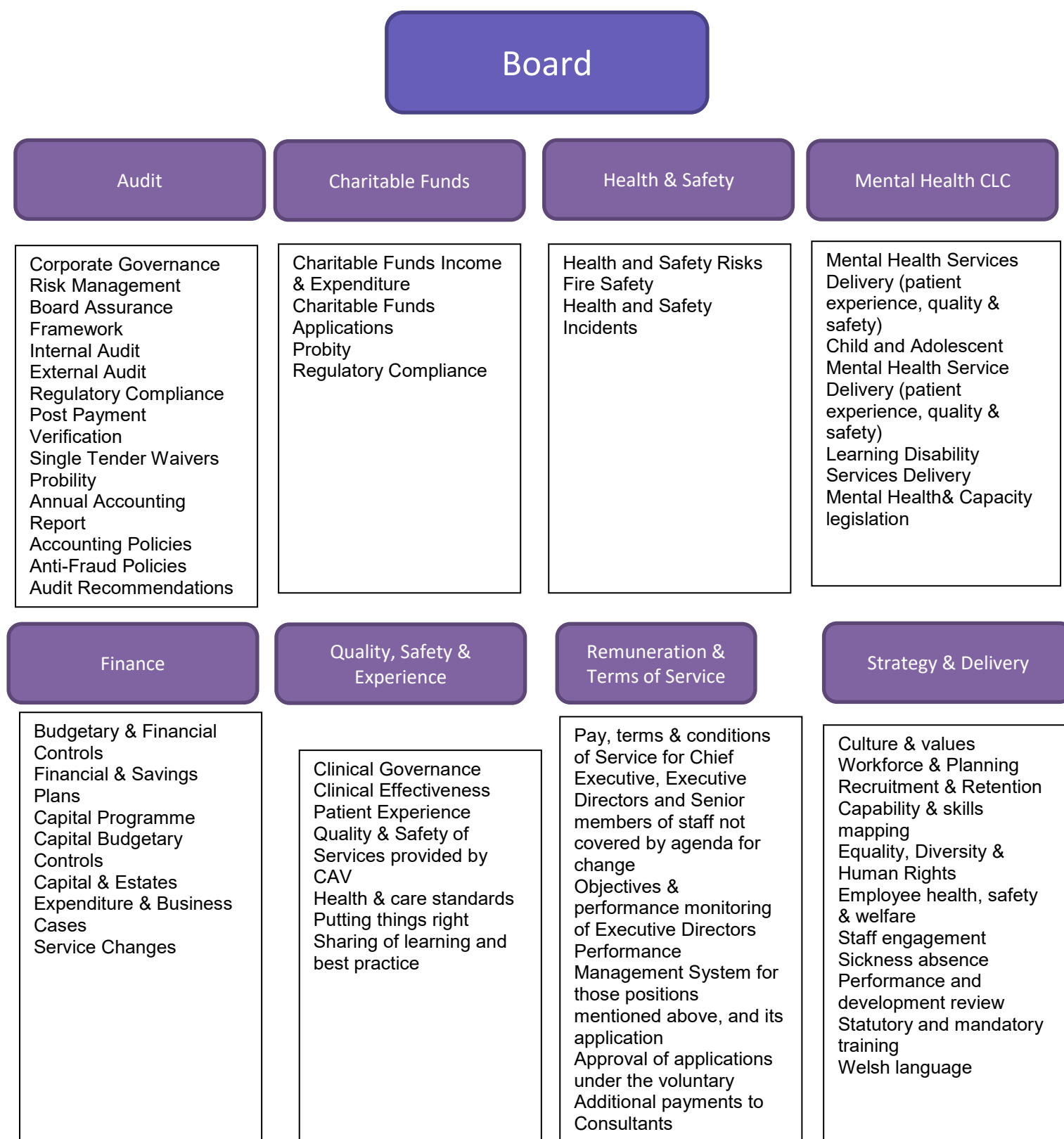
All Committees reviewed their Terms of Reference and Work Plans in 2018-19. To support the Board's Committees worked together on behalf of the Board to ensure that work is planned cohesively and focusses on matters of greatest risk that would prevent the UHB from meeting our mission's aims and objectives.

Copies of Committee papers and minutes, a summary of each Committee's responsibilities and Terms of Reference are available on the UHB's website: [The Board and its Committees](#) . All action required by the Board and Committees are included on an Action Log, and at each meeting progress is monitored, these Action Logs are also published on the UHB's website.

The Chair of each Committee reports to the Board on the committees' activities. This contributes to the Board's assessment of risk, levels of assurance and scrutiny against the delivery of

objectives. Further, in line with Standing Orders, each committee has produced an annual report, for 2018-19, setting out a helpful summary of its work. These annual reports were considered in a public session of the Board and can be accessed at: [Annual Reports](#)

Figure 4: Roles and Responsibilities of Committees of the Board



Information, Governance & Technology

Information & Information Technology Strategies
IM&T Priorities
IM&T Implications arising from the IMTP & new developments
IM&T service provision
Information Governance legislation & policies
Data protection, confidentiality & privacy
Information security
Freedom of Information
Environmental Information regulations
Publication Scheme
Records Management
Data Quality & Integrity
General Data Protection

The Board and its Committees, meet in public throughout the year, and attendance is formally recorded within the minutes, detailing where apologies have been received and deputies have been nominated. The dates, agendas and minutes of all public meetings can be found on our website at: [Board Meetings](#). The table at [Appendix 1](#) sets out details of the Chair, Chief Executive, Executive Directors and Independent Members and confirms Board and Committee membership for 2018-19, meetings attended during the tenure of the individual and any Champion roles performed.

ITEMS CONSIDERED BY THE BOARD IN 2018-19

During the 2018-19 the Board held:

- Seven meetings in public (including one extraordinary meeting, held to discuss the establishment of a Major Trauma Network)
- One Annual General Meeting
- Six development sessions

All meetings of the Board held in 2018-19 were appropriately constituted with a quorum.

Board Assurance

The Board received regular updates on, and participated in, the further development and strengthening of assurance arrangements across the organisation. The UHB received a positive Wales Audit Office Structured Assessment Report for 2018 with regard to the ongoing improvements in risk management. Further details of the Structured Assessment findings are provided on page 49.

The UHB's Strategy

The Board, led the further development of the Cardiff & Vale Strategy and the alignment of its Integrated Medium Term Plan (IMTP) for 2019-22 to it; see pages 35 and 36 for further details. Aligned to this work was the approval (in May 2017) of the Cardiff & Vale Well-being Assessment and the UHB's Strategic Plan for Health Inequalities 2017-20.

As part of the development of the 2018-21 IMTP the Board developed its Well-being Objectives as required by the Well-being of Future Generations (Wales) Act 2015. A summary of these is included in our IMTP for 2018-21, this can be found at: [The Wellbeing of Future Generations Act](#)

In addition, the Board:

- Approved the Annual Accounts for 2017-18;
- Approved the Resource Plans for 2018-19;
- Received feedback from service users and patients through patient stories;
- Approved and monitored the Discretionary Capital Programme.
- Received, considered and discussed financial performance and the related risks being managed by the UHB;
- Received regular reports on Patient Experience and feedback, ensuring where concerns are raised that these are escalated to the Board and, where necessary, result in the Board proactively activating agreed multiagency procedures and cooperate fully with partners.
- Routinely considered the Board's performance in relation to key national and local targets and agreed mitigating actions in response to improve performance where appropriate.
- Routinely received assurance reports from the Committees and Advisory Groups of the Board.

ITEMS CONSIDERED BY COMMITTEES OF THE BOARD

During 2018-19, Board Committees considered and scrutinised a range of reports and issues relevant to the matters delegated to them by the Board. Reports considered by the committees included a range of internal audit reports, external audit reports and reports from other review and regulatory bodies, such as Healthcare Inspectorate Wales and the Cardiff & Vale Community Health Council.

As was the case in previous years, the Committees' consideration and analysis of such information has played a key role in my assessment of the effectiveness of internal controls, risk management arrangements and assurance mechanisms.

The Committees also considered and advised on areas of local and national strategic developments and new policy areas. Board Members are also involved in a range of other activities on behalf of the Board, such as Board development sessions (at least six a year), quality and safety 'walk-arounds' and a range of other internal and external meetings.

An overview of the key areas of focus for each of the Board committees is provided in the Annual Reports for these Committees which can be found at [The Board and its Committees](#)

Audit Committee

The [Audit Committee's Annual Report for 2018-19](#) provides the Board with a summary of the Committee's membership and the matters considered during the year. The Director of Corporate Governance provides a written report to each Audit Committee which:

- Strengthens governance reporting to the Committee

- Escalates governance issues in an open and transparent manner
- Provides a forward plan for key governance issues and the Committee with an opportunity to influence these
- Ensures greater linkages and connectivity on governance issues between the Audit Committee and other Committees of the Board.

A key item that continued to be monitored by the UHB's Audit Committee in 2018-19 was the detailed action plan produced in response to the Wales Audit Office review of the UHB's contractual relationships with RKC Associates Ltd and its owner. In addition, in April 2018 the Public Accounts Committee (PAC) of the National Assembly for Wales received and discussed a report on progress with the implementation of the action plan. A closure report was submitted to the PAC in October 2018.

Internal Audit reviewed the progress made against the action plan and provided a finding of Substantial assurance. The UHB Board also received regular assurance reports regarding progress with the action plan.

Charitable Funds Committee

Cardiff and Vale Health Charity is the official charity supporting all the work of the UHB. The Charity was created on 3 June 1996 by Declaration of Trust and following reorganisations of health services, was amended by Supplementary Deed on 12 July 2001 and 2 December 2010. The UHB is the Corporate Trustee for the Charity.

The UHB delegates responsibility for the management of the funds to the Charitable Funds Committee. The aim of the Corporate Trustee (Trustee) is to raise and use charitable funds to provide the maximum benefit to the patients of the UHB and associated local health services in Cardiff and the Vale of Glamorgan, by supplementing and not substituting government funding of the core services of the NHS.

Each year the Charitable Fund Accounts are subject to external audit review by the Wales Audit Office and certified by the Charity Commission's deadline of 31 January of the following year. The 2017-18 statements were certified as giving a true and fair view with an unqualified opinion on 18 December 2018.

BOARD DEVELOPMENT

Every other month there is a Board development session timetabled between public board meetings. The 2018-19 Board development programme was designed to help the Board and its committees to focus on more strategic business. As a result during the year the Board took part in a number of development sessions as shown in Figure 5 on the following page.

Figure 5: Subjects discussed in Board Development Sessions

Month	Subjects Covered
April 2018	<ul style="list-style-type: none">○ Strategy Development○ Meeting efficiency○ Performance Management Development○ Values and Behaviours○ Role of Internal Audit
June 2018	<ul style="list-style-type: none">○ Performance Data○ Working efficiently○ Risk Management
October 2018	<ul style="list-style-type: none">○ Additional Learning Needs and Educational Tribunal Act○ Cardiff Child Friendly City Proposals○ Nursing Act
December 2018	<ul style="list-style-type: none">○ Strategic Clinical Services Plan○ IMTP Priorities○ Single Cancer Pathway○ Population Growth
February 2019	<ul style="list-style-type: none">○ Transformation○ Prevention and Healthy Weight Strategic Action Plan○ Wales Audit Office – Role and function of Audit Committees

THE CORPORATE GOVERNANCE CODE AND THE BOARD'S SELF ASSESSMENT OF ITS EFFECTIVENESS

The Corporate Governance Code currently relevant to NHS bodies is 'The Corporate governance code for central government departments'. This can be found at: [Corporate governance code for central government departments - GOV.UK](#).

The UHB like other NHS Wales organisations is not required to comply with all elements of the Code, however the main principles of the Code stand as they are relevant to all public sector bodies.

The Corporate Governance Code is reflected within key policies and procedures. Further, within our system of internal control, there are a range of mechanisms in place which are designed to monitor our compliance with the code, these include:

- Self-assessment
- Internal and external audit
- Independent reviews

The Board is clear that it is complying with the main principles of the Code, and is conducting its business openly and in line with the Code, and that there were no departures from the Code as it applies to NHS bodies in Wales, with the following non-material exceptions:

- Section 3.10 – 3.11 Board appointments are typically made for a period of three-four years. These are Ministerial appointments which the Board itself is unable to influence apart from the personal encouragement of asking people from diverse backgrounds to apply.
- Section 4.1 – The Board has a dedicated secretariat function.

During the latter part of the year the Board and its Committees undertook self-assessments of

their effectiveness and development needs. These are referenced in Committee annual reports [Annual Reports](#).

The Director of Corporate Governance undertook a self-assessment using the *Well Led Framework for Governance and Leadership* developed by NHS Improvement to bring focus and rigour to the review. The framework has eight domains, high level questions and a body of 'good practice' outcomes and evidence base that organisations and reviewers can use to assess governance. The assessment was aligned to the Health and Care Standards for Governance, Leadership and Accountability, and enabled an assessment of the Board's competence and effectiveness across a range of areas. – See **Figure 6** below. This assessment will be considered by the Board at its development session scheduled for June 2019.

Figure 6: Outcome of Self-Assessment

1. Is there the leadership, capacity and capability to deliver high quality, sustainable care?	2. Is there a clear vision and credible strategy to delivery high quality, sustainable care to people and robust plans to deliver?	3. Is there a culture of high quality, sustainable care?
4. Are there clear responsibilities, roles and systems of accountability to support good governance and management	Are services well led?	5. Are there clear and effective processes for managing risks , issues and performance
6. Is appropriate and accurate information being effectively processed, challenged and acted on?	7. Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services	8. Are there robust systems and processes for learning , continuous improvement and innovation ?

Rating	Definition	Evidence
Green	Meets or exceeds expectations	Many elements of good practice and no major omissions
Yellow	Partially meets expectations, but confident in management's capacity to deliver green performance within a reasonable timeframe	Some elements of good practice, some minor omissions and robust action plans to address perceived gaps with proven track record of delivery
Amber	Partially meets expectations, but with some concerns on capacity to deliver within a reasonable timeframe	Some elements of good practice, has no major omissions. Action plans to address perceived gaps are in early stage of development with limited evidence of track record of delivery
Red	Does not meet expectations	Major omission in governance identified. Significant volume of action plans required with concerns regarding management's capacity to deliver

As highlighted earlier in this report, each Committee of the Board has also completed a self-assessment of its effectiveness. The outcomes of these assessment are being used to inform

the future development of the Governance Improvement Programme and a Board Development Programme for 2019-20.

ADVISORY GROUPS

The UHB has a 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 which are:

- The Stakeholder Reference Group (SRG);
- The Local Partnership Forum (LPF) and
- The Healthcare Professionals’ Forum (HPF)

Stakeholder Reference Group (SRG): The Group is formed from a range of partner organisations from across the UHB’s area and engages with and has involvement in the UHB’s strategic direction, advises on service improvement proposals and provides feedback to the Board on the impact of its operations on the communities it serves.

The SRG’s role is to provide independent advice on any aspect of UHB business. It facilitates full engagement and active debate amongst stakeholders from across the communities served by the UHB, with the aim of presenting a cohesive and balanced stakeholder perspective to inform the UHB’s planning and decision making.

This may include:

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

Significant issues upon which the SRG was engaged during 2018-19 were:

- Adult Thoracic Surgery
- Car parking
- Community Mental health Services
- The UHB’s Transformation Programme
- Winter Planning
- GP Sustainability
- The UHB’s Clinical Services Plan
- Brexit
- The Patient Knows Best Portal

Local Partnership Forum (LPF) The UHB and Staff side representatives have a strong working relationship and the Board recognises the importance of engaging with staff organisations on key issues facing the UHB.

The LPF is co-chaired by the Chair of Staff Representatives and the Executive Director of Workforce and Organisational Development. Members are Staff Representatives (including the

Independent Member for Trade Unions), the Executive team and Chief Executive, the Director of Corporate Governance, the Assistant Directors of Workforce and Organisational Development and the Head of Workforce Governance. The LPF meets six times a year.

The LPF is the formal mechanism for the UHB and Trade Union/Professional Organisation Representatives to work together to improve health services. Its purpose, as set out in the Terms of Reference, falls into four overarching themes: communicate, consider, consult and negotiate, and appraise.

The LPF met regularly during the year, providing the formal mechanism through which the UHB works together with Trade Unions and professional bodies to improve health services for the population it serves in the Cardiff & Vale area. In addition the UHB engages with its Medical Workforce through its Clinical Senate. The LPF is the forum where key stakeholders engage with each other to inform debate and seek to agree local priorities on workforce and health service issues. During the year, significant strategic issues were discussed and included:

- progress on implementation of the 2018-2021 IMTP and the development of the refreshed 2019-2022 IMTP;
- the NHS Staff Survey; and
- progress with implementation of service change,

Healthcare Professionals' Forum (HPF) The Forum comprises representatives from a range of clinical and healthcare professions within the UHB and across primary care practitioners and provides advice to the Board on all professional and clinical issues it considers appropriate.

During July 2018 the HPF met with the SRG to discuss

- Adult Thoracic Surgery
- The UHB's Transformation Programme
- Winter Planning

The HPF is currently reviewing its Terms of Reference and developing its work programme to inform its work over the coming year. Further Information in relation to the role and terms of reference of each Advisory Group can be found in the UHB's Standing Orders, these can be found at: [Standing Orders](#).

JOINT COMMITTEES

The UHB is also a number of a number of joint committees, namely:

Welsh Health Specialised Services Committee (WHSSC) & Emergency Ambulance Services Committee (EASC)

The Welsh Health Specialised Services Committee and the Emergency Ambulance Services Committee are statutory joint committees of the seven local health boards. They were established under the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35) and 2014 (2014/9 (w.9)) (the WHSSC Directions) and the Emergency Ambulance Services Committee (Wales) Directions 2014 (2014/8 (W.8)) (the EASC Directions).

The Welsh Health Specialised Services Committee (WHSSC), was established in April 2010. WHSSC is responsible for the joint planning and commissioning of over £500m of specialised and tertiary health care services on an all Wales basis.

The Emergency Ambulance Services Committee (EASC) was established in April 2014. The EASC is responsible for the joint planning and commissioning of circa £155m of emergency ambulance services, including Emergency Medical Retrieval & Transfer Service (EMRTS) on an all Wales basis and commissioning Non-Emergency Patient Transport Services (NEPTS).

NHS Wales Shared Services Partnership Committee

A NHS Wales Shared Services Partnership Committee (NWSSPC) has been established under Velindre NHS Trust which is responsible for exercising shared services functions including the management and provision of Shared Services to the NHS in Wales.

During 2018-19, as part of the UHB's governance arrangements the Board was provided with regular updates on the work of these joint committee's through the Chief Executive's report; a standing item on the Board agenda.

More information on the governance and hosting arrangements of these committees can be found in the UHB's [Standing Orders](#).

CARDIFF & VALE PUBLIC SERVICE BOARD

The Public Service Board (PSB) is the statutory body established by the Well-being of Future Generations (Wales) Act which brings together the public bodies in Cardiff & Vale to meet the needs of Cardiff & Vale citizens present and future. The aim of the group is to improve the economic, social, environmental and cultural well-being of Cardiff & Vale. Working in accordance with the five ways of working, the Board has published its Well-being Assessment and [Well-being Plan](#).

CARDIFF & VALE REGIONAL PARTNERSHIP BOARD

The Cardiff & Vale Regional Partnership Board (RPB) is the statutory legal body established in April 2016 by the Social Services and Well-being (SSWB) (Wales) Act. Its key role is to identify key areas of improvement for care and support services in Cardiff & Vale. The RPB has also been legally tasked with identifying integration opportunities between social care and health. This has been achieved through building on the years of joint working and through the development of the health and care strategy which has identified key priorities. The key opportunities for integrated working identified and the actions to be taken in support of them are outlined in the [Area Plan](#).

REGIONAL COLLABORATION

The UHB is committed to working collaboratively with neighbouring organisations across Wales and England in the regions we commission to secure benefits for the population of Cardiff and the Vale.

South East Wales Regional Planning – Delivery Forum

In 2018-19, the Cabinet Secretary for Health and Social Services, following discussions with Health Board Chairs, wrote asking that they establish Regional Planning arrangements that address at pace some of the clinical service redesign options where solutions sit outside individual health board boundaries.

The Regional Planning and Delivery Forum was therefore established, which includes the Chief Executive NHS Wales and Chair and Chief Executive representation from Cwm Taf, Cardiff & Vale, Aneurin Bevan, Abertawe Bro Morgannwg, Cardiff & Vale, Velindre and WAST.

The UHB is fully engaged in this important forum. A brief summary of the work undertaken in 2018-19 and the plans to be taken forward into 2019-20 is provided in our [IMTP for 2019- 22](#).

THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROLS

The system of internal control operating across the UHB is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives. It can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of policies, aims and objectives of the UHB, to evaluate the likelihood of those risks being realised and to manage them efficiently, effectively and economically.

I can confirm that a system of internal control was in place across the UHB for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

EXECUTIVE PORTFOLIOS

During 2018-19, with the agreement of the Board I made one key change to the Executive Team Dr. Sharon Hopkins stepped down from her role as Executive Director for Public Health to take on the role of Director of Transformation and Informatics and lead on the major transformation agenda that we have signed up to as a Board. The Remuneration and Terms of Service Committee has agreed to Dr. Hopkins retaining the role of Deputy Chief Executive and she will deputise for me when required.

During the coming year I will review the portfolios of all Executive Directors to ensure the appropriate alignment of accountabilities and authority within each Directorate and Director portfolio, and to also ensure that sufficient capacity is available to support the UHB's transformation agenda.

CAPACITY TO HANDLE RISK AND KEY ASPECTS OF THE CONTROL FRAMEWORK

Responsibility for making sure that risks are properly managed rests with the Board. As Accountable Officer, I have overall responsibility for risk management and report to the Board on the effectiveness of risk management across the UHB. My advice to the Board is informed by Executive Officers, feedback received from Board Committees; in particular the Audit Committee and the Quality, Safety and Experience Committee.

The Board has a Risk Management Policy and supporting Risk Assessment and Risk Register Procedure. Each Clinical Board and Corporate Department has responsibility for maintaining a comprehensive risk register and lead Executive Directors for highlighting the most significant risks for inclusion in the Corporate Risk Register. Risk Assessments are undertaken based on a 5 x 5 scoring matrix i.e. the impact of the risk multiplied by the likelihood of it happening.

Management Executive meetings present an opportunity for executive directors to consider, evaluate and address risk and actively engage with and report to the Board and its committees on the UHB's risk profile.

The UHB's lead for risk is the Director of Corporate Governance, who is responsible for establishing the policy framework and systems and processes that are needed for the management of risks within the UHB. Depending on the nature of risk, other Directors will take the lead, for example, patient safety risks fall within the responsibility of the Medical Director, Director of Nursing, and Director of Therapies and Health Science.

RISK MANAGEMENT AND ASSURANCE

Robust risk management and assurance arrangements are seen by the Board as being essential to good management and the aim is to ensure they are integral to the UHB's culture. Risk and assurance are increasingly important elements of the UHB's planning, budget setting and performance processes.

As reported by the Wales Audit Office in its 2018 Structured Assessment delays in revising the corporate risk assurance framework has meant that until the latter part of 2018-19 the Board had insufficient oversight of strategic risks. I am pleased to report that the Board's newly appointed Director of Corporate Governance is making progress with the development of a Board Assurance Framework (BAF). This replaces the UHB's Corporate Risk and Assurance Framework (CRAF), which combined the corporate risk register and Board Assurance Framework (BAF).

The Board received the first draft of the BAF when it met in November 2018. The BAF lists the UHB'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.

Compared to the CRAF, which listed over 90 risks, the draft BAF is clearer and more focused. It is easier for the Board and its committees to review and each risk has an assigned executive lead and committee.

Key Risks and Embedding Robust Risk Management

Embedding effective risk management remains a key priority for the Board as it is integral to enabling the delivery of our objectives, both strategic and operational, and most importantly to the delivery of safe, high quality services. A number of steps have been taken to strengthen risk management across the organisation; with the BAF sets out the strategic risks to achieving the UHB's strategic objectives; and a corporate risk register, setting out the top organisational risks, is being developed to compliment it. The following six risks are identified in the BAF as posing the greatest risk to the delivery of the UHB'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).

The UHB has not updated its risk management policy since 2013, and this is a key priority for the year ahead together with a review of its operational risk management arrangements. A review of risk management arrangements started in late 2017. To date, the UHB 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.

The Corporate Governance Team will work with Clinical Boards and services to review their risks and to develop a UHB wide approach to risk management. Currently, the UHB has a paper-based risk management system but given the size of the organization an IT based solution is urgently needed. A revised Risk Management Framework will be developed during 2019-20, this will set out the UHB's processes and mechanisms for the identification, assessment and escalation of risks. It will be developed to create a robust risk management culture across the UHB by setting out the approach and mechanisms by which the UHB will:

- make sure that the principles, processes and procedures for best practice risk management are consistent across the UHB and fit for purpose;
- ensure risks are identified and managed through a robust organisational Assurance Framework and accompanying Corporate and Directorate Risk Registers
- embed risk management and established local risk reporting procedures to ensure an effective integrated management process across the UHB's activities;
- ensure strategic and operational decisions are informed by an understanding of risks and their likely impact;
- ensure risks to the delivery of the UHB's strategic objectives are eliminated, transferred or proactively managed;
- manage the clinical and non-clinical risks facing the UHB in a co-ordinated way; and
- keep the Board and its Committees suitably informed of significant risks facing the UHB and associated plans to treat the risk.

The Risk Management Framework will set out a multi-layered reporting process, which will comprise the Board Assurance Framework and Corporate Risk Register, Clinical Board Risk Registers, Directorate Risk Registers and Project Risk Registers. It will be developed to help build and sustain an organisational culture that encourages appropriate risk taking, effective performance management and organisational learning in order to continuously improve the quality of the services provided and commissioned.

The Risk Management Framework will set out the ways in which risks will be identified and assessed. It will be underpinned by a number of policies which relate to risk assessment including incident reporting, information governance, training, health and safety, violence and aggression, complaints, infection control, whistle blowing, human resources, consent, manual handling and security.

The Board will be involved in the continual development of the Assurance Framework and Corporate Risk Register, and these will be formally reviewed at meetings of the Board during

2018-19.

RISK APPETITE

HM Treasury (2006) define risk appetite as:

‘The amount of risk that an organisation is prepared to accept, tolerate, or be exposed to at any point in time’.

In April 2019, the Board held a Board Development Session to consider and develop its Risk Appetite Statement. This sets out the Board’s strategic approach to risk-taking by defining its risk appetite thresholds. It is a ‘live’ document that will be regularly reviewed and modified, so that any changes to the organisation’s strategies, objectives or its capacity to manage risk are properly reflected.

In developing the Risk Appetite Statement careful consideration was given to the UHB’s capacity and capability to manage risk. The following risk appetite levels, developed by the Good Governance Institute, informed the Statement:

Figure 7: Description of Risk Appetite

Appetite Level Described as:	
None	Avoid the avoidance of risk and uncertainty is a key organisational objective.
Low	Minimal the preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential.
Moderate	Cautious the preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.
High	Open and being willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VfM).
Significant	Seek and to be eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk. Or also described as Mature being confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust.

The Board agreed that overall it currently had a ‘risk appetite’ which is ‘Moderate’. However, overtime and with a clear plan of development in place it agreed that it wished to have an appetite which was ‘seek’ – eager to innovate and to choose options offering potentially higher business rewards.

The UHB’s Risk Profile

As part of the development of the Board Assurance Framework the Executive Directors took part in a workshop to identify and map the risks to the delivery of strategic objectives. The Board Assurance Framework was first presented to the Board in November 2018. As can be seen

from **Figure 8** at the end of March 2019 a number of key risks to the delivery of the health board's strategic objectives had been identified. Full details of the controls in place and actions taken to address these risks can be found in the [BAF](#).

Figure 8: Main Risks to the achievement of Strategic Objectives March 2019

Workforce:	
Risk Description	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
Cause	<ul style="list-style-type: none"> ▪ Increased vacancies in substantive clinical workforce ▪ Requirements of the Nurse Staffing Act and BAPM Standards ▪ Ageing workforce ▪ Insufficient supply of Nurses at UK national level ▪ High nurse turnover in Medicine and Surgery Clinical Boards ▪ Insufficient supply of Doctors in certain specialties at UK national level (e.g., Adult Psychiatry, Anaesthetics, General Medicine, Histopathology, Neurosurgery) ▪ Changes to Junior Doctor Training Rotations (Deanery) ▪ Brexit
Impact	<ul style="list-style-type: none"> ▪ Increase in agency and locum usage ▪ Increase in costs of using agency and locum ▪ Impact on quality of care provided to the population ▪ Rates above Welsh Government Cap (Medical staff) ▪ Low Staff moral and sickness ▪ Poor attendance at statutory and mandatory Training ▪ Potentially inadequate levels of staffing
Current Controls	<ul style="list-style-type: none"> ▪ Project 95% Nurse Recruitment and Retention Programme ▪ Medical international recruitment strategies (including MTI) ▪ Recruitment campaign through social media with strong branding ▪ Job of the week ▪ Staff engagement with recruitment drive ▪ Programme of talent management and succession planning ▪ Values based recruitment ▪ Medical Training Initiative (MTI) 2 year placement scheme ▪ Comprehensive Retention Plan introduced from October 2018
Financial Sustainability:	
Risk Description	There is a risk that the organisation will not be able to deliver its ambition within the financial resources available
Cause	<ul style="list-style-type: none"> ▪ Budgets overspent (four 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
Impact	<ul style="list-style-type: none"> ▪ Unable to deliver balanced plan ▪ No £10m recurrent funding from Welsh Government ▪ Reputational Loss
Current Controls	<ul style="list-style-type: none"> ▪ 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
Sustainable Primary and Community Care:	

Risk Description	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.
Cause	<ul style="list-style-type: none"> ▪ Not enough GP capacity to respond to and provide support to complex patients with multiple co-morbidities and typically in the over 75 year's 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
Impact	<ul style="list-style-type: none"> ▪ 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
Current Controls	<ul style="list-style-type: none"> ▪ 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
Safety and Regulatory Compliance:	
Risk Description	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 UHB which were not of a high quality.
Cause	<ul style="list-style-type: none"> ▪ Non-compliance with regulatory or statutory requirements ▪ Non-compliance with effective decontamination processes to support the delivery of high quality patient care ▪ Appointment of contractor without required quality checks being in place to ensure service delivered was of a high standard
Impact	<ul style="list-style-type: none"> ▪ Harm and distress caused to patients and their families ▪ Reputational damage to the Health Board ▪ Increase in clinical claims ▪ Financial consequences
Current Controls	<ul style="list-style-type: none"> ▪ Human Tissue Act ▪ HTA Licencing Standards ▪ Statutory Designated Individual in post ▪ Clinical Board QSE arrangements; CD&T – regulatory compliance group ▪ Quality, Safety and Experience Committee in place supported by robust governance and reporting structure ▪ Office of Professional Leadership shares responsibility for Quality Agenda (Medical Director, Executive Nurse Director, Executive Director of Therapies and Health Science) ▪ Quality and Safety Team

	<ul style="list-style-type: none"> ▪ Patient Experience Team ▪ Health and Care Standards ▪ Decontamination and reusable devices procedure in place ▪ Decontamination Group ▪ Weekly Executive led concerns/claims and serious incidents meeting ▪ Monitoring of ongoing investigations ▪ Quality control system that triangulates areas of concern
Leading Sustainable Culture Change:	
Risk Description	There is a risk that the cultural change required will not be implemented in a sustainable way
Cause	<ul style="list-style-type: none"> ▪ 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. ▪ 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.
Impact	<ul style="list-style-type: none"> ▪ Staff morale may decrease ▪ Increase in absenteeism ▪ Difficulty in retaining staff ▪ Transformation of services may not happen due to staff reluctance to drive the change through improvement work. ▪ Patient experience ultimately affected.
Current Controls	<ul style="list-style-type: none"> ▪ Values and Behaviours Framework in place ▪ Task and Finish Group weekly meeting ▪ Cardiff and Vale Transformation story and narrative ▪ Leadership and Management Development Programme ▪ Programme of talent management and succession planning ▪ Values based recruitment ▪ Staff survey results and actions taken – led by an Executive (WOD) ▪ Patient experience score cards ▪ CEO sponsorship for the Values and behaviours (culture) enabler. ▪ Executive Director of WOD highly engaged with this enabler ▪ Raising concerns relaunched in October 2018
Capital Assets (Estates, IT Infrastructure, Medical Devices):	
Risk Description	The condition and suitability of the estate, IT and Medical Equipment impacts on the delivery of safe, effective and prudent health care.
Cause	<ul style="list-style-type: none"> ▪ Significant proportion of the estate is over-crowded, not suitable for the function it performs, or falls below condition B. ▪ Investment in replacing facilities and proactively maintaining the estate has not kept up the requirements, with compliance and urgent service pressures being prioritised. ▪ Lack of investment in IT also means that opportunities to provide services in new ways are not always possible and core infrastructure upgrading is behind schedule. ▪ Insufficient resource to provide a timely replacement programme, or meet needs for small equipment replacement
Impact	<ul style="list-style-type: none"> ▪ The UHB is not able to always provide services in an optimal way, leading to increased inefficiencies and costs. ▪ Service provision is regularly interrupted by estates issues and failures. ▪ Patient safety and experience is sometimes adversely impacted. ▪ IT infrastructure not upgraded as timely as required increasing operational continuity and increasing cyber security risk ▪ Medical equipment replaced in a risk priority where possible, insufficient resource for new equipment or timely replacement

Current Controls	<ul style="list-style-type: none"> ▪ Estates strategic plan in place which sets out how over the next ten years, plans will be implemented to secure estate which is fit for purpose, efficient and is ‘future-proofed’ as much as possible, recognising that advances in medical treatments and therapies are accelerating. ▪ The strategic plan sets out the key actions required in the short, medium and long term to ensure provision of appropriate estates infrastructure. ▪ IT SOP sets out priorities for next 5 years, to be reviewed in early 2019 ▪ Medical equipment WAO audit action plan to ensure clinical boards manage medical equipment risks ▪ 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. ▪ Additional discretionary capital £1.7m for IT and £1.6m for equipment which enabled purchasing of equipment urgently needing replacement.
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The Audit Committee (newly named the Audit and Assurance Committee) monitors and oversees both internal control issues and the process for risk management and the Board and its Committees receive reports that relate to the identification and management of risks.

Case studies and patient stories are presented to the Board and Concerns/Claims scrutiny panels, in order that lessons can be disseminated and shared.

General Practitioners (GPs), Pharmacists, Dental Practitioners, Optometrists, Nursing Care Homes, Voluntary organisations and those where we have partnership relationships for service delivery, e.g. Local Authorities and other health boards, are responsible for identifying and managing their own risks through the contractual processes in place.

BREXIT

There are a significant number of areas where the relationship with the European Union (EU) impacts on the NHS and direct patient care. UK Government has indicated that if the UK leaves the EU with no deal, there is the potential for there to be a prolonged period of disruption, particularly in relation to goods and supplies. In Wales, the Welsh Confederation is coordinating the NHS planning at a national level and is representing the NHS in Government level discussions. Like all other NHS organisations the UHB has been asked to plan on a ‘reasonable worst case scenarios’.

The UHB has established a BREXIT task and finish group to identify the most significant risks, have business continuity plans in place, and mitigating actions, where these are possible. Much of the business continuity planning has taken place on a national basis, so the business continuity plan developed by the UHB reflects actions being taken at an all-Wales level as well as local actions. The task and finish group, chaired by the Executive Director of Planning has worked to ensure plans are in place in the event of a no-deal Brexit. A live database of all of the potential risks identified by the clinical boards and the corporate departments of the UHB is in place. Some of the risk identified are very general (for example, disruption to utilities supply) and some very specific (such as a particular clinical service has a large proportion of European doctors). The key risks are reflected in the UHB’s Business Continuity Plan.

The UHB’s general business continuity/major incident plans would be activated if it was likely that our ability to continue to provide a full range of services was compromised. This could include temporarily curtailing all but critical and emergency activity.

While there are clearly significant risks I am satisfied that the UHB is taking all the necessary action that is within its control to mitigate the risks and is fully participating in the national planning work. A summary of key risks, impact and mitigating action is provided in Figure 9 below:

Figure 9: Main Risks to the achievement of Strategic Objectives Arising from Brexit March 2019

Risk That	Impact	Mitigating Action
High numbers of European staff leave Cardiff and Vale HB	Gaps in staffing leading to quality of care, safety and continuity of services.	<p>Health and social care staff will have the opportunity to pre-register to apply for “settled” or “pre-settled” status through the EU Settlement Scheme. The scheme will ensure that colleagues from the EU can continue to live and work in the UK, after the UK leaves the EU in March 2019.</p> <p>A communication is went out to staff week commencing 19th November to provide information to EU nationals to ensure they are aware of the pilot scheme.</p> <p>We do not have a complete record of EU nations who work for the health board. Consideration will be given to process for update ‘nationality’ on ESR if this is appropriate.</p> <p>Action being taken to encourage staff to enter EU nationality on ESR.</p>
Locum agencies are unable to meet our requirements or significantly raise their prices.	<p>Gaps in staffing leading to quality of care, safety and continuity of services.</p> <p>Financial risks as costs increase.</p>	<p>Procurement review, to include locum and temporary staffing agencies, to be undertaken.</p> <p>UHB to continue to strengthen the staff bank so that the requirement for agency nursing is minimised.</p>
1. Supply of goods		
<p>Due to the supply chain, there is a risk that there will be a shortage of a wide range of general products that are used in high volumes on a daily basis in the NHS (including foods, consumables).</p> <p>As a tertiary centre, there are a number of specialist goods used which may be particularly are risk due to specialist nature of the product. Products with a short shelf live</p>	<p>This would have a significant impact on our ability to continue to provide services. In this situation, it is also likely that the cost of goods would increase.</p> <p>Depending on whether it has been possible to stockpile or source alternative providers, the impact could be significant and would put at risk our ability to provide all services.</p> <p>Most goods supplied to the NHS are procured through the all-Wales framework. C&V UHB has a higher proportion of local providers than other HBs, but it is often unknown whether local suppliers source their goods from EU countries.</p>	<p>Welsh Government has procured Deloitte to undertake a rapid assessment of procurement risks and report back with a plan of action within five weeks. The UHB has already provided Deloitte with all of the procurement information and the Head of</p> <p>Shared Services is co-ordinating the planning in relation to the supply of goods. Additional storage capacity in place and being stocked to support NHS and social care – to be accessed via normal supply routes.</p> <p>The procurement review will include all the specialist products used by C&V where there may be no UK supplier, and only a small number of suppliers world-wide.</p>

Risk That	Impact	Mitigating Action
which don't lend themselves to stockpiling represent a particular risk.		
Supply and maintenance of equipment	<p>The provision and maintenance of equipment requires supply from all over Europe and there is concern that there could be a delay in sourcing equipment and parts.</p> <p>Very little of the medical equipment we use is manufactured in Wales. A number of the big suppliers of equipment (for example Medtronic and J&J are based outside the UK).</p>	<p>A dedicated post has been introduced in Clinical Engineering to identify which maintenance contracts could be brought back in-house. We have over 200 maintenance contracts – we are building internal capacity to bring more of this back in house, including the maintenance of anaesthetic machines.</p> <p>The Deloitte procurement assessment and plan will cover supply and maintenance of equipment so specific risks will be flagged through this process.</p> <p>Normal business continuity plans would be triggered if there was a major impact of our ability to deliver a service.</p> <p>We would also work with other health boards in relation to sharing access to equipment should the need arise.</p>
Population health	PHW running exercise on health security on 6/3 to test business continuity/emergency preparedness	<p>There is a four nations PH group, focusing on health security.</p> <p>PHW also engaged in regular meetings with PHE and WG on 7 sub streams of work:</p> <ul style="list-style-type: none"> • Surveillance • Outbreaks • Relationships with international Public Health, e.g. ECDC; WHO • Training • Vaccine procurement • Microbiology & Labs' consumables • Supply of pertinent drugs & other health protection pharmaceutical protection issues <p>The Health Board is linked into the national discussions being led by Public Health Wales. There is no local action to be taken at this stage.</p>
Research	The HB currently participates in European wide clinical trials, and receives significant research funding from European sources. The lack of clarity about new arrangement post Brexit could mean that the HB misses out of opportunities to secure European funding (or post Brexit UK funding) for research, or participate in European wide research programmes and projects, which ultimately will have a detrimental impact on patient care. A particular risk regarding the ability to continue to currently European research was flagged, and	<p>There are a series of actions being taken forward on a Wales wide level, and local planning with Cardiff University as our main academic, teaching and research partner.</p> <p>Joint Director of R&D has reviewed risks and is liaising directly with drug companies to ensure continued supply for current trials.</p>

Risk That	Impact	Mitigating Action
	this would impact directly on people participating in the trials/research.	
Data storage and protection	There may be examples where data is stored at a European level or in facilities provided in Europe. Without clarity about new rules and arrangements for post Brexit, there would be an impact on future data storage arrangements.	Assessment is being undertaken - led by NWIS.
Reciprocal arrangements for accessing emergency medical when people are travelling in Europe/to the UK	There is lack of clarity regarding arrangements for European citizens accessing emergency medical treatment on a visit to the UK. In new charging or other arrangements are required at short notice, the HB may not have the capacity to put them in place quickly. In the absence of a deal, guidance on this issue would be required urgently. The same issue would apply to UK citizens needing to access emergency treatment abroad.	Review our processes to confirm that we would be able to step up our overseas visitors process if this was needed. Staff to be advised to ensure that they have appropriate travel insurance when travelling to other European countries. We have arrangements in place to deal with Europeans and non-European citizens. The current arrangements could be used, but a national direction would be needed to ensure all NHS organisations were following the same process.
EU Carbon Credits Scheme	C&V UHB is the only organisation in NHS large enough to participate in the EU Carbon Credit Scheme. If arrangements are not in place to allow continuity of these arrangements, the cost of energy will be increase. Risk is anticipated to be low as many large industries participate in scheme and it is assumed action is being taken at UK level.	Further clarity sought from WG about risks and actions being taken national to enable continued participation.

The implications of Brexit are picked up more fully in the Performance section.

KEY ASPECTS OF THE CONTROL FRAMEWORK

In addition to the Board and Committee arrangements described earlier in this document, I have over the last 12 months worked to further strengthen the UHB's control framework. Key elements of this include:

THE UHB's STRATEGY AND INTEGRATED MEDIUM TERM PLAN

The UHB's 10 year strategy, Shaping our Future Wellbeing Strategy: 2015-254 set outs 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'.

The UHB'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.

The UHB'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

The UHB 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 UHB has a three-year plan, which is consistent with the 10-year strategy.

During 2018-19 the lack of an approved IMTP meant that the UHB was working to an Annual Operating Plan, which is consistent with the three-year plan.

Integrated Medium Term Plan

The National Health Service Finance (Wales) Act 2014 came into effect on 1 April 2014 and places two financial duties upon Local Health Boards.

These duties are:

- A duty under section 175(1) to ensure that its expenditure does not exceed the aggregate of funding allotted to it over a period of three years, and
- A duty under section 175(2A) to prepare and obtain approval from the Welsh Ministers for a plan which achieves the first duty above, while also improving the health of the people for whom the UHB is responsible and improving the healthcare provided to them.

For 2018-19, 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.

Subsequent to this, the UHB revised its financial plan and agreed with Welsh Government, through the formal Targeted Intervention process, that it would not submit an IMTP for approval as it was significantly away from being financially balanced. As the UHB was not in a position to have an IMTP which could be approved by Welsh Ministers, it therefore failed to meet its financial duty under section 175(2A).

The UHB considered its position at its March 2018 Board Meeting and approved an operational plan with a projected £19.9m deficit. On 10th July 2018 the UHB submitted its one year operational plan to Welsh Government. Whilst no formal mechanism exists for its approval, this position was accepted by Welsh Government and the UHB has since received £10m additional annual operating plan funding and consequently the UHB reduced its forecast deficit to £9.9m. See Note 2 in the Financial Statements.

Therefore, the operational plan for 2018-19 was to achieve a year-end out-turn position of a £9.9m deficit, whilst maintaining the quality and safety of services and delivering upon agreed performance measures. The UHB made good progress in delivering against this plan and the actual out-turn position was a deficit of £9.872m being £0.028m better than the one year operational plan.

The UHB had a deficit of £29.243m in 2016-17 and a deficit of £26.853m in 2017-18. This means that over the three year period the aggregated deficit is £65.968. Thus the UHB has failed to

meet its financial duty under section 175(1).

For 2019-20 the UHB submitted an IMTP by the end of January 2019 for Welsh Government consideration and this covered the period 2019-20 to 2021-22. This was formally approved in March 2019 and therefore for 2019-20 it will have achieved its financial duty under section 175(2A). The plan aims to deliver a balanced financial position in each of the three years during the period of this plan. If this is achieved it will fail its financial duty under section 175(1) in both 2019-20 and 2020-21 and not achieve compliance until 2021-22.

A copy of the full IMTP is available on the UHB's website via the following
Further details of the UHB's planning approach can be found in the [IMTP for 2019-22](#).

INTEGRATED PERFORMANCE MANAGEMENT AND REPORTING

Delivery against the IMTP is managed through the UHB's Performance Framework with delivery and performance reported to the Board in the form of a performance dashboard, including national and local targets along with exception reporting for priority and deteriorating targets. The objective of the framework is to ensure that information is available which enables the Board and other key personnel to understand, monitor and assess the organisation's performance against delivery of the IMTP, enabling appropriate action to be taken when performance against set targets deteriorates, and support and promote continuous improvement in service delivery.

The Performance Framework is a contributor to the Board Assurance Framework which ensures that there is sufficient, continuous and reliable assurance on the management of the major risks to the delivery of strategic objectives and most importantly to the delivery of quality, patient centered services. In April 2018, the UHB 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. However, the performance management framework was last updated in 2013 and therefore doesn't reflect the changes in organisational structures, committees and clinical board performance arrangements that have taken place. I will ensure that the Performance Management Framework is reviewed in 2019. The performance section of the Annual Report provides more detail on how the UHB and clinical boards performance during 2018-19.

QUALITY GOVERNANCE STRUCTURE

The Board has a collective responsibility for quality. There is a clear quality governance structure with the Quality and Safety and Experience Committee (QSE) holding executives to account and receiving reports on assurance and risks linked to patient experience, quality and safety. The findings and recommendations of inspection and regulatory bodies such as Healthcare Inspectorate Wales and the Community Health Council are reviewed and monitored the QSE Committee.

This year as in previous years, in tandem with the publication of the 2018-19 Annual Report, the UHB will publish its Annual Quality Statement which brings together a summary of how the UHB has been working over the past year to improve the quality of all the services it plans and provides. The report can be found on the UHB's website: [Annual Reports & Accounts](#) it provides greater detail in relation to the key aspects of the quality governance structure that are referred to below.

At each meeting of the Board a patient story is presented at the start. The use of first-hand patient stories, that act of hearing and having an opportunity to connect with people using services, has enabled not just a more emotional connection with the impact of decisions made in the UHB but has also helped drive specific improvements in services.

Clinical Audit

During 2018-19, the UHB's clinical audit arrangements were strengthened, with the development of a risk based clinical audit strategy and plan. There is a clinical audit programme with the Executive Medical Director being responsible for this. The Clinical Governance Team manages the audit programme, and clinical audits are discussed at clinical board QSE groups and are then passed to the Quality, Safety and Experience Committee. In June 2018, the QSE Committee received the clinical audit plan for 2018-19.

In addition, as part of the work to further develop and embed the Assurance Framework, steps will be taken to map and capture the outputs of internal audit, clinical audit, and external audit and planned external regulatory review work.

I recognise that more work is needed to provide evidence of the clinical audit work taking place across the UHB and there will be a focus on this in the year ahead.

Complaints and Concerns Framework

Over the last 12 months we have made significant improvements to the way in which we address complaints and concerns, focusing on listening and learning from patient experience and the 'gift of complaints' to improve the experience of care for Cardiff and the Vale residents.

The UHB 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 Corporate Governance team. The Executive Director of Nursing and Director of Corporate Governance decide jointly how to progress each one. Further details on complaints and concerns can be found in the Annual Quality Statement and Putting Things Right Annual Report for 2018-19.

Health and Care Standards

Quarterly review meetings were held throughout the year to review progress in relation to the embedding of the standards. This approach has been key to driving progress and improvement and sustaining the passion that has come with the launch of the new standards. This approach has proved successful as it has given staff the opportunity to discuss each standard, the outcomes of their self-assessments, to share good practice and to highlight any areas of concern.

An evaluation is being undertaken to ensure all areas of the UHB continue to benefit from this approach three years on from the launch of the standards.

Patient Experience Quality and Safety Walk rounds

The UHB has a comprehensive annual walkabout schedule; executives and independent members undertake visits in pairs. 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 need to improve the way walkabouts are recorded is recognised.

Mortality Reviews

We have developed a robust process for undertaking mortality reviews that span deaths that occur in our community hospitals. This work continues to evolve and features prominently on the agenda of the Quality, Safety and Performance Committee.

Annual Quality Statement

Each year we are required to publish an Annual Quality Statement. It provides an opportunity for the UHB to let the people of Cardiff & Vale know, in an open and honest way, how we are doing to ensure all its services are meeting local need and reaching high standards. Each year it brings together a summary highlighting how the organisation is striving to continuously improve the quality of all the services it provides and commissions in order to drive both improvements in population health and the quality and safety of healthcare services.

The Annual Quality Statement provides the opportunity for the Board to routinely:

- assess how well they are doing across all services, including community, primary care and those where other sectors are engaged in providing services, including the third sector;
- identify good practice to share and spread more widely;
- identify areas that need improvement;
- track progress, year on year; and
- account to the public and other stakeholders on the quality of its services and improvements made.

The Annual Quality Statement will be published in July 2018 alongside the Annual Report and Accounts.

HOSTED ORGANISATIONS, PARTNERSHIPS AND ALL WALES SERVICES

The UHB delivers a range of all-Wales services, including the:

- Adult Cystic Fibrosis Centre
- Artificial Limb and Appliance Service
- Medical Genetics Service
- Veterans' NHS Wales

Much of the funding for these services comes from the Welsh health Specialist Services Committee. In addition, the UHB and Cardiff University have a long and established track record of working together to deliver exceptional services through cutting edge innovation. Such partnership working has led to the establishment of Cardiff Medicentre a business incubator for biotech and medtech startups, and the Clinical Innovation Partnership.

The UHB also hosts the Wales External Quality Assessment Service (WEQAS); one of the largest External Quality Assessment providers in the UK. WEQAS operates as an independent organisation, and is based in Parc Ty Glas, Cardiff. Reference to the income and expenditure of WEQAS is made in the UHB's Annual Accounts.

The governance arrangements in place for the delivery of all-Wales services, hosting of organisations and partnership arrangements will be re-visited in 2019-20 to ensure that they

are still fit for purpose and comply with best practice.

INFORMATION GOVERNANCE

Risks relating to information are managed and controlled in accordance with the UHB's Information Governance Policies through the Information Management, Technology and Governance Committee, which is chaired by an independent member.

The Medical Director, as Caldicott Guardian, is responsible for the protection of patient information. All Information Governance issues are escalated through the Information Governance Committee.

The Senior Information Risk Owner (SIRO) provides an essential role in ensuring that identified information security risks are addressed and incidents properly managed. This role sits with the Deputy Chief Executive.

The UHB did not achieve the May 2018 deadline for complying with the requirements of the GDPR. The UHB has recently recruited extra information governance staff, which should help it to achieve full GDPR compliance by May 2019. However, I recognise that to achieve full compliance more focused work is needed, including:

- the completion of information asset registers for all clinical boards;
- the appointment of a permanent Data Protection Officer;
- completing privacy impact assessments before information processing; and
- identifying where needed, a network of information asset owners and administrators.

In 2016, the Information Commissioner's Office (ICO) gave 'limited assurance' to the UHB's data protection arrangements, and the WAO's 2018 Structured Assessment highlighted that the UHB has not yet fully addressed all the ICO's 2016 recommendations. Although there is an action plan in place, most actions remain incomplete.

The UHB continues to respond to the "limited assurance" rating it received from the ICO in its follow up audit of compliance in relation to the Data Protection Act covering the following areas:

- Data protection governance
- Records management (manual and electronic)
- Security of personal data

Progress is being made to achieve compliance with GDPR/DPA however we recognise further actions are required in order for the UHB to move towards full compliance. An action plan setting out key next steps is presented as a standing item to the Information Technology and Governance Sub-Committee and risks associated with non-compliance highlighted

Data Security

Two ongoing issues continue to dominate the UHB's commitment to maintain high standards of data security:

- Vigilance following the Wanna cry "ransomware" attack in May 2017.
- Consolidation and strengthening of arrangements to support the implementation of the

General Data Protection Regulation (GDPR) in May 2018 and subsequently the Data Protection Act 2018 (DPA).

A number of breaches were discussed with the ICO following the implementation of the GDPR and new reporting guidelines. The ICO considered that no formal action was warranted on any of the incidents. The ICO also did not take any formal action in response to the two breaches that were still under investigation at the time the 2017-8 Accountability Report was submitted. Further details in respect of breaches and compliance with the GDPR can be found in the papers for the [Information, Technology and Governance Sub-Committee](#).

There was a material development in relation to one incident reported in the 2017-8 Accountability Report (member of staff found to have inappropriately accessed the details of a significant number of patients and UHB clinicians involved in the treatment of these patients). This case was re-opened by the ICO after the UHB submitted supplementary information that had come to light after the UHB's original notification to ICO. The ICO has now reconfirmed its original decision to take no further action in this case.

The UHB continues to reinforce awareness of key principles of Data Protection legislation. This includes the overarching principle that users must only handle data in accordance with people's data protection rights.

[Freedom of Information Requests](#)

The Freedom of Information Act (FOIA) 2000 gives the public right of access to a variety of records and information held by public bodies and provides commitment to greater openness and transparency in the public sector. In 2018-19, the UHB received a total of 536 requests for information. 293 of these requests were answered within the 20 day target, 22 were transferred partially or fully to another NHS body. 9 were withdrawn.

ADDITIONAL MANDATORY DISCLOSURES

[PENSIONS SCHEME](#)

I can confirm that as an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employers' contributions and payments into the Scheme are in accordance with Scheme rules and that the member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations. Note 9.7 to the Annual Accounts [provides details of the scheme](#), how it operates and the entitlement of employees.

For those staff who are not entitled to join the NHS Pension Scheme, as part of the pension's auto enrolment requirements, the UHB operates the National Employment Savings Trust (NEST) as our designated alternative pension scheme. As with the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations

[WELSH LANGUAGE](#)

The UHB recognises the importance of delivering care and support to individuals in their

language of choice, but we are aware that we have not consistently achieved this. While some progress was made in 2018-19 in relation to the implementation of the Welsh Government's strategic framework for Welsh language services in health, social services and social care: 'More Than Just Words' it is acknowledged that greater focus and urgency is needed.

The Board will continue its commitment to the Welsh language by providing clear leadership and direction, continuing to start every Board and Committee bilingually and each member committing to improve their Welsh language skills.

The Welsh Language Standards (No.7) Regulations 2018 were approved by the National Assembly for Wales on 26 March 2018, and a Welsh Language Group has been established to oversee progress.

EQUALITY AND DIVERSITY

Measures are in place to ensure that the organisation complies with the requirements of equality, diversity and human rights legislation, these include:

- Strategic Equality Plan - Annual Delivery Framework
- The Annual Equality Report
- Equality reports to the Strategy and Delivery Committee on the UHB's objectives and actions
- Reports/Updates to the Centre for Equality and Human Rights, when requested
- Outcome Report to the Welsh Government Equalities Team regarding sensory loss
- Provision of evidence to the Health and Care Standards self- assessment
- Equality and Health Impact Assessments

Further work is being taken forward to ensure that such legislation is properly embedded.

The UHB's Equality, Diversity & Human Rights Policy and Impact Assessment for Equality Policy is accessible to staff and the public.

The UHB has an [Equality, Diversity and Human Rights Policy](#) which sets out the organisation's commitment to promoting equality, diversity and human rights in relation to employment, service delivery, goods and service suppliers, contractors and partner agencies.

The UHB aims to ensure that no individual or group receives less favourable treatment either directly or indirectly.

The UHB is committed to ensuring that the recruitment and selection of staff is conducted in a systematic, comprehensive and fair manner, promoting equality of opportunity at all times. For example, the [Recruitment and Selection Policy](#) aims to provide a robust framework to ensure compliance and promote best practice within the necessary legislative framework (including the Equality Act 2010), whilst maximising flexibility to meet the varying needs of the UHB and ensuring that the best candidate for each position is appointed. The Recruitment and Selection Policy was reviewed in 2018.

The UHB is committed to equal opportunities in recruitment, and demonstrates this by displaying the Disability Confident symbol (which replaces the 'two ticks' scheme) in all adverts,

as well as Supporting Age Positive, Mindful Employer and Stonewall Cymru symbols.



EMERGENCY PREPAREDNESS AND CIVIL CONTINGENCIES

The UHB is described as a Category 1 responder under the [Civil Contingencies Act 2004](#) (CCA) and is therefore required to comply with all the legislative duties set out within the Act.

The CCA places five statutory duties upon Category 1 responders, these being to:

- assess the risks of emergencies
- have in place emergency plans
- establish business continuity management arrangements
- have in place arrangements to warn, inform and advise members of the public
- share information, cooperate and liaise with other local responders

The UHB has in place a Major Incident Plan that takes full account of the requirements of the Welsh Government Guidance to NHS Wales and all associated guidance.

Risk assessments have been completed in accordance with emergency preparedness, and as required by the Civil Contingencies Act 2004, to ensure that we can respond to an emergency, continue to support emergency partners and continue to provide emergency services to the public as is reasonably practical in the event of an emergency. The UHB's Head of Emergency Preparedness Resilience and Response is chair of the South Wales Local Resilience Forum Risk Group and leads on the multi- agency assessment, capability gap analysis and mitigation against nationally identified risks and threats.

These requirements are met through the implementation of the Major Incident Plan and/or Business Continuity Plan which enable the organisation to respond effectively in emergency situations and continue to deliver services. Identified leads for the key roles required to support the UHB in the delivery of this work are in place. These include Executive level lead for civil contingency/emergency planning arrangements and separate Executive level business continuity leads.

An internal audit of business continuity arrangements was completed in May 2018 this follow up review concluded that, steps had been taken to improve business continuity within the UHB. However, despite this progress and due to the infancy of the guidance, the Business Continuity Plans were yet to be fully developed and documented and were therefore not completely embedded throughout the UHB. On the basis of this follow up, the level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with business continuity planning was increased to Reasonable Assurance. However it was noted that, despite this improved assurance, further work was required to ensure that consistent documented Business Continuity Plans are in place across the whole UHB.

The UHB's Annual Report on Civil Contingencies for 2018 provides an account of the key resilience activities undertaken in 2018 and provides an overview of the UHB's Civil Contingencies priorities for 2019-20.

MINISTERIAL DIRECTIONS

The Welsh Government has issued Non-Statutory Instruments and reintroduced Welsh Health Circulars in 2014/15. Details of these and a record of any ministerial directions given is available at: <http://wales.gov.uk/legislation/subordinate/nonsi/nhswales/2013/?lang=en>

I can confirm that all of the Directions issued have been fully considered and where appropriate implemented.

WELSH HEALTH CIRCULARS

A range of Welsh Health Circulars (WHCs) were published by Welsh Government during 2018-19 and can be viewed at:

<http://gov.wales/topics/health/nhswales/circulars/?lang=en>

On receipt these are centrally logged with a lead Executive Director being assigned to oversee implementation of any required action.

Where appropriate, the Board or one of its Committees is also sighted on the content of the WHC.

REGULATORY AND INSPECTION REPORTS

A formal system is in place that tracks regulatory and inspection reports against statutory requirements and all such reports are made available to the appropriate Board Committee. The overarching tracking report is monitored by the Audit Committee.

During 2018-19, Internal Audit undertook a review to establish if effective processes were in place to ensure that the UHB complies with all licencing, statutory and regulatory requirements and any associated risks or issues are effectively identified and addressed. The findings of the review highlighted that only *limited assurance* could be provided that these systems were working well. The UHB's process for monitoring the implementation of audit and inspection recommendations was also highlighted as an area requiring further development by the Wales Audit Office's Structured Assessment Report for 2018.

During the latter part of 2018-19, the Directorate of Corporate Governance put steps in place to strengthen the UHB's processes for ensuring regulatory and audit compliance. A follow-up internal audit will be undertaken in early 2019-20.

POST PAYMENT VERIFICATION

In accordance with the Welsh Government directions the Post Payment Verification (PPV) Team, (a role undertaken for the UHB by the NHS Shared Services Partnership), in respect of General Medical Services Enhanced Services and General Ophthalmic Services has carried out its work under the terms of the service level agreement (SLA) and in accordance with NHS Wales agreed protocols.

REVIEW OF ECONOMY, EFFICIENCY AND EFFECTIVENESS ON THE USE OF RESOURCES

The National Health Service Finance (Wales) Act 2014 amended the financial duties of Local

Health Boards under section 175 of the National Health Service (Wales) Act 2006. The Act places two financial duties on Local Health Boards:

- A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of three financial years; and
- A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, to secure compliance with the duty under section 175 (1) while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

The UHB achieved neither of these financial duties in 2018-19.

SUSTAINABILITY AND CARBON REDUCTION DELIVERY PLANS

The UHB operates an Environmental Management Policy, system and procedures and has achieved ISO14001 external accreditation. The program includes objectives and targets for waste management, energy and carbon reduction and the UHB also maintains an Energy/Environmental risk register.

The UHB participates in the Carbon Reduction Commitment and European Union Emission Trading scheme legislative programmes for carbon management.

Under the objectives of the Environmental Management Strategy and Policy the following actions are in progress:

- The UHB operates a combined heat and power plant at UHW generating electricity, heat and steam for the site.
- A range of energy and carbon reduction programmes have been implemented and are ongoing including:
 - ✓ LED lighting upgrades to various areas of the UHB.
 - ✓ Replacement/upgrade of ventilation system motors.
 - ✓ Improved control of building services.
 - ✓ Installation of 4 solar panel schemes.
 - ✓ Trial and installation of burner management controls for over 40 boiler systems.
- The UHB is currently progressing with the REFIT strategic energy savings program with Local Partnerships.
- An Energy/Environmental Risk Register is maintained highlighting the UHB's key energy management risks.

Further information on key activities being undertaken **are set out in the** [Sustainability Report](#)

REVIEW OF EFFECTIVENESS OF SYSTEM OF INTERNAL CONTROL

In line with my Accountable Officer responsibilities I have put mechanisms in place for the review, on an on-going basis, of the effectiveness of the systems of internal control operating across all functions of the UHB. My review and evaluation of the adequacy of the system of internal control has been informed by executive officers who have responsibility for the development, implementation and maintenance of the internal control framework; the work of the

committees established by the Board; the UHB's internal auditors and the feedback and views of external auditors set out in their annual audit letter and other reports. In addition, the independent and impartial views expressed by a range of bodies external to the UHB has been of key importance, including those of the:

- Welsh Government
- Welsh Risk Pool
- Community Health Council
- Healthcare Inspectorate Wales
- Health & Safety Executive
- Other Regulatory and Accreditation Bodies

The processes in place to maintain and review the effectiveness of the system of internal control include:

- Direct assurances from management on the operation of internal controls through the upward chain of accountability
- The maintenance of an overview of the overall position with regard to internal control by the Board and its Committees through routine reporting processes and the engagement of all Board members in the development and maintenance of the Board Assurance Framework and Corporate Risk Register
- The embedding of the Assurance Framework and the receipt of internal and external audit reports on the internal control processes by the Audit and Assurance Committee
- Results of internal compliance functions including Local Counter- Fraud, Post Payment Verification, and risk management
- Reported compliance via the Welsh Risk Pool regarding claims standards and other specialty specific standards reviewed during the period
- Audit and Assurance Committee oversight of audit, risk management and assurance arrangements
- Personal input into control and risk management processes by all executive directors, senior managers and individual clinicians
- Board engagement in visits to services, hospitals and wards, and shadowing activities

I have also drawn on the performance information available to me.

The Board and Committees have reviewed the effectiveness of the system of internal control in respect of the assurances received. The Board Assurance Framework provides a mechanism for closely monitoring strategic risks and these are discussed at each Board meeting. However, a corporate risk register now needs to be developed and operational risk management arrangements strengthened. Sources of assurance include:

Internal Sources	<ul style="list-style-type: none"> ▪ Performance management reports ▪ Service change management reports ▪ Workforce information and surveys ▪ Benchmarking
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	<ul style="list-style-type: none"> ▪ Internal and clinical audit reports ▪ Board and Committee reports ▪ Local Counter Fraud work ▪ Health and Care Standards assessments ▪ Executive and Independent Member Safety Walk Rounds ▪ Results of internal investigations and Serious Incident reports ▪ Concerns and compliments ▪ Whistleblowing and Safety Valve ▪ Infection prevention and control reports ▪ Information governance toolkit self-assessment ▪ Patient experience surveys and reports ▪ Compliance with legislation checks
External Sources	<ul style="list-style-type: none"> ▪ Population Health Information ▪ Wales Audit Office and Auditor General for Wales ▪ Welsh Risk Pool Assessment reports ▪ Healthcare Inspectorate Wales reports ▪ Community Health Council visits and scrutiny reports ▪ Feedback from healthcare and third sector partners ▪ Royal College and Deanery visits ▪ Regulatory, licensing and inspection bodies ▪ External benchmarking and statistics ▪ Accreditation Schemes ▪ National audits ▪ Peer reviews ▪ Feedback from service users ▪ Local networks (e.g. cancer networks) ▪ Welsh Government reports and feedback

I am content, that further steps that have been taken over the last 12 months to strengthen risk management arrangements, embed the Assurance Framework and improve the quality of information have made the assessment and testing of the internal control system a matter of the day-to-day business of my Executive Team. The appointment of a new Directorate of Corporate Governance as aided the embedding of strengthened governance arrangements.

I am satisfied that generally the mechanisms in place to assess the effectiveness of the system of internal control are working well and that we have the right balance between the level of assurance I receive from my Executives, Board and Board Committee arrangements and Internal Audit Services. However, a number of areas where improvement is needed have been highlighted by Wales Audit and Internal Audit. These areas are being addressed through the development and implementation of a Governance Improvement Plan; the implementation of which will be overseen by the Audit and Assurance Committee.

Over the year ahead further work will be taken forward to embed the Board Assurance Framework and Risk Management Framework.

INTERNAL AUDIT

Internal audit provide me as Accountable Officer and the Board through the Audit and Assurance Committee with a flow of assurance on the system of internal control. Continuing on work started in 2016-17 the UHB invested in additional internal audit reviews and arrangements for the reporting of progress against the implementation of audit recommendations to the Audit and Assurance Committee.

The Internal Audit plan for 2018-19 was aligned to the UHB's areas of highest risk.

During 2019-20, work will continue to strengthen audit and review arrangements. As in previous years a programme of internal audit work will be commissioned from Internal Audit Services. The scope of this work will be agreed by the Audit Committee and it will focus on significant risk areas and local improvement priorities.

We will ensure that the work of all regulators, inspectors and assurance bodies is mapped and evidenced in our assurance framework so that the Board is fully aware of this activity and the level of assurance it provides. Recognising the importance of having management audits and spot checks in place and not overly relying on external assurance sources, the Directorate of Governance and Corporate Affairs will coordinate a programme of local audits and spot checks.

HEAD OF INTERNAL AUDITS OPINION FOR 2018-19 (Draft)

The overall opinion by the Head of Internal Audit on governance, risk management and control is a function of this risk based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

The Head of Internal Audit's opinion is arrived at having considered whether or not the arrangements in place to secure governance, risk management and internal control are suitably designed and applied effectively in the following assurance domains:

- Corporate Governance, Risk Management and Regulatory
- Compliance
- Strategic Planning, Performance Management and Reporting
- Financial Governance and Management
- Clinical Governance, Quality and Safety
- Information Governance and Security
- Operational Service and Functional Management
- Workforce Management
- Capital and Estates Management

The scope of this opinion is confined to those areas examined in the risk based audit plan which has been agreed with senior management and approved by the Audit Committee. The Head of Internal Audit assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and be seen as an internal driver for continuous improvement.

The Head of Internal Audit opinion on the overall adequacy and effectiveness of the UHB's framework of governance, risk management, and control is set out on the following page.



In my opinion the Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved."

The Head of Internal Audit has confirmed that in reaching their opinion both professional judgement and the Audit & Assurance “*Supporting criteria for the overall opinion*” guidance produced by the Director of Audit & Assurance for NHS Wales has been used.

In overall terms the Head of Internal Audit provided positive assurance to the Board that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively in the following assurance domains:

- Financial Governance and Management;
- Clinical governance quality and safety;
- Strategic planning, performance management and reporting;
- Information governance and security;
- Operational services and functional management;
- Workforce management; and
- Capital and estates management.

The Head of Internal Audit was unable to provide positive assurance to the Board that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively within the Corporate governance, risk Management and regulatory compliance domain. This is due to the outcome of the following audits that were given ratings of Limited assurance:

- Standards of Behaviour; and
- Legislative / Regulatory Compliance

There were also a number of individual audits where the significance of the matters identified resulted in those reports being given Limited assurance. These were as follows:

- Information Governance - GDPR;
- Cyber Security (draft);
- Mental Health CB – Sickness Management;
- Surgery CB - Medical Finance Governance; and
- Medicine CB – Internal Medicine Follow-up.

All Internal Audit reports were reported to the Audit Committee together with the agreed action plan; copies of these can be found at: [Audit Committee](#). The Audit Committee tracks all recommendations made by the Head of Internal Audit and ensures that they are addressed in a way that is appropriate and timely. I can confirm that the Director of Corporate Governance has implemented a Governance Improvement Programme which is having a positive impact. The full Head of Internal Audit Opinion can be accessed at [Audit Committee](#).

COUNTER FRAUD

In line with the NHS Protect Fraud, Bribery and Corruption Standards for NHS Bodies (Wales) the Local Counter Fraud Specialist (LCFS) and Director of Finance agreed, at the beginning of the financial year, a work plan for 2018-19. This was approved by the Audit Committee.

Their work plan for 2018-19 was completed and covered all the requirements under Welsh Government directions. The Counter Fraud Service provides regular reports and updates to

members of the Executive Team and directly to the Audit Committee.

The NHS Counter Fraud Authority (formerly NHS Protect) provides national leadership for all NHS anti-fraud, bribery and corruption work and is responsible for strategic and operational matters relating to it. A key part of this function is to quality assure the delivery of anti-fraud, bribery and corruption work with stakeholders to ensure that the highest standards are consistently applied.

EXTERNAL AUDIT: STRUCTURED ASSESSMENT FINDINGS

The Auditor General for Wales is the statutory external auditor for the NHS in Wales. The Wales Audit Office (WAO) undertakes the external auditor role for the UHB on behalf of the Auditor General.

As in previous years, the WAO's 2018 Structured Assessment work reviewed aspects of the UHB's corporate governance and financial management arrangements and, in particular, the progress made in addressing the previous year's recommendations.

The WAO reported the findings arising from the 2018 Structured Assessment to the Audit Committee in February 2019. Overall the WAO concluded that the Structured Assessment work had demonstrated that:

- *Some governance arrangements have improved but there are still 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.*

WAO made eleven recommendations and these can be found at [Structured Assessment 2018](#).

While pleased that the Wales Audit Office considers good progress to be made I am fully aware of the need to further strengthen and enhance the UHB's governance arrangements. I can confirm that actions to address each of the recommendations is in train. Further, attention will be given to the following weaknesses in the systems of internal control identified by WAO, which will be addressed over the next 12-months:

- The Scheme of Delegation was reviewed in February 2018 in response to WAO's 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 UHB's new BAF because up to date policies are usually a key BAF control.
- A robust tracking method for audit recommendations gives the Board assurance that recommendations are being addressed. Also, it allows audit committees to hold officers to account for limited progress or inaction. The UHB 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:

CONCLUSION

As Accountable Officer for Cardiff & Vale University Health Board, based on the assurance process outlined above, I have reviewed the relevant evidence and assurances in respect of internal control. I can confirm that the Board and its Executive Directors are alert to their accountabilities in respect of internal control and the Board has had in place during the year a system of providing assurance aligned to corporate objectives to assist with the and management of risk.

Under the NHS Wales Escalation and Intervention Framework, the UHB's status was at targeted intervention up until the end of 2018; this reflected challenges around the organisation's financial position and its inability to produce an approvable, financially balanced Integrated Medium-Term Plan (IMTP). The UHB 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 contributed to a mounting year-on-year cumulative deficit, which stood at £56 million at the end of March 2018. Throughout 2018-19 the UHB worked to a one-year operational plan – the Annual Operating Plan (AOP) - because Welsh Government did not approve its 2018-20 IMTP.

The Board has spent the last 12 months consolidating earlier changes to key personnel and Board membership and building upon these. During 2018-19, several new independent members (IMs) 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. On 26 March 2019, the UHB received confirmation from the Health and Social Care Minister, Vaughan Gething that our three year Integrated Medium Term Plan (IMTP) was approved by Welsh Government. The IMTP is a statutory document and marks a significant step forward. This is the first time in three years this has been approved by Welsh Government and alongside improving our position from targeted intervention to enhanced monitoring in February 2019, this is a double achievement.

During 2018-19, we proactively identified areas requiring improvement and requested that Internal Audit undertake detailed assessments in order to manage and mitigate associated risks. We have also taken clear steps to embed risk management and the assurance framework

throughout the organisation; this work will continue in 2019-20.

This Annual Governance Statement confirms that Cardiff & Vale University Health Board has continued to mature as an organisation and no significant internal control or governance issues have been identified. The Board and the Executive Team has had in place an increasingly effective system of internal control which provides regular assurance.

Signed by:

Date: 30 May 2019

Len Richards
Chief Executive Officer

Appendix 1

Attendance of Board Members at Meetings of the Board and its Committees

Name	Position	Area of Expertise Representation Role	Board Committee Membership 1 April 2018 - 31 March 2019	Number of Meetings Attended During Tenure	Champion Roles
Abigail Harris	Director of Planning		Board	7/7	
Akmal Hanuk	Independent Member	Community	Board	7/7	
			Quality, Safety and Experience Committee	5/5	
			Charitable Funds Committee	4/4	
			Health and Safety Committee	2/4	
Charles Janczewski	Independent Member and Vice Chair		Board	7/7	Mental Health and Primary Care
			Remuneration and Terms of Service Committee	3/3	Older People
			(Chair) Mental Health and Capacity Legislation Committee	3/3	Wellbeing of Future Generations
			(Chair) Strategy and Delivery	5/5	
			Health and Safety Committee	2/4	
			Finance Committee	12/12	
			Audit (from May 18)	4/4	
Dawn Ward	Independent Member		Board	6/7	
			Quality Safety and Experience Committee	4/5	
			Audit Committee	5/6	
			Strategy and Delivery Committee	5/5	
Eileen	Independent	Information	Board	7/7	Caldicott/Data

Brandreth	Member	Communication Technology	Mental Health and Capacity Legislation Committee	3/3	Protection (Independent Member Contact)
			Strategy and Delivery Committee	1/2	
Fiona Jenkins	Director of Therapies and Health Sciences		Board	7/7	
Fiona Kinghorn	Director of Public Health (from 1 Oct 2018)		Board	3/3	
Gary Baxter	Independent Member	University	Board	4/7	
			Quality Safety and Experience Committee	3/5	
			Strategy and Delivery Committee	2/5	
Graham Shortland	Medical Director		Board	5/7	
John Antoniazzi	Independent Member	Estates	Board	5/7	
			Chair Audit Committee (until November 2018)	3/6	
			Remuneration and Terms of Service Committee	3/3	
			Strategy and Delivery Committee	2/5	
			Finance Committee (Chair from Dec 2018)	6/12	
John Union	Independent Member	Finance	Board	7/7	
			Audit Committee (Chair from December 2018)	5/6	
			(Chair until Nov 2018.) Finance Committee	12/12	

			Charitable Funds Committee	3/4	
			Remuneration Committee	3/3	
Lance Carver	Associate Member	Director of Social Services	Board	0/6	
Len Richards	Chief Executive		Board	6/7	
Maria Battle	Chair		(Chair) Board	7/7	Armed Forces and Veterans
			(Chair) Remuneration and Terms of Service Committee	3/3	Children & Young People
			Strategy and Delivery Committee	3/5	Patient Safety (cleaning, hygiene & infection management) (from Feb 2018)
			Charitable Funds Committee	4/4	Public and Patient Involvement;
					Reputation Management & Culture;
Martin Driscoll	Director of Workforce and OD		Board	7/7	
Michael Imperato	Independent Member	Legal	Board	6/7	Health & Safety
			Quality Safety and Experience Committee	4/5	
			(Chair) Health and Safety Committee	4/4	
Paula Martyn	Associate Member (until 26/11/2018)	Stakeholder Reference Group (Chair) (until 26/11/2018)	Board	0/5	
			Stakeholder Reference Group	4/5	
Richard Thomas	Associate Member (from 27/11/2018)	Stakeholder Reference Group (Chair) (from 27/11/2018)	Board	0/3	
			Stakeholder Reference Group	5/6	
Robert	Director of		Board	5/7	

Chadwick	Finance				
Ruth Walker	Executive Nurse Director		Board	7/7	Delayed Transfers of Care
Sara Moseley	Independent Member	Third Sector	Board Mental Health and Capacity Legislation Committee Strategy and Delivery Committee	6/7 3/4 3/5	Mental Health and Primary Care Welsh
Sharon Hopkins	Director of Public Health (until 30 Sept 2018)		Board	3/3	Healthy Sustainable Wales
Steve Curry	Chief Operating Officer		Board	6/7	
Sue Bailey	Associate Member	Healthcare Professionals Forum (Chair)	Board Health Professionals Forum	0/6 2/2	
Susan Elsmore	Independent Member	Local Authority Elected	Board Quality, Safety and Experience Committee	5/7 3/5	Older People

THE REMUNERATION AND STAFF REPORT

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BACKGROUND

The Treasury's Government Financial Reporting Manual (FReM) requires that a Remuneration Report shall be prepared by NHS bodies providing information under the headings in SI 2008 No 410 [http://www.legislation.gov.uk/ukxi/2008/410/ contents/](http://www.legislation.gov.uk/ukxi/2008/410/contents/)

made to the extent that they are relevant. The Remuneration Report contains information about senior manager's remuneration. The definition of "Senior Managers" is:

"those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments."

This section of the Accountability Report meets these requirements. The following disclosures are subject to audit:

- Single total figure of remuneration for each director (pg. 60)
- CETV disclosures for each director (pg.63)
- Payments to past directors, if relevant
- Payments for loss of office, if relevant
- Fair pay disclosures (Included in Annual Accounts) note 9.6
- Exit packages, (Included in Annual Accounts) if relevant note 9.5, and
- Analysis of staff numbers (pg.64)

THE REMUNERATION TERMS OF SERVICE COMMITTEE

Remuneration and terms of service for Executive Directors and the Chief Executive are agreed, and kept under review by the Remuneration and Terms of Service Committee. The Committee also monitors and evaluates the annual performance of the Chief Executive and individual Directors (the latter with the advice of the Chief Executive).

The Remuneration and Terms of Services Committee is chaired by the UHB's Chair, and the membership includes the Vice Chair and the Chairs of the Audit Committee and Finance Committee.

INDEPENDENT MEMBERS' REMUNERATION

Remuneration for Independent Members is decided by the Welsh Government, which also determines their tenure of appointment.

SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS

Details of Directors' and Independent Members' remuneration for the 2018-19 financial year, together with comparators are given in *Table 1, 1a and 2 below*.

It should be noted that Executive Directors are not on any form of performance related pay. All contracts are permanent with a three month notice period. Conditions were set by Welsh Government as part of the NHS Reform Programme of 2009.

We wish to bring to your attention that the column for Bonus payments contains amounts paid to Dr Graham Shortland under the national Clinical Excellence and Distinction award scheme. Clinical Excellence and Distinction awards are awarded at a National level by the Advisory Committee on Clinical Excellence awards (ACCEA) which is an independent, advisory Non-

Departmental Public Body (NDPB) and succeeded the Advisory Committee on Distinction awards (ACDA). The awards are given to recognise and reward the exceptional contribution of NHS consultants, over and above that normally expected in a job, to the values and goals of the NHS and to patient care. All Clinical Excellence awards and Distinction awards are funded separately to the UHB by the Welsh Government.

Neither Dawn Ward or Susan Bailey are remunerated as Members of the Board, however they are employees of the Health Board and their salary costs are shown in the Other Remuneration column.

The Medical Director is a member of the UHBs Bike Salary Sacrifice scheme which is open to all UHB Employees. An element of an employee's salary is 'swapped' for the use of a new bicycle. In the Remuneration table for 2018-19 the amount of £578 swapped for the use of the bike has been included in the Salary column.

Table 1: Salaries of Senior Managers

Name and title	31-Mar-2019					
	Salary	Other	Bonus	Benefits in kind	Pension Benefits	Total
	(bands of £5,000)	Remuneration (bands of £5,000)	Payments (bands of £5,000)	(Rounded to the nearest £00)	(Rounded to the nearest £000)	(bands of £5,000)
	£000	£000	£000	£00	£000	£000
Cardiff and Vale University Local Health Board						
<u>Officer Members</u>						
Leonard Richards, Chief Executive (see footnote)	205-210	0	0	0	14	220-225
Dr Sharon Hopkins, Executive Director of Public Health (1)	65-70	0	0	0	0	65-70
Ruth Walker, Executive Director of Nursing	135-140	0	0	0	0	135-140
Steve Curry, Chief Operating Officer	135-140	0	0	0	69	205-210
Abigail Harris, Executive Director of Planning	125-130	0	0	0	24	150-155
Robert Chadwick, Executive Director of Finance (2)	155-160	0	0	0	0	155-160
Martin Driscoll, Executive Director of Workforce & Organisational Development	130-135	0	0	0	30	160-165
Dr Fiona Jenkins, Executive Director of Therapies & Health Science	105-110	0	0	0	5	110-115
Dr Graham Shortland, Executive Medical Director	165-170	0	45-50	0	0	215-220
Fiona Kinghorn, Interim Executive Director of Public Health (3)	55-60	0	0	0	4	60-65
<u>Other Directors</u>						
Peter Welsh, Director of Corporate Governance (4)	50-55	0	0	0	0	50-55
Nicola Foreman, Director of Corporate Governance (4)	70-75	0	0	0	47	115-120
Dr Sharon Hopkins, Director of Transformation & Informatics (1)	55-60	0	0	0	0	55-60
<u>Independent Members (IM)</u>						
Maria Battle, Chair	65-70	0	0	0	0	65-70
Charles Janczewski, Vice Chair	55-60	0	0	19	0	55-60
John Union - Finance	15-20	0	0	4	0	15-20
Eileen Brandreth, IM - Information Communication & Technology	15-20	0	0	0	0	15-20
Professor Gary Baxter, IM - University	0	0	0	0	0	0-5
Sara Moseley, IM - Third (Voluntary) Sector	15-20	0	0	0	0	15-20
Councillor Susan Elsmore, IM - Local Authority	15-20	0	0	0	0	15-20
Michael Imperato, IM - Legal	15-20	0	0	0	0	15-20
Akmal Hanuk, IM - Local Community	15-20	0	0	0	0	15-20
John Antoniazzi, IM - Estates	15-20	0	0	0	0	15-20
Dawn Ward, IM - Trade Union	0	40-45	0	0	0	40-45
<u>Associate Members</u>						
Paula Martyn, Chair, Stakeholder Reference Group (5)	0	0	0	0	0	0
Richard Thomas, Chair, Stakeholder Reference Group (5)	0	0	0	0	0	0
Susan Bailey, Chair, Health Professionals' Forum	0	80-85	0	0	0	80-85
Lance Carver, Associate Member - Local Authority	0	0	0	0	0	0

During the preparation of the 2018-19 Remuneration Report information provided by the NHS Pensions Agency confirmed that the information which they had provided for 2017-18 report for the Chief Executive had been incorrect. The UHB has therefore re-stated the Pension Benefit and Total Remuneration figures for 2017-18 for the Chief Executive. The CETV figure for 2017-18 disclosed in the Pensions Benefits table is the re-stated figure.

The pension benefit is not an amount which has been paid to an individual by the UHB during the year, it is a calculation which uses information from the pension benefit table. These figures can be influenced by many factors e.g. changes in a persons salary, whether or not they choose to make additional contributions to the pension scheme from their pay and other valuation factors affecting the pension scheme as a whole.

Table 1a: Salaries of Senior Managers as at 31 March 2018 – re-stated

Name and title	31-Mar-2018					
	Salary	Other	Bonus	Benefits in kind	Re-stated	Re-stated
	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £5,000) £000	(Rounded to the nearest £00) £00	Pension Benefits (Rounded to the nearest £000) £000	Total (bands of £5,000) £000
<u>Cardiff and Vale University Local Health Board</u>						
<u>Officer Members</u>						
Leonard Richards, Chief Executive (see footnote 1)	155-160	10-15	0	0	75	245-250
Dr Sharon Hopkins, Interim Chief Executive	40-45	0	0	0	0	40-45
Dr Sharon Hopkins, Executive Director of Public Health	100-105	0	0	0	0	100-105
Ruth Walker, Executive Director of Nursing & Interim Deputy Chief Executive	135-140	0	0	0	6	140-145
Steve Curry, Chief Operating Officer	125-130	0	0	0	131	260-265
Abigail Harris, Executive Director of Planning	125-130	0	0	0	30	155-160
Robert Chadwick, Executive Director of Finance	165-170	0	0	0	0	165-170
Martin Driscoll, Executive Director of Workforce & Organisational Development	60-65	0	0	0	15	75-80
Julie Cassley, Interim Executive Director of Workforce & Organisational Development	60-65	0	0	0	18	80-85
Dr Fiona Jenkins, Executive Director of Therapies & Health Science	105-110	0	0	0	58	160-165
Dr Graham Shortland, Executive Medical Director	160-165	0	45-50	0	0	210-215
Fiona Kinghorn, Interim Executive Director of Public Health	20-25	0	0	0	11	35-40
<u>Other Directors</u>						
Peter Welsh, Director of Corporate Governance	90-95	0	0	1	37	130-135
Alice Casey, Executive Programme Director	25-30	0	0	0	0	25-30
<u>Unscheduled Care</u>						
<u>Independent Members (IM)</u>						
Maria Battle, Chair	65-70	0	0	0	0	65-70
Charles Janczewski, Vice Chair	25-30	0	0	0	0	25-30
Marcus Longley, Vice Chair	25-30	0	0	0	0	25-30
Ivar Grey, IM - Finance	5-10	0	0	0	0	5-10
John Union - Finance	5-10	0	0	0	0	5-10
Eileen Brandreth, IM - Information Communication & Technology	15-20	0	0	0	0	15-20
Professor Elizabeth Treasure, IM - University	0	0	0	0	0	0-5
Professor Gary Baxter, IM - University	0	0	0	0	0	0-5
Margaret McLaughlin, IM - Third (Voluntary) Sector	5-10	0	0	0	0	5-10
Sara Moseley, IM - Third (Voluntary) Sector	5-10	0	0	0	0	5-10
Councillor Susan Elsmore, IM - Local Authority	15-20	0	0	0	0	15-20
Martyn Waygood, IM - Legal	5-10	0	0	0	0	5-10
Michael Imperato, IM - Legal	5-10	0	0	0	0	5-10
Akmal Hanuk, IM - Local Community	15-20	0	0	0	0	15-20
John Antoniazzi, IM - Estates	15-20	0	0	0	0	15-20
Stuart Egan, IM - Trade Union	0	25-30	0	0	0	25-30
Dawn Ward, IM - Trade Union	0	5-10	0	0	0	5-10
<u>Associate Members</u>						
Paula Martyn, Chair, Stakeholder Reference Group	0	0	0	0	0	0
Susan Bailey, Chair, Health Professionals' Forum	0	75-80	0	0	0	75-80
Tony Young, Associate Member - Local Authority	0	0	0	0	0	0
Phil Evans, Associate Member - Local Authority	0	0	0	0	0	0
Lance Carver, Associate Member - Local Authority	0	0	0	0	0	0

(1) During the preparation of the 2018-19 Remuneration Report information provided by the NHS Pensions Agency confirmed that the information which they had provided for 2017-18 report for the Chief Executive had been incorrect. The UHB has therefore re-stated the Pension Benefit and Total Remuneration figures for 2017-18 for the Chief Executive. The CETV figure for 2017-18 disclosed in the Pensions Benefits table is the re-stated figure.

The pension benefit is not an amount which has been paid to an individual by the LHB during the year, it is a calculation which uses information from the pension benefit table. These figures can be influenced by many factors e.g. changes in a persons salary, whether or not they choose to make additional contributions to the pension scheme from their pay and other valuation factors affecting the pension scheme as a whole.

Between the 1st of April and the 13th November 2017 Steve Curry was Interim Chief Operating Officer and was a full member of the Board with voting rights and therefore his remuneration for that period is shown within the heading of 'Officer Members'. He was then appointed Chief Operating Officer with effect from 14th November and therefore his remuneration has been shown on one line. For her role as Executive Programme Director Unscheduled Care Alice Casey did not have voting rights from 31st March 2017 and therefore her remuneration for this role is shown within the heading of 'Other Directors'.

CHANGES TO BOARD MEMBERSHIP IN 2018-19

During 2018-19 the following changes to Board membership occurred (see references in [Table 1](#)):

- (1) Sharon Hopkins ended as Executive Director of Public Health on the 30 September 2018. She then took on the role of Director of Transformation & Informatics. She is still also the Deputy Chief Executive.
- (2) Robert Chadwick retired on the 31 December 2018 and returned to employment initially for 16 hours per week from the 15 January 2019, increasing to full-time hours from the 2 February 2019 under the provisions of the 1995 NHS Pension Scheme. During the two week break in employment Christopher Lewis, the Deputy Director of Finance, was temporary Director of Finance. He did not receive any additional remuneration for the two-week period to 15 January.
- (3) Fiona Kinghorn was Interim Executive Director of Public Health from 1 October 2018 until she was appointed permanent Executive Director of Public Health from 1 April 2019.
- (4) Nicola Foreman started on 23 July 2018. Peter Welsh's last day as Director of Governance was 22 July, however a handover period followed until his contract ended on the 30 September 2018. On 1 October 2018 he took up the post of Senior Hospital Manager, University Hospital of Llandough; working 25 hours per week.
- (5) Paula Martyn ended 26th November 2018. Richard Thomas started 27th November 2018.

REMUNERATION RELATIONSHIP

The details of the Remuneration Relationship are reported at section 9.6 of the Financial Statements.

PENSION BENEFITS

Table 2: Pension Benefits

Name and title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31/03/19 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31/03/2019 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2019	Cash Equivalent Transfer Value at 31 March 2018	Real increase (decrease) in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	To nearest £100
Leonard Richards, Chief Executive (Note 1)	0-2.5	0-2.5	45-50	130-135	1,021	880	102	
Ruth Walker - Executive Director of Nursing & Interim Deputy Chief Executive	0-2.5	0-2.5	55-60	165-170	1,226	1,067	107	
Steve Curry - Chief Operating Officer	2.5-5	5-7.5	55-60	145-150	1,176	963	159	
Abigail Harris - Executive Director of Planning	0-2.5	(2.5) - 0	35-40	85-90	704	583	84	
Martin Driscoll - Executive Director of Workforce & Organisational Development	0-2.5	0-2.5	0-5	0	47	13	14	
Dr Fiona Jenkins, Executive Director of Therapies & Health Science	0-2.5	2.5-5	50-55	150-155	1,259	1,105	107	
Fiona Kinghorn - Interim Executive Director of Public Health	0-2.5	(2.5) - 0	35-40	90-95	756	647	37	
Nicola Foreman - Director of Governance	2.5-5	0	15-20	0	197	128	36	

Note 1 - During the preparation of the 2018-19 Remuneration Report information provided by the NHS Pensions Agency confirmed that the information which they had provided for 2017-18 had been incorrect. The CETV figure for 2017-18 disclosed above is the re-stated figure. The Chief Executive chose not to be covered by the NHS pension arrangements from 1st September 2018.

Note 2 - Sharon Hopkins, Graham Shortland and Robert Chadwick chose not to be covered by the NHS Pension arrangements for 2017/2018 and 2018/2019 and hence are not included in the table above.

The UHB is also contributing to the NEST (National Employment Savings Trust) Pension Scheme in respect of Peter Welsh. The UHB was unable to obtain pension benefit information from NEST in time for publication, however as the UHB has only paid Pension Contributions to this scheme of £398 during the period 1st April 18 to 30th September 2018 for Peter Welsh it does not expect the pension benefit would have been material.

As Non-Officer members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Officer members.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

STAFF REPORT

STAFF NUMBERS

The UHB workforce profile identifies that approximately 76% of the workforce is female. This is not representative of the local community where a little more than half the population is female. The numbers of female and male directors, managers and employees as at 31st March 2019 were as follows:

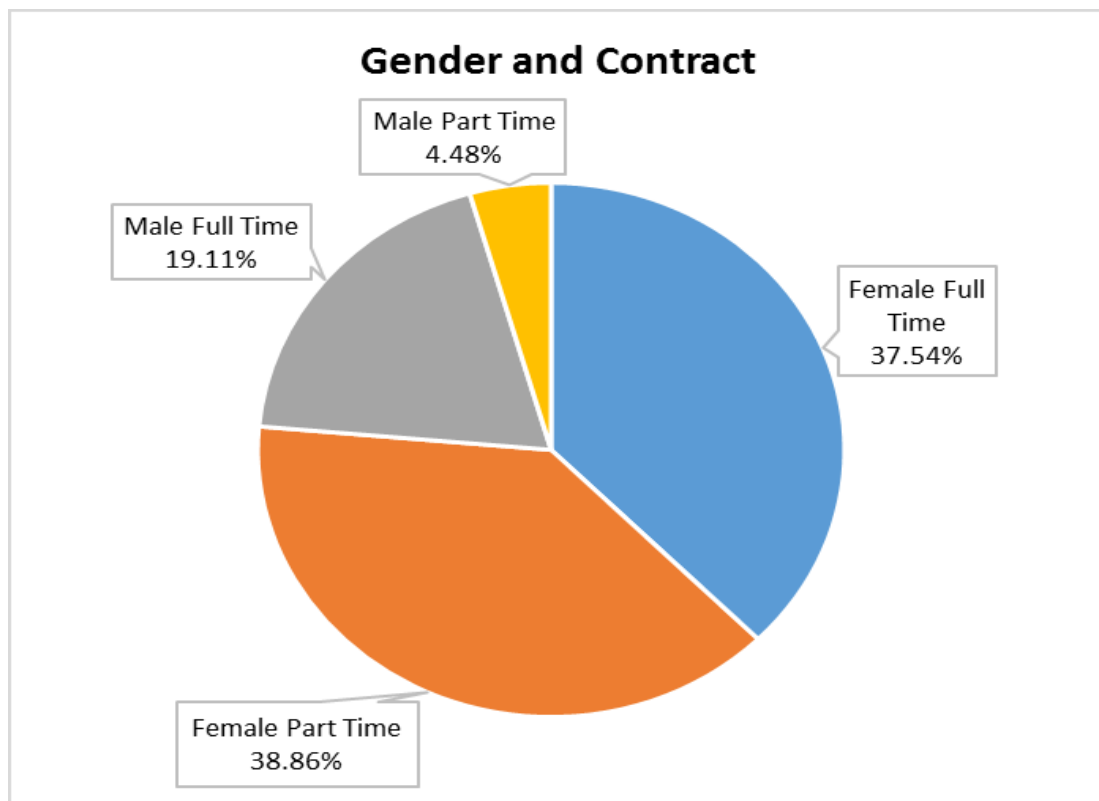
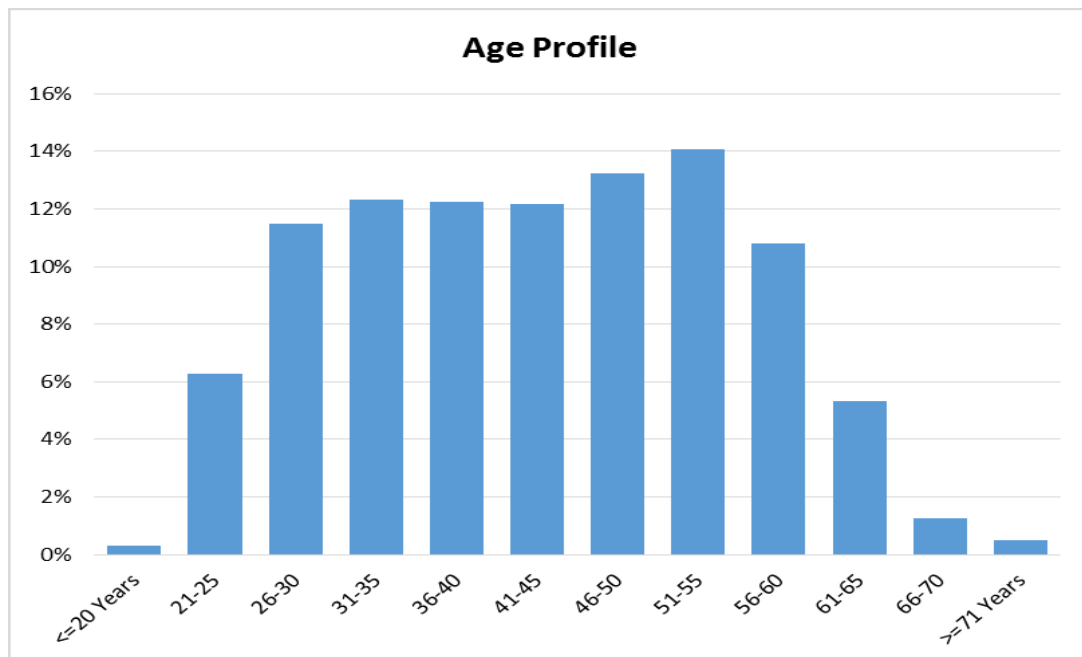
	Female	Male	Total
Director	13	14	27
Manager	135	74	209
Employee	11386	3474	14860
Total	11534	3562	15096

STAFF COMPOSITION

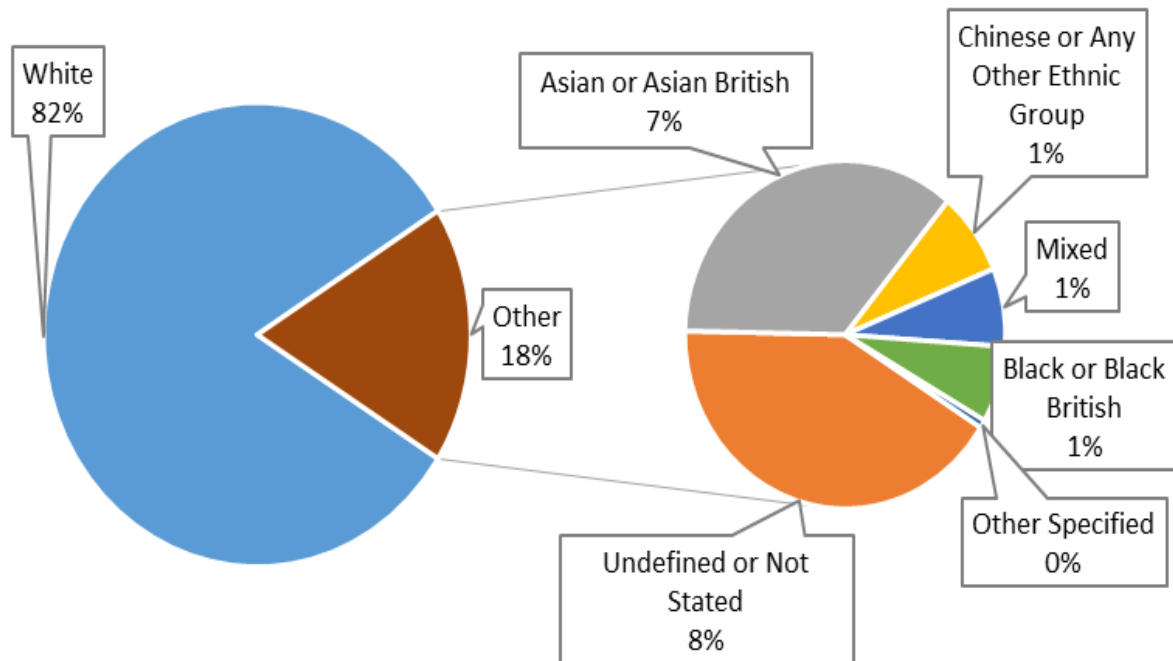
The charts below indicate the following challenges when determining optimal ways to deploy the current and future workforce and how to consider future supply against service priorities:

- The UHB has an aging workforce with the largest age categories being aged 46-50 years and 51-55 years (approximately 2000 staff in each of these categories). The impact of employees retiring from service critical areas is key in Clinical Boards undertaking local workforce planning.
- The largest grade categories are staff in Agenda for Change Bands 2, 5 and 6. The UHB has made a shift in the skill mix and overall shape of its “Xmas Tree” over recent years as in 2012 the highest percentage of workforce was in band 6. Continually reviewing skill mix and new ways of working is important in ensuring adequate future supply of skills in the right place and grade.
- The majority of the workforce is female (76%) with an even split in this group of full-time (38%) and part-time working (39%). Use of our employment policies, such as the Flexible Working Policy, is crucial to retaining talent and keeping staff engaged.
- The majority of the workforce is white (82%) with 11% in Black and Minority Ethnic categories and 7% not stated. The Single Equality Plan has a number of actions to continue review of our workforce in this regard to ensure it strives to reflect the local population where relevant e.g. in recruiting practices.
- The nursing and midwifery registered staff and unqualified nursing staff make up just over 42% of the total workforce. Given there is a recognised national shortage of registered nurses, the UHB has made nurse sustainability a high priority on its workforce agenda.
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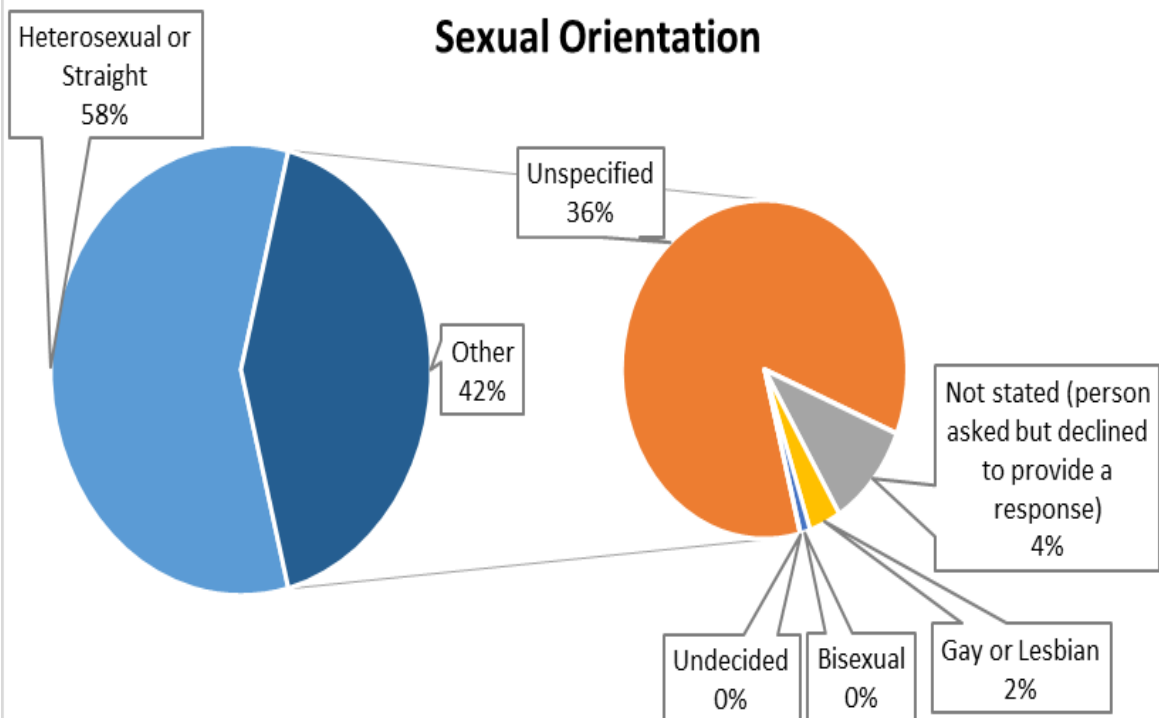
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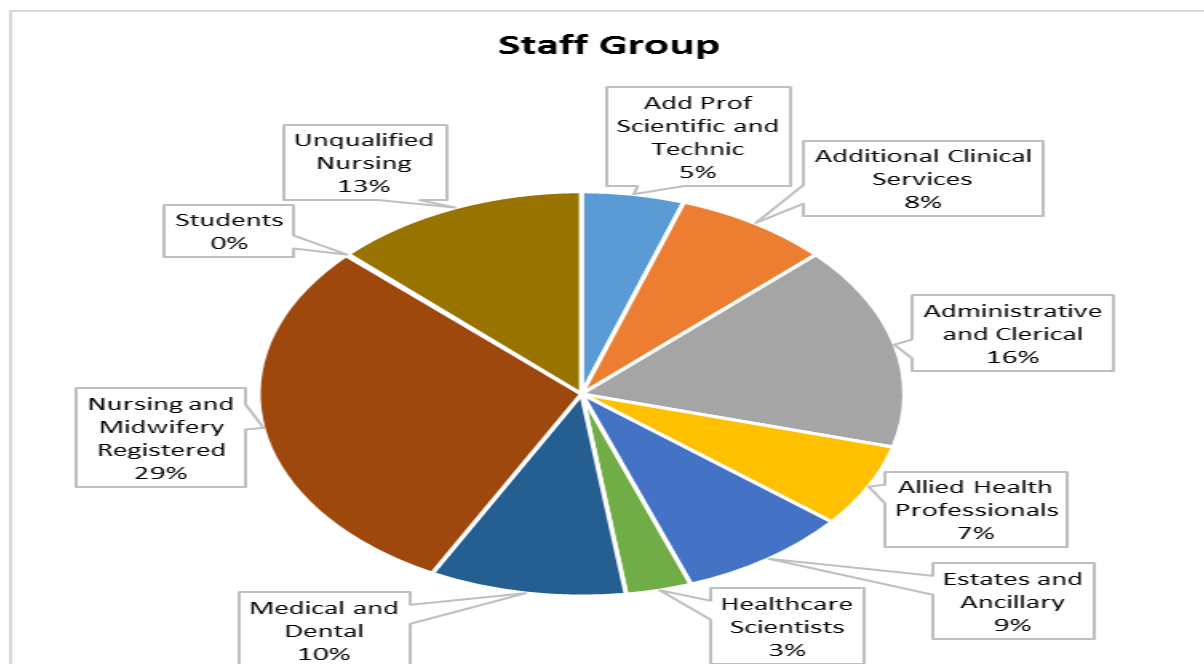
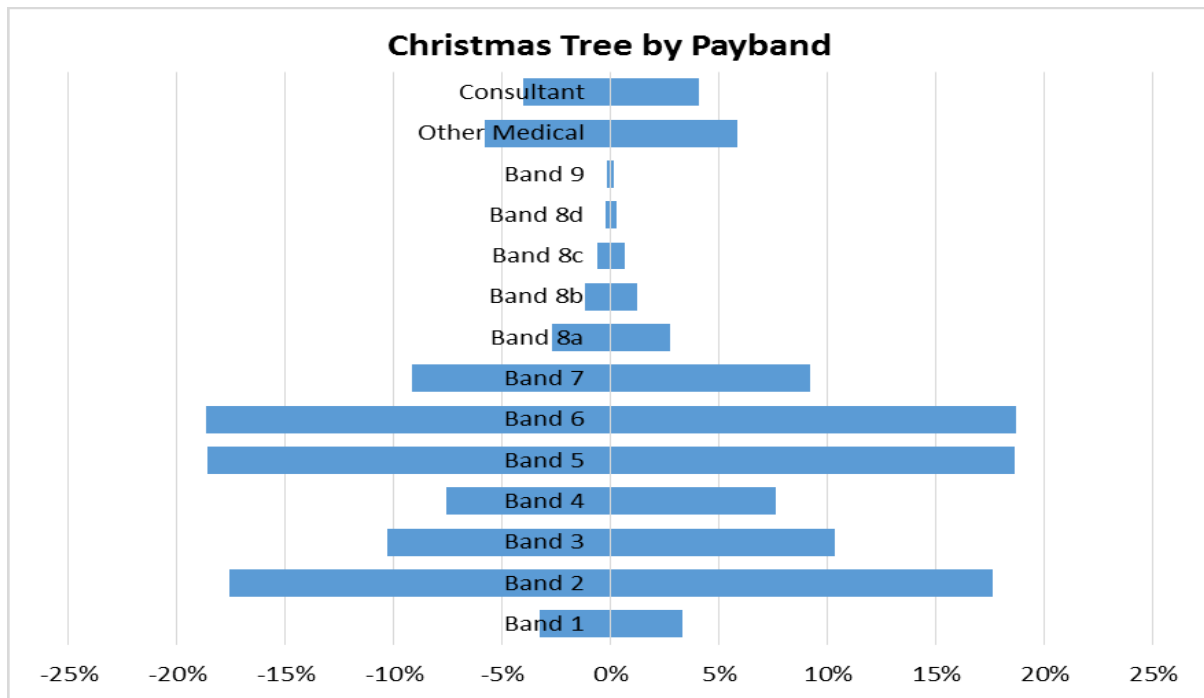


Ethnic Group

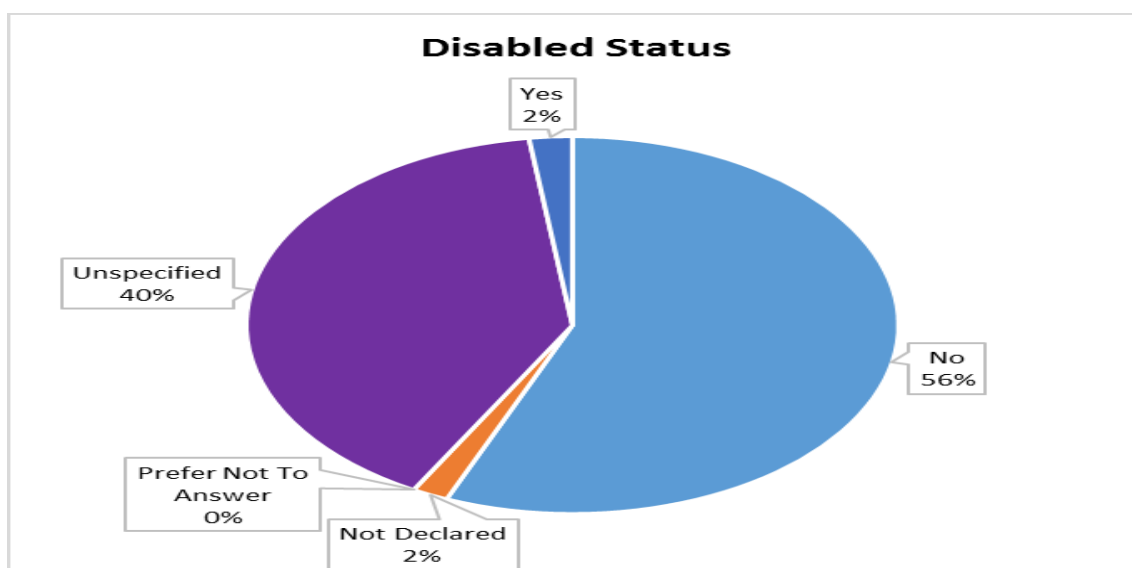


Sexual Orientation





Workforce profile information collected for the UHB in March 2019 shows that 2.13% of staff consider themselves to have a disability, but this information is not known for a significant number of staff (41.54%).



SICKNESS ABSENCE DATA

Staff well-being remains a priority for the UHB and is key to staff feeling engaged.

A multi-disciplinary group leads a strategic action plan for **improving staff health and wellbeing**. Dietetics, physiotherapy, health and safety, transport and travel, occupational health, employee well-being and the Public Health team have developed a collaborative plan, which has realised improvements across a range of areas. 2017/18 was a year of great success with the UHB achieving both the Gold and Platinum Corporate Health Standards and being recognised as an exemplar organization. In 2018/19 we have continued to use the learning from these standards to stretch our health and wellbeing activity even further, achieving further reductions in sickness absence through whole-system approaches.

The cumulative sickness rate for the 12-month period up to and including March 2019 is **5.11%** which is 0.51% above the 2018-19 year-end target of 4.60%.

73% of this sickness was attributed to long-term absence and 27% to short-term absence. The UHB top reasons recorded for absence during 2018-19 were Anxiety/Stress and Musculoskeletal.

The following table provides information on the number of days lost due to sickness during 2017-18 and 2018-19.

	2018-19	2017-18
	Number	Number
Days lost (long term)	175,070	162,020
Days lost (short term)	64,752	73,707
Total days lost	239,822	235,727
Total staff years	12,823	12,726
Average working days lost	11.65	11.56
Total staff employed in period	14,658	14,170
Total staff employed in period with no absence (headcount)	6,247	5,248
Percentage staff with no sick leave	41.36%	37.04%

This year Cardiff & Vale UHB recommitted to the **Time to Change Wales Pledge** and in line with World Mental Health Day launched its 'Cav a Coffee and Talk' Campaign. This campaign is designed to encourage individuals to speak about their mental health and to feel confident to ask for support when needed. The campaign also encourages staff talk to their colleagues, ask how they are, listen to what they say and keep in touch. The campaign aims to make them aware that they have the ability to help that person, as even the smallest of gestures (having a coffee together for instance) can make a huge difference. This campaign is designed to empower staff to take breaks from their busy working days where and when they're able to. We are proud of our CAV a Coffee Champions, who are approachable colleagues who staff can talk to if they feel they need someone to confide in. These Champions will listen and signpost staff to appropriate services if they need further support.



STAFF POLICIES

The UHB has an [Equality, Diversity and Human Rights Policy](#) which sets out the organisation's commitment to promoting equality, diversity and human rights in relation to employment, service delivery, goods and service suppliers, contractors and partner agencies. The UHB aims to ensure that no individual or group receives less favourable treatment either directly or indirectly.

The UHB is committed to ensuring that the recruitment and selection of staff is conducted in a systematic, comprehensive and fair manner, promoting equality of opportunity at all times. For example, the [Recruitment and Selection Policy](#) aims to provide a robust framework to ensure compliance and promote best practice within the necessary legislative framework (including the Equality Act 2010), whilst maximising flexibility to meet the varying needs of the UHB and ensuring that the best candidate for each position is appointed. The Recruitment and Selection Policy was reviewed in 2018.

The UHB is committed to equal opportunities in recruitment, and demonstrates this by displaying the Disability Confident symbol (which replaces the 'two ticks' scheme) in all adverts, as well as Supporting Age Positive, Mindful Employer and Stonewall Cymru symbols.



The UHB is committed to supporting its employees and keeping them well. Managers and employees need to work together to sustain attendance at work so that we can do what we are

here for - care for our patients! The [NHS Wales Managing Attendance at Work Policy](#) was developed in 2018 to assist managers in supporting staff when they are ill, manage their absence and help facilitate their timely return to work, but it is about more than that - it is also designed to help you know your staff and focus on their health and wellbeing to keep them well and in work.

The Managing Attendance at Work Policy includes a number of toolkits. One of these deals with reasonable/tailored adjustments – it reminds managers of our legal duty to make reasonable adjustments to ensure workers with **disabilities, or physical or mental health impairments**, are not disadvantaged when doing their jobs or during the recruitment process. The Policy states that not all illnesses are disabilities, however, if an employee is asking for support with a health and wellbeing condition, it is best to provide the support accordingly, assuming it is proportionate to do so. There are many benefits to this including supporting the employee back into work and helping them remain in work.

Our [Redeployment Policy](#) includes the following principles:

- We are committed to not discriminating on the grounds of the protected characteristics described in the Equality Act 2010.
- We recognise that we have a positive duty to make reasonable adjustments to ensure that employees with a disability remain in work whenever this is feasible.
- We want to provide security of employment and assist employees who are at risk of losing their job because of a change in circumstances.
- We recognise the skills and experience of our staff and want to retain them whenever possible.

By making reasonable adjustments for staff with disabilities we have been able to retain a number of valued employees in their substantive role. Typical changes include reviewing case loads, changes to equipment used, purchase of specialist equipment and modifying their workplaces. We have worked with organisations such as Dyslexia Cymru and Access to Work to support our disabled employees.

We also continue the partnership work with Elite, a Working Group organisation to help young people with Learning Disabilities into employment. From the work completed to date, the UHB along with Elite, has placed 3 individuals on our Apprenticeship programmes and we will continue to explore other roles within the organisation, including permanent employment, to recruit further candidates with learning disabilities into employment.

All employment and other related Human Resources (HR), Workforce and Organisational Development (WOD) policies, procedures and other control documents are required to have at least two authors, i.e. a management and staff representative and they are subject to robust consultation processes. This includes publication on the UHB intranet for a period of at least 28 days and consideration at the Employment Policies Sub Group of the Local Partnership Forum.

CONSULTANCY EXPENDITURE

As disclosed in note 3.3 of its annual accounts, the UHB spent £2.186m on consultancy services during 2018-19, compared to £1.144m in 2017-18. The majority of this expenditure going towards projects aimed at delivering better clinical outcomes and efficiencies.

Tax assurance for off-payroll appointees

For all off-payroll engagements as of 31 March 2019, for more than £245 per day and that last longer than six months.

	Employees engaged via other public sector bodies	Employed for tax and NI purposes only	Other Engagements	Total
No. of existing engagements as of 31 March 2019	42	7	0	49
Of which:				
No. that have existed for less than one year at time of reporting	1	5	0	6
No. that have existed for between one and two years at the time of reporting	2	1	0	3
No. that have existed for between two and three years at the time of reporting	2	0	0	2
No. that have existed for between three and four years at the time of reporting	1	1	0	2
No. that have existed for four or more years at the time of reporting	36	0	0	36

The "other engagements" shown above represent staff employed via recruitment agencies. While the UHB is not responsible for deducting tax and national insurance in respect of these engagements, we have written to the agencies concerned stating that we believe that our relationship with the staff is one of employment and so they should be paying these employees under deduction of tax and national insurance.

For all new off-payroll engagements, or those that reached six months in duration between 1 April 2018 and 31 March 2019, for more than £245 per day and the last for longer than six months

	Employees engaged via other public sector bodies	Employed for tax and NI purposes only	Other Engagements	Total
No. of new engagements or those that reached six months in duration between 1 st April 2018 & 31 March 2019	2	10	0	12
of which				
No. assessed as caught by IR35	0	10	0	10
No. assessed as not caught by IR 35	2	0	0	2
No. engaged directly (via PSC contracted to department payroll)	0	10	0	10
No. of engagements reassessed for consistency / assurance purposes during the year whom assurance has been requested but not received, and	0	0	0	0
No. of engagements that saw a change to IR35 status following the consistency review	0	0	0	0

While the UHB does not have the contractual right to request assurance that the appropriate tax and national insurance is being deducted in respect of staff supplied by public sector bodies, it has been agreed by the Welsh Government that this assurance can be obtained via written confirmation from the Director of Finance of the public body who is invoicing us for the staff concerned. This has been requested and received for all staff meeting the disclosure criteria in 2018/19.

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2018 and 31 March 2019

	Employees engaged via other public sector bodies	Employed for tax and NI purposes only	Other Engagements	Total
No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	2	0	0	2
No. of individuals that have been deemed "board members, and/or senior officials with significant financial responsibility", during the financial year.	0	0	0	0

Please note that the UHB considers that its Board members are the only officials who have significant financial responsibility within the Health Board.

One of the members disclosed above was Acting Director of Public Health during 2018/19 and was on secondment during this time from another Welsh NHS Body. Written assurance has been received from this body that they were appropriately deducting tax and national insurance on her salary during this time.

The other member was acting Director of Operations Primary Care Clinical Board during 2018/19 and was on secondment during this time from Welsh Government. Written assurance has been requested from Welsh Government to confirm that they were appropriately deducting tax and national insurance on the salary during this time.

THE NATIONAL ASEMBLY FOR WALES ACCOUNTABILITY REPORT

THE NATIONAL ASSEMBLY FOR WALES ACCOUNTABILITY REPORT

REGULARITY OF EXPENDITURE

As a result of pressures on public spending, the UHB has had to meet considerable new cost pressures and increase in demand for high quality patient services, within a period of restricted growth in funding. This has resulted in the need to deliver significant cost and efficiency savings to offset unfunded cost pressures to work towards achieving its financial duty, which is break even over a three year period. Unfortunately this has not been achieved and the expenditure of £65.968m which it has incurred in excess of its resource limit over that period is deemed to be irregular. The UHB has an approved IMTP covering the years 2019-20 to 2021-22 which plans to deliver a break even position in each of these financial years. Successful delivery of this plan will result in the UHB achieving its Statutory Financial Duty of a break even position at the end of this period.

FEES AND CHARGES

The UHB levies charges or fees on its patients in a number of areas. Where the UHB makes such charges or fees, it does so in accordance with relevant Welsh Health Circulars and charging guidance. Charges are generally made on a full cost basis. None of the items for which charges are made are by themselves material to the UHB, however details of some of the larger items (Dental Fees, Private and Overseas Patient income) are disclosed within Note 4 of the Annual Accounts.

MANAGING PUBLIC MONEY

This is the required Statement for Public Sector Information Holders as referenced at 1.2 (page 2) of the Directors' Report. In line with other Welsh NHS bodies, the UHB has developed Standing Financial Instructions which enforce the principles outlined in HM Treasury on Managing Public Money. As a result the UHB should have complied with the cost allocation and charging requirements of this guidance and the UHB has not been made aware of any instances where this has not been done.

MATERIAL REMOTE CONTINGENT LIABILITIES

As disclosed in note 21.2 of its annual accounts, the UHB is not aware of any remote contingent liabilities as at March 31st 2019.

The proposed certificate and independent auditor's report of the Auditor General for Wales to the National Assembly for Wales

The Certificate of the Auditor General for Wales to the National Assembly for Wales

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements of Cardiff and Vale University Local Health Board for the year ended 31 March 2019 under Section 61 of the Public Audit (Wales) Act 2004. These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Tax Payers Equity and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and HM Treasury's Financial Reporting Manual based on International Financial Reporting Standards (IFRSs).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of Cardiff and Vale University Local Health Board as at 31 March 2019 and of its net operating costs for the year then ended; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Basis for opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)). My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the Cardiff and Vale University Local Health Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Executive has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Cardiff and Vale University Local Health Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The Chief Executive is responsible for the other information in the annual report and accounts. The other information comprises the information included in the annual report other than the financial statements and my

auditor's report thereon. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

Basis for Qualified Opinion on Regularity

Cardiff and Vale University Local Health Board has breached its revenue resource limit by spending £65.968 million over the £2,693 million that it was authorised to spend in the three-year period 2016-17 to 2018-19. This spend constitutes irregular expenditure. Further detail is set out in my Report at page 79.

Qualified Opinion on Regularity

In my opinion, except for the irregular expenditure of £65.968 million explained in the paragraph above, in all material respects the expenditure and income have been applied to the purposes intended by the National Assembly for Wales and the financial transactions conform to the authorities which govern them.

Report on other requirements

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the information given in the Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and the Governance Statement has been prepared in accordance with Welsh Ministers' guidance; and
- the information given in the Foreword and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements and the Foreword and Accountability Report have been prepared in accordance with Welsh Ministers' guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the Cardiff and Vale University Local Health Board and its environment obtained in the course of the audit, I have not identified material misstatements in the Foreword and Accountability Report or the Governance Statement.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- proper accounting records have not been kept;
- the financial statements are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed; or
- I have not received all the information and explanations I require for my audit.

Please see my Report on page 79.

Responsibilities

Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities set out on pages 8 and 9, the Directors and the Chief Executive are responsible for the preparation of financial statements which give a true and fair view and for such internal control as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors and Chief Executive are responsible for assessing the Cardiff and Vale University Local Health Board's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Responsibilities for regularity

The Chief Executive is responsible for ensuring the regularity of financial transactions.

I am required to obtain sufficient evidence to give reasonable assurance that the expenditure and income have been applied to the purposes intended by the National Assembly for Wales and the financial transactions conform to the authorities which govern them.

Adrian Crompton
Auditor General for Wales
11 June 2019

24 Cathedral Road
Cardiff
CF11 9LJ

Report of the Auditor General to the National Assembly for Wales

Report of the Auditor General for Wales to the National Assembly for Wales

Introduction

Local Health Board (LHBs) are required to meet two statutory financial duties – known as the first and second financial duties.

For 2018-19 Cardiff and Vale University Local Health Board (the LHB) failed to meet both the first and the second financial duty and so I have decided to issue a narrative report to explain the position.

Failure of the first financial duty

The **first financial duty** gives additional flexibility to LHBs by allowing them to balance their income with their expenditure over a three-year rolling period. The third three-year period under this duty is 2016-17 to 2018-19, and so it is measured this year for the third time.

Note 2.1 to the Financial Statements shows that the LHB did not manage its revenue expenditure within its resource allocation over this three-year period, exceeding its cumulative revenue resource limit of £2,693 million by £65.968 million. The LHB therefore did not meet its first financial duty.

Where an LHB does not balance its books over a rolling three-year period, any expenditure over the resource allocation (i.e. spending limit) for those three years exceeds the LHB's authority to spend and is therefore 'irregular'. In such circumstances, I am required to qualify my 'regularity opinion' irrespective of the value of the excess spend.

Failure of the second financial duty

The **second financial duty** requires LHBs to prepare and have approved by the Welsh Ministers a rolling three-year integrated medium term plan. This duty is an essential foundation to the delivery of sustainable quality health services. An LHB will be deemed to have met this duty for 2018-19 if it submitted a 2018-19 to 2020-21 plan approved by its Board to the Welsh Ministers who then approved it by 30 June 2018.

As shown in Note 2.3 to the Financial Statements, the LHB did not meet its second financial duty to have an approved three-year integrated medium term plan in place for the period 2018-19 to 2020-21.

In September 2016 the Welsh Government placed the LHB in 'targeted intervention'. In the absence of an approved integrated medium-term plan, with the agreement of the Welsh Government the LHB has been operating under annual planning arrangements. In March 2018 the Board approved the LHB's Annual Operating Plan for 2018-19, which set out a planned annual deficit of £19.9 million. Subsequent to the Board's approval, in July 2018 the Welsh Government provided additional funding of £10 million which reduced the planned annual deficit to £9.9m. The LHB's actual deficit for 2018-19 was £9.872 million, as shown in Note 2.1 to the Financial Statements. In February 2019 the Welsh Government reduced the escalation status of the LHB from 'targeted intervention' to 'enhanced monitoring'. Further to this change, in April 2019 the Welsh Government approved the LHB's three-year integrated medium term plan for 2019-20 to 2021-22.

Adrian Crompton

Auditor General for Wales

11 June 2019

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19								
CARDIFF & VALE UNIVERSITY HEALTH BOARD								
FOREWORD								
These accounts have been prepared by the Local Health Board under schedule 9 section 178 Para 3(1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers have, with the approval of the Treasury, directed.								
Statutory background								
The Local Health Board was established on 1 October 2009.								
Performance Management and Financial Results								
Local Health Boards in Wales must comply fully with the Treasury's Financial Reporting Manual to the extent that it is applicable to them. As a result, the Primary Statement of in-year income and expenditure is the Statement of Comprehensive Net Expenditure, which shows the net operating cost incurred by the LHB which is funded by the Welsh Government. This funding is allocated on receipt directly to the General Fund in the Statement of Financial Position.								
Under the National Health Services Finance (Wales) Act 2014, the annual requirement to achieve balance against Resource Limits has been replaced with a duty to ensure, in a rolling 3 year period, that its aggregate expenditure does not exceed its aggregate approved limits.								
The Act came into effect from 1 April 2014 and under the Act the first assessment of the 3 year rolling financial duty took place at the end of 2016-17.								

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19						
Statement of Comprehensive Net Expenditure						
for the year ended 31 March 2019						
					2018-19	2017-18
				Note	£'000	£'000
Expenditure on Primary Healthcare Services			3.1		233,138	228,347
Expenditure on healthcare from other providers			3.2		301,919	264,950
Expenditure on Hospital and Community Health Services			3.3		862,403	820,035
					1,397,460	1,313,332
Less: Miscellaneous Income			4		(434,168)	(387,394)
LHB net operating costs before interest and other gains and losses					963,292	925,938
Investment Revenue			5		0	0
Other (Gains) / Losses			6		9	(7,840)
Finance costs			7		1,332	1,386
Net operating costs for the financial year					964,633	919,484
See note 2 on page 102 for details of performance against Revenue and Capital allocations.						
The notes on pages 87 to 151 form part of these accounts.						

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19						
Other Comprehensive Net Expenditure						
					2018-19	2017-18
					£'000	£'000
Net (gain) / loss on revaluation of property, plant and equipment					(4,172)	6,679
Net (gain) / (loss) on revaluation of intangibles					0	0
Net (gain) / loss on revaluation of available for sale financial assets					0	0
(Gain) / loss on other reserves					(7)	(499)
Impairment and reversals					0	0
Release of Reserves to Statement of Comprehensive Net Expenditure					0	0
Other comprehensive net expenditure for the year					(4,179)	6,180
Total comprehensive net expenditure for the year					960,454	925,664
The gain on other reserves reflects a correction in respect of balances transferred over from Abertawe Bro Morgannwg LHB in 2017/18.						
The notes on pages 87 to 151 form part of these accounts.						

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19			
Statement of Financial Position as at 31 March 2019			
		31 March	31 March
		2019	2018
	Notes	£'000	£'000
Non-current assets			
Property, plant and equipment	11	675,904	657,424
Intangible assets	12	2,902	2,245
Trade and other receivables	15	21,432	57,469
Other financial assets	16	0	0
Total non-current assets		700,238	717,138
Current assets			
Inventories	14	16,926	15,697
Trade and other receivables	15	176,987	166,189
Other financial assets	16	0	0
Cash and cash equivalents	17	1,219	1,856
		195,132	183,742
Non-current assets classified as "Held for Sale"	11	1,906	0
Total current assets		197,038	183,742
Total assets		897,276	900,880
Current liabilities			
Trade and other payables	18	(174,685)	(180,290)
Other financial liabilities	19	0	0
Provisions	20	(129,087)	(120,512)
Total current liabilities		(303,772)	(300,802)
Net current assets/ (liabilities)		(106,734)	(117,060)
Non-current liabilities			
Trade and other payables	18	(9,095)	(9,635)
Other financial liabilities	19	0	0
Provisions	20	(24,862)	(60,471)
Total non-current liabilities		(33,957)	(70,106)
Total assets employed		559,547	529,972
Financed by :			
Taxpayers' equity			
General Fund		443,904	417,207
Revaluation reserve		115,643	112,765
Total taxpayers' equity		559,547	529,972
The financial statements on pages 81 to 86 were approved by the Board on 30th May 2019 and signed on its behalf by:			
Signed on Behalf of the Chief Executive and Accountable Officer			
On Behalf of the Chief Executive and Accountable Officer		Date.....	
Leonard Richards		30th May 2019	
The notes on pages 87 to 151 form part of these accounts			

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19			
Statement of Changes in Taxpayers' Equity			
For the year ended 31 March 2019			
	General	Revaluation	Total
	Fund	Reserve	Reserves
	£000s	£000s	£000s
Changes in taxpayers' equity for 2018-19			
Balance as at 31 March 2018	417,207	112,765	529,972
Adjustment for Implementation of IFRS 9	(1,259)	0	(1,259)
Balance at 1 April 2018	415,948	112,765	528,713
Net operating cost for the year	(964,633)		(964,633)
Net gain/(loss) on revaluation of property, plant and equipment	0	4,172	4,172
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0
Impairments and reversals	0	0	0
Movements in other reserves	0	0	0
Transfers between reserves	1,294	(1,294)	0
Release of reserves to SoCNE	0	0	0
Transfers to/from (please specify)	7	0	7
Total recognised income and expense for 2018-19	(963,332)	2,878	(960,454)
Net Welsh Government funding	991,288		991,288
Balance at 31 March 2019	443,904	115,643	559,547
The £7k on the Transfers to/from line reflects a correction in respect of balances transferred over from Abertawe Bro Morgannwg LHB in 2017/18.			
The notes on pages 87 to 151 form part of these accounts.			

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19			
Statement of Changes in Taxpayers' Equity			
For the year ended 31 March 2018			
	General	Revaluation	Total
	Fund	Reserve	Reserves
	£000s	£000s	£000s
Changes in taxpayers' equity for 2017-18			
Balance at 31 March 2017	399,057	113,726	512,783
Net operating cost for the year	(919,484)		(919,484)
Net gain/(loss) on revaluation of property, plant and equipment	0	(6,679)	(6,679)
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0
Impairments and reversals	0	0	0
Movements in other reserves	0	0	0
Transfers between reserves	(5,595)	5,595	0
Release of reserves to SoCNE	0	0	0
Transfers to/from (please specify)	376	123	499
Total recognised income and expense for 2017-18	(924,703)	(961)	(925,664)
Net Welsh Government funding	942,853		942,853
Balance at 31 March 2018	417,207	112,765	529,972
The notes on pages 87 to 151 form part of these accounts.			
A part of the movement between reserves arises from the UHB's decision to hold its revaluation reserve at a building level for buildings and dwellings (instead of at a site level as had been our previous practice). In line with the recommendation of the NHS Wales Technical Accounting Group, the UHB has calculated the adjustment required on the basis that the change had been applied at the time of the NHS Wales Estate Valuation in April 2012. While the subsequent correction is significant, we do not believe it to be material enough to warrant a prior period adjustment. The adjustment concerned increased the UHB's Revaluation Reserve by £7.043m and reduced its General Fund by the same figure.			

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19			
Statement of Cash Flows for year ended 31 March 2019			
		2018-19	2017-18
		£'000	£'000
Cash Flows from operating activities	Notes		
Net operating cost for the financial year		(964,633)	(919,484)
Movements in Working Capital	27	22,537	(23,495)
Other cash flow adjustments	28	29,544	63,623
Provisions utilised	20	(25,133)	(24,828)
Net cash outflow from operating activities		(937,685)	(904,184)
Cash Flows from investing activities			
Purchase of property, plant and equipment		(52,538)	(45,906)
Proceeds from disposal of property, plant and equipment		131	9,929
Purchase of intangible assets		(1,532)	(1,499)
Proceeds from disposal of intangible assets		170	208
Payment for other financial assets		0	0
Proceeds from disposal of other financial assets		0	0
Payment for other assets		0	0
Proceeds from disposal of other assets		0	0
Net cash inflow/(outflow) from investing activities		(53,769)	(37,268)
Net cash inflow/(outflow) before financing		(991,454)	(941,452)
Cash Flows from financing activities			
Welsh Government funding (including capital)		991,288	942,853
Capital receipts surrendered		0	0
Capital grants received		0	0
Capital element of payments in respect of finance leases and on-SoFP		(471)	(426)
Cash transferred (to)/ from other NHS bodies		0	0
Net financing		990,817	942,427
Net increase/(decrease) in cash and cash equivalents		(637)	975
Cash and cash equivalents (and bank overdrafts) at 1 April 2018		1,856	881
Cash and cash equivalents (and bank overdrafts) at 31 March 2019		1,219	1,856
The notes on pages 87 to 151 form part of these accounts.			

Notes to the Accounts

1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of Local Health Boards (LHB) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2018-19 Manual for Accounts. The accounting policies contained in that manual follow the European Union version of the International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the LHB Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the LHB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the LHB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

1.2 Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.3 Income and funding

The main source of funding for the Local Health Boards (LHBs) are allocations (Welsh Government funding) from the Welsh Government within an approved cash limit, which is credited to the General Fund of the Local Health Board. Welsh Government funding is recognised in the financial period in which the cash is received.

Non discretionary funding outside the Revenue Resource Limit is allocated to match actual expenditure incurred for the provision of specific pharmaceutical, or ophthalmic services identified by the Welsh Government. Non discretionary expenditure is disclosed in the accounts and deducted from operating costs charged against the Revenue Resource Limit. Funding for the acquisition of fixed assets received from the Welsh Government is credited to the General Fund.

Miscellaneous income is income which relates directly to the operating activities of the LHB and is not funded directly by the Welsh Government. This includes payment for services uniquely provided by the LHB for the Welsh Government such as funding provided to agencies and non-activity costs incurred by the LHB in its provider role. Income received from LHBs transacting with other LHBs is always treated as miscellaneous income.

From 2018-19, IFRS 15 Revenue from Contracts with Customers is applied, as interpreted and adapted for the public sector, in the Financial Reporting Manual (FReM). It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. Upon transition the accounting policy to retrospectively restate in accordance with IAS 8 has been withdrawn. All entities applying the FReM shall recognise the difference between previous carrying amount and the carrying amount at the beginning of the annual reporting period that includes the date of initial application in the opening general fund within Taxpayers' equity.

A review consistent with the portfolio approach was undertaken by the NHS Technical Accounting Group members, which

- identified that the only material income that would potentially require adjustment under IFRS 15 was that for patient care provided under Long term Agreements (LTAs) for episodes of care which had started but not concluded as at the end of the financial period;
- demonstrated that the potential amendments to NHS Wales NHS Trust and Local Health Board Accounts as a result of the adoption of IFRS 15 are significantly below materiality levels.

Under the Conceptual IFRS Framework due consideration must be given to the users of the accounts and the cost restraint of compliance and reporting and production of financial reporting. Given the income for LTA activity is recognised in accordance with established NHS Terms and Conditions affecting multiple parties across NHS Wales it was considered reasonable to continue recognising in accordance with those established terms on the basis that this provides information that is relevant to the user and to do so does not result in a material misstatement of the figures reported. More information on the work done in establishing this conclusion is shown in note 34 of the accounts.

Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income had been received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred. Only non-NHS income may be deferred.

1.4 Employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme; The cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the LHB commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme, this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the LHBs accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs.

NEST Pension Scheme

The LHB has to offer an alternative pensions scheme for employees not eligible to join the NHS Pensions scheme. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

1.5 Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.6 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the LHB;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for the LHBs services or for administrative purposes are stated in the Statement of Financial Position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. NHS Wales bodies have applied these new valuation requirements from 1 April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

In 2017-18 a formal revaluation exercise was applied to land and properties. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Net Expenditure.

From 2015-16, the LHB must comply with IFRS 13 Fair Value Measurement in full. However IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential.

In accordance with the adaptation of IAS 16 in table 6.2 of the FReM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the entity or the asset which would prevent access to the market at the reporting date. If the LHB could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCNE. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being "replaced" can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This dictates that to ensure that asset carrying values are not materially overstated, NHS bodies are required to get all All Wales Capital Schemes that are completed in a financial year revalued during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs so identified are then charged to operating expenses.

1.7 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the LHBs business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the LHB; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to use the intangible asset
- how the intangible asset will generate probable future economic benefits
- the availability of adequate technical, financial and other resources to complete the intangible asset and use it
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.8 Depreciation, amortisation and impairments

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the LHB expects to obtain economic benefits or service potential from the asset. This is specific to the LHB and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the LHB checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCNE. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCNE. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings.

1.9 Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits there from can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCNE on a systematic basis over the period expected to benefit from the project.

1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the Statement of Comprehensive Net Expenditure. On disposal, the balance for the asset on the revaluation reserve, is transferred to the General Fund.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

1.11 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.11.1 The Local Health Board as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are charged directly to the Statement of Comprehensive Net Expenditure.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.11.2 The Local Health Board as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the LHB net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the LHB's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

1.12 Inventories

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

1.13 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

1.14 Provisions

Provisions are recognised when the LHB has a present legal or constructive obligation as a result of a past event, it is probable that the LHB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the LHB has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the LHB has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.14.1 Clinical negligence and personal injury costs

The Welsh Risk Pool (WRP) operates a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participative NHS Wales bodies. **The risk sharing option was not implemented in 2018-19.** The WRP is hosted by Velindre NHS Trust.

1.15 Financial Instruments

From 2018-19 IFRS 9 Financial Instruments is applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by NHS Wales bodies, will be to change the calculation basis for bad debt provisions, changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

All entities applying the FReM shall recognise the difference between previous carrying amount and the carrying amount at the beginning of the annual reporting period that includes the date of initial application in the opening general fund within Taxpayers' equity.

1.16 Financial assets

Financial assets are recognised on the Statement of Financial Position when the LHB becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease

receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses. All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets. NHS Wales Technical Accounting Group members reviewed the IFRS 9 requirements and determined a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix. More detail on the approach taken in the adoption of IFRS 9 is given under Note 34 of these Accounts.

1.16.1 Financial assets are initially recognised at fair value

Financial assets are classified into the following categories: financial assets 'at fair value through SoCNE'; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

1.16.2 Financial assets at fair value through SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCNE. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

1.16.3 Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

1.16.4 Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCNE on de-recognition.

1.16.5 Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the Statement of Financial Position date, the LHB assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of

Comprehensive Net Expenditure and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the Statement of Comprehensive Net Expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.17 Financial liabilities

Financial liabilities are recognised on the Statement of Financial Position when the LHB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.17.1 Financial liabilities are initially recognised at fair value

Financial liabilities are classified as either financial liabilities at fair value through the Statement of Comprehensive Net Expenditure or other financial liabilities.

1.17.2 Financial liabilities at fair value through the Statement of Comprehensive Net Expenditure

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

1.17.3 Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.18 Value Added Tax

Most of the activities of the LHB are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19 Foreign currencies

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the Statement of Comprehensive Net Expenditure. At the Statement of Financial Position date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

1.20 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the LHB has no beneficial interest in them. Details of third party assets are given in Note 29 to the accounts.

1.21 Losses and Special Payments

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCNE on an accruals basis, including losses which would have been made good through insurance cover had LHBs not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

The LHB accounts for all losses and special payments gross (including assistance from the WRP). The LHB accrues or provides for the best estimate of future payouts for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for, where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is below 50%, the liability is disclosed as a contingent liability.

1.22 Pooled budget

The LHB has entered into a pooled arrangement with Cardiff and The Vale of Glamorgan Local Authorities, as permissible under section 33 of the NHS (Wales) Act 2006 for the operation of a Joint Equipment Store (JES). The purpose of the JES is the provision and delivery of common equipment and consumables to patients which are resident in the localities of the partners to the pooled budget. The pooled budget arrangement became operational from 1st January 2012.

During 2018-19 the UHB received funding from the Welsh Government's Integrated Care Fund and its Transformation Fund. The planning and delivery of the programmes associated with this funding has the involvement of social services, housing and the third independent sector.

Also during 2018-19 the UHB received funding from Cardiff Council which had been allocated from Welsh Government Families First monies. The service provided from this funding is operationally managed by the Local Authority with the UHB offering professional support.

As required under Part 9 of the Social Services and Well-being (Wales) Act 2014, a pooled budget arrangement has been agreed between ourselves and the Cardiff and Vale Local Authorities. This came into effect from April 1st 2018.

Details of the operational and accounting arrangements in place around each of the above can be found in Note 32 of these accounts on page 146.

1.23 Critical Accounting Judgements and key sources of estimation uncertainty

In the application of the LHB's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

1.24 Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the Statement of Financial Position date, that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

(i) Provisions

The Health Board provides for legal or constructive obligations for clinical negligence, personal injury and defence costs that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation.

Claims are funded via the Welsh Risk Pool Services (WRPS) which receives an annual allocation from Welsh Government to cover the cost of reimbursement requests submitted to the bi-monthly WRPS Committee. Following settlement to individual claimants by the Health Board or Trust, the full cost is recognised in year and matched to income (less a £25K excess) via a WRPS debtor, until reimbursement has been received from the WRPS Committee.

Probable & Certain Cases – Accounting Treatment

A provision for these cases is calculated in accordance with IAS 37. Cases are assessed and divided into four categories according to their probability of settlement;

Remote	Probability of Settlement Accounting Treatment	0 – 5% Contingent Liability.
Possible	Probability of Settlement Accounting Treatment	6% - 49% Defence Fee - Provision Contingent Liability for all other estimated expenditure.
Probable	Probability of Settlement Accounting Treatment	50% - 94% Full Provision
Certain	Probability of Settlement Accounting Treatment	95% - 100% Full Provision

The provision for probable and certain cases is based on case estimates of individual reported claims received by Legal & Risk Services within NHS Wales Shared Services Partnership.

The solicitor will estimate the case value including defence fees, using professional judgement and from obtaining counsel advice. Valuations are then discounted for the future loss elements using individual life expectancies and the Government Actuary's Department actuarial tables (Ogden tables) and Personal Injury Discount Rate of -0.75%.

Future liabilities for certain & probable cases with a probability of 95%-100% and 50%- 94% respectively are held as a provision on the balance sheet. Cases typically take a number of years to settle, particularly for high value cases where a period of development is necessary to establish the full extent of the injury caused.

ii) The LHB provides for potential bad debts both as a result of specific disputes and based on historic collectability patterns. As a result of this, the LHB is carrying a bad debt provision of £8.137m re non NHS organisations and a credit note provision of £0.945m in respect of NHS debts. While this provision is considered prudent and accurate as at the statement of financial position date, due to the ongoing trading relationships it covers, potentially there could be gains and losses re the ultimate recoverability in respect of amounts provided for.

iii) In line with IAS 19 the LHB has reviewed the level of annual leave taken by its staff to March 31st 2019. Based on a sample the LHB has accrued £0.741m re untaken annual leave. This is based on a sample of the leave records of 57% of all LHB staff and reflects the LHB's policy of only allowing annual leave to be carried forward into 2019/20 under exceptional circumstances or when this has been necessary to help the LHB achieve service performance targets.

iv) The LHB has estimated a liability of £2.503m in respect of retrospective claims for continuing healthcare funding. The estimated provision is based upon an assessment of the likelihood of claims meeting criteria for continuing healthcare and the actual costs incurred by individuals in care homes. The provision is based on information made available to the LHB at the time of these accounts and could be subject to significant change as outcomes are determined. Accordingly the LHB is disclosing a contingent liability of £7.869m in respect of such cases within note 21.1 of these Accounts.

v) During 2009/10 the LHB counted inventory (excluding drugs which were already being counted) held on wards for the first time as part of its year end inventory figure. From a practical perspective it would be extremely difficult for the LHB to physically count all such areas immediately prior to March 31st, hence an extrapolation method was agreed. As a result, on a three yearly rolling basis the stock in 28 different wards has now been counted. This represents 654 beds out of a possible 1,911 across the LHB. In this way a figure of £0.697m has been calculated for ward stock and has been included within the inventory balance shown in note 14.1 of the accounts. As the number of wards counted increases a picture has emerged of a strata of wards which have a relatively low level of stockholding and one for those which have higher than average levels. This intelligence is now being built in to the calculation of the balance involved.

vi) As in other years due to the relatively short timescale available to prepare the annual accounts, the primary care expenditure disclosed contains a number of significant estimates where the value of actual liabilities was not available prior to the date of the accounts submission. The most material areas being:

- > GMS Enhanced Services £1.835m
- > GMS Quality and Outcomes Framework £1.887m
- > Prescribing £11.694m
- > Pharmacy £5.591m

1.25 Private Finance Initiative (PFI) transactions

HM Treasury has determined that government bodies shall account for infrastructure PFI schemes where the government body controls the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement as service concession arrangements, following the principles of the requirements of IFRIC 12. The LHB therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

- a) Payment for the fair value of services received;
- b) Payment for the PFI asset, including finance costs; and
- c) Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

Services received

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

PFI asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the LHBs approach for each relevant class of asset in accordance with the principles of IAS 16.

PFI liability

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Net Expenditure.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Net Expenditure.

Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the LHBs criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Assets contributed by the LHB to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the LHBs Statement of Financial Position.

Other assets contributed by the LHB to the operator

Assets contributed (e.g. cash payments, surplus property) by the LHB to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the LHB, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured at the present value of the minimum lease payments, discounted using the implicit interest rate. It is subsequently measured as a finance lease liability in accordance with IAS 17.

On initial recognition of the asset, the difference between the fair value of the asset and the initial liability is recognised as deferred income, representing the future service potential to be received by the LHB through the asset being made available to third party users.

1.26 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the LHB, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the LHB. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

1.27 Carbon Reduction Commitment Scheme

Carbon Reduction Commitment Scheme allowances are accounted for as government grant funded intangible assets if they are not realised within twelve months and otherwise as current assets. The asset should be measured initially at cost. Scheme assets in respect of allowances shall be valued at fair value where there is evidence of an active market.

1.28 Absorption accounting

Transfers of function are accounted for as either by merger or by absorption accounting dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

Where transfer of function is between LHBs the gain or loss resulting from the assets and liabilities transferring is recognised in the SoCNE and is disclosed separately from the operating costs.

1.29 Accounting standards that have been issued but not yet been adopted

The following accounting standards have been issued and or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM.

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19								
<p>IFRS14 Regulatory Deferral Accounts (The European Financial Reporting Advisory Group recommended in October 2015 that the Standard should not be endorsed as it is unlikely to be adopted by many EU countries.),</p> <p>IFRS 16 Leases, HMT have confirmed that IFRS 16 Leases, as interpreted and adapted by the FReM is to be effective from 1st April 2020.</p> <p>IFRS 17 Insurance Contracts,</p> <p>IFRIC 23 Uncertainty over Income Tax Treatment.</p>								
<p>1.30 Accounting standards issued that have been adopted early</p> <p>During 2018-19 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.</p>								
<p>1.31 Charities</p> <p>Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the LHB has established that as the LHB is the corporate trustee of the linked NHS Charity (Cardiff & Vale Health Charity), it is considered for accounting standards compliance to have control of Cardiff & Vale Health Charity as a subsidiary and therefore is required to consolidate the results of Cardiff & Vale Health Charity within the statutory accounts of the LHB. The determination of control is an accounting standards test of control and there has been no change to the operation of Cardiff & Vale Health Charity or its independence in its management of charitable funds.</p> <p>However, the LHB has with the agreement of the Welsh Government adopted the IAS 27 (10) exemption to consolidate. Welsh Government as the ultimate parent of the Local Health Boards will [consolidate/disclose] the Charitable Accounts of Local Health Boards in the Welsh Government Consolidated Accounts. Details of the transactions with the charity are included in the related parties' notes.</p>								

2. Financial Duties Performance

The National Health Service Finance (Wales) Act 2014 came into effect from 1 April 2014. The Act amended the financial duties of Local Health Boards under section 175 of the National Health Service (Wales) Act 2006. From 1 April 2014 section 175 of the National Health Service (Wales) Act places two financial duties on Local Health Boards:

- A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years
- A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, to secure compliance with the duty under section 175 (1) while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

The first assessment of performance against the 3 year statutory duty under section 175 (1) was at the end of 2016-17, being the first 3 year period of assessment.

Welsh Health Circular WHC/2016/054 "Statutory and Financial Duties of Local Health Boards and NHS Trusts" clarifies the statutory financial duties of NHS Wales bodies effective from 2016-17.

2.1 Revenue Resource Performance

	Annual financial performance			
	2016-17	2017-18	2018-19	Total
	£'000	£'000	£'000	£'000
Net operating costs for the year	936,816	919,484	964,633	2,820,933
Less general ophthalmic services expenditure and other non-cash limited expenditure	(21,567)	(19,396)	(18,186)	(59,149)
Less revenue consequences of bringing PFI schemes onto SoFP	(1,028)	(1,028)	(1,028)	(3,084)
Total operating expenses	914,221	899,060	945,419	2,758,700
Revenue Resource Allocation	884,978	872,207	935,547	2,692,732
Under /(over) spend against Allocation	(29,243)	(26,853)	(9,872)	(65,968)

Cardiff & Vale University LHB has not met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2016-17 to 2018-19.

The Health Board received £9.325m repayable cash only support in 2018-19. The accumulated cash only support provided to the Health Board by the Welsh Government is £54.849m as at 31 March 2019. The cash only support is provided to assist the Health Board with ensuring payments to staff and suppliers, there is no interest payable on cash only support. Repayment of this cash assistance will be in accordance with the Health Boards future Integrated Medium Term Plan submissions.

2.2 Capital Resource Performance

	2016-17	2017-18	2018-19	Total
	£'000	£'000	£'000	£'000
Gross capital expenditure	44,061	55,936	49,349	149,346
Add: Losses on disposal of donated assets	9	0	4	13
Less: NBV of property, plant and equipment and intangible assets disposed	(621)	(2,297)	(310)	(3,228)
Less: capital grants received	0	0	0	0
Less: donations received	(1,423)	(6,606)	(630)	(8,659)
Charge against Capital Resource Allocation	42,026	47,033	48,413	137,472
Capital Resource Allocation	42,104	47,121	48,487	137,712
(Over) / Underspend against Capital Resource Allocation	78	88	74	240

The LHB met its financial duty to break-even against its Capital Resource Limit over the 3 years 2016-17 to 2018-19.

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19									
3. Analysis of gross operating costs									
3.1 Expenditure on Primary Healthcare Services									
				Cash	Non-cash	2018-19		2017-18	
				limited	limited	Total			
				£'000	£'000	£'000		£'000	
General Medical Services				74,929		74,929		72,250	
Pharmaceutical Services				21,894	13,038	34,932		35,904	
General Dental Services				32,806		32,806		31,854	
General Ophthalmic Services				1,924	5,148	7,072		6,973	
Other Primary Health Care expenditure				11,327		11,327		7,160	
Prescribed drugs and appliances				72,072		72,072		74,206	
Total				214,952	18,186	233,138		228,347	
The Total expenditure above includes £12.923m in respect of staff costs (£13.208m 2017-18).									
3.2 Expenditure on healthcare from other providers							2018-19	2017-18	
							£'000	£'000	
Goods and services from other NHS Wales Health Boards						26,331		25,866	
Goods and services from other NHS Wales Trusts						28,606		25,366	
Goods and services from Health Education and Improvement Wales (HEIW)						0		0	
Goods and services from other non Welsh NHS bodies						2,244		1,433	
Goods and services from WHSSC / EASC						121,693		119,424	
Local Authorities						35,414		5,666	
Voluntary organisations						7,309		7,810	
NHS Funded Nursing Care						8,979		10,811	
Continuing Care						57,757		55,920	
Private providers						13,586		12,654	
Specific projects funded by the Welsh Government						0		0	
Other						0		0	
Total						301,919		264,950	

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19							
3.3 Expenditure on Hospital and Community Health Services							
					2018-19	2017-18	
					£'000	£'000	
Directors' costs					2,331	2,182	
Staff costs					597,790	575,399	
Supplies and services - clinical					177,070	165,455	
Supplies and services - general					8,561	6,108	
Consultancy Services					2,186	1,144	
Establishment					10,666	10,650	
Transport					865	642	
Premises					27,863	29,831	
External Contractors					0	0	
Depreciation					31,574	25,686	
Amortisation					717	658	
Fixed asset impairments and reversals (Property, plant & equipment)					(123)	(7,033)	
Fixed asset impairments and reversals (Intangible assets)					0	0	
Impairments & reversals of financial assets					0	0	
Impairments & reversals of non-current assets held for sale					0	(56)	
Audit fees					401	451	
Other auditors' remuneration					0	8	
Losses, special payments and irrecoverable debts					2,898	5,391	
Research and Development					0	0	
Other operating expenses					(396)	3,519	
Total					862,403	820,035	
3.4 Losses, special payments and irrecoverable debts: charges to operating expenses							
					2018-19	2017-18	
					£'000	£'000	
Increase/(decrease) in provision for future payments:							
Clinical negligence					22,390	51,613	
Personal injury					277	1,649	
All other losses and special payments					440	180	
Defence legal fees and other administrative costs					372	1,028	
Gross increase/(decrease) in provision for future payments					23,479	54,470	
Contribution to Welsh Risk Pool					0	0	
Premium for other insurance arrangements					0	0	
Irrecoverable debts					875	1,834	
Less: income received/due from Welsh Risk Pool					(21,456)	(50,913)	
Total					2,898	5,391	
Personal injury includes -£20k (2017-18 £972k) in respect of Permanent Injury Benefits.							
The Permanent Injury figure for 2018-19 is negative due to a reduction in the provision required as a result of a change in the discount rate applied to these cases.							
Clinical Redress expenditure during the year was £331k in respect of 46 cases (2017-18 £608k re 60 cases).							

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19								
4. Miscellaneous Income								
							2018-19	2017-18
							£'000	£'000
Local Health Boards							71,217	69,442
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)							221,552	204,324
NHS trusts							5,311	4,745
Health Education and Improvement Wales (HEIW)							9,953	0
Other NHS England bodies							4,848	5,540
Foundation Trusts							224	69
Local authorities							35,585	8,824
Welsh Government							4,739	2,668
Non NHS:								
Prescription charge income							83	95
Dental fee income							5,859	5,739
Private patient income							1,055	831
Overseas patients (non-reciprocal)							302	91
Injury Costs Recovery (ICR) Scheme							1,654	2,748
Other income from activities							1,965	2,051
Patient transport services							0	0
Education, training and research							38,520	46,752
Charitable and other contributions to expenditure							2,842	2,686
Receipt of donated assets							631	6,606
Receipt of Government granted assets							0	0
Non-patient care income generation schemes							2,227	1,880
NHS Wales Shared Services Partnership (NWSSP)							0	0
Deferred income released to revenue							224	243
Contingent rental income from finance leases							0	0
Rental income from operating leases							0	0
Other income:								
Provision of laundry, pathology, payroll services							7,415	6,238
Accommodation and catering charges							3,577	2,344
Mortuary fees							343	326
Staff payments for use of cars							0	0
Business Unit							0	0
Other							14,042	13,152
Total							434,168	387,394
Injury Costs Recovery (ICR) Scheme income is subject to a provision for impairment of 50.28% re personal injury claims and 18.42% re RTA claims to reflect expected rates of collection based on the UHB's past recoverability performance.								
Other Income includes:								
Non Staff SLAs with Cardiff University							3,338	4,209
Creche Fees							600	658
Compensation Payments received							1,218	43
Pharmacy sales							2,070	1,751
Equipment Evaluation Income							442	737
NHS Non Patient Care Income							2,114	2,029
Non Patient Related Staff Recharges							1,305	1,162
Total							11,087	10,589
HEIW is a new Welsh Health Body that began operations on October 1st 2018. The income that the UHB receives from HEIW would previously have come from Cardiff University or Velindre NHS Trust and would have been classed as Education, training and research.								
The increase in Local Authorities income relates to new arrangements put in place during the year with our Local Authority partners for the exercise of care home accommodation functions. More detail in respect of this is given in note 32 of these accounts.								

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19							
5. Investment Revenue							
						2018-19	2017-18
						£000	£000
Rental revenue :							
PFI Finance lease income							
planned						0	0
contingent						0	0
Other finance lease revenue						0	0
Interest revenue :							
Bank accounts						0	0
Other loans and receivables						0	0
Impaired financial assets						0	0
Other financial assets						0	0
Total						0	0
6. Other gains and losses							
						2018-19	2017-18
						£000	£000
Gain/(loss) on disposal of property, plant and equipment						(12)	244
Gain/(loss) on disposal of intangible assets						0	0
Gain/(loss) on disposal of assets held for sale						3	7,596
Gain/(loss) on disposal of financial assets						0	0
Change on foreign exchange						0	0
Change in fair value of financial assets at fair value through SoCNE						0	0
Change in fair value of financial liabilities at fair value through SoCNE						0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale						0	0
Total						(9)	7,840
7. Finance costs							
						2018-19	2017-18
						£000	£000
Interest on loans and overdrafts						0	0
Interest on obligations under finance leases						8	10
Interest on obligations under PFI contracts							
main finance cost						1,282	1,303
contingent finance cost						0	0
Interest on late payment of commercial debt						0	1
Other interest expense						0	0
Total interest expense						1,290	1,314
Provisions unwinding of discount						42	72
Other finance costs						0	0
Total						1,332	1,386

8. Operating leases**LHB as lessee**

As at 31st March 2019 the LHB had 22 operating leases agreements in place for the leases of premises, 0 arrangements in respect of equipment and 55 in respect of vehicles, with 1 premises, 1 equipment and 3 vehicle leases having expired in year. The periods in which the remaining 77 agreements expire are shown below:

Payments recognised as an expense	2018-19	2017-18
	£000	£000
Minimum lease payments	1,353	1,566
Contingent rents	0	0
Sub-lease payments	0	0
Total	1,353	1,566

Total future minimum lease payments

Payable	£000	£000
Not later than one year	1,129	1,388
Between one and five years	2,564	3,043
After 5 years	2,167	2,621
Total	5,860	7,052

Number of operating leases expiring	Land & Buildings	Vehicles	Equipment	Total
Not later than one year	3	29	0	32
Between one and five years	6	26	0	32
After 5 years	13	0	0	13
Total	22	55	0	77

Charged to the income statement (£000)	1,170	174	0	1,344
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There are no future sublease payments expected to be received.

LHB as lessor

Rental revenue	£000	£000
Rent	0	0
Contingent rents	0	0
Total revenue rental	0	0

Total future minimum lease payments

Receivable	£000	£000
Not later than one year	0	0
Between one and five years	0	0
After 5 years	0	0
Total	0	0

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19							
9. Employee benefits and staff numbers							
9.1 Employee costs		Permanent Staff	Staff on Inward Secondment	Agency Staff	Other Staff	Total 2018-19	2017-18
		£000	£000	£000	£000	£000	£000
Salaries and wages		483,438	2,159	11,343	9,132	506,072	490,298
Social security costs		48,394	0	0	0	48,394	44,141
Employer contributions to NHS Pension Scheme		59,065	0	0	0	59,065	56,817
Other pension costs		386	0	0	0	386	35
Other employment benefits		0	0	0	0	0	0
Termination benefits		315	0	0	0	315	154
Total		591,598	2,159	11,343	9,132	614,232	591,445
Charged to capital						1,294	913
Charged to revenue						612,938	590,532
						614,232	591,445
Net movement in accrued employee benefits (untaken staff leave accrual included above)						85	(253)
During the preparation of the 2018/19 accounts, it was identified that the figures shown above for "salaries and wages" and "social security costs" for the year ending 31/3/18 are misstated by a compensatory amount of £2.3 million. The misstatement would increase social security costs and decrease salaries and wages. The figures effected have not been restated as the error doesn't impact upon our financial performance in either 2017/18 or 2018/19.							
9.2 Average number of employees		Permanent Staff	Staff on Inward Secondment	Agency Staff	Other Staff	Total 2018-19	2017-18
		Number	Number	Number	Number	Number	Number
Administrative, clerical and board members		2,011	7	25	12	2,055	2,006
Medical and dental		1,328	15	2	46	1,391	1,355
Nursing, midwifery registered		3,758	1	134	1	3,894	3,876
Professional, Scientific, and technical staff		590	4	0	10	604	596
Additional Clinical Services		2,480	0	0	0	2,480	2,457
Allied Health Professions		820	4	6	25	855	828
Healthcare Scientists		461	0	2	1	464	471
Estates and Ancillary		1,083	0	1	0	1,084	1,095
Students		13	0	0	0	13	11
Total		12,544	31	170	95	12,840	12,695
9.3. Retirements due to ill-health							
During 2018-19 there were 11 early retirements from the LHB agreed on the grounds of ill-health (20 in 2017-18 - £1,142,043). The estimated additional pension costs of these ill-health retirements (calculated on an average basis and borne by the NHS Pension Scheme) will be £427,856.							
9.4 Employee benefits							
The LHB does not have an employee benefit scheme.							

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19					
9.5 Reporting of other compensation schemes - exit packages					
	2018-19	2018-19	2018-19	2018-19	2017-18
Exit packages cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures	Total number of exit packages	Number of departures where special payments have been made	Total number of exit packages
	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only
less than £10,000	0	0	0	0	1
£10,000 to £25,000	0	2	2	2	2
£25,000 to £50,000	0	4	4	4	1
£50,000 to £100,000	0	2	2	2	1
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	8	8	8	5
	2018-19	2018-19	2018-19	2018-19	2017-18
Exit packages cost band (including any special payment element)	Cost of compulsory redundancies	Cost of other departures	Total cost of exit packages	Cost of special element included in exit packages	Total cost of exit packages
	£'s	£'s	£'s	£'s	£'s
less than £10,000	0	0	0	0	528
£10,000 to £25,000	0	28,098	28,098	28,098	46,402
£25,000 to £50,000	0	134,061	134,061	134,061	35,578
£50,000 to £100,000	0	153,161	153,161	153,161	71,156
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	315,320	315,320	315,320	153,664
<p>Redundancy costs have been paid in accordance with the NHS Redundancy provisions, other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS). Where the LHB has agreed early retirements, the additional costs are met by the LHB and not by the NHS pension scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.</p> <p>All 8 special payments are severance payments, the highest payment was £90,998 the lowest payment was £12,269 and the median payment was for £29,020.</p>					

9.6 Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in the LHB in the financial year 2018-19 was £215,000 - £220,000 (2017-18, £210,000 - £215,000). This was 7.42 times (2017-18, 7.47) the median remuneration of the workforce, which was £29,302 (2017-18, £28,435). In both 2018-19 and 2019-20 the highest-paid director was the Medical Director.

	2018-19	2017-18
Band of Chief Executive Remuneration	205-210	200-205
Median Total Remuneration £	29,302	28,435
Ratio	7.08	7.12
Band of Highest-Paid Director's Remuneration	215-220	210-215
Median Total Remuneration £	29,302	28,435
Ratio	7.42	7.47

In 2018-19, 6 (2017-18, 3) employees received remuneration in excess of the highest-paid director. Remuneration for these staff ranged from £215,000 to £250,000 (2017-18 £215,000 to £235,000). All these employees are Medical Consultants and remuneration for the highest-paid staff includes payments for additional sessions worked, and varies from month to month.

Total remuneration includes salary and non-consolidated performance-related pay. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions. The guidance also suggests that this information should include benefits-in-kind, the LHB does not have the relevant information available to comply with this requirement. In addition, please note that overtime payments are included where applicable in the calculation of both elements of the relationship.

There has been an increase in year in the median remuneration of the workforce which was partly the result of an average 3% inflationary pay increase received by staff covered by the Agenda for Change agreement. In addition, Medical Staff and Executives received an inflationary pay award of 2% and there were also slight changes to the composition of the workforce which will have contributed to the change in ratio.

9.7 Pension costs**PENSION COSTS**

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

c) National Employment Savings Trust (NEST)

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 5% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 2% of this. The legal minimum level of contribution level is due to increase to 8% in April 2019.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,032 and £46,350 for the 2018-19 tax year (2017-18 £5,876 and £45,000).

Restrictions on the annual contribution limits were removed on 1st April 2017.

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19							
10. Public Sector Payment Policy - Measure of Compliance							
10.1 Prompt payment code - measure of compliance							
The Welsh Government requires that Health Boards pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the Health Board financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery.							
The figures for 2018-19 and 2017-18 exclude both the number and value of non-NHS bills paid to primary care services and contractor services.							
				2018-19	2018-19	2017-18	2017-18
NHS				Number	£000	Number	£000
Total bills paid				8,361	231,945	6,889	219,335
Total bills paid within target				5,991	217,636	5,056	208,588
Percentage of bills paid within target				71.7%	93.8%	73.4%	95.1%
Non-NHS							
Total bills paid				308,555	606,354	271,953	534,405
Total bills paid within target				293,203	580,435	250,865	505,636
Percentage of bills paid within target				95.0%	95.7%	92.2%	94.6%
Total							
Total bills paid				316,916	838,299	278,842	753,740
Total bills paid within target				299,194	798,071	255,921	714,224
Percentage of bills paid within target				94.4%	95.2%	91.8%	94.8%
The above performance was achieved after the UHB received £20.959m of non recurrent cash support from WG. £9.325m of this is repayable.							
10.2 The Late Payment of Commercial Debts (Interest) Act 1998							
						2018-19	2017-18
						£	£
Amounts included within finance costs (note 7) from claims made under this legislation						0	340
Compensation paid to cover debt recovery costs under this legislation						0	197
Total						0	537

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19									
11.1 Property, plant and equipment									
				Assets under construction & payments on account					
		Buildings, excluding dwellings			Plant and machinery	Transport equipment	Information technology	Furniture & fittings	
	Land	dwellings	Dwellings	account	machinery	equipment	technology	& fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2018	103,055	496,155	4,087	20,641	120,476	870	18,666	180	764,130
Indexation	2,041	1,113	41	0	0	0	0	0	3,195
Additions									
- purchased	425	6,199	0	29,772	8,914	0	1,877	0	47,187
- donated	0	191	0	200	206	0	22	0	619
- government granted	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	1,950	10,729	0	(12,679)	0	0	0	0	0
Revaluations	0	1,019	0	0	0	0	0	0	1,019
Reversal of impairments	20	3,848	0	0	0	0	0	0	3,868
Impairments	(29)	(5,196)	0	0	0	0	0	0	(5,225)
Reclassified as held for sale	(1,122)	(2,675)	0	0	0	0	0	0	(3,797)
Disposals	0	0	0	0	(8,317)	(15)	(1,931)	0	(10,263)
At 31 March 2019	106,340	511,383	4,128	37,934	121,279	855	18,634	180	800,733
Depreciation at 1 April 2018	0	14,358	103	0	77,714	824	13,527	180	106,706
Indexation	0	41	1	0	0	0	0	0	42
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	97	0	0	0	0	0	0	97
Impairments	0	(1,577)	0	0	0	0	0	0	(1,577)
Reclassified as held for sale	0	(1,773)	0	0	0	0	0	0	(1,773)
Disposals	0	0	0	0	(8,294)	(15)	(1,931)	0	(10,240)
Provided during the year	0	20,025	104	0	9,219	20	2,206	0	31,574
At 31 March 2019	0	31,171	208	0	78,639	829	13,802	180	124,829
Net book value at 1 April 2018	103,055	481,797	3,984	20,641	42,762	46	5,139	0	657,424
Net book value at 31 March 2019	106,340	480,212	3,920	37,934	42,640	26	4,832	0	675,904
Net book value at 31 March 2019 comprises :									
Purchased	106,340	464,037	3,920	37,734	39,521	26	4,748	0	656,326
Donated	0	16,175	0	200	3,119	0	84	0	19,578
Government Granted	0	0	0	0	0	0	0	0	0
At 31 March 2019	106,340	480,212	3,920	37,934	42,640	26	4,832	0	675,904
Asset financing :									
Owned	105,748	460,996	2,882	37,934	42,456	26	4,832	0	654,874
Held on finance lease	0	1,402	0	0	184	0	0	0	1,586
On-SoFP PFI contracts	592	17,814	1,038	0	0	0	0	0	19,444
PFI residual interests	0	0	0	0	0	0	0	0	0
At 31 March 2019	106,340	480,212	3,920	37,934	42,640	26	4,832	0	675,904
The net book value of land, buildings and dwellings at 31 March 2019 comprises :									
									£000
Freehold									569,626
Long Leasehold									20,846
Short Leasehold									0
									590,472

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2017. The valuation was prepared in accordance with the terms of the Royal Institute of Chartered Surveyors Valuation Standards, 6th Edition. LHBs are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arm's length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

Of the totals at 31st March 2019, £0 related to land valued at open market value and £0 related to buildings, installations and fittings valued at open market value.

Figures for freehold land and buildings are given gross with separate accumulated depreciation.

The LHB had to charge accelerated depreciation on the following: (1) Rookwood Hospital which has been earmarked for closure, £0.659m. (2) Two buildings at UHW which have been earmarked for closure: Brecknock House £1.846m and Denbigh House £0.748m. (3) Non specialised assets reclassified as Assets Held for Sale: Iorwerth Jones £1.158m and Lansdowne Hospital £0.479m.

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19									
11.1 Property, plant and equipment									
		Buildings, excluding dwellings		Assets under construction & payments on account	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	
	Land	dwellings	Dwellings	account	£000	£000	£000	£000	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2017	127,304	512,382	5,553	6,479	111,874	937	19,400	180	784,109
Indexation	0	0	0	0	0	0	0	0	0
Additions									
- purchased	0	10,802	0	21,706	13,507	0	1,816	0	47,831
- donated	0	5,945	0	0	591	0	59	0	6,595
- government granted	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	110	396	0	0	0	0	0	0	506
Reclassifications	0	7,674	(130)	(7,544)	0	0	0	0	0
Revaluations	(23,560)	0	(1,336)	0	0	0	0	0	(24,896)
Reversal of impairments	0	(17,072)	0	0	0	0	0	0	(17,072)
Impairments	(519)	(23,972)	0	0	0	0	0	0	(24,491)
Reclassified as held for sale	(280)	0	0	0	0	0	0	0	(280)
Disposals	0	0	0	0	(5,496)	(67)	(2,609)	0	(8,172)
At 31 March 2018	103,055	496,155	4,087	20,641	120,476	870	18,666	180	764,130
Depreciation at 1 April 2017	0	65,449	795	0	74,824	858	13,961	180	156,067
Indexation	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	6	(6)	0	0	0	0	0	0
Revaluations	0	(17,423)	(794)	0	0	0	0	0	(18,217)
Reversal of impairments	0	(34,704)	0	0	0	0	0	0	(34,704)
Impairments	0	(14,004)	0	0	0	0	0	0	(14,004)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(5,446)	(67)	(2,609)	0	(8,122)
Provided during the year	0	15,034	108	0	8,336	33	2,175	0	25,686
At 31 March 2018	0	14,358	103	0	77,714	824	13,527	180	106,706
Net book value at 1 April 2017	127,304	446,933	4,758	6,479	37,050	79	5,439	0	628,042
Net book value at 31 March 2018	103,055	481,797	3,984	20,641	42,762	46	5,139	0	657,424
Net book value at 31 March 2018 comprises :									
Purchased	103,055	465,566	3,984	20,641	38,744	46	5,021	0	637,057
Donated	0	16,231	0	0	4,018	0	118	0	20,367
Government Granted	0	0	0	0	0	0	0	0	0
At 31 March 2018	103,055	481,797	3,984	20,641	42,762	46	5,139	0	657,424
Asset financing :									
Owned	95,525	443,768	2,925	20,641	42,486	46	5,139	0	610,530
Held on finance lease	0	1,485	0	0	276	0	0	0	1,761
On-SoFP PFI contracts	7,530	36,544	1,059	0	0	0	0	0	45,133
PFI residual interests	0	0	0	0	0	0	0	0	0
At 31 March 2018	103,055	481,797	3,984	20,641	42,762	46	5,139	0	657,424
The net book value of land, buildings and dwellings at 31 March 2018 comprises :									
									£000
Freehold									542,218
Long Leasehold									21,330
Short Leasehold									25,288
									588,836

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2017. The valuation has been prepared in accordance with the terms of the Royal Institute of Chartered Surveyors Valuation Standards, 6th Edition. LHBs are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arm's length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

Of the totals at 31st March 2018, £0 related to land valued at open market value and £0 related to buildings, installations and fittings valued at open market value.

Figures for freehold land and buildings are given gross with separate accumulated depreciation.

The LHB had to charge accelerated depreciation on the following: Rookwood Hospital which has been earmarked for closure, £0.562m.

11. Property, plant and equipment (continued)**Additional disclosures re Property, Plant and Equipment****i) Donated additions 2018/2019**

Of the donated additions shown in Note 11.1, the Latch Charity funded £0.186m of building works. The Noah's Ark Charity also funded £0.095m of equipment for the Children's Hospital. The LHB's Charitable Fund contributed £0.133m towards the purchase of equipment during the year. Other donors funded building and assets under construction costs worth £0.205m.

ii) Professional valuations are carried out by the District Valuer Service (which as the commercial arm of the Valuation Office Agency, is part of HMRC). The valuations are carried out in accordance with the Royal Institute of Chartered Surveyors Appraisal and Valuation Manual insofar as these terms are consistent with the agreed requirements of the Assembly and HM Treasury. The last full Valuation of the LHB's estate was carried out on 1st April 2017.

However, the LHB will periodically instruct the District Valuer to Carry out "Good Housekeeping Valuations" when assets resulting from major capital schemes are first brought into use. During the year the LHB carried out 6 such revaluations the total effect of which were:

Impairments written off via the Statement of Comprehensive Net Expenditure (SoCNE) were (£3.290m), reversal of Impairments of £0.004m were credited to the SoCNE.

The significant schemes brought into use were:

CRI Safeguarding Works (£1.860m) was written off the carrying value via the SoCNE.

UHW Renal Facility Upgrading (£0.848m) was written off the carrying value via the SoCNE.

In addition four minor schemes were brought into use and (£0.578m) was written off the carrying value via the SoCNE, whilst a reversal of impairment of £0.004m was credited to the SoCNE.

iii) The useful economic life of LHB buildings has been determined on an asset by asset basis by the District Valuer. These lives are reviewed by the LHB on an annual basis to ascertain their appropriateness and are reviewed every five years by the District Valuer. Major new construction projects are allocated useful economic lives by the District Valuer when they are first brought into use, smaller alterations to existing structures are initially allocated a useful life of 30 years and alterations to mechanical and engineering assets are allocated 15 year lives. Equipment assets are allocated lives on an individual basis based on the professional judgement and past experience of clinicians, finance staff and other LHB professionals. Again the appropriateness of these lives is reviewed on an annual basis.

iv) During the year the LHB has received Non Cash Allocation from the Welsh Government for impairment to assets charged to the SoCNE and this Allocation is included in our Revenue Resource Limit.

v) During the year the Board approved the sale of four of its properties and a parcel of land, these were revalued accordingly by the District Valuer and an impairment of (£0.355m) has been charged to the SoCNE, see Note 11.2 for further detail. In addition, the Board purchased two parcels of land and two properties during the year. The parcels of land were valued by the District Valuer and an impairment of (£0.003m) has been charged to the SoCNE. One of the properties is undergoing refurbishment and part of the building is now available for use. Therefore it has been revalued by the District Valuer, and an upward revaluation of £1.019m has been set against the revaluation reserve. The final property was purchased at the end of the financial year and its value is currently shown in assets under construction as it requires alteration before it can be used by the LHB.

vi) As per Welsh Government guidance the LHB has applied an Indexation factor to its Land and Buildings for 2018/2019, for a handful of sites this has resulted in a reversal of a prior period Impairment charge and therefore £3.767m has been credited to the SoCNE.

vii) All fully depreciated assets still in use are being carried at nil net book value.

11. Property, plant and equipment**11.2 Non-current assets held for sale**

	Land	Buildings, including dwelling	Other property, plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
Balance brought forward 1 April 2018	0	0	0	0	0	0
Plus assets classified as held for sale in the year	1,122	902	0	0	0	2,024
Revaluation	0	0	0	0	0	0
Less assets sold in the year	(36)	(82)	0	0	0	(118)
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
Balance carried forward 31 March 2019	1,086	820	0	0	0	1,906
Balance brought forward 1 April 2017	1,815	0	0	0	0	1,815
Plus assets classified as held for sale in the year	280	0	0	0	0	280
Revaluation	0	0	0	0	0	0
Less assets sold in the year	(2,039)	0	0	0	0	(2,039)
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	(56)	0	0	0	0	(56)
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
Balance carried forward 31 March 2018	0	0	0	0	0	0
Assets sold in the period						
The LHB sold a property and a parcel of land in 2018/2019 - a profit of £0.003m was made on the sales.						
Assets classified as held for sale during the year						
As mentioned on page 117 during 2018/19, the LHB obtained the appropriate approvals to sell four of its properties and a parcel of land, the properties were classified as Held for Sale during the year.						
At the time the properties and parcel of land were classified as Held for Sale they were revalued appropriately and any adjustments for these has been included in Note 11.1.						

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19							
12. Intangible non-current assets							
	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Carbon Reduction Commitments	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2018	5,854	0	112	0	74	365	6,405
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	1,106	0	0	0	0	0	1,106
Additions- internally generated	0	0	0	0	426	0	426
Additions- donated	11	0	0	0	0	0	11
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	(37)	0	0	0	0	(169)	(206)
Gross cost at 31 March 2019	6,934	0	112	0	500	196	7,742
Amortisation at 1 April 2018	4,085	0	75	0	0	0	4,160
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	680	0	37	0	0	0	717
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	(37)	0	0	0	0	0	(37)
Amortisation at 31 March 2019	4,728	0	112	0	0	0	4,840
Net book value at 1 April 2018	1,769	0	37	0	74	365	2,245
Net book value at 31 March 2019	2,206	0	0	0	500	196	2,902
At 31 March 2019							
Purchased	2,118	0	0	0	0	196	2,314
Donated	88	0	0	0	0	0	88
Government Granted	0	0	0	0	0	0	0
Internally generated	0	0	0	0	500	0	500
Total at 31 March 2019	2,206	0	0	0	500	196	2,902

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19							
12. Intangible non-current assets							
	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Carbon Reduction Commitments	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2017	5,203	0	112	0	0	0	5,315
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	852	0	0	0	0	573	1,425
Additions- internally generated	0	0	0	0	74	0	74
Additions- donated	11	0	0	0	0	0	11
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	(212)	0	0	0	0	(208)	(420)
Gross cost at 31 March 2018	5,854	0	112	0	74	365	6,405
Amortisation at 1 April 2017	3,677	0	37	0	0	0	3,714
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	620	0	38	0	0	0	658
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	(212)	0	0	0	0	0	(212)
Amortisation at 31 March 2018	4,085	0	75	0	0	0	4,160
Net book value at 1 April 2017	1,526	0	75	0	0	0	1,601
Net book value at 31 March 2018	1,769	0	37	0	74	365	2,245
At 31 March 2018							
Purchased	1,643	0	37	0	0	365	2,045
Donated	126	0	0	0	0	0	126
Government Granted	0	0	0	0	0	0	0
Internally generated	0	0	0	0	74	0	74
Total at 31 March 2018	1,769	0	37	0	74	365	2,245

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19									
Additional disclosures re Intangible Assets									
i) On initial recognition Intangible non-current assets are measured at cost. Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent asset basis), indexed for relevant price increases, as a proxy for fair value.									
ii) The useful economic life of Intangible non-current assets are assigned on an individual basis based on the professional judgement and past experience of clinicians, finance staff and other LHB professionals. The appropriateness of these lives is reviewed on an annual basis.									
iii) All fully depreciated assets still in use are being carried at nil net book value.									
iv) The LHB's Charitable Fund contributed £0.011m to the purchase of intangible assets during the year.									

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19					
13 . Impairments					
	2018-19		2017-18		
	Property, plant & equipment	Intangible assets	Property, plant & equipment	Intangible assets	
	£000	£000	£000	£000	
Impairments arising from :					
Loss or damage from normal operations	0	0	0	0	
Abandonment in the course of construction	0	0	0	0	
Over specification of assets (Gold Plating)	0	0	0	0	
Loss as a result of a catastrophe	0	0	0	0	
Unforeseen obsolescence	0	0	0	0	
Changes in market price	0	0	30,637	0	
Others (specify)	3,648	0	7,069	0	
Reversal of impairments	(3,771)	0	(17,632)	0	
Total of all impairments	(123)	0	20,074	0	
Analysis of impairments charged to reserves in year :					
Charged to the Statement of Comprehensive Net Expenditure	(123)	0	(7,089)	0	
Charged to Revaluation Reserve	0	0	27,163	0	
	(123)	0	20,074	0	
<p>During 2017/18 the Welsh Government commissioned the District Valuer Service to provide a valuation of the entire Welsh NHS Estate, the LHB's estate was revalued as at 1st April 2017 and the effect was included in the Statement of Financial Position values as at 31st March 2018. There was no such full valuation of the NHS Estates in 2018/19 which is why the impairment figures for this year are correspondingly much smaller than in the year before.</p> <p>The LHB will periodically instruct the District Valuer to carry out "Good Housekeeping Valuations" when assets resulting from major capital schemes are first brought into use. During the year the LHB carried out 6 such revaluations the total effect of which were:</p> <p>Impairments written off via the Statement of Comprehensive Net Expenditure (SoCNE) were (£3.290m), reversal of Impairments of £0.004m were credited to the SoCNE.</p> <p>The significant schemes brought into use were:</p> <p>CRI Safeguarding Works (£1.860m) was written off the carrying value via the SoCNE.</p> <p>UHW Renal Facility Upgrading (£0.848m) was written off the carrying value via the SoCNE.</p> <p>In addition four minor schemes were brought into use and (£0.578m) was written off the carrying value via the SoCNE, whilst a reversal of impairment of £0.004m was credited to the SoCNE.</p> <p>During the year the LHB has received Non Cash Allocation from the Welsh Government for impairment to assets charged to the SoCNE and this allocation is included in our Revenue Resource Limit.</p> <p>During the year the Board approved the sale of four of its properties and a parcel of land, these were revalued accordingly by the District Valuer and an impairment of (£0.355m) has been charged to the SoCNE, see Note 11.2 for further detail. During the year the Board purchased two parcels of land and two properties. The parcels of land were valued by the District Valuer and an impairment of (£0.003m) has been charged to the SoCNE.</p> <p>As per Welsh Government guidance the LHB has applied an Indexation factor to its Land and Buildings for 2018/2019, for a handful of sites this has resulted in a reversal of a prior period Impairment charge and therefore £3.767m has been credited to the SoCNE.</p>					

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19						
14.1 Inventories						
					31 March	31 March
					2019	2018
					£000	£000
Drugs					4,809	4,541
Consumables					12,071	11,094
Energy					46	62
Work in progress					0	0
Other					0	0
Total					16,926	15,697
Of which held at realisable value					0	0
14.2 Inventories recognised in expenses					31 March	31 March
					2019	2018
					£000	£000
Inventories recognised as an expense in the period					2,795	1,898
Write-down of inventories (including losses)					62	61
Reversal of write-downs that reduced the expense					0	0
Total					2,857	1,959

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19					
15. Trade and other Receivables					
Current				31 March	31 March
				2019	2018
				£000	£000
Welsh Government				3,390	2,379
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)				5,964	5,009
Welsh Health Boards				3,463	4,085
Welsh NHS Trusts				1,796	2,403
Health Education and Improvement Wales (HEIW)				653	0
Non - Welsh Trusts				2,508	2,472
Other NHS				131	184
Welsh Risk Pool				133,521	131,876
Local Authorities				9,595	2,002
Capital debtors				0	0
Other debtors				18,524	17,324
Provision for irrecoverable debts				(8,172)	(5,427)
Pension Prepayments				0	0
Other prepayments				5,614	3,882
Other accrued income				0	0
Sub total				176,987	166,189
Non-current					
Welsh Government				0	0
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)				0	0
Welsh Health Boards				0	0
Welsh NHS Trusts				0	0
Health Education and Improvement Wales (HEIW)				0	0
Non - Welsh Trusts				0	0
Other NHS				0	0
Welsh Risk Pool				19,582	55,130
Local Authorities				0	0
Capital debtors				0	0
Other debtors				2,760	3,516
Provision for irrecoverable debts				(910)	(1,177)
Pension Prepayments				0	0
Other prepayments				0	0
Other accrued income				0	0
Sub total				21,432	57,469
Total				198,419	223,658
Receivables past their due date but not impaired					
By up to three months				12,474	5,278
By three to six months				1,092	1,175
By more than six months				4,447	4,498
				18,013	10,951
Reflective of the fact that IFRS 9 requires bodies to account for the expected credit loss on all outstanding invoices (not just the non-NHS ones) the UHB has in 2018-19 included its NHS Credit note provision within the figure for irrecoverable debts in note 15 and have also included outstanding NHS invoices within the above disclosure on receivables not impaired. Comparatives have not been restated.					
Expected Credit Losses (ECL) / Provision for impairment of receivables					
Balance at 31 March 2018				(7,012)	
Adjustment for Implementation of IFRS 9				(1,259)	
Balance at 1 April 2018				(8,271)	(5,244)
Transfer to other NHS Wales body				0	0
Amount written off during the year				63	67
Amount recovered during the year				0	0
(Increase) / decrease in receivables impaired				(874)	(1,835)
Bad debts recovered during year				0	0
Balance at 31 March				(9,082)	(7,012)
In determining whether a debt is impaired consideration is given to the age of the debt and the results of actions taken to recover the debt, including reference to credit agencies.					
Receivables VAT					
Trade receivables				0	0
Other				1,921	1,494
Total				1,921	1,494

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19							
16. Other Financial Assets							
				Current		Non-current	
				31 March	31 March	31 March	31 March
				2019	2018	2019	2018
				£000	£000	£000	£000
Financial assets							
Shares and equity type investments							
			Held to maturity investments at amortised costs	0	0	0	0
			At fair value through SoCNE	0	0	0	0
			Available for sale at FV	0	0	0	0
Deposits				0	0	0	0
Loans				0	0	0	0
Derivatives				0	0	0	0
Other (Specify)							
			Held to maturity investments at amortised costs	0	0	0	0
			At fair value through SoCNE	0	0	0	0
			Available for sale at FV	0	0	0	0
Total				0	0	0	0
17. Cash and cash equivalents							
						2018-19	2017-18
						£000	£000
Balance at 1 April						1,856	881
Net change in cash and cash equivalent balances						(637)	975
Balance at 31 March						1,219	1,856
Made up of:							
Cash held at GBS						998	1,704
Commercial banks						0	20
Cash in hand						221	132
Current Investments						0	0
Cash and cash equivalents as in Statement of Financial Position						1,219	1,856
Bank overdraft - GBS						0	0
Bank overdraft - Commercial banks						0	0
Cash and cash equivalents as in Statement of Cash Flows						1,219	1,856
In response to the IAS 7 requirement for additional disclosure, the changes in liabilities arising for financing activities are;							
Lease Liabilities £297k							
PFI liabilities £175k							
The movement relates to cash, no comparative information is required by IAS 7 in 2018-19.							

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19		
18. Trade and other payables		
Current	31 March 2019 £000	31 March 2018 £000
Welsh Government	64	36
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	1,121	4,030
Welsh Health Boards	5,549	5,670
Welsh NHS Trusts	2,982	3,205
Health Education and Improvement Wales (HEIW)	0	0
Other NHS	15,508	14,013
Taxation and social security payable / refunds	5,663	5,448
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
NI contributions payable to HMRC	7,010	6,794
Non-NHS creditors	24,983	26,941
Local Authorities	20,936	13,944
Capital Creditors	11,744	17,095
Overdraft	0	0
Rentals due under operating leases	0	0
Obligations under finance leases, HP contracts	299	296
Imputed finance lease element of on SoFP PFI contracts	225	175
Pensions: staff	0	0
Accruals	57,394	57,084
Deferred Income:		
Deferred Income brought forward	1,059	1,011
Deferred Income Additions	829	291
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	(224)	(243)
Other creditors	18,710	23,496
PFI assets –deferred credits	18	104
Payments on account	815	900
Total	174,685	180,290
Non-current		
Welsh Government	0	0
Welsh Health Specialised Services Committee (WHSSC) / Emergency Ambulance Services Committee (EASC)	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Health Education and Improvement Wales (HEIW)	0	0
Other NHS	0	0
Taxation and social security payable / refunds	0	0
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
NI contributions payable to HMRC	0	0
Non-NHS creditors	0	0
Local Authorities	0	0
Capital Creditors	0	0
Overdraft	0	0
Rentals due under operating leases	0	0
Obligations under finance leases, HP contracts	301	601
Imputed finance lease element of on SoFP PFI contracts	8,708	8,933
Pensions: staff	0	0
Accruals	0	0
Deferred Income :		
Deferred Income brought forward	0	0
Deferred Income Additions	0	0
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	0	0
Other creditors	0	0
PFI assets –deferred credits	86	101
Payments on account	0	0
Total	9,095	9,635
It is intended to pay all invoices within the 30 day period directed by the Welsh Government.		
Amounts falling due more than one year are expected to be settled as follows:	31-Mar-19 £000	31-Mar-18 £000
Between one and two years	602	542
Between two and five years	1,344	1,413
In five years or more	7,149	7,680
Sub-total	9,095	9,635

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19								
19. Other financial liabilities								
					Current		Non-current	
Financial liabilities					31 March	31 March	31 March	31 March
					2019	2018	2019	2018
					£000	£000	£000	£000
Financial Guarantees:								
	At amortised cost				0	0	0	0
	At fair value through SoCNE				0	0	0	0
Derivatives at fair value through SoCNE					0	0	0	0
Other:								
	At amortised cost				0	0	0	0
	At fair value through SoCNE				0	0	0	0
Total					0	0	0	0

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19									
20. Provisions									
	At 1 April 2018	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2019
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current									
Clinical negligence	106,881	(27,171)	(2,110)	46,939	29,331	(19,457)	(19,319)	0	115,094
Personal injury	814	0	0	215	437	(758)	(169)	41	580
All other losses and special payments	0	0	0	0	440	(440)	0	0	0
Defence legal fees and other administration	2,383	0	0	544	912	(1,098)	(885)		1,856
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	189			71	115	(190)	0	1	186
Restructuring	0			0	0	0	0	0	0
Other	10,245		(444)	221	6,231	(2,840)	(2,042)		11,371
Total	120,512	(27,171)	(2,554)	47,990	37,466	(24,783)	(22,415)	42	129,087
Non Current									
Clinical negligence	53,717	0	0	(46,939)	12,410	(262)	(32)	0	18,894
Personal injury	3,884	0	0	(215)	8	0	0	0	3,677
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	764	0	0	(544)	347	(88)	(2)		477
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	1,172			(71)	0	0	0	0	1,101
Restructuring	0			0	0	0	0	0	0
Other	934		0	(221)	0	0	0		713
Total	60,471	0	0	(47,990)	12,765	(350)	(34)	0	24,862
TOTAL									
Clinical negligence	160,598	(27,171)	(2,110)	0	41,741	(19,719)	(19,351)	0	133,988
Personal injury	4,698	0	0	0	445	(758)	(169)	41	4,257
All other losses and special payments	0	0	0	0	440	(440)	0	0	0
Defence legal fees and other administration	3,147	0	0	0	1,259	(1,186)	(887)		2,333
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	1,361			0	115	(190)	0	1	1,287
Restructuring	0			0	0	0	0	0	0
Other	11,179		(444)	0	6,231	(2,840)	(2,042)		12,084
Total	180,983	(27,171)	(2,554)	0	50,231	(25,133)	(22,449)	42	153,949
Expected timing of cash flows:									
					In year to 31 March 2020	Between 1 April 2020 31 March 2024	Thereafter		Total
									£000
Clinical negligence					115,094	18,894	0		133,988
Personal injury					580	891	2,786		4,257
All other losses and special payments					0	0	0		0
Defence legal fees and other administration					1,856	477	0		2,333
Pensions relating to former directors					0	0	0		0
Pensions relating to other staff					186	755	346		1,287
Restructuring					0	0	0		0
Other					11,371	250	463		12,084
Total					129,087	21,267	3,595		153,949
The Clinical Negligence provision includes £0.078m in respect of 13 potential claims under The Welsh Government "Putting Things Right" Redress Scheme. In addition 36 claims were settled during the year under this scheme to the value of £0.335m.									

Note 20. 2018/2019 (continued)

The expected timing of cashflows in respect of provisions arising from clinical negligence or personal injury claims (together with the associated defence costs) are based on legal opinion obtained by the LHB. The nature of litigation however means that these could be subject to change.

Amounts due in respect of pensions are profiled based on the regime which the NHS Pensions agency currently uses to recover payments in respect of such amounts. This could be subject to change in the future.

The LHB is able to recover amounts paid out in respect of clinical negligence or personal injury claims (subject to an excess per case of £25k) from the Welsh Risk Pool. An amount of £153.103m has been shown within note 15 (Trade and Other receivables) in respect of such expected reimbursements.

Other Provisions include:

Continuing Healthcare IRP & Ombudsman claims £2.503m
 Potential Payments to staff in respect of time off in lieu £0.350m
 Employment Tribunal Litigation Cases £1.050m
 Carbon Reduction Commitments £0.190m
 Holiday Pay on Voluntary Overtime £0.910m
 Other provisions considered commercially sensitive £7.081m

Continuing Healthcare Cost uncertainties

Liabilities for continuing healthcare costs continue to be a significant financial issue for the LHB. Following various annual deadlines for the submission of new claims, effected since 31st July 2014, which increased the number of claims registered each financial year, a rolling deadline now applies which allows new claims to go back one year from date of application.

Cardiff and Vale University Health Board is responsible for post 1st April 2003 costs and the financial statements include the following amounts relating to those uncertain continuing healthcare costs:

Note [20] sets out the £2.503m provision made for probable continuing care costs relating to 97 claims received;

Note [21.1] sets out the £7.869m contingent liability for possible continuing care costs relating to 97 claims received;

The UHB is providing £0.037m in respect of 2 Phase 2 claims received between 16th August 2010 and 30th April 2014.

The UHB is providing £1.500m in respect of 75 Phase 3 claims received between 1st May 2014 and 31st July 2014.

The UHB is providing £0.225m in respect of 6 Phase 5 claims received between 1st November 2015 and 31st October 2016.

The UHB is providing £0.741m in respect of 14 Phase 6 claims received between 1st November 2016 and 31st October 2017.

For Phase 7 (2018/19) claims received between 1st April 2018 and 31st March 2019, due to the low number of claims completed the LHB does not currently have sufficient information available regarding the likelihood of claim success to calculate a provision for this Phase.

20. Provisions (continued)

	At 1 April 2017	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2018
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current									
Clinical negligence	95,442	(535)	(3,427)	12,105	52,198	(20,971)	(25,458)	(2,473)	106,881
Personal injury	1,054	0	(127)	(10)	3,484	(1,137)	(2,512)	62	814
All other losses and special payments	0	0	0	0	180	(180)	0	0	0
Defence legal fees and other administration	2,492	0	0	229	2,468	(1,014)	(1,792)		2,383
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	200			134	28	(194)	0	21	189
Restructuring	0			0	0	0	0	0	0
Other	3,089		(126)	(391)	9,408	(889)	(846)		10,245
Total	102,277	(535)	(3,680)	12,067	67,766	(24,385)	(30,608)	(2,390)	120,512
Non Current									
Clinical negligence	38,848	0	0	(12,105)	48,434	(370)	(20,368)	(722)	53,717
Personal injury	3,184	0	0	10	690	0	0	0	3,884
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	734	0	0	(229)	384	(73)	(52)		764
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	1,306			(134)	0	0	0	0	1,172
Restructuring	0			0	0	0	0	0	0
Other	543		0	391	0	0	0		934
Total	44,615	0	0	(12,067)	49,508	(443)	(20,420)	(722)	60,471
TOTAL									
Clinical negligence	134,290	(535)	(3,427)	0	100,632	(21,341)	(45,826)	(3,195)	160,598
Personal injury	4,238	0	(127)	0	4,174	(1,137)	(2,512)	62	4,698
All other losses and special payments	0	0	0	0	180	(180)	0	0	0
Defence legal fees and other administration	3,226	0	0	0	2,852	(1,087)	(1,844)		3,147
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	1,506			0	28	(194)	0	21	1,361
Restructuring	0			0	0	0	0	0	0
Other	3,632		(126)	0	9,408	(889)	(846)		11,179
Total	146,892	(535)	(3,680)	0	117,274	(24,828)	(51,028)	(3,112)	180,983

The Clinical Negligence provision includes £0.226m in respect of 26 potential claims under The Welsh Government "Putting Things Right" Redress Scheme. In addition 37 claims were settled during the year under this scheme to the value of £0.383m.

During the course of the 2018/19 audit, it was identified that the figures shown above for "arising during the year" and "reversed unused" are misstated by a compensatory amount of £42.3million. The misstatement mainly affects the "clinical negligence" provision. The affected figures have not been restated as they do not impact upon the financial performance of the Health Board either in 2017/18 or 2018/19.

Note 20. 2017/2018 (continued)

The expected timing of cashflows in respect of provisions arising from clinical negligence or personal injury claims (together with the associated defence costs) are based on legal opinion obtained by the LHB. The nature of litigation however means that these could be subject to change.

Amounts due in respect of pensions are profiled based on the regime which the NHS Pensions agency currently uses to recover payments in respect of such amounts. This could be subject to change in the future.

The LHB is able to recover amounts paid out in respect of clinical negligence or personal injury claims (subject to an excess per case of £25k) from the Welsh Risk Pool. An amount of £187.006m has been shown within note 15 (Trade and Other receivables) in respect of such expected reimbursements.

On Monday 27th February 2017 the Lord Chancellor announced a change in the Personal Injury discount rate from +2.5% to minus 0.75%. The new rate came into effect on 20th March 2017. The discount rate adjusts personal injury compensation payouts to take into account how much an individual can expect if they invest a lump sum over their lifetime. Given the proximity of this announcement to the end of the financial year 2016-17, it was not been possible for Legal & Risk Services to assess the effect of this change on a case by case basis. Instead they developed a model in conjunction with Welsh Government which was used to estimate the effect of the discount rate change for all NHS Wales bodies in the 2016-17 Annual Accounts.

In respect of Cardiff & Vale we were advised to increase our Clinical Negligence provision by £16.820m and increase our Personal Injury provision by £0.058m and these amounts were consequently included in Note 20. During 2017/18 all cases outstanding have been worked through by Legal & Risk Services and the liability of each has been amended accordingly. As a result the general provision held in the 2016/17 accounts in respect of this issue has been reversed.

Other Provisions include:

Continuing Healthcare IRP & Ombudsman claims £3.227m
 Potential Payments to staff in respect of time off in lieu £0.380m
 Employment Tribunal Litigation Cases £0.940m
 Carbon Reduction Commitments £0.209m
 Other provisions considered commercially sensitive £6.342m

Continuing Healthcare Cost uncertainties

Liabilities for continuing healthcare costs continue to be a significant financial issue for the LHB. Various annual deadlines for the submission of new claims, effected since 31st July 2014, have increased the number of claims registered each financial year.

Cardiff and Vale University Health Board is responsible for post 1st April 2003 costs and the financial statements include the following amounts relating to those uncertain continuing healthcare costs:

Note [20] sets out the £3.227m provision made for probable continuing care costs relating to 204 claims received;

Note [21.1] sets out the £14.189 contingent liability for possible continuing care costs relating to 204 claims received;

The UHB is providing £0.401m in respect of 20 Phase 2 claims received between 16th August 2010 and 30th April 2014.
 The UHB is providing £2.607m in respect of 159 Phase 3 claims received between 1st May 2014 and 31st July 2014.
 The UHB is providing £0.177m in respect of 6 Phase 4 claims received between 1st August 2014 and 31st October 2015.
 The UHB is providing £0.041m in respect of 19 Phase 5 claims received between 1st November 2015 and 31st October 2016.

For Phase 6 claims received between 1st November 2016 and 31st October 2017, and Phase 7 claims received between 1st November 2017 and 31st March 2018, due to the low number of claims completed the UHB does not currently have sufficient information available regarding the likelihood of claim success to calculate a provision for these Phases.

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19									
21. Contingencies									
21.1 Contingent liabilities									
							2018-19	2017-18	
Provisions have not been made in these accounts for the following amounts :							£'000	£'000	
Legal claims for alleged medical or employer negligence							152,590	71,533	
Doubtful debts							0	0	
Equal Pay costs							0	0	
Defence costs							1,075	897	
Continuing Health Care costs							7,869	14,189	
Other							0	0	
Total value of disputed claims							161,534	86,619	
Amounts (recovered) in the event of claims being successful							(150,989)	(69,411)	
Net contingent liability							10,545	17,208	
<p>Other litigation claims could arise in the future due to known incidents. The expenditure which may arise from such claims cannot be determined and no provision has been made for them. Liability for Permanent Injury Benefit under the NHS Injury Benefit Scheme lies with the employer. Individual claims to the NHS Pensions Agency could arise due to known incidents. The amounts disclosed as contingent liabilities in relation to potential clinical negligence or personal injury claims against the LHB arise where legal opinion as to the possibility of the claims success has deemed this to be possible, rather than remote, and no provision has already been made for such items within note 20. The LHB is assuming that all such costs would be reimbursed by the Welsh Risk Pool (subject to a £25k excess per claim). The net contingent liability contains £1.759m re clinical negligence and £0.917m re personal injury.</p> <p>Continuing Healthcare Cost uncertainties</p> <p>Liabilities for continuing healthcare costs continue to be a significant financial issue for the LHB. Various annual deadlines for the submission of new claims, effected since 31st July 2014, have increased the number of claims registered each financial year.</p> <p>Cardiff and Vale University Health Board is responsible for post 1st April 2003 costs and the financial statements include the following amounts relating to those uncertain continuing healthcare costs:</p> <p>Note [20] sets out the £2.503m provision made for probable continuing care costs relating to 97 claims received;</p> <p>Note [21.1] sets out the £7.869m contingent liability for possible continuing care costs relating to 97 claims received;</p> <p>The UHB is providing £0.037m in respect of 2 Phase 2 claims received between 16th August 2010 and 30th April 2014. The UHB is providing £1.500m in respect of 75 Phase 3 claims received between 1st May 2014 and 31st July 2014. The UHB is providing £0.225m in respect of 6 Phase 5 claims received between 1st November 2015 and 31st October 2016. The UHB is providing £0.741m in respect of 14 Phase 6 claims received between 1st November 2016 and 31st October 2017.</p> <p>For Phase 7 (2018/19) claims received between 1st April 2018 and 31st March 2019, due to the low number of claims completed the LHB does not currently have sufficient information available regarding the likelihood of claim success to calculate a provision for this Phase.</p>									

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19									
21.2 Remote Contingent liabilities							2018-19	2017-18	
							£'000	£'000	
Please disclose the values of the following categories of remote contingent liabilities :									
Guarantees							0	0	
Indemnities							0	50	
Letters of Comfort							0	0	
Total							0	50	
The figure shown above under Indemnities for 2017-18 relates to Clinical Negligence claims against the LHB, where our legal advisors have informed us that the claimants chance of success is remote. There were no such cases in 2018-19.									
21.3 Contingent assets							2018-19	2017-18	
							£'000	£'000	
							0	0	
							0	0	
							0	0	
Total							0	0	
22. Capital commitments									
Contracted capital commitments at 31 March							2018-19	2017-18	
							£'000	£'000	
Property, plant and equipment							30,479	7,591	
Intangible assets							0	158	
Total							30,479	7,749	
The in year increase in commitments disclosed is largely due to the contract for the replacement of Rookwood Hospital which gained Welsh Government approval to proceed in 2018/19.									

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19						
23. Losses and special payments						
Losses and special payments are charged to the Statement of Comprehensive Net Expenditure in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore this note is prepared on a cash basis.						
Gross loss to the Exchequer						
Number of cases and associated amounts paid out or written-off during the financial year						
	Amounts paid out during period to 31 March 2019			Approved to write-off to 31 March 2019		
	Number	£		Number	£	
Clinical negligence	169	24,382,400		122	31,627,997	
Personal injury	72	757,663		43	613,124	
All other losses and special payments	767	1,023,662		767	1,023,662	
Total	1,008	26,163,725		932	33,264,783	
Analysis of cases which exceed £300,000 and all other cases						
			Amounts paid out in year	Cumulative amount	Approved to write-off in year	
Cases exceeding £300,000	Case type		£	£	£	
00RWMMN0008	Clinical Negligence		190,000	325,000		
09RWMMN0026	Clinical Negligence		100,000	1,370,000		
10RWMMN0013	Clinical Negligence		2,550,000	4,466,250		
12RWMMN0025	Clinical Negligence		1,473,000	2,485,000	2,485,000	
13RWMMN0023	Clinical Negligence		229,434	1,919,434	1,919,434	
13RWMMN0046	Clinical Negligence		(75,000)	1,705,787	1,705,787	
13RWMMN0047	Clinical Negligence		0	488,971		
14RWMMN0001	Clinical Negligence		1,080,000	1,130,000		
14RWMMN0009	Clinical Negligence		93,010	6,378,010	6,378,010	
14RWMMN0016	Clinical Negligence		1,480,000	1,550,000		
14RWMMN0019	Clinical Negligence		3,990,987	4,540,987		
14RWMMN0021	Clinical Negligence		3,645,000	3,890,000	3,890,000	
14RWMMN0072	Clinical Negligence		225,000	1,140,000	1,140,000	
14RWMMN0141	Clinical Negligence		165,000	1,490,000	1,490,000	
15RWMMN0118	Clinical Negligence		23,750	630,902	630,902	
15RWMMN0119	Clinical Negligence		0	1,176,994	1,176,994	
16RWMMN0014	Clinical Negligence		68,000	353,000	353,000	
16RWMMN0037	Clinical Negligence		298,861	358,861	358,861	
16RWMMN0050	Clinical Negligence		464,654	464,654		
16RWMMN0062	Clinical Negligence		45,000	375,000	375,000	
16RWMMN0072	Clinical Negligence		68,800	1,338,800	1,338,800	
16RWMMN0074	Clinical Negligence		120,000	545,000	545,000	
16RWMMN0084	Clinical Negligence		0	1,400,000		
16RWMMN0136	Clinical Negligence		120,000	810,000	810,000	
17RWMMN0019	Clinical Negligence		86,250	760,731	760,731	
17RWMMN0030	Clinical Negligence		612,500	612,500		
17RWMMN0060	Clinical Negligence		725,160	725,160	725,160	
17RWMMN0118	Clinical Negligence		270,000	540,000		
17RWMMN0183	Clinical Negligence		941,814	941,814	941,814	
Sub-total			18,991,220	43,912,855	27,024,493	
All other cases			7,172,505	14,793,284	6,240,290	
Total cases			26,163,725	58,706,139	33,264,783	

24. Finance leases**24.1 Finance leases obligations (as lessee)**

As at 31st March 2019 the LHB currently has one finance lease agreement in place for the lease of a building. This lease agreement is due to expire in 2020/21. The LHB also had one finance lease agreement in place for the lease of equipment which is due to expire in 2020/21. The present value of the minimum lease payments have been arrived at by applying the treasury discount rate (3.5%) as it has not been possible to determine the discount rate implicit in the lease agreement.

Amounts payable under finance leases:

Land	31 March 2019 £000	31 March 2018 £000
Minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Less finance charges allocated to future periods	0	0
Minimum lease payments	0	0
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	0	0
Present value of minimum lease payments		
Within one year	0	0
Between one and five years	0	0
After five years	0	0
Present value of minimum lease payments	0	0
Included in:		
Current borrowings	0	0
Non-current borrowings	0	0
	0	0

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19					
24.1 Finance leases obligations (as lessee) continue					
Amounts payable under finance leases:					
Buildings				31 March	31 March
				2019	2018
				£000	£000
Minimum lease payments					
Within one year				210	210
Between one and five years				210	420
After five years				0	0
Less finance charges allocated to future periods				(5)	(11)
Minimum lease payments				415	619
Included in:					
Current borrowings				207	205
Non-current borrowings				208	414
				415	619
Present value of minimum lease payments					
Within one year				200	198
Between one and five years				194	381
After five years				0	0
Present value of minimum lease payments				394	579
Included in:					
Current borrowings				0	0
Non-current borrowings				0	0
				0	0
Other				31 March	31 March
				2019	2018
				£000	£000
Minimum lease payments					
Within one year				94	94
Between one and five years				94	188
After five years				0	0
Less finance charges allocated to future periods				(2)	(5)
Minimum lease payments				186	277
Included in:					
Current borrowings				93	91
Non-current borrowings				93	186
				186	277
Present value of minimum lease payments					
Within one year				89	89
Between one and five years				87	171
After five years				0	0
Present value of minimum lease payments				176	260
Included in:					
Current borrowings				0	0
Non-current borrowings				0	0
				0	0

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19						
24.2 Finance leases obligations (as lessor) continued						
The Local Health Board has no finance leases receivable as a lessor.						
Amounts receivable under finance leases:						
					31 March	31 March
					2019	2018
					£000	£000
Gross Investment in leases						
Within one year					0	0
Between one and five years					0	0
After five years					0	0
Less finance charges allocated to future periods					0	0
Minimum lease payments					0	0
Included in:						
Current borrowings					0	0
Non-current borrowings					0	0
					0	0
Present value of minimum lease payments						
Within one year					0	0
Between one and five years					0	0
After five years					0	0
Present value of minimum lease payments					0	0
Included in:						
Current borrowings					0	0
Non-current borrowings					0	0
					0	0

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19					
25. Private Finance Initiative contracts					
25.1 PFI schemes off-Statement of Financial Position					
The LHB has no PFI schemes which are deemed to be off-statement of financial position.					

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19						
25.3 Charges to expenditure				2018-19	2017-18	
				£000	£000	
Service charges for On Statement of Financial Position PFI contracts (excl interest costs)				2,201	2,195	
Total expense for Off Statement of Financial Position PFI contracts				0	0	
The total charged in the year to expenditure in respect of PFI contracts				2,201	2,195	
The LHB is committed to the following annual charges						
				31 March 2019	31 March 2018	
PFI scheme expiry date:				£000	£000	
Not later than one year				2,207	2,293	
Later than one year, not later than five years				8,588	8,932	
Later than five years				14,805	16,978	
Total				25,600	28,203	
The estimated annual payments in future years will vary from those which the LHB is committed to make during the next year by the impact of movement in the Retail Prices Index.						
25.4 Number of PFI contracts						
				Number of on SoFP PFI contracts	Number of off SoFP PFI contracts	
Number of PFI contracts				1	0	
Number of PFI contracts which individually have a total commitment > £500m				0	0	
				On / Off-statement of financial position		
PFI Contract						
Number of PFI contracts which individually have a total commitment > £500m				0		
PFI Contract						
St. David's Hospital				On		
25.5 The LHB had 3 Public Private Partnerships during the year						
In addition to the St. David's PFI Scheme set out previously in Note 27.2, the LHB had three other Public Private Partnerships (PPP) Schemes during 2018/19 as set out below:						
<u>UHW Car Park</u>						
In 1996/7 the former UHW Trust granted a 20 year leasehold interest in land owned by the Trust with the exclusive rights for the Private Partner (Impregilo UK Ltd) to collect all car park income, (at rates set out in the contract), in exchange for the building of a multi storey car park and infrastructure works with a capital cost of £6.7m. Impregilo UK Ltd later sold their interests to Vinci Park Ltd (now trading as Indigo) in 2001.						
This contract ended on June 4th and the LHB received the residual interest in the multi storey car parks and the reversionary interest in the land for nil consideration. As the scheme has been assessed as being "on-statement of financial position" under IFRIC 12, these assets were already included in the LHB's statement of financial position (note 11). At the date the contract ended their carrying values were £14.348m for the buildings and £6.273m for the land.						

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19					
25.5 The LHB had 3 Public Private Partnerships during the year (Continued)					
<u>Concourse</u>					
In 1998/99 the former UHW Trust granted a 20 year leasehold interest in land owned by the Trust, together with the rights for a Private Partner (Gentian Ltd) to collect rent from shop outlets, in exchange for the building of a Concourse entrance to the hospital, with a capital cost of £1.982m.					
This contract ended on June 4th and the LHB received the residual interest in the concourse and the reversionary interest in the land for nil consideration. As the scheme has been assessed as being "on-statement of financial position" under IFRIC 12, these assets were already included in the LHB's statement of financial position (note 11). At the date the contract ended their carrying values were £4.110m for the buildings and £0.816m for the land.					
On initial recognition of the asset a deferred income creditor balance was recognised in the LHB's accounts at a value of £1.730m. In line with Department of Health Guidance this creditor is being released to the SoCNE annually over the 20 year life of the contract. The amount that has been credited to operating expenses in 2018/19 was £0.083m.					
<u>Llandough Hospital Staff Accommodation</u>					
On 28th October 1999, the former University Hospital and Llandough NHS Trust entered into an agreement with Charter Housing for the design, construction, fit out and the subsequent operation of its staff accommodation at Llandough Hospital. The contract period is 25 years; however Charter Housing have since undergone a restructure which has seen a transfer of its interest in the contract to Fairlake Properties Limited. This transfer was completed during 2007/8.					
In return for the provision of the new serviced accommodation, the Trust transferred a parcel of surplus land to Charter on which seven of its existing properties resided. These properties were subsequently demolished and the land sold off by Charter. The accommodation is located on the remaining land, which had previously housed three additional properties. This is granted to Charter under a 99 year head lease for a peppercorn rent. Charter then leases the properties back to the LHB in return for an annual unitary payment of £0.047m. The LHB then leases the property back to Charter under a 27 year sub-underlease. The value of the property transferred to Charter in 1999/2000 was £0.763m.					
The scheme has been assessed as being "on-statement of financial position" under IFRIC 12 and therefore the building is currently valued at £1.038m and the land at £0.592m on the LHB's statement of financial position (note 11).					
On initial recognition of the asset a deferred income creditor balance was recognised in the LHB's accounts at a value of £0.454m. In line with Department of Health Guidance this creditor is being released to the SoCNE annually over the 25 year life of the contract. The amount that has been credited to operating expenses in 2018/19 was £0.018m.					

26. Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. The LHB is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which these standards mainly apply. The LHB has limited powers to invest and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the LHB in undertaking its activities.

Currency risk

The LHB is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The LHB has no overseas operations. The LHB therefore has low exposure to currency rate fluctuations.

Interest rate risk

LHBs are not permitted to borrow. The LHB therefore has low exposure to interest rate fluctuations

Credit risk

Because the majority of the LHB's funding derives from funds voted by the Welsh Government the LHB has low exposure to credit risk.

Liquidity risk

The LHB is required to operate within cash limits set by the Welsh Government for the financial year and draws down funds from the Welsh Government as the requirement arises. The LHB is not, therefore, exposed to significant liquidity risks.

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19		
27. Movements in working capital		
	2018-19	2017-18
	£000	£000
(Increase)/decrease in inventories	(1,229)	(568)
(Increase)/decrease in trade and other receivables - non-current	36,037	(15,032)
(Increase)/decrease in trade and other receivables - current	(10,798)	(28,696)
Increase/(decrease) in trade and other payables - non-current	(540)	(572)
Increase/(decrease) in trade and other payables - current	(5,504)	22,879
Total	17,966	(21,989)
Adjustment for accrual movements in fixed assets - creditors	5,351	(1,925)
Adjustment for accrual movements in fixed assets - debtors	0	0
Other adjustments	(780)	419
	22,537	(23,495)
28. Other cash flow adjustments		
	2018-19	2017-18
	£000	£000
Depreciation	31,574	25,686
Amortisation	717	658
(Gains)/Loss on Disposal	9	(7,840)
Impairments and reversals	(123)	(7,089)
Release of PFI deferred credits	(101)	(105)
Donated assets received credited to revenue but non-cash	(631)	(6,606)
Government Grant assets received credited to revenue but non-cash	0	0
Non-cash movements in provisions	(1,901)	58,919
Total	29,544	63,623

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19									
29. Third Party assets									
<p>The LHB held £202,070 cash at bank and in hand at 31 March 2019 (31 March 2018, £209,568) which relates to monies held by the LHB on behalf of patients. This has been excluded from the cash and cash equivalents figure reported in the Accounts. None of this cash was held in Patients' Investment Accounts in either 2018-19 or 2017-18. In addition the LHB had located on its premises a significant quantity of consignment stock. This stock remains the property of the supplier until it is used. The value of consignment stock at 31st March 2019 was £11,779,421 (£11,847,383 31st March 2018).</p>									

30. Events after the Reporting Period									
<p>The LHB <u>has not</u> experienced any events having a material effect on the accounts, between the date of the statement of financial position and the date on which these accounts were approved by its Board.</p>									

31. Related Party Transactions

The Welsh Government is regarded as a related party. During the accounting period the Cardiff and Vale University Health Board has had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body:

	Debtor @ 31-Mar-19	Creditor @ 31-Mar-19	Income @ 31-Mar-19	Expenditure @ 31-Mar-19
	£'000s	£'000s	£'000s	£'000s
Welsh Government	3,390	64	1,024,801	179
Abertawe Bro Morgannwg University Health Board	1,469	2,034	11,292	16,821
Aneurin Bevan Health Board	592	1,646	31,830	3,524
Betsi Cadwaladr Health Board	46	241	605	689
Cwm Taf University Health Board	752	1,145	23,914	8,771
Hywel Dda Local Health Board	165	187	6,359	553
Powys Local Health Board	440	296	2,032	373
Public Health Wales NHS Trust	546	798	4,515	6,591
Velindre NHS Trust	1,248	1,970	6,392	32,602
Welsh Ambulance Services Trust	3	215	38	4,231
Welsh Health Specialised Services Committee	5,964	1,121	221,723	121,693
Health Education and Improvement Wales (HEIW)	653		9,978	3
Total £'000s	15,268	9,717	1,343,479	196,030

During the period, other than the individuals set out below, there were no other material related party transactions involving other board members or key senior management staff.

Mrs Maria Battle is Chair of the Cardiff and Vale University Health Board.

Mrs Eileen Brandeth is an independent member of Cardiff and Vale University Health Board. She is also Director of Information and Technology at **Cardiff University**.

Ms Ruth Walker is Executive Nurse Director. She is also a member of **Cardiff and Vale Health Charity**.

Dr Sharon Hopkins was Deputy Chief Executive Officer for 2018/19. She was Executive Director of Public Health until 30th September 2018. She was Director of Transformation and Informatics from 1st October 2018. In 2015 she was appointed Chair of the Public Health Advisory Committee **NICE**.

Peter Welsh Director of Corporate Governance until 30/09/18. His wife is an optician at **RN Roberts and GL Rees Opticians**.

Charles Janczewski is Vice Chair of Cardiff and Vale University Health Board and is also Chair of **WHSCC** subcommittee. He is also Chair of Governance Board for Health & Wellbeing Academy at **Swansea University**.

Sara Moseley is Director of **Mind Cymru** and an Executive Director of **Mind**.

Len Richards is Chief Executive of the Cardiff and Vale University Health Board. He is advisor to the Life Sciences Hub Wales Board (**Welsh Government**). He is also an Independent Member of **Cardiff University**.

Prof Gary Baxter is an independent member of Cardiff and Vale University Health Board. He is also Pro Vice-Chancellor, College of Biomedical Life Sciences, **Cardiff University**.

Mrs Abigail Harris is the Executive Director of Planning. She has a relative who is a Trustee of the **Teenage Cancer Trust**. She is also a Director of **Social Care Wales**.

Fiona Kinghorn Interim Director of Public Health from 1st October 2018 - 31st March 2019. Her Husband is a Director of Public Protection in **Rhondda Cynon Taf County Borough Council**.

John Union is an Independent Member of Cardiff and Vale University Health Board and an ambassador for **Blake Morgan Solicitors**.

Susan Elsmore is an Independent Member of Cardiff and Vale University Health Board and elected member for Health Housing & Wellbeing for the **City of Cardiff Council**.

Lance Carver is an Associate Member of Cardiff and Vale University Health Board and the Director of Social Services in the **Vale of Glamorgan Council**.

Hanuk Akmal is an Independent Member and a member of **Glas Cymru Holdings (Welsh Water)**.

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19											
31. Related Party Transactions (Continued)											
The material transactions involving the related parties were as follows unless shown in the table re NHS Bodies above:											
						Payments to related party £'000	Receipts from related party £'000	Amounts owed to related party £'000	Amounts due from related party £'000		
Cardiff & Vale Health Charity						368					
Cardiff University						8,089	7,559	2,049	1,843		
City of Cardiff Council						40,390	24,741	16,310	9,434		
Vale of Glamorgan Council						7,591	1,175	4,624	130		
National Institute for Health and Care Excellence (NICE)							529		5		
RN Roberts and GL Rees Opticians						413					
MIND (Mental Health Charity)						304		-22			
Cardiff Mind						587					
Teenage Cancer Trust							88		16		
Swansea University						177	100	129	-58		
RCT Borough Council						116	1				
Blake Morgan Solicitors						397	1	-7	1		
Social Care Wales							7				
Welsh Water						1,767		163			
Total £'000s						60,199	34,201	23,246	11,371		
The LHB has close links with Cardiff University which includes the sharing of staff as well as sharing accommodation of the University Hospital of Wales Site.											
The LHB is a member of the Welsh Risk Pool for Clinical Negligence and Personal Injury Claims. The LHB has received settlements of £28.188m in respect of claims made. In addition as at March 31st the LHB had a debtor balance of £153.103m in respect of amounts due from the Welsh Risk Pool.											
The corporate body is a registered charity and as a Corporate Trustee, the LHB Board were responsible for the management of charitable fund expenditure in the period connected with Cardiff and Vale University Health Board.											
The LHB has not been made aware of any direct relationship between Assembly Members or their families and Cardiff and Vale University Health Board.											

32. Pooled budgets

The Health Board has entered into a pooled budget arrangement with Cardiff and Vale of Glamorgan Local Authorities, as permissible under section 33 of the NHS (Wales) Act 2006 for the operation of a Joint Equipment Store (JES). The purpose of the JES is the provision and delivery of common equipment and consumables to patients who are resident in the localities of the partners to the pooled budget. The pooled budget arrangement became operational from 1st January 2012. The pool is hosted by Cardiff Council, who are the lead body and act as principal for this scheme. The financial operation of the pool is governed by a pooled budget agreement between Cardiff Council, Vale of Glamorgan Council and the Health Board. Currently the Health Board will make payments to Cardiff Council on receipt of an invoice in line with the agreed contributions to the pooled budget as set out in the agreement. Expenditure incurred will be subject to regular review by the partners to the agreement. Any expenditure incurred by Cardiff Council above the agreed contributions in respect of NHS equipment and consumables will be invoiced separately. As the funding for the UHB's contribution to the pooled budget has not yet been top-sliced and is being provided via invoicing, then no adjustment in respect of the income and expenditure arising from the activities of the pooled budget is required in these accounts. In addition as the UHB's proportion of the assets and liabilities held by the pool are not material in relation to the UHB, they have therefore not been consolidated within these financial statements. The JES service had an agreed budget for the 2018-19 of £1.715m of which Cardiff & Vale UHB's contribution was £1.196m. In addition Cardiff and Vale made an agreed contribution of £0.041m towards the cost of two drivers/installers. Overall the Pooled Budget was overspent by £0.125m in the year. The Health element of the overspend was £0.012m and Cardiff & Vale has accounted for this in its annual accounts for the year ended 31/3/19.

During the year the UHB received £10.089m of revenue income and a capital allocation of £0.472m from the Welsh Government integrated care fund. The Regional Partnership Board (RPB) leads on the planning and use of the funding to ensure delivery and to maximise outcomes for the use of this resource. The delivery mechanism provides assurance that the objectives for the use of this fund are met as outlined in the Welsh Government guidance. The planning and delivery of the programmes has the involvement of the social services, housing and third independent sector. The RPB has established a programme Board to monitor measurable performance outcomes and financial returns. A results based accountability (outcome) methodology is used for this purpose. The expenditure for the year was £10.089m and the capital expenditure was £0.472m, which is in line with funding allocated.

In addition, the UHB received £0.366m of revenue income from the Welsh Government's Transformation fund during 2018-19. The planning and delivery of the programme is led by the Regional Partnership Board and has the involvement of local authorities and third sector as set out in the submission to Welsh Government. The expenditure for the year was in line with the funding allocated.

Also during 2018-19 Welsh Government passed funding for Integrated Families First Services directly to Cardiff Council. From this allocation, £39,148 was passed to Cardiff & Vale UHB. This allocation has funded 1 Band 7 integrated Support worker with a Nursing background for the period April to September as part of the local delivery mechanism to support families. The team is operationally managed by the Local Authority with the UHB providing professional supervision.

Part 9 of the Social Services and Well-being (SSWWA) (Wales) Act 2014 requires Local Authorities and the Health Board for each region to establish and maintain pooled funds in relation to the exercise of care home accommodation functions. A pooled budget arrangement has been agreed between Cardiff and Vale Local Authorities and Cardiff and Vale University Health Board in relation to the provision of care home accommodation for older people. The arrangement came into effect on 1st April 2018 for a period of 12 months renewable on an ongoing basis. Cardiff Council is acting as host authority during this period. Whilst there is one pooled budget in place, the processes for commissioning and payment for services has remained with the three organisations, with each partner continuing to be responsible for their own budget and expenditure. The accountability for the functions of the statutory bodies remains with each individual organisation, in accordance with the Part 9 Guidance under SSWWA 2014. The transactions into the pool for 2018/19 were £27,408,331

CARDIFF & VALE UNIVERSITY HEALTH BOARD ANNUAL ACCOUNTS 2018-19					
33. Operating segments					
IFRS 8 requires bodies to report information about each of its operating segments.					
<p>The LHB has formed the view that the activities of its divisions are sufficiently similar for the results of their operations not to have to be disclosed separately. In reaching this decision we are satisfied that the following criteria are met:</p> <p>(1) Aggregation still allows users to evaluate the business and its operating environment.</p> <p>(2) Divisions have similar economic characteristics.</p> <p>(3) The Divisions are similar re all of the following:</p> <p> (1) The nature of the services provided.</p> <p> (2) The Divisions operate fundamentally similar processes.</p> <p> (3) The end customers to the processes (the patients) fall into broadly similar categories.</p> <p> (4) They share a common regulatory environment.</p> <p>The LHB did operate as a home to one hosted body during the period, The Wales External Quality Assessment Service (WEQAS). During 2018/19 these accounts contain income of £3.966m and expenditure of £2.555m in respect of WEQAS. The UHB does not consider the amounts involved to be sufficiently material to be reported as a separate segment.</p>					

34. Other Information**1) IFRS 15**

Work was undertaken by the TAG IFRS sub group, consistent with the 'portfolio' approach allowed by the standard. Each income line in the notes from a previous year's annual accounts (either 2016/17 or 2017/18) was considered to determine how it would be affected by the implementation of IFRS 15. It was determined that the following types of consideration received from customers for goods and services (hereon referred to as income) fell outside the scope of the standard, as the body providing the income does not contract with the body to receive any direct goods or services in return for the income flow.

- Charitable Income and other contributions to Expenditure.
- Receipt of Donated Assets.
- WG Funding without direct performance obligation (e.g. SIFT/SIFT@/Junior Doctors & PDGME Funding).

Income that fell wholly or partially within the scope of the standard included:

- Welsh LHB & WHSCC LTA Income;
- Non Welsh Commissioner Income;
- NHS Trust Income;
- Foundation Trust Income;
- Other WG Income;
- Local Authority Income;
- ICR Income ;
- Training & Education income ;
- Accommodation & Catering income

It was identified that the only material income flows likely to require adjustment for compliance with IFRS15 was that for patient care provided under Long Term Agreements (LTAs). The adjustment being, for episodes of patient care which had started but not concluded (FCEs), as at period end, e.g. 31 March.

When calculating the income generated from these episodes, it was determined that it was appropriate to use length of stay as the best proxy for the attributable Work In Progress (WIP) value. In theory, as soon as an episode is opened, income is due. Under the terms and conditions of the contract this will only ever be realised on episode closure so the average length of stay would be the accepted normal proxy for the work in progress value.

For Cardiff & Vale University Health Board, the following methodology was applied to assess the value of the unaccounted WIP re Welsh In-patients:

1. For 2016/17 , income for inpatient activity recorded on an FCE basis was £83m (total income from LTAs, including WHSSC and Welsh Health Boards, was £246m).

34. Other Information (continued)

2. This related to circa 19,000 FCEs, with an estimated average unit cost of £4,400.
3. Most contracts still work on 25% marginal rates, however there are some cost per case contract (e.g. Orthopaedics or Thoracic Surgery). Therefore to ensure a prudent assessment of exposure, a 35% marginal rate has been determined for this calculation.
4. As such, £1,500 per FCE is the derived estimate for a WIP calculation.
5. Using available Business Intelligence/ Costing Information, the total open episodes at year-end and the average length of stay (ALoS) were identified.
6. This provided assumptions of a 6 day ALoS (with 50% completed) and circa 300 FCEs attributable to contracts at year-end, which lead to an adjustment calculation to align revenue recognised to the requirements of the standard :

$$£1,500 / 6 \text{ days} \times 3 \text{ days} \times 300 \text{ FCEs} = 225\text{K}$$
7. Because the number of non welsh inpatients which were undischarged at 31/3/17 was much smaller this was looked at on a case by case basis and in doing so it was established that the WIP in relation to these patients equated to 23 patient days and a cost of £20k.

A summary of the Impact Assessment carried out by Cardiff & Vale University Health Board is shown below:

Total Income Recorded in 2016/17 Annual Accounts	£366.303m
Total Income looked at during the IFRS 15 Impact Assessment	£303.229m
Total Income Looked at Considered to be outside the Scope of IFRS 15	£42.794m
Total Income Looked at Considered to be inside the Scope of IFRS 15	£260.435m
Total Income Looked at Considered to be inside the Scope of IFRS 15 and potentially requiring adjustment for incomplete service provision episodes	£252.186m
Total Estimated Adjustment Required Under IFRS 15	£0.245m

2) IFRS 9

For consistency across Wales, the practical expedient provision matrix was used to estimate expected credit losses (ECLs) based on the 'age' of receivables as follows:

- Receivables were segregated into appropriate groups
- Each group, was analysed:
 - a) age-bands
 - 1-30 days (including current)
 - 31-60 days
 - 61-90 days
 - 91-180 days
 - 181- 365 days
 - > 1 year
 - b) at historical back-testing dates (data points)
- For each age-band, at each back-testing date the following were determined:
 - a) the gross receivables
 - b) the amounts ultimately collected/written-off. If material, adjustments should be made to exclude the effect of non-collections for reasons other than credit loss (e.g. credit notes issued for returns, short-deliveries or as a commercial price concession).

34. Other Information (continued)

- The average historical loss rate by age-band was calculated, and adjusted where necessary e.g. to take account of changes in:
 - a) economic conditions
 - b) types of customer
 - c) credit management practices
- Consideration was given as to whether ECLs should be estimated individually for any period-end receivables, e.g. because information was available specific debtors.
- Loss rate estimates were applied to each age-band for the other receivables.
- The percentages calculated have been applied to those invoices outstanding as at 31st March 2018 (which don't already have a specific provision against them) to recalculate the value of the HB/Trust non-specific provision under IFRS 9.

A summary of the Impact of restating its opening balances after adopting IFRS 9 for Cardiff & Vale University Health Board is shown below:

Bad Debt Provision per 2017/18 Accounts	£0.580m
NHS Credit Note Provision per 2017/18 Accounts	£0.088m
Bad Debt Provision restated under IFRS 9	£1.608m
NHS Credit Note restated under IFRS 9	£0.319m
Overall Increase in Provisions held under IFRS 9	£1.259m

3) Cardiff Medicentre

On its formation on 1st October 2009 the UHB inherited an interest in a joint venture which had been entered into by one of its predecessor organisations (South Glamorgan Health Authority) in 1992.

Our original partners in this venture are Cardiff Council, Cardiff University and the Welsh Government. The purpose of the venture was to provide dedicated business incubation facilities for start-up and spin-out companies operating in the medical healthcare and life sciences. On 1st April 2016 Welsh Government and Cardiff Council withdrew from the joint venture and sold their shares in it to Cardiff University.

The UHB does not make any direct financial contribution into the venture and ordinarily does not ordinarily directly benefit financially from its operations. Given the immaterial amount involved, no adjustment has been made to these accounts to reflect the UHB's share of the joint venture. For illustrative purposes, had the UHB fully applied IFRS 11 "Joint Arrangements", then based on the last available published accounts of the Medicentre and applying the UHB's 11% share would mean that the UHB would show an investment in a joint venture (as defined by IAS 28 Investments in Associates and Joint Ventures) of £0.392m.

34. Other Information (continued)**4) Brexit**

On 29 March 2017, the UK Government submitted its notification to leave the EU in accordance with Article 50. The triggering of Article 50 started a two-year negotiation process between the UK and the EU. On 11 April 2019, the government confirmed agreement with the EU on an extension until 31 October 2019 at the latest, with the option to leave earlier as soon as a deal has been ratified.

In 2018-19 the NHS Estate has been valued using indices provided by the District Valuer and disclosed in the Manual For Accounts."

THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH SCHEDULE 9 SECTION 178 PARA 3(1) OF THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY

LOCAL HEALTH BOARDS

1. Welsh Ministers direct that an account shall be prepared for the financial year ended 31 March 2011 and subsequent financial years in respect of the Local Health Boards (LHB)¹, in the form specified in paragraphs [2] to [7] below.

BASIS OF PREPARATION

2. The account of the LHB shall comply with:

(a) the accounting guidance of the Government Financial Reporting Manual (FReM), which is in force for the financial year in which the accounts are being prepared, and has been applied by the Welsh Government and detailed in the NHS Wales LHB Manual for Accounts;

(b) any other specific guidance or disclosures required by the Welsh Government.

FORM AND CONTENT

3. The account of the LHB for the year ended 31 March 2011 and subsequent years shall comprise a statement of comprehensive net expenditure, a statement of financial position, a statement of cash flows and a statement of changes in taxpayers' equity as long as these statements are required by the FReM and applied by the Welsh Assembly Government, including such notes as are necessary to ensure a proper understanding of the accounts.

4. For the financial year ended 31 March 2011 and subsequent years, the account of the LHB shall give a true and fair view of the state of affairs as at the end of the financial year and the operating costs, changes in taxpayers' equity and cash flows during the year.

5. The account shall be signed and dated by the Chief Executive of the LHB.

MISCELLANEOUS

6. The direction shall be reproduced as an appendix to the published accounts.

7. The notes to the accounts shall, inter alia, include details of the accounting policies adopted.

Signed by the authority of Welsh Ministers

Signed : Chris Hurst

Dated :

1. Please see regulation 3 of the 2009 No.1559 (W.154); NATIONAL HEALTH SERVICE, WALES; The Local Health Boards (Transfer of Staff, Property, Rights and Liabilities) (Wales) Order 2009.

Report Title:	Annual Report on the Health Boards Compliance with the Nurse Staffing Levels (Wales) Act [2016]					
Meeting:	UHB Board				Meeting Date:	
Status:	For Discussion		For Assurance		For Approval	✓ For Information
Lead Executive:	Ruth Walker, Executive Nurse Director					
Report Author (Title):	Jason Roberts, Deputy Executive Nurse Director Alison Evans, Professional Nursing Standards					

SITUATION

Section 25E of the Nurse Staffing Levels (Wales) Act [2016] requires Health Boards to submit a nurse staffing levels report for the reporting period April 6th 2018 – April 5th 2021.

This report (and attached reporting template) provides the Board with progress in the first year of the Act. Identifying any harm associated with nurse staffing as a result of deviations from the planned roster and actions taken to maintain the nurse staffing levels.

REPORT

BACKGROUND

The Nurse Staffing Levels (Wales) Act [2016] became law in March 2016, and had a phased commencement. Papers have been presented to Board in January 2017 and November 2017 to update on actions to ensure compliance with the Act. In addition a presentation on the responsibilities of the Health Board within the Act featured in the Board Development Day in December 2017.

The Act requires health service bodies to make provision for appropriate nurse staffing levels, and ensure that they are providing sufficient nurses to allow the nurses' time to care for patients sensitively. Section 25A of the Act relates to the Health Boards overarching responsibility which came into effect in April 2017, requiring Health Boards to ensure they had robust workforce plans, recruitment strategies, structures and processes in place to ensure appropriate nurse staffing levels across their organisations. Section 25B&C identifies wards where there is a duty to calculate nurse staffing levels using a prescribed methodology and maintain nurse staffing levels.

Two papers were presented to the Board in 2018 detailing the Nurse Staffing Levels for wards included in sections 25B&C and providing assurance of the duty under 25A.

ASSESSMENT

The Board should note:

- The enclosed All Wales Reporting Template which provides the Board with progress in the first year of the Act, in relation to:

- The process for review of the nurse staffing levels across the Health Board to ensure the discharge of responsibilities under Section 25A.
- The number of wards included in Section 25B&C
- That the Designated Person has discharged their duty in calculating the number of nurses required in adult in-patient medical and surgical wards ensuring the prescribed methodology has been used.
- The process for maintaining nurse staffing levels and managing the risk using all reasonable steps when the numbers fall below the planned roster.
- The impact of not maintaining the nurse staffing levels and any harm that has occurred
- That patients are informed of the nurse staffing levels and date of agreement on information boards at the entrance to wards.

RECOMMENDATION

The Board is asked to approve the nurse staffing levels in line with the Nurse Staffing (Wales) Act (2016)

Shaping our Future Wellbeing Strategic Objectives

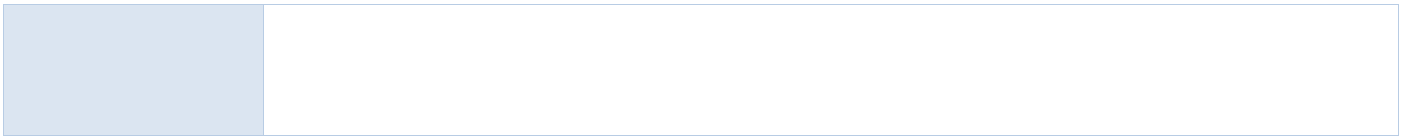
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

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

Five Ways of Working (Sustainable Development Principles) considered

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

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



Kind and caring
Caredig a gofalgar

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

Health board/trust reporting template

Health board	Cardiff and Vale University Health Board (C&VUHB)
Reporting period	April 6 th 2018 – April 5 th 2019
Requirements of Section 25A	<p>The Nurse Staffing Act (Wales) 2016 states that Health Boards have an overarching duty to provide sufficient nurses to care for patient sensitively. This duty applies to all areas that provide a nursing service included commissioned services.</p> <p>The Executive Nurse Director has determined that a review of nurse staffing levels across all clinical areas in line with the requirement in Section 25A will provide assurance that the principles behind the Act are considered. Appendix 1 describes the standards and evidence that have been considered in determining the number of nurses required across the Health Board.</p> <p>We are now formally reviewing the nurse staffing levels for a third time under section 25(A) within the UHB. A template has been useful in confirming the methodology used in the calculation and ensures the recording of decisions made is transparent and consistent. This process puts the Health Board in a strong position for when Welsh Government extends the duty to calculate nurse staffing levels to other settings as detailed in Section 25B 93) (c) of the Act.</p> <p>The process of signing off these establishments have been agreed by the nursing management structure from the Ward Sister/ Charge Nurse to the Director of Nursing for the Clinical Board and includes the Directors of Operations, Head of Finance and Head of Workforce from each Clinical Board. The Clinical Boards and Executive Nurse Director have agreed establishments that they consider will meet all reasonable requirements.</p>



However the Board should take note of exceptions: The Mental Health Clinical Board management team and therefore, the Executive Nurse Director have been able to sign off all the nursing establishments for this area as they remain non-compliant with section 25(a) of the Act as the professional and service requirements do not meet the financial envelope. The Board will recall this being reported in the two previous cycles dated May 2018 and September 2018. In order to manage this risk the Clinical Board reviews staffing levels on a day to day basis by: Formal review of rosters every morning; Out-of-hours requests managed by silver manager on call; Shift coordinators move staff around on a daily basis; Use of temporary staffing when required. The Mental Health Clinical Board provided assurances to the Strategy and Delivery Committee in April 2019 that they are looking to address these issues in line with the IMTP processes with support from the wider UHB.

Similarly we have not been able to sign off Childrens Assessment Unit (CAU) as there is no current funding to support the service overnight. This was previously funded by Noah's Ark Charity. The Clinical Board are currently exploring options to resolve this.

The UHB is currently looking at the infrastructure to identify how we can move forward with the lead Director for commissioned services to ensure compliance with Section 25, in the care we commission both inside and outside of Wales.

To ensure that nurse staffing levels are maintained all Clinical Boards have a version of a safety briefing whereby senior teams determine staffing requirements and manage risk continually over a 24 hour period.

Financial Year 2018/2019

Date annual report on the nurse staffing level submitted to the Board

May 2019



Section 25B&C Health Boards are required to calculate the Nurse Staffing Levels using a prescribed methodology – included wards	<p>Sections 25B&C require Health Boards to calculate and maintain the nurse staffing levels using a prescribed method of calculation. Wards included in this section of the Act are currently Acute adult medicine and surgery ward. This is defined as an area where patients aged 18 or over receive active treatment for an acute injury or illness requiring either planned or urgent surgery or medical intervention, provided by or under the supervision of a consultant surgeon/ physician. Patients are deemed to be receiving active treatment if they are undergoing intervention/s prescribed by the consultant, and/or their team, and/or advance practitioners for their acute injury or illness The Statutory Guidance includes a detailed list of exclusions</p> <p>The below wards have been identified as meeting these criteria and detailed below per clinical board.</p>
Number of adult acute <u>medical</u> inpatient wards where section 25B applies	A1, A4, A6S B7, A7, C6, C7S, East 2, East 6, East 7, East 4, Gwenwyn, CFU, West 6 West 1.
Number of adult acute <u>surgical</u> inpatient wards where section 25B applies	B6, Anwen, Duthie, A2, B2, A1Link, CAVOC, A5 H&N, West 4, A6N, A5 Urology, A3 Link
Number of adult acute <u>specialist</u> inpatient wards where section 25B applies	B5, T5, B5H, TCT, C4 B4N, C3/CCU C5 B1
Number of adult acute <u>children and women</u> inpatient wards where section 25B applies	C1
Number of occasions where nurse staffing level was recalculated in addition to the bi-annual calculation	<p>There has been one reported occasion within the Medicine Clinical Board where the staffing levels have been recalculated outside of the bi-annual calculation In line with National NIV guidelines, the nurse staffing on B7 (Acute respiratory ward on UHW site) has been reviewed with an increase of 3.7 WTE Registered Nurses. This business case was agreed in BCAG.</p>



The only other incidence of increased staffing occurred as a result of the commissioning of extra winter capacity on Heulwen ward for a short period of time within the reporting period. The Executive Board will note that we have signed off Heulwen (full ward) as it was still open at the time of the acuity exercise, although this was due to close on 10th May. Funding for this was created by winter money.

Other Changes to Note for Medicine Clinical Board:

E2- During reporting period the ward has reduced bed capacity by 3 following some concerns about quality of care, although there is no increased evidence of harm.

SRC – Whilst the establishment has been signed off for SRC, there are plans to explore an integrated model / work plan review. No further changes to funded establishments to date.

Lansdowne Ward – whilst not open due to the last reporting period plan due to refurbishment there is a plan to open 19 beds on 29 April 2019. This has required no further changes to funding as the opening of this ward was created by the closure of C7 North.

Changes to Note for Surgery Clinical Board:

A1 link – is an emergency surgery assessment unit with 23 beds (it was previously housed on ward A2 until August 2019) and at its opening in August 2018 had an establishment of 30.54. An increase in establishment was agreed in Sept 2018 to 31.77 (this was for the admission of a 1.23 wte to work as a ward based emergency flow coordinator) to ensure that patients were able to flow in and out of the unit in a timely manner supporting the emergency stream and was signed off by the SMT in Sept 2018.

A2 (upper G I/ liver) - Opened in Nov 2018 when the previous upper GI ward (was A1 link) and Hepatobiliary ward (Heulwen) merged to become a 38 bedded unit. In Dec

2018 a professional decision was made by the DoN for Surgery to increase the wards establishment from 47.46 to 49.87 which is an increase of 2.4 wte, due to the acuity of the ward. This increase is not currently reflected in the ledger, however this will be resolved with a review of the LTA for activity that comes from Cwm Taff and Bridgend and the funding coming from WHSCC for tertiary liver services to cover these costs. There has been an increase in both these specialties over the last year with an 26% increase for UGI and a 8.3% increase for Live.

The methodology and process used to inform the triangulated approach

For those wards included in section 25B (currently adult acute medical and surgical wards) the Health Board must calculate the number of using a triangulated approach utilising three sources of information. The information triangulated is both qualitative and quantitative in nature and must include:

- **Professional judgement** – the Clinical Board Nurse Director in conjunction with the Ward Sister/ Charge Nurse and Lead and Senior Nurses should use their knowledge of the clinical area to inform the levels of nurse staffing. The Operational Guidance for the Act provides detailed descriptions defining professional judgment. Included in this description is a suggestion that data on, compliance with mandatory training, vacancy and sickness rates, temporary staffing usage, bed occupancy and student feedback may be of use in supporting this aspect.

- **Patient acuity** - use the prescribed evidence-based workforce planning tool to understand the level of acuity and activity that can influence nurse staffing numbers. The tool used to determine the acuity of each patient is the Welsh Levels of Care.

- **Quality indicators** – there should be consideration of quality indicators that are particularly sensitive to care provided by a nurse as part of the calculation. To reduce the burden of measurement, quality indicators that have an established data source have been detailed as a minimum data set within the Act and Statutory guidance. The indicators are:

- **Patient falls** - any fall that a patient has experienced whilst on the ward;

	<ul style="list-style-type: none"> • Pressure ulcers - total number of hospital acquired pressure ulcers judged to have developed while a patient on the ward; and • Medication errors - any error in the preparation, administration or omission of medication by nursing staff (this includes medication related never events). <p>A record of this process is documented for each clinical area using an All Wales Recording Template (appendix 2). These record details of the overall findings of the workforce planning tool, any evidence from the quality indicators for that recording period and a summary of the professional judgement of the team. The areas of responsibility in the sign off the nurse staffing levels in wards where Section 25B&C apply are represented in a flow diagram (appendix 3) and ensure that the professional opinions across the service are considered.</p>
Informing patients	The Health Board informs patients of the nurse staffing levels and date of agreement on information boards at the entrance to wards. The All Wales Template is used and this complies with Welsh Language requirements. The staffing levels for that day are displayed inside the ward area.
Section 25E (2a) Extent to which the nurse staffing levels are maintained	
Process for maintaining the nurse staffing level	The Health Board has a daily operational briefing where the Senior and Lead Nurses and operational staff meet to discuss the staffing arrangements across ward areas. This meeting looks at all reasonable steps to fulfil its statutory duty to maintain nursing staffing levels. This includes moving staff from one area to another; ensuring the statutory requirements laid out in 25A of the Act are duly considered. The usage of temporary staffing including those from agencies is organised and operational factors such as patient flow and acuity are considered. The decisions made in this meeting are emailed to the Executive Nurse Director and Deputy Executive Nurse Director where any immediate concerns can be escalated. A status update for the 24 hour period is provided by the Clinical Boards in the afternoon. In addition Senior Nurses are a visible presence on the wards/clinical teams managing the risk



according to the professional judgement of the nurse in charge and the changing patient acuity of the ward areas.

Out of hours the Health Board has a robust process of site practitioners, senior managers and executives on call to ensure all reasonable steps are undertaken to maintain nurse staffing numbers and patient flow. Senior Nurses covering the sites over the weekend receive staffing numbers and 'walk the wards' resolving any issues. Any concerns are again escalated to the senior manager on call and where necessary the senior executive on call.

From a strategic perspective activity is focused on both the supply of nursing staff but also the prudent deployment of the nursing workforce.

Project 95% Group aims to:

- Ensure adequate supply of the appropriately skilled nursing workforce to meet current and future service needs
- Establish a sustainable nursing workforce

The Nursing Productivity Group aims to:

- Reduce nurse Specialling – allow increased volume of nurses to be utilised across the UHB.
- Hold the switch-off of HCSW agencies – to ensure a higher volume of reliable bank workers to be available to work across the organisation and encourage nurses to migrate to the bank.
- Hold the position of no use of off-contract agencies - to ensure an increased availability of lower cost agency workers to improve continuity of care and encourage nurses to work on the bank.

- Improve efficiency of Bank office utilisation – allow bank office staff to be available to improve shift fill rate. Improved technology to allow more bank staff to fill shifts.
- Ensure Efficient roster planning
- Development work for Nurse Foundation Programme - pathway (this is an important programme to support new Band 5 nurses in their transition from student to qualified member of the team).
- Career Clinics for Nurses – to ensure effective career discussions with nurses to prevent migration out of organization.

Activities have focussed on:

- Recruitment events encouraging newly graduated nurses to choose C&VUHB
- Auditing of rosters to ensure they align with the financial position
- Scrutiny of the usage of temporary staffing.

Process for monitoring the nurse staffing level

Monitoring the nurse staffing level is the responsibility of nurses throughout the system and the Health Board would encourage staff to raise concerns.

In terms of the statutory responsibility as detailed in the Act the daily operational meetings as described look across in-patient ward areas and determine deviations from the planned rosters. This is a complex process involving professional and operational staff making decisions on maintaining nurse staffing levels throughout a 24 hour period. One of the challenges across Health Boards in Wales is how to record the 'extent' to which nurse staffing has been delivered and to record the mitigating actions that are taken at this granular level. In order to discharge this duty and provide meaningful data for the Board which can be aggregated in a report to Welsh Government a proforma is currently being tested in the daily meeting to record deviations from the roster, any actions undertaken and how risk was mitigated.

Section 25E (2b) Impact on care of not maintaining the nurse staffing levels



An important requirement of the Act is to report episodes of harm that are associated with nurse staffing levels. The determination of the influence of staffing levels on an incident is complex. It is acknowledged that correlation does not equal causation. A first step however is recognising those incidents where harm occurred when the staffing levels were below the agreed establishment, where the role of incident reporting is crucial. Any increase or pattern of incidents in a clinical area are considered as part of the Health Board Quality and Safety frameworks. In addition concerns arising from quality indicators or complaints would prompt the Health Board to consider whether the Nurse Staffing Level should be recalculated outside of the routine bi-annual process.

The Operational Guidance lists the incidents that need to be formally reported to Welsh Government details of which are below. The Patient Safety Team have worked to adapt the process for the investigation and management of serious incidents including never events to ensure that the contribution of nurse staffing levels is considered. Investigating officers are required to provide evidence for the decision that they have reached and sign off is verified at Executive Nurse Director level.

Patient harm incidents (i.e. nurse-sensitive Serious Incidents /Complaints)	Total number of closed serious incidents/complaints during last reporting period	Total number of closed serious incidents/complaints during current reporting period.	Increase (decrease) in number of closed serious incidents/complaints between reporting periods	Number of serious incidents/complaints where failure to maintain the nurse staffing level was considered to have been a factor
<input type="checkbox"/> Hospital acquired pressure damage (grade 3, 4 and unstageable).	73	94	21	1
<input type="checkbox"/> Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	34	29	5	1



<input type="checkbox"/> Medication related never events.	1	1	1	0
<input type="checkbox"/> Complaints about nursing care resulting in patient harm (*) (*)This information is not required for period 2018/19	N/A	N/A	N/A	N/A
Section 25E (2c) Actions taken if the nurse staffing level is not maintained				
Actions taken	<p>Any deviations from the planned roster are reported at the daily operational meeting. Reasonable steps are taken to ensure deficits are covered for example the use of temporary staffing or the ward sister working within the roster. During these meetings the nursing team using professional judgement and considering the acuity and number of patients on a ward may consider the Nurse Staffing Level appropriate even if below the planned roster.</p> <p>In relation to where senior incidents have occurred, the establishments have been revisited and the incident have been reported via the appropriate reporting mechanism.</p>			
Next steps	<p>The Heath Board acknowledges that maintaining nurse staffing levels is challenging in terms of the numbers of nurses staffing vacancies held and work is needed to continue to address these deficits.</p> <p>The reliability of the data entry during the bi-annual audit (the evidence based workforce tool) is increasing and the acuity data is becoming a valuable resource to understand the needs of the patient population on our medical and surgical wards. The visualiser produced by Public Health Wales have now been through several iterations as the work matures and our understanding of its significance increases. Work needs to continue to raise awareness of the Act and sessions to help nursing teams interpret and apply the data are ongoing.</p>			



GIG
CYMRU
NHS
WALES

Staff Nysio
Nurse Staffing

Complaints against nursing care resulting in harm will need to be reported in 2019/20 and the process to collect and understand this data is being introduced.

To work collaboratively with the All Wales Nursing Staffing Group to develop a Once for Wales approach to record the extent to which nurse staffing levels have been achieved.

Defining staffing levels for children and young people's services



GIG
CYMRU
NHS
WALES

Staff Nysio
Nurse Staffing

Appendix 2

Record of triangulated approach to nurse staffing level review

Health board/trust Ward Name Site

Planned Roster (Current)

		MON	TUE	WED	THU	FRI	SAT	SUN
Headcount per shift	Morning (LD)	RN						
		HCSW						
	Afternoon	RN						
		HCSW						
	Night (LN)	RN						
		HCSW						
		Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	

workforce planning tool

Quality Indicators

professional judgement

Authorisation

Ward / Service Sister / Charge nurse Senior nurse

Divisional/Dir. Nurse Operational Manager

Board/Ex Designated person Director of Operations

Period Reviewed from to

Planned Roster (proposed after review)

		MON	TUE	WED	THU	FRI	SAT	SUN
Headcount per shift	Morning (LD)	RN						
		HCSW						
	Afternoon	RN						
		HCSW						
	Night (LN)	RN						
		HCSW						
		Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	

Required Establishment

WTE Planned Roster	+	Uplift	+	Sister / Charge Nurse Supervisory	Total No. Staff WTE
Current <input type="text"/>	+	26.9%	+	1WTE	= <input type="text"/> WTE

Outcome Summary

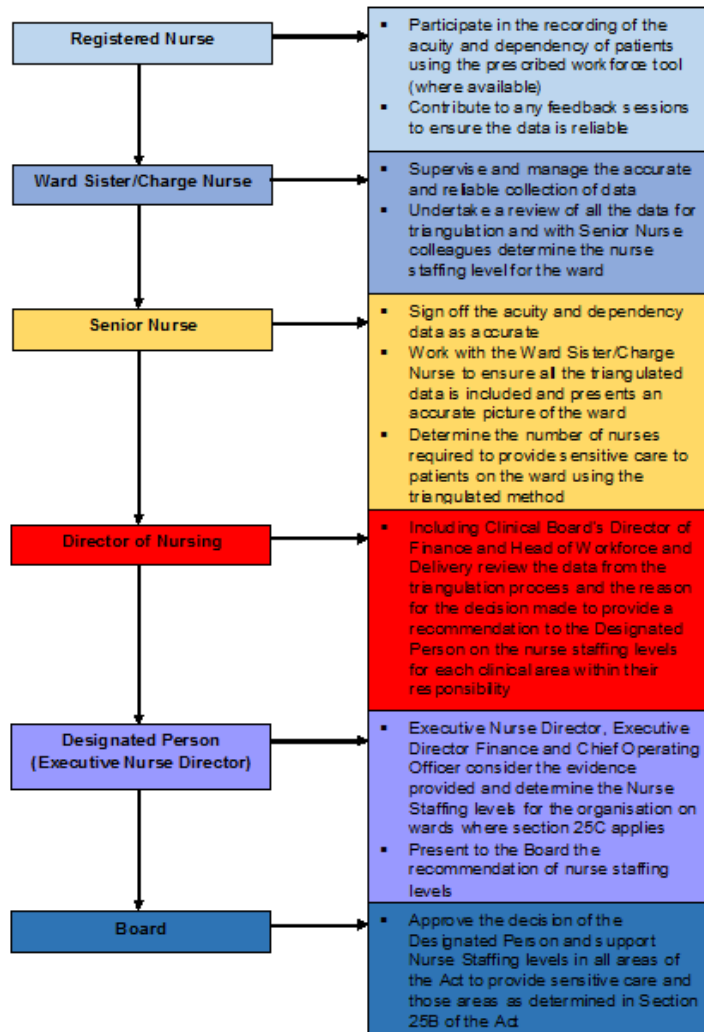
Finance Representative Workforce Representative Date

Director of Finance Director of Workforce Date

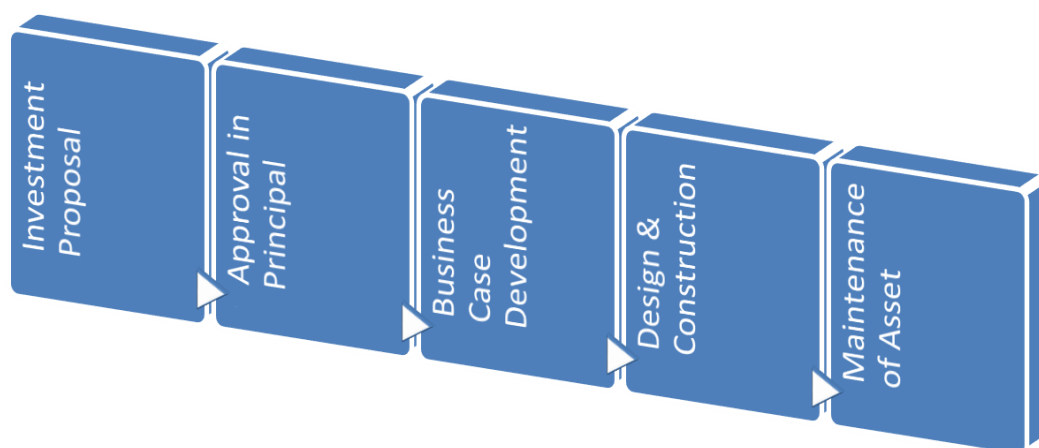


Appendix 3

Sign-off Process - Areas of Responsibility for Individuals



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



Capital Management Group Report 20th May 2019

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1.0 Executive Summary

The purpose of the report is to provide the Capital Management Group with an update on the Health Boards Capital Programme.

The report includes updates on the current status of each of the key projects within the programme.

A detailed schedule of projects is included which identifies key dates, progress and issues/risk affecting delivery.

The report also highlights any issues which may require escalation to resolve, be it with the respective Clinical Boards or Management Executive.

The Capital Resource Limit (CRL) as issued by Welsh Government (WG) (Page3) is currently £36.730m which includes £14.428m Discretionary Allocation and £22.302m approved 'All Wales Capital Funding'

The £22.302m funding has included the deduction of £2.200m which relates to the brokerage agreed with WG for the acquisition of Woodland House. However, CMG are advised that the £2.2m will be absorbed by the Capital receipt received following the disposal of Lansdowne Hospital.

It is therefore imperative that the aforementioned disposal is completed within 2019/20.

The Capital receipt received following the disposal of Iorwerth Jones (£911) and Amy Evans (£20k) together with a contribution of £116k from Discretionary Capital will offset the payback from Rookwood underspend 2018/19.

The latest CRL also identifies £3.3m funding awaiting approval (letter of acceptance) in relation to the MRI Scanners (x2) at UHW.

Funding movement from prior month:

No further funding received

Further funding to support the capital programme will be generated through disposal of the following UHB assets and additional donations.

	£m
Iorwerth Jones	£0.911m
Amy Evans	£0.206m
Lansdowne Hospital	£2.200m
Total	£3.317m

CRL Statement

Cardiff & Vale		Comments
Capital Resource Limit (CRL)	2019/20 - Capital Resource Limit (CRL) - Opening	2019/20 £m
	1) DISCRETIONARY CAPITAL FUNDING [A]	14.428
	2) CAPITAL PROJECTS WITH APPROVED FUNDING [B]	22.302
	NeoNatal - Phase 2 Addendum	5.734
	Brokerage to facilitate the purchase of Woodland House	-2.200
	The Reprovision of Specialist Neuro and Spinal Rehabilitation and Clinical Gerontology Services - University Hospital Llandough	18.768
	TOTAL CRL [C = A+B] (Approved Funding)	36.730
3) FORECAST CAPITAL PROJECTS WITHOUT APPROVED FUNDING		
MRI scanners (*) – UHW	3.300	

Property Disposal

Capital And Vale UHB											
Capital, Estates & Facilities											
Property Disposal as at 01/05/19											
Site	Notes	NBV Land	NBV Build	OMV Land	OMV Build	Profit	Impairment	Revenue		Capital	
								19-20	20-21	19-20	20-21
		£m	£m	£m	£m	£m		£m	£m	£m	£m
In Progress											
Amy Evans	Under Offer	0.036	0.490	0.090	0.170	0.054		0.054	0.000	0.206	0.000
Iorwerth Jones	Completed	0.611	1.441	1.000	0.300	0.389		0.389	0.000	0.911	0.000
Lansdowne		0.439	0.350	2.000	0.350	1.561		1.561	0.000	0.789	0.000
Total In Progress		1.086	2.281	3.090	0.820	2.004	0.000	2.004	0.000	1.906	0.000

2.0 Major Capital Projects

The UHB currently has only two approved schemes funded from the 'All Wales' Capital Programme, which includes the Neonatal Unit and the Rookwood Relocation scheme. Whilst the MRI Scanner replacement is included on the latest CRL, this is currently sitting in the unapproved funding section awaiting the UHB to complete and return the funding acceptance letter.

There are also schemes that are at awaiting WG feedback/approval and a number at various stages of Business Case development.

2.1 Neonatal Unit (CAJ9)

2.1.1 The remaining phases of the Neonatal facility (Phases 2A & 2B) were programmed to be handed over to the UHB on 29.03.2019, but the Project Manager, Gardiner& Theobald, did not consider that the works sufficiently complete to affect the hand over. Rectification works have now been progressed

2.1.2 The MRI phase of the, including upper ground & first floor levels, have been delayed by the requirement to increase the electrical supply to serve the chosen MRI Scanners and in agreement with WG to ensure sufficient capacity to support any future expansion of the service for which the footprint is available. The revised contract completion date is now reported as 3.9.2019, following which the MRI contract will commence.

2.1.3 The tower crane was successfully removed from site over the weekend of 4/5/6 May, which was later than planned due to the weather conditions resulting in several postponements.

2.1.4 The project contingency (Risk) allowance remaining is being reported at £175,635.00. There remain a number of risks on the construction risk register with a potential value of £381k if all were realized, although this is not anticipated. The

team are monitoring the spend extremely closely to ensure the overall spend remains within the approved budget. However, it should be recognised that if the total risk allocation was deducted from the remaining budget there would be an overspend of £205k. The fit-out works were not included in the BJC and will need to be funded from the project gain share, subject to WG approval.

2.2 Rookwood Relocation

2.2.1 The CRI section of the works has generally progressed well and the internal works for the Therapies department and the Cardiff Council Domestic Violence Service is anticipated to complete 21.12.2019. However, delay to the external works and the completion of the car parking facilities serving the development will result in a delay to occupation. The delay currently reports 6 weeks, giving an anticipated completion of end of January 2020. The contractor is working to minimize the delay. The UHB may consider taking a sectional completion in December 2019, to allow operational commissioning to progress whilst the external works are completed.

2.2.2 The UHB has been unable to handover the area identified for the Rookwood development due to the considerable amount of enabling works required to vacate the area. Whilst large areas of the area were vacant following the transfer of the midwifery led unit to UHW, accommodation pressures across the site resulted in the area being used as a temporary location for some services. This has had a significant impact on both cost and programme. The costs associated with the enabling works was not allowed for in the Business Case and has therefore been managed from the project contingency/risk allowance, adding a significant funding risk during the main construction works. In addition, the most recent forecast for completion of the scheme is January 2021. This programme has not been formally accepted as the UHB has requested that all opportunities to minimize the delay are considered.

2.3 Capital Development Matrix

The following schedule (2.4) includes all schemes that are at various stages of development that Capital, Estates & Facilities and Strategic Service Planning are managing. The schedule identifies the status, budget, progress and any issues affecting their delivery.

2.3.1 Interim Major Trauma Centre (MTC) Works

Sketch proposals have been developed for both the provision of a Pediatric Resuscitation facility in the EU department and the creation of a Polytrauma Ward to be located on UHW A3Link, which is currently the Trauma & Orthopedic ward. More detailed layouts are being progressed to enable the design team to discuss with the respective clinical leads prior to detailed design work progressing. The team are working to complete the works by the end of March 2020.

Budget costs have been provided to the MTC Programme Director, to enable the UHB to submit a request for additional Capital funding to progress the works.

2.3.2 UHW Vascular Hybrid & MTC Theatres

The UHB have agreed that the scheme will progress on the basis of an OBC/FBC which will enable the draw down of funding support following the submission of the OBC. In order to minimize delay on the scheme it has also been agreed in principle to continue with the FBC whilst the OBC is being scrutinized.

Consideration is being given to the inclusion of an enabling works package which if approved would enable the commencement of preparatory ahead of the main scheme and reduce overall works programme.



GIG
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WALES

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

2.4 Capital Development Matrix

Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
1.1	CP076	Academic Avenue Development (AAD) Provision of; *No.8 Operating Theatres (2 decant) *Haematology Ward & Day Unit *Polytrauma Ward and Space for Advanced Cell Therapy	SOC	£93m Cost plan developed by Cost Advisor	SOC Submission to WG June 2019 (May 2019) OBC Submission to WG June 2020 Construction Phase Jan 2022 to May 2023 Commission Aug 2023	Programme slipped by 1 month due to Capital Cost information	None	Cost forms received for 4 options
a	CP021	Haematology Ward & Day Unit (Part of Item 1) To include Blood & Marrow Transplant Facilities	SOC	Included in Item 1 above	As Item 1	As Item 1		Part of CP076 (Item1) SOC
b	CP021	Advanced Cell Therapy Provision of Advanced Cell Therapy is included in the Haematology Facility Development	Space allowance included in CP076 (Item1)	Allowance for shell included in Item 1	As Item 1	As Item 1	No detailed service specification available	
c	CP073	Polytrauma Ward Accommodation for the provision of a polytrauma ward for the new Major Trauma Centre development	Included in Item 1 above	Included in Item 1 above	As Item 1	As Item 1	None to report	
1.2	CP045	UHW Theatre Refurbishment and Decant Following the completion of Theatres in item 1, remaining theatres to be refurbished (2 at a time)	Preparation of SOC Dec 2020	£10-£15m Estimated	SOC Submission to WG May 2021 OBC Submission to WG April 2022 FBC Submission to WG March 2023	On Programme	Any delay to CP076 (Item 1) would impact on programme	No Progress to date
1.3	Interim Major Trauma Centre (MTC) Works Interim Major Trauma Centre works to include; Reconfiguration of A3 Link to provide Polytrauma Ward (to Level 1 beds) and Provision of Paediatric Resus in A&E to free up Adult space in existing Resus Area.							
a		Polytrauma Ward Reconfigure ward A3 link (currently Trauma & Orthopaedics) to provide an interim facility to support the MTC	Early Design	650k +VAT	Construction Completion End of March 2020		Trauma & Orthopaedic relocation from A3 to allow works to progress	Architect developed sketch plans for discussion with users
b		Expansion of Critical Care Reconfiguring existing facilities to provide a small amount of to Critical Care beds	Part of Critical Care Network	To be determined by equipment only	Completion by March 2020			Directorate provided schedule of equipment

Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
c		Relocation of Trauma and Orthopaedic Ward A3 Link		Nil	Need to relocate by Nov 2019		Confirmation of ward for relocation	
d		Emergency Resus Reconfiguration Free up additional beds for adult resus	Early Design	£200k + VAT	Completion by End of March 2020		None to date	Architect developed sketch plans for discussion with users
1.4	CP057	Major Trauma Centre						
a		UHW Vascular Hybrid Theatre & MTC Theatres Development of a Vascular Hybrid Theatre to support the Vascular Network Clinical Model. In addition the development of a Theatre to support the MTC Service. Part of the scheme includes remodelling SSSU to provide increased recovery space.	OBC Development	£12m Estimated	OBC Submission to WG Aug 2019 FBC Submission to WG March 2020 Construction Phase 1B (New TH in Courtyard) June 2020 - April 2021 Op. Commissioning May 2021 Construction Phase 1A & 2 (Recovery Area) June 2020 - March 2021 Operational Commissioning April 2021 Construction Phase 3 (Reprovision of bed area) April 2021-July 2021 Op. Commissioning Aug 2021	Slight Delay Overall programme is challenging & will require early funding decisions	Meeting aranged with users to agree layout. UHB recevied WG agreement to progress OBC/FBC. Costs to be provided for fees & works covering period of scrutiny	Proposal to include enabling work as part of the OBC to mitigate delay. i.e. provide access from Service Duct to Courtyard for main construction work.
b	CP072	Paediatric Emergency Unit & Single Point of Entry Development of the infrastructure to support the service requirements in relation to the Emergency Unit and the creation of a Paediatric Single Point of Entry. *Phase 1 - Expansion of existing Paeds EU required to provide additional clincial space. Proposed to install a modular building to outside existing facility area and relocate reception/waiting area and triage, allowing additional clinical space to be developed in vacated area.	SOC/OBC To Be Progressed	£2m-£3m Estimated	BC Submission to WG Jan 2020 FBC Submission to WG Dec 2020 Construction Phase April 2021 - March 2022 Op. Commissioning April 2022	Works could not progress until relocation of Mobile MRI @ UHW		Meeting arranged with user
1.5		Genomics (GPW) Development of a Genomic & Public Health Wales facility.	BC format to be agreed with WG	£53m	Timeline to be Confirmed	Feasibility on options to locate facility at GE Site, Coryton completed with budget costs.	Direction and support from WG required	Landlord are pressing the UHB for information / commitment

Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
1.6	CP049 Ryan James	Sustainable Transport Hub Including; Bus Hub, Cycle Hub and repair centre, Aroma outlet and seating area. Pedestrian safety access from the 1st floor of the multistorey car park. Green wall.	BJC - Adcuris	£3.6m	BJC Submission to WG Aug 2019 Re-issued tenders 03/05/2019 - Tender return date 28/06/2019	Programme has slipped circa 6 months	*Difficulty in obtaining satisfactory number of tenders *Challenge by Sports & Social Club in respect of building above the swimming pool	Legal advice sought on challenge from Sports & Social Club
1.7	CP041	Replacement of Theatres and 22 Bed Ward (CAVOC) 3 Modular Build CAVOC theatres with a 22 bed general ward area for decant and winter bed pressures	BJC	£11m	BJC Submission to WG Oct 2019 Construction Period Jan 2020 - April 2021		Clinicians not supportive of proposed development	Meeting arranged with Clinical Board representatives to discuss an acceptable way forward
1.8	CP053	Reprovision of Specialist Neuro & Spinal Rehabilitation and Clinical Gerontology Services Project Team Rookwood relocation to UHL, CRI & St Davids	Construction Phase	£31m	Construction Period Jan 2019 - Jan 2021 CRI Handover 20/12/2019	Programme Slipped	*Late completion of decant works necessary to vacate development area for UHL *Low Level Contingency Available	SCP asked to consider options to mitigate some of the slippage
a		Long Term Ventilation Facility to support proposed Network Clinical Model	Information Gathering	To Be Determined	To Be Agreed			Area identified above proposed Rookwood Out Patients Department. Costs for development of building still being progressed
1.9	CP025	Upgrading of Cystic Fibrosis Facilities Including additional capacity to accommodate growth in demand, as well as environmental improvements	BJC	£3.5m	BJC Submission to WG May 2019 Construction period Aug 2019 - Aug 2020	Slight delay	Awaiting facilities costs and a letter of support from WHSSC	BJC may need chairs action
1.10		Critical Care Expansion Increase in Critical Care beds required to meet future demand	To be agreed with WG	Cost estimate will be prepared when Service Model & accommodation options identified	To Be Agreed		Awaiting outcome of critical care modelling	WG announced, due late summer 2019
1.11		Neo Natal Development Expansion of NeoNatal, Obstetrics & Replacement MRI Scanners		£37.154m	Complete 22.07.2019 MRI to Upper Ground / 1st Floor 03/09/2019		Contingency remaining £90k	

Item	Project Number	Project Name	Status	Budget	Key Dates	Progress / Programme	Issues affecting programme / cost	Comments
2.1	CP074	Haematology Day Unit - Interim To provide improved day patient facilities including segregation rooms and improved waiting/treatment areas. Supporting JACIE requirements	Detailed design		Temp relocation of unit to Heulwen South, 3 June 2019 Out To Tender July 2019 Construction Period Aug 2019 - Oct 2019	Approximate 6 weeks delay	Delay in design stages; Changes to user lead and revised layout required *C5 Fire has impacted upon date for relocation by 2 weeks	Requirement to procure via Single Tender to ensure no further delay to programme & avoid clash with winter bed pressures relating to Heulwen Ward.
2.2	DC18044	Radiopharmacy Interim plans are being discussed to satisfy MHRA regulations. Development of facilities for the production of radioactive pharmaceuticals for diagnostic and therapeutic purposes	Scoping & Feasibility	To Be Determined	Construction Phase Oct 2019 - March 2021	Delay to programme by several months	Scope not yet agreed with end users which is required to determine building footprint.	Meeting sheduled May 21st
2.3		2nd Ophthalmology Theatre Development of a 2nd Ophthalmology Theatre alongside existing facility in clinic OPD8 to allow demand to be met	CB IMTP Programme	Circa £750k	Timeline to be confirmed		*A number of options being reviewed *Available space restricting development	Meeting arranged with Architect & Directorate Manager
2.4	DC18031	Upgrading of Black and Grey Theatre Additional Discretionary Capital allocation provided Nov 2018 to upgrade theatre at UHL for vascular provisions	Construction Phase	£1m	Completion of Construction June 2019	On programme for completion	*Noise distrupction required works to stop	
2.5		Engineering Infrastructure Upgrading of Sub Station	Design development		BJC Submission to WG Nov 2019 Construction Period March 2020 - Sept 2020		*Electrical Service single point of failure *Medical Gas capacity & alternative supply affecting further development of the site	
2.6	CP068 DC18037	Refurbishment of Mortuary BJC is now on hold awaiting a decision from the South Wales Coroner in respect of the configuration of the service in the longer term, which may impact on the development of the current proposals.	Project on hold as agreed in CMG Oct 2018	£1.6m-£2m	To Be Arranged	Project Team on hold		Awaiting outcome of coroners review of service - due Summer 2019
2.7		Woodland House Relocation Estate Rationalisation Programme undertaken to relocate non clinical, office based staff from the UHW site and leased properties within the UHB. Circa 700 staff scheduled to relocate by Oct 2019.	UHB Discretionary Capital	£3.5m	Phase 2 relocations May 2019 Design and Tender Period of remaining phases Phase 3 relocation June 2019 Phase 4 relocation July 2019 Phase 5 relocation Sept 2019	On programme to complete 02.05.2019 Completed Out to tender	*Staff engagement *Internal Capital Resource availability to design and manage works *Funding for works to complete	Phased programme with target date for completion Oct 2019

2.8 Ward Refurbishment Programme								
a		C5 South Urgent remedial works following the fire	Remedial works being undertaken	TBA	Anticipated completion 24/05/2019	On Programme	None	
b		C7 North Part of the ongoing ward refurbishment programme for 2019/20. Agreed with Chief Operating Officer	Construction Phase	£225k	Anticipated completion 24/05/2019	On Programme		
c		C7 South Part of the ongoing ward refurbishment programme for 2019/20. Agreed with Chief Operating Officer	Design & Tender Complete	£225k	Start on Site 03/06/2019 Construction completion 26/07/2019	On Programme		
d		A1 North Part of the ongoing ward refurbishment programme for 2019/20. Agreed with Chief Operating Officer following request from Rebecca Aylward	Design & Tender Complete	£225k	Start on site 23/09/2019 Construction completion 18/11/2019	On Programme		
e		A1 South Part of the ongoing ward refurbishment programme for 2019/20. Agreed with Chief Operating Officer following request from Rebecca Aylward	Design & Tender Complete	£225k	Start on Site 05/08/2019 Constuction completion 13/09/2019	On Programme		
f		B4H General Ward Requirement to refurbish the ward following on infection outbreak & identified on a priority	Tender	£450k	Start on site 25/05/2019 Anticipated completion 26/07/2019		Procurement did not open tenders on day of return	
g		B4H Segregation Rooms Required to refurbish segregation rooms to mitigate potential infection from adjacent ward	Tender	Included in above cost	Start on site 05/08/2019 Anticipated completion 23/08/2019		Delay to B4H above impact subsequently	
h		Poisons Ward UHL Medicine Clinical Board requirement to change clinical model for poisons	Awaiting details from Medicine Clinical Board	Cost estimate to be determined	To Be Arranged	To be determined	*Options developed by Discretionary Capital team with Directorate	Awaiting further direction from Clinical Board
i		Lift Upgrades Part of the ongoing UHW Lift Refurbishment programme	Onsite	£300k	Complete lift No4 - May 2019 Complete lift No7 - Oct 2019 Complete Lift No17 - March 2020		Underestimated works	Lifts prioritised on a basis of number of breakdown / remedial works & condition survey
j		CRI Block 11 - Woodland House Part of the programme to vacate Global Link by end of September 2019. Requirement to relocate mental health services to CRI	Design Development	£1.4m	Completion required October 2019		No funding identified in the Discretionary Capital Programme	

3.1 SHAPING OUR FUTURE WELLBEING (SOFW) Health and Wellbeing Centres								
a	CP056	CRI SARC Redevelopment	SOC	£10-12M	SOC Submission to WG Oct.2018 OBC Submission to WG July 2020 FBC Submission to WG Oct 2021	Awaiting SOC Approval	*SOC yet to be approved by WG following Scrutiny	Unable to progress to OBC SOC Submitted Oct 2018
b	CP046	CRI Chapel Redevelopment In collaboration with Cardiff City Council to provide an information centre for patients and public with Aroma café outlet facilities	BJC	£3.5-£4m	BJC Submission to WG August 2019 Construction Phase Oct 2019 - April 2020	Project Team meetings on hold until funding source has been identified	No Capital / Discretionary Capital funding to progress. ICF Funding application had been declined 2018/19	Strategy to secure funding needs to be agreed
c	CP060	Wellbeing Hub @ Park View	PBC	£16-£20m	OBC Submission to WG Dec 2019 FBC Submission to WG Jan 2021 Construction Phase		*Awaiting endorsment of SOFW PBC submitted to WG	Funding for OBC development cannot be accessed until PBC endorsed
d	CP058 J.Holifield	Wellbeing Hub @ Penarth	OBC	£10.982m (£6m)	OBC May 2019 (April 2019) FBC Submission to WG Jan 2020 Construction Phase April 2020 - April 2021		*Slight delay caused by late involvement of Albert Road Surgery	Time can be recovered in late stages
e	CP032 D.Taylor	Wellbeing Hub @ Maelfa	OBC	£12m (£8m)	OBC May 2019 (April 2019) FBC Submission to WG March 2020 (Jan 2020) Construction Phase June 2020 - Aug 2021 (Apr 2020 - Apr 2021)		*Slight delay caused by recap of Capital costs	Time can be recovered in late stages Public Meeting scheduled 20/05/2019
3.2	In Our Community Programme LDP growth and opportunity to develop Wellbeing Centres within; Cardiff West (Plasdwr) North Cardiff (Whitchurch) Vale (Barry)							
a		Plasdwr Health & Wellbeing Hub Discussions ongoing			Timeline to be confirmed			
b		Barry Health & Wellbeing Hub	SOC To Be Developed	£10-£15m	SOC Submission to WG Dec 2019 OBC Submission to WG Nov 2020 FBC Submission to WG Jan 2022 Construction Phase April 2022 - June 2023			
c		North Cardiff (Whitchurch) Health and Wellbeing Hub	Not Yet Confirmed	£16-£20m	SOC Submission to WG Dec 2019 OBC Submission to WG Nov 2020 FBC Submission to WG Jan 2022 Construction Phase April 2022 - June 2023			

2.5 Letters of Approval

One letter of approval received in month being the approval of funding for the MRI Scanner replacement at UHW.

This is yet to be returned to Welsh Government (WG)

As a result the funding remains in the unapproved section of the CRL.

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



Llywodraeth Cymru
Welsh Government

Mr Len Richards
Chief Executive
Cardiff & Vale University Health Board
Headquarters Building
University Hospital of Wales
Heath Park
Cardiff CF14 4XW

Our Ref: MA-P/VG/4633/18
8 January 2019

Dear Len,

Award of Funding in Relation to the Replacement of MRI Scanners for Cardiff and Vale University Health Board

1. Award of Funding

- (a) We are pleased to inform you that your Application has been successful and funding of up to £3.300 million (*Three Million, Three Hundred Thousand Pounds*) ("the Funding") is awarded to you for the Purposes (as defined in Condition 4(a)).
- (b) The Funding relates to the period 1 April 2019 to 31 March 2020 and must be claimed in full by 31 March 2020 otherwise any unclaimed part of the Funding will cease to be available to you.
- (c) If you have any queries in relation to this award of Funding or the Conditions please contact the Welsh Government Official who will be happy to assist you.

2. Statutory Authority and State Aid

- (a) This award of Funding is made on and subject to the Conditions and under the authority of the Minister for Health, and Social Services, one of the Welsh Ministers, acting pursuant to sections 1 and 2 of the NHS Wales Act (2006), and functions transferred under section 58a of the Government of Wales Act 2006.

3.0 Discretionary Capital & Estate Compliance

This report provides an overview of the current status of the UHB's Discretionary Capital and Compliance Programme including progress, project issues and financial position.

The Cardiff & Vale UHB discretionary capital program for 2019/20 is reporting a forecast breakeven position.

Discretionary Capital Analysis 2019/20

Category	Funding £m
Approved Allocation	
Discretionary Capital	14.428
Sub Total	14.428
Unapproved Allocation	
Sub Total	0.000
Land Disposal & Acquisitions	
Sub Total	0.000
Overall Funding	14.428
Discretionary Capital	
Scheme B/F	0.226
Annual Commitments	1.620
IMTP	4.346
IM&T	0.500
Medical Equipment	1.000
Statutory Compliance	2.800
Other	2.400
Unallocated	0.048
Contingency	0.500
Major Capital Schemes funded by Discretionary Capital	
Rookwood - Emergency Works	0.200
Rookwood relocation	0.116
Black & Grey Theatre	0.672
Total Discretionary Capital Expenditure	14.428
Programme Overspend	0.000

Discretionary Capital Spend Analysis

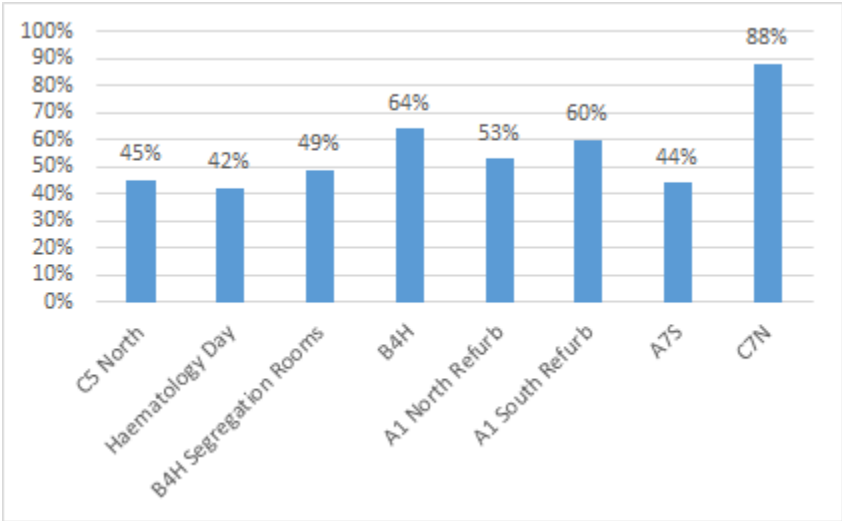
Item	Original Out-turn £m	Adjustments Out-turn £m	Latest Out-turn £m	Orders Raised £m	Orders Receipted £m
Scheme B/F	0.226	0.000	0.226	0.061	0.000
Annual Commitments	1.620	0.000	1.620	0.022	0.011
IMTP	4.346	0.000	4.346	0.355	0.017
IM&T	0.500	0.000	0.500	0.005	0.004
Medical Equipment	1.000	0.000	1.000	0.000	0.000
Statutory Compliance	2.800	0.000	2.800	0.307	0.125
Other	2.400	0.000	2.400	0.058	0.048
Unallocated	0.500	0.000	0.500	0.000	0.000
Contingency	0.048	0.000	0.048	0.000	0.000
Black & Grey Theatre	0.672	0.000	0.672	0.000	0.000
Rookwood Emergency Works	0.200	0.000	0.200	0.000	0.000
Rookwood Relocation	0.116	0.000	0.116	0.000	0.000
	14.428	0.000	14.428	0.808	0.205

Estate Statutory Compliance Analysis

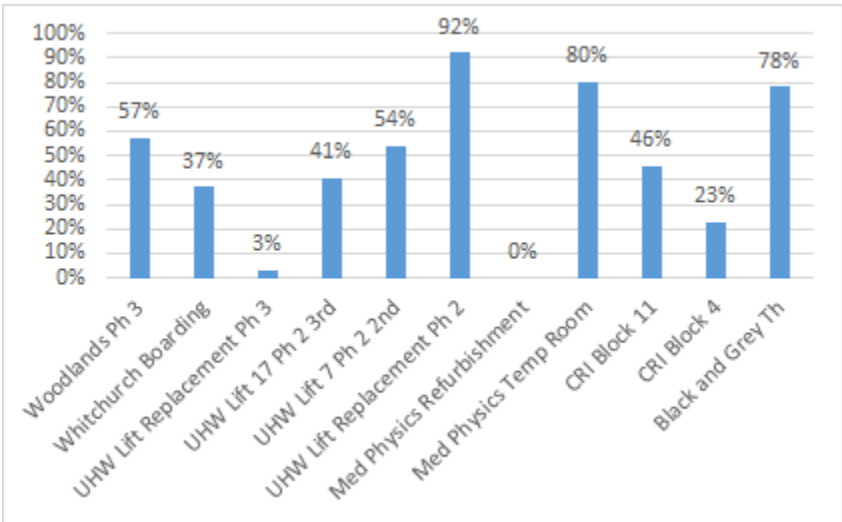
Description	Scheme Lead	Cost			Orders		
		Original	Adj	O'Turn	Raised	Rec	Paid
Fire Risk Works	T Ward	200	0	200	180	18	18
Asbestos	T Ward	400	0	400	91	83	66
Gas infrastructure Upgrade	T Ward	300	0	300	3	3	3
Legionella	T Ward	450	0	450	5	1	1
Electrical Infrastructure Upgrade	T Ward	150	0	150	4	4	4
Ventilation Upgrade	T Ward	500	0	500	16	8	8
Electrical Backup Systems	T Ward	250	0	250	0	0	0
Upgrade Patient Facilities	T Ward	350	0	350	8	8	8
Dedicated Team	N Mason	200	0	200	0	0	0
		2,800	0	2,800	307	125	108

Programme Overview

% Completion (Ward Moves)



% Completion (Significant Schemes)



3.1 Discretionary Capital Programme

				Planned Costs	Variation Costs	Revised Variation Outturn Cost
				£k	£k	£k
DISCRETIONARY CAPITAL & PROPERTY SALES						
Schemes B/F:						
		Estates Microbiology Labs	T Ward	160		160
	CEJ2	Shire database		24		24
	CAJU	ICF Barry Hospital	T Ward	42		42
Annual Commitments:						
	CD93	UHB Capitalisation of Salaries	N Mason	440		440
	CEDB	UHB Director of Planning Staff	N Mason	165		165
	CDN8	UHB Revenue to Capital	R Hurton	715		715
	CDH9	UHB Accommodation Strategy	G Walsh	200		200
	CD09	UHB Misc / Feasibility Fees	J Nettleton	100		100
IMTP:						
		Estate Rationalisation				
	CEJG	Tesco House Refurbishment	G Walsh	1,000		1,000
		Community Buildings	G Walsh	500		500
		WEQAS Building	G Walsh	1,800		1,800
	CEJ4	Sustainable Transport Hub	G Walsh	13		13
	CEJ5	CRI Chapel	G Walsh			
	CEJC	CRI Block 11	G Walsh	42		42
	CAJJ	CAVOC	G Walsh			
	CEHE	Cystic Fibrosis	G Walsh			
	CEJN	UHL New Substation & Upgrade Med Gases	G Walsh	185		185
		Hybrid/MTC Theatres	G Walsh			
		Scheme Fees				
		Primary Care Fees	G Walsh			
		Wellbeing Hub Park View	G Walsh			
		Major Trauma	G Walsh			
	CEJK	BMT Interim Refurbishment of Day Unit	T Ward	806		806
IM&T:						
	CDR8	Backlog IM&T	G Bulpin	500		500
Medical Equipment						
	CD07	Backlog Medical Equipment	C Morgan	1,000		1,000
Statutory Compliance:						
	CDA2	Fire Risk Works	T Ward	200		200
	CDP7	Asbestos	T Ward	400		400
	CEFV	Gas infrastructure Upgrade	T Ward	300		300
	CED5	Legionella	T Ward	450		450
	CEFW	Electrical Infrastructure Upgrade	T Ward	150		150
	CEH4	Ventilation Upgrade	T Ward	500		500
	CEH3	Electrical Backup Systems	T Ward	250		250
	CEH2	Upgrade Patient Facilities	T Ward	350		350
	CDP7	Dedicated Team	N Mason	200		200
Other:						
	CD11	Backlog Estates	T Ward	1,000		1,000
	CEA4	Ward Upgrade (2 wards)	J Aver	1,100		1,100
	CEG6	Lift Upgrade (3 lifts)	T Ward	300		300
	CEJ8	Pelican Ward	J Holfield			
		Emergency Contingency		500		500
		Unallocated		48		48
Other: WG Schemes						
	CAC4	Tesco House Refurbishment	J Holfield	116		116
	CED4	Rookwood - Emergency Works	T Ward	200		200
	CEJF	Black & Grey Theatre	T Ward	672		672
Total				14,428	0	14,428

3.2 Estate Compliance Report

Compliance

The purpose of the report is to provide the Capital Management Group with a summary on the current status of the Estate Compliance Programme. In addition the report will identify key issues for which approval will be Required.

2019-20					
Category	Surveys	Revenue	Remedial Works	Other £m	Total £m
Mechanical Surveys	0.071				
Electrical Surveys	0.000				
Building Surveys	0.000				
Mechanical Estates Revenue		0.002			
Electrical Estates Revenue		0.158			
Building Estates Revenue		0.058			
Mechanical Approved Works			0.005		
Electrical Approved Works			0.191		
Building Approved Works			0.002		
Dedicated Team				0.200	
Asbestos Works (400k)				0.059	
Fees					
Other					3.641
Fire (200k = 147k Surv, 53k Rem)					
Total Funding	1.070	0.841	0.780	0.950	3.641
Spend	0.071	0.218	0.198	0.259	0.746
Total Budget Available	0.999	0.623	0.582	0.691	2.895

Progress of 44 Elements of Statutory Compliance

Compliant	26
Contract in place Compliance achieved on Yearly cycle	6
Non-Compliant	12
Long Term Contracts (4 year plus for all sites)	19

Summary of table below:-

Legionella:- Contract commenced Oct 18. Compliance by April.

Emergency Lighting:- Contract started on Jan 1st. Looking to complete inspections by July 19.

Legionella RA:- Drawing & remedial works identified. Information being used to produce RA and priorities. First two being work through currently as trial.

Ventilation verifications:- Started Nov 2017, additional critical care areas being identified. Completion expected July 19.

Lifts:- Contract in place asset identification and monitoring to be implemented.

Sterile Services:- Assets now know and brought together into one contract. Completion April 19.

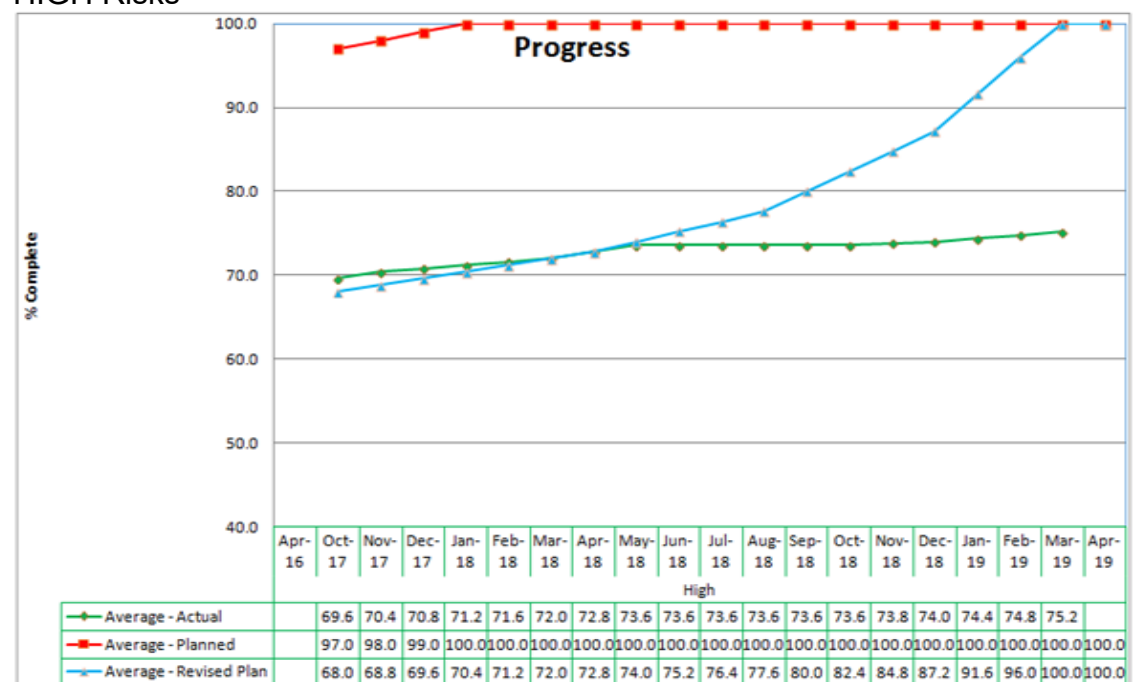
Smoke/Fire Dampers:- Presentations taken place, preferred contractor selected, in stand still period. Estimated Twelve months to complete on site when appointed.

BMS:- Preparing for re tender. Old contract now expired.

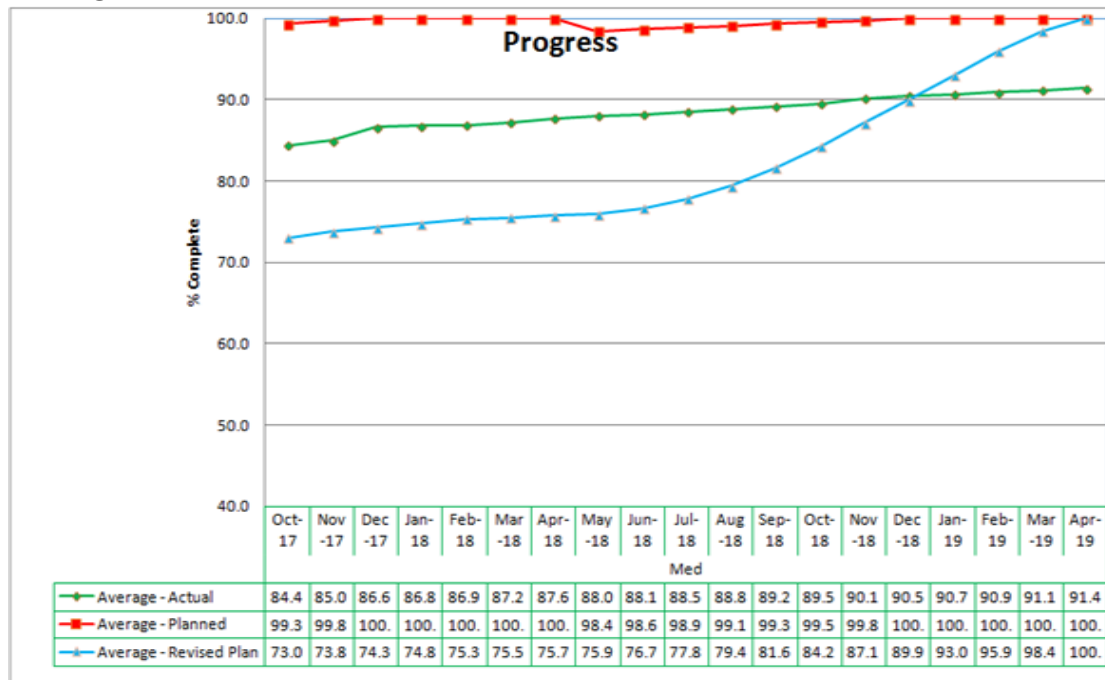
No.	COMPLIANT	Rating	Long term	No.	Description	Rating	Completion
	Description	Tender Type	Contract		Contract in place COMPLIANCE achieved on yearly cycle	Tender Type	Date
1	Legionella (RO Plant)	OJEU	Yes	1	Legionella (annual)	OJEU	Apr-19
2	Medical Gas	OJEU	Yes	2	Emergency Lighting	OJEU	Jul-19
3	Fire Doors compliance check			3	Legionella risk assessments		Mar-20
4	Annual asbestos survey and re-inspections			4	Ventilation/AHU Verification (Intake Cleaning)	OJEU	Jul-19
5	Periodic Inspections		Yes	5	Lifts	OJEU	Jun-19
6	Dry Risers & Hydrants			6	Sterile Services	OJEU	Apr-19
7	High Voltage		Yes	7			
8	Generators		Yes	8			
9	Fire Hoses			9			
10	Fire Alarms	OJEU	Yes	10			
11	Ventilation/AHU (annual)	OJEU	Yes	NON - COMPLIANT			
12	Gas Safety (inc proving)		Yes	No.	Description	Rating	Completion
13	Fire Extinguishers			1	Ventilation/AHU (Smoke Dampers)	OJEU	Mar-20
14	Air conditioning units/chillers	OJEU	Yes	2	Ventilation/AHU (Fire Dampers)	OJEU	Mar-20
15	Commercial Kitchen		Yes	3	Insurance	OJEU	Apr-19
16	Kitchen Canopy & Ductwork: Main		Yes	4	Steam	OJEU	Apr-19
17	Kitchen Canopy & Ductwork: Ward		Yes	5	Fume Cupboards/Safety Cabinets		Apr-19
18	BMS Controls	OJEU	Yes	6	Automatic Doors		Mar-19
19	Emergency Backup (UPS)		Yes	7	Bed Heads		Apr-19
20	Patient Hoist		Yes	8	Helipad Fire Protection		Apr-19
21	Lightning Conductors			9	Chimney		Apr-19
22	Pools			10	Nurse Call		Apr-19
23	PAT Testing		Yes	11	Local Extract (workshop equipment, suites etc)		Apr-19
24	Sprinklers		Yes	12	Legionella (Audits)		Dec-18
25	Fire Suppression		Yes				
26	IPS		Yes				

Compliant	Short term programme to verify Assets	Long term programme to verify Assets	Non Compliant
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HIGH Risks



MEDIUM Risks



Cardiff and Vale UHB – Statutory Compliance – Monthly Status Report

INSPECTION PROGRAMME PROGRESS

	Apr-16	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Average-Actual	68.0	68.0	69.6	70.4	71.2	71.6	72.0	72.8	73.6	73.6	73.6	73.6	73.6	73.6	73.6	73.6	74.0	74.4	74.8	100.0
Average-Planned	97.0	98.0	99.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average-Revised Plan	68.0	68.0	69.6	70.4	71.2	71.6	72.0	72.8	73.6	73.6	73.6	73.6	73.6	73.6	73.6	73.6	74.0	74.4	74.8	100.0

High

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Average-Actual	84.4	85.0	86.6	86.6	86.9	87.2	87.6	88.0	88.1	88.5	88.8	89.2	89.5	90.1	90.5	90.7	90.9	100.0	100.0
Average-Planned	99.3	99.8	100.0	100.0	100.0	100.0	100.0	100.0	98.4	98.6	98.9	99.1	99.3	99.5	99.8	100.0	100.0	100.0	100.0
Average-Revised Plan	73.0	73.8	74.3	74.8	75.3	75.5	75.7	75.9	76.7	77.6	79.4	81.6	84.2	87.1	89.9	93.0	95.9	98.4	100.0

Med

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Average-Actual	54.2	55.0	55.9	56.6	56.8	57.1	57.4	57.5	57.8	58.4	58.8	59.1	59.5	61.3	61.7	62.4	64.5	100.0	100.0
Average-Planned	100.0	100.0	100.0	100.0	100.0	100.0	100.0	98.5	99.1	99.4	99.7	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Average-Revised Plan	42.3	42.6	42.9	40.8	41.1	41.4	41.7	42.5	43.9	45.4	48.7	48.5	55.9	63.4	74.4	81.2	87.6	96.1	100.0

Low

Cardiff and Vale UHB – Statutory Compliance – Monthly Financial Report																
Project Title:		Statutory Compliance 2019 - 20					Report up to:		May-19		Date Printed:		14/05/2019 14:38			
Statutory Compliance Inspections 2018-19																
Role			Name		Title		Building Works			Electrical Works			Mechanical Works			
Investment Decision Maker			Abigail Harris		Executive Director of Planning											
Project Director			Geoff Walsh		Director of Capital, Estates & Facilities											
Programme Lead			Tony Ward		Head of Statutory Compliance & Programme Delivery											
Programme Summary / Headlines																
General:- Asset collation still proving slow and time consuming however focus on High and Medium risk surveys keeping on programme.																
1: Legionella (H):- All sites now being covered by single contract commissioned via OJEU tender process. Some of the community functions still by incumbent contract, however this will phase over over the following two years and revert to new contractor.																
2: Legionella RO (H):- Renewed contract in place.																
3/4: Smoke Dampers (H) & Fire Dampers (H):- System of identification, updating of drawings, survey and remedial works now progressing. Early indication show 4 years to complete surveys. Access issues due to existing services proving problematic. Paperwork being prepared for OJEU.																
17: Legionella RA:- Drawings & remedial works identified. New RA format being developed.																
18: Ventilation AHU (M):- New 5 year contract commenced in 2018.																
19: Gas Safety (M):- New contract commenced 2017																
20: Ventilation/AHU (M) (Validations):- New contract commenced in 2018																
22: Steam:- Asset collation progressing, steam traps and safety valves been surveyed.																
23: Air Conditioning (M):- New contract commenced in April 2018.																
24: Commercial Kitchen:- Four year Contract commenced 2016.																
25/26: Kitchen Canopies (M):- Four year contract commenced 2016.																
27: Fume/safety Cabinets (M):- Asset collation required, Assets unknown timescale TBC.																
30: BMS (L):- Existing contract has been extended whilst tendering process is pull together.																
37: Sterile Services (L):- Contract in place, additional assets added to contract. Inspections on-going.																
40: Local Extract (L):- Assets collation required. Assets unknown.																
41: Legionella Audits (L):- Audit currently being carried out by Shared services.																
44: Pools (L):- Servicing currently being done on rolling orders. Assets collation and Specification/tender required.																
5: Medical Gas (M):- New contract commenced November 2017.																
6: Insurance (L):- 3rd year of a 3 year contract. Tender documents for new contract being progressed.																
7: Fire Doors (M):- Fire door new inspection surveys still to commence electronic system required. Fire drawings approximately 60% complete for UHW.																
8: Asbestos (H):- Re-inspection on-going. New inspection tender being drawn up for issue.																
9: Sprinklers (M):- New 5 year contract commenced 2018. Weekly test by Estates to be implemented. Training has been completed..																
11: Dry Riser/Fire Hydrant (M):- New four year contract commenced 2016.																
14: Fire Hose Reels (M):- Servicing for 2016 complete. Currently 1 Year Contract.																
21: Fire Extinguishers (M):- Four year contract commenced 2016.																
28: Fire Suppression (M):- New 5 year contract commenced 2017.																
36: Helipad (L):- Assets collation required. Assets unknown.																
38: Chimney (L):- Assets collation required. Assets unknown.																
41: Patient Hoists (L):- New contract in place, currently being run by estates. Dis Cap taken over running. Inspections taking place in Feb & Mar 19. This contract may require to be all inclusive to be run safely &																
10: Periodic Inspections (M):- New five year contract commenced 2017.																
12: High Voltage (M):- New four year contract commenced 2016 includes LV first point dist.																
13: Generators (M):- New four year contract in place commenced 2016.																
15: Emergency Lighting:- Contract award and commenced.																
16: Fire Alarms (M):- New contract selection process complete, awaiting sign off.																
29: Auto Doors (L):- Assets collation on going.																
31: PAT Test (L):- New four year contract commencing 1st Feb 2017.																
32: UPS (L):- New four year contract commenced 2016 with Power Controls Ltd.																
33: Bed Heads (L):- Assets collation required. Assets unknown.																
40: IPS (L):- Contract commenced November 2017.																
35: Lifts (L):- HSE issues around insurance inspections currently being dealt with by Estates.																
39: Nurse Call (L):- Contract for A&E UHW only. Assets collation required. Assets unknown.																
42: Lightning Conductors (L):- Uhw & UHL both completed with updated inspections in 2018.																
Dedicated Team																
Asbestos Works																
TOTAL																

Contractor Control

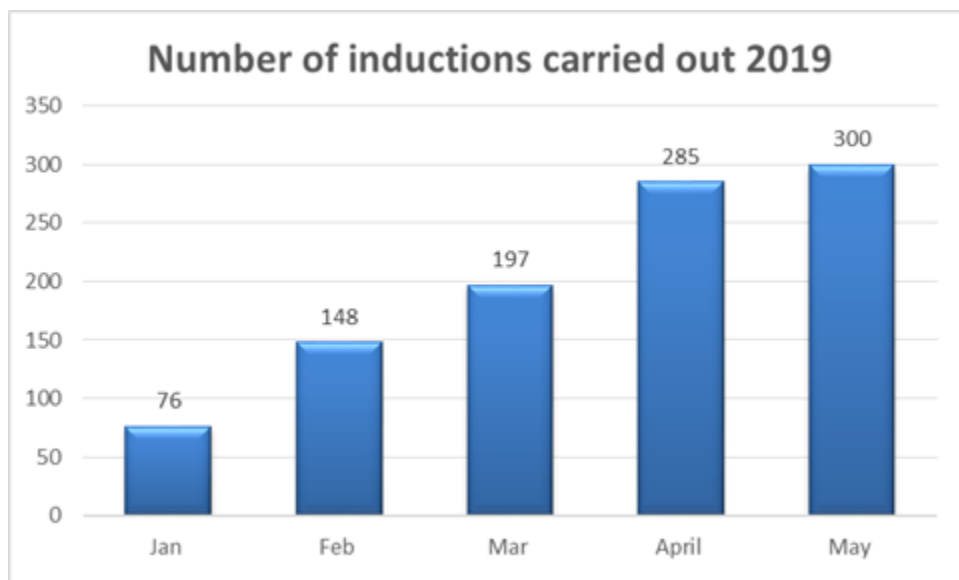
The monitoring of contractors on site continued throughout April. As of the 30/04/2019 there were 67 approaches made for the month compared to 54 the previous month. There have been no procedural breaches and 3 advisories issued

Contractors Currently On Site



There are 158 Contractors currently on the CAV Estates data base as of 08/05/2019

Number of Inductions since January



There have been 300 inductions carried out since the 02/01/2019

3.3 Asbestos Regulation 18 areas

Site	Location	Access by Category B trained personnel	Planned Physical Work	Emergency Work	Permit to Access	Air Monitoring Required	1 Hour Rule
UHW	Chimney (first level and above)	PPE/RPE required to access area	Cat B or LARC dependent on task	Cat B or LARC dependent on task	Yes	Yes	Yes
	Basement high level soffits / pipe work and services (various areas)	Rooms below can be accessed normally. PPE/RPE required for accessing high level services.	Yes - most work done by LARC	Cat B or LARC dependent on task	Yes	Yes	Yes
	Basement floor trenches	Rooms below can be accessed normally. PPE/RPE required for accessing trench.	Yes - most work done by LARC	Cat B or LARC dependent on task	Yes	Yes	Yes
	Physiotherapy tunnels - LGF04 & LGF08	PPE/RPE required to access area	Cat B or LARC dependent on task	Cat B or LARC dependent on task	Yes	Yes	Yes
	B Block lift riser cupboard (adj. to lift 15)	PPE/RPE required to access area	Yes - most work done by LARC	Cat B or LARC dependent on task	Yes	Yes	Yes
Whitchurch	Tunnels	PPE/RPE required to access area via airlock system in basement	Yes - most work done by LARC	Cat B or LARC dependent on task	Yes	Yes	Yes
	Estates large store (old boiler room)	PPE/RPE required to access area	Yes - most work done by LARC	Cat B or LARC dependent on task	Yes	Yes	Yes
CRI	Building 7 - 2nd floor loft space	Rooms below can be accessed normally. PPE/RPE required for accessing loft space.	Yes - most work done by LARC	Yes - most work done by LARC	Yes	Yes	Yes
	Blocked up sections of basement tunnels	Not readily accessible. Entrances blocked up. PPE/RPE required to access.	Yes - most work done by LARC	Yes - most work done by LARC	Yes	Yes	Yes
	Building 10 - first and second floor ceiling and floor voids	Rooms can be accessed normally. PPE/RPE required for accessing voids and risers.	Yes - most work done by LARC	Yes - most work done by LARC	Yes	Yes	Yes
	Coronation plantroom (basement) and adjacent duct	PPE/RPE required to access area	Yes - most work done by LARC	Yes - most work done by LARC	Yes	Yes	Yes
	Links Centre - basement plant room	PPE/RPE required to access area	Yes - most work done by LARC	Yes - most work done by LARC	Yes	Yes	Yes
Rookwood	Ducts and undercrofts	PPE/RPE required to access area	Yes - most work done by LARC	Yes - most work done by LARC	Yes	Yes	Yes
	Undercroft below John Pathy	No access!!!!	All work to be undertaken by a LARC under fully controlled conditions	All work to be undertaken by a LARC under fully controlled conditions	N/A	Yes	N/A
	Floor ducts in X Ray	Rooms can be accessed normally. PPE/RPE required for opening floor ducts.	Yes - all work done by LARC	Yes - most work done by LARC	Yes	Yes	Yes
Dental Hospital	Ceiling Voids / Risers	Rooms can be accessed normally. PPE/RPE required for accessing voids and risers.	Yes - most work done by LARC	Yes - most work done by LARC	Yes	Yes	Yes
Lansdowne Community Building	Crawl way	No access!!!!	No live mechanical services within. Cables only. No accessed required.	No live mechanical services within. Cables only. No accessed required.	Yes	Yes	Yes
UHL	Crawlways leading off main basement tunnels	PPE/RPE required to access area	Yes - most work done by LARC	Yes - most work done by LARC	Yes	Yes	Yes
	Ward West 2 (main area)	PPE/RPE required to access area	Routine maintenance can be done with Cat B training. Anything intrusive to be done by a LARC	Yes - All work done by LARC	Yes	Yes	Yes
	Loft spaces above Catering & Admin (rear loft and central square)	PPE/RPE required to access area	Routine maintenance can be done with Cat B training. Anything intrusive to be done by a LARC	Yes - most work done by LARC	Yes	Yes	Yes
	Ward East 2 (main area)	PPE/RPE required to access area	Routine maintenance can be done with Cat B training. Anything intrusive to be done by a LARC	Yes - most work done by LARC	Yes	Yes	Yes

Reg 18 CAR 12: areas designated as Asbestos Areas under Regulation 18, Control of Asbestos Regulations 2012 and subject to access control measures managed by Estates

Access by Category B Personnel: transiting through the area, fault finding, inspection of plant / equipment

Planned Physical Work: use of tools on cables/pipes etc equipment and building elements.

Emergency work: repair or stabilisation of a service or building element failure where response is required immediately and the fault is identified as being within the controlled location

LARC: Licensed Asbestos Removal Contractor (Shield to be contacted for emergency work on 02920 448 040 - Mon - Fri 0900-1700hrs or 07788 318 016 out of hours)

AMT: Asbestos Management Team (02920 742720 or 07641 134 224)

4.0 Medical Equipment Report

Medical Equipment Report
Executive Lead: Executive Director of Therapies and Health Science.
Author : Deputy Director of Therapies and Health Science
Caring for People, Keeping People Well: Medical Equipment is used in nearly every care pathway across all Cardiff and Vale UHB health systems and underpins the delivery of the majority of the UHB's service priorities. The effective life cycle management of Medical Equipment also supports the priorities outlined in 'Shaping Our Future Wellbeing'. It will enable clinical services to deliver outcomes that matter to people; it will improve service efficiency and sustainability, and the optimal use of the appropriate medical device supports prudent healthcare outcomes.
Financial impact: Effective system level Medical Equipment life cycle management processes are costly. The UHB does not have sufficient predictable capital or revenue funds to consistently deliver medical equipment management processes to the required standard. It is heavily reliant on adhoc funding for medical equipment replacement.
Quality, Safety, Patient Experience impact: Having fit for purpose medical equipment available to deliver effective care when needed is a fundamental tenet of good healthcare.
Health and Care Standard Number: 2.9 Medical Devices, Equipment and Diagnostic Systems
CRAF Reference Numbers: 5.1, 5.1.6, 6.6, 8.1, 8.1.4 & 8.2
Equality Impact Assessment Completed: Not Applicable

RECOMMENDATION

The Capital Management Group is asked to:

- **NOTE** the predicated demand on the medical equipment discretionary capital budget in 2019/20.
- **AGREE** the funding for replacement of the damaged ophthalmology operating chairs and the radiology detector for the CHfW.

SITUATION

The UHB has allocated £1m of discretionary capital to the urgent medical equipment replacement budget to cover 2019/20. This is against a known high priority £4-5m list of medical equipment replacement requirements.

BACKGROUND

The UHB is currently exposed to a degree of regulatory, safety, performance and financial risks associated with its current stock of equipment which is obsolete,

beyond economical repair, inefficient or is a single point of failure with no robust business continuity plans available.

ASSESSMENT AND ASSURANCE

The UHB is still holding £4m+ of capital equipment replacement needs which have been categorised by the Clinical Boards as urgent. This has been raised as a significant operational performance constraint at the HSMB.

Known medical equipment issues for 2019/20

- The 'Alongside' Midwifery Unit currently has 4 birth pools and has not had any refurbishment since it was opened in 2009. The unit would like to expand their intrapartum areas to include the installation of two further pools.
- There is also an early programme development requirement to replace Philips perioperative patient monitors which are end of life in 2020. Expected costs ≈ £2m.
- The replacement of 8 year old automated decontamination re-processors in UHW Endoscopy and Urology (Suite 18) a risk highlighted by the national audit. These will need to be replaced with 'pass through' technologies which will not fit in existing facilities. A consolidated decontamination unit should be considered which would service endoscopy, urology, cystoscopy and radiology on the UHW campus in close proximity to the out patients department.
- There is an opportunity to consolidate the 3 sterile services across UHW and UHL into a single unit remote from both acute hospital sites. This would still be a local UHB service and not a regional service.

So far in 2019/20 2 requests for medical equipment replacement have been received:

The replacement of five 20+ year old ophthalmology chairs / operating tables @ £51K. These are badly damaged / worn and are at risk of failing whilst in use, potentially causing harm.

A replacement detector for the Children's Hospital General Radiology room @ £42K. The current unit is broken and the service is reliant on a loan detector provided as a good will gesture by the supplier recognising the clinical importance of the service.

REPORT TITLE:	5.0 IT CAPITAL REPORT MAY 2019				
MEETING:	CAPITAL MANAGEMENT GROUP			MEETING DATE:	
STATUS:	For Discussion	✓	For Assurance	For Approval	For Information
LEAD EXECUTIVE:	Deputy Chief Executive				
REPORT AUTHOR (TITLE):	Assistant Director of IT				

PURPOSE OF REPORT:

NOTE As reported at the last meeting, the Capital Management Group is asked to note the plans to significantly increase the Capital and revenue investment Digital Health and Social Care Strategy for Wales. The current position is that Ministerial decision on use of funding is awaited.

NOTE The requirement to address the “End of Life” of the Microsoft Windows 7 Operating System on 31/3/2020 and its potential impact on Capital requirements to replace PCs which cannot be upgraded.

SITUATION:

The National Informatics Management Board (NIMB) supported the recommendations on the allocation of the increased investment in digital, to support the digital priorities as outlined in the *National Informatics Plan 2019-22*. The proposals provide a prioritised list of recommendations, indicating the funding split between those elements identified as being funded nationally (capital and/or revenue) through increased Welsh Government (WG) digital transformation programme funding and those elements which should be funded locally (capital and/or revenue).

	2019/20	2020/21	2021/22
WG Digital Capital	£25m	£25m	£ -
WG Digital Revenue	£25m	£25m	£25m

Update on current position regarding release of funding for Prioritised Investment plans

- NIMB endorsed recommendations on priorities and phasing for use of additional digital capital and revenue investment from Digital Transformation Investment fund in February 2019. Ministerial decision on use of funding is awaited.
- The priorities focussed on the use of the additional resources to deliver the priorities identified in the National Informatics Plan 2019/22, but not currently funded.
- Development of business cases to confirm benefits and funding requirements for each initiative is continuing.

Microsoft Windows 10

Microsoft Windows 7 goes End of Life in April 2020. It will be necessary to start making plans to address this issue by moving to Windows 10. It is intended to bring an SBAR to a future CMG to discuss the issues involved.

BACKGROUND:

As part of “A Healthier Wales” and to aid delivery of the “Informed Health and Social Care - A Digital Health and Social Care Strategy for Wales” additional capital and revenue funding has been committed to deliver digital services across health and social care in Wales. In December 2018, NIMB agreed the *National Informatics Plan 2019/22.*,

ASSESSMENT:

Prioritisation principles

- a) All investment should be supported by development of appropriate business cases: effective programme project management and benefits management;
- b) The same logic should be used for allocation of revenue and capital to remove risks of perverse incentives;
- c) Clarity should be provided on what organisations are expected to fund locally;
- d) The investment must accelerate delivery of the WG digital priorities as set out in the National Informatics Plan 2019/22;
- e) National investment should support collective endeavour and co-production;
- f) National funding will cover:
 - a. The increased costs of changing to new digital services;
 - b. the costs of local and national service change support;
- g) Cost savings should fall to local organisations, to incentivise local ownership and delivery;
- h) Collective approaches to increase scale and spread of digital change, benefits quantification and evaluation should be developed rapidly to support the wider programme.

RECOMMENDATION:

The Capital Management Group is asked to note the plans to significantly increase the Capital and revenue investment Digital Health and Social Care Strategy for Wales and consider the planning requirements to secure these investments and their benefits in Cardiff and Vale. Ministerial decision on use of funding is awaited.

Additionally the CMG is asked to note the potential future requirements relating to the “End of Life” of Windows 7.

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
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EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:	Not Applicable
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APPENDIX 1

Delivery priorities for digital services in Health and Social Care

Prioritised list of deliverables 2019/20

The following table has been put together from current known figures from a number of sources, such as business cases and engagement with Health Boards/Trusts. The table sets out where funding is being sought for financial year 2019/20 and where responsibility for providing the capital and revenue funding sits. All figures are estimates unless status shows a business cases has been approved. The table also shows the CAV status/ implications for 2019/20.

Draft Recommendations (In Priority Order)	Funding Stream			Status	C&V Status /Implications
	Local Implications	National (Capital)	National (Rev)		
Implementation of highest cyber-security recommendations from Stratia Report (Increased local discretionary capital and security management)	Increase to discretionary capital	£5.0m	-	National funding ring-fenced for distribution locally.	This will provide “ring-fenced” funding in addition to discretionary capital for Cyber Security Infrastructure
Agree costed and prioritised NHS Wales infrastructure investment plan (including replacement of NWIS infrastructure /architecture)	None	£5.0m	-		No CAV implications as this is an amount for NWIS to refresh central Infrastructure
Cyber security - Increased investment in cyber-security and infrastructure to address resilience and cyber risks	Contribution to local cost pressures including staffing and SIEM/ training licences	-	£1.2m	National funding for distribution locally.	This allocation will provide 2 extra staff per organisation to support the implementation of Cyber security products SIEM and NESSUS. In addition CAV have an internal Business case awaiting approval for the following: Internal Business Case identifies: Capital £75K

Cyber Security: Implementation of a programme of hardware / software and staffing developments sufficient to protect the UHB in conjunction with National organisations such as NWIS from Cyber security threats					Revenue £180K pa Workforce Implications : Cyber Security Team – 1 x Band 7 WTE + 2 x Band 6 WTE Capital Requirements : Purchase of capital hardware to provided boundary and internal protection from cyber-attack (£75K)
Replacement of end of life hospital pharmacy system:	Revenue costs agreed to be funded by HB/ Trusts	£2.4m	-	OBC Approved by WG (Oct 18)	Capital to be funded nationally. Increased revenue. Wales Chief Pharmacists group have agreed to the increased recurring revenue costs of £69K pa based on CAV having 17% of Welsh Pharmacy users. This will be a cost pressure for Pharmacy/UHB. CAV have submitted letter of support to the programme confirming our agreement.
Eye care system : The receipt of Electronic Referrals from Optometric Practices using Blackberry Access to ensure a “safe and secure” connection. The connectivity of the Optometric Practices “safely and securely” enabling access to the UHB Clinical Applications	Revenue costs agreed to be funded by HB/ Trusts	£1.8m	-	OBC submitted to WG	TBC Revenue impact for 2019/20 For E-referral and EPR £79,500 <i>Note: Current revenue costs already in place for maintenance costs for current eye systems</i>
CANISC system replacement (phase 2): Replacement for the current cancer system run from Velindre	None	£4.0m	-	Phase 2 Business Justification Case being drafted and due for approval by 31/03/2019	National upgrade of Cancer system onto new platform to replace current End of Life at risk platform – no CAV finance implications

Re-procurement of pathology system (LINC/LIMS)	Increased revenue costs to be funded nationally	£0.0m	£0.8m	Draft submitted to WG Potential OBC capital options	Increased revenue costs to be funded nationally
<p>(enabler) National data repository</p> <p>The national data repository is a commitment within Healthier Wales, to make data accessible. It underpins all aspects of our digital programme, enabling the patient to view, and add to their record, ensuring clinical information about the person is available to clinicians regardless of what system they are using and where they are and allowing the benefits of analytics, PbR, workforce and estates planning etc to be realized, as more people have access to more data in a more usable format.</p> <p>The data programme includes linking clinical and care event data, including the medical record, with financial, workforce and many other data.</p>	Local capital and revenue implications in business case	£1.3m	£3.0m	Is an enabler to develop digital systems and data sharing	National capital and revenue funding which will be distributed locally

<p>(enabler) Accelerating sharing of more structured clinical data (includes NDR/ CDR and clinical forms):</p> <p>Critical enabler to delivery of Once for Wales - supporting improvements in care & the Welsh care systems ability to deliver care around and tailored to the citizen / patient Support Research, personalised medicine, monitoring & treatment, management of IOT data in a cost effective approach</p> <p>Enhances the UHB's, the wider care community & Welsh Care organisations ability to use of information in support of: Individual direct care provision in real time & near real time (e.g. care planning) & Health intelligence</p> <p>Supports and accelerates ecosystem</p>	Local capital and revenue implications in business case	£1.75m	£0.4m	Is an enabler to develop digital systems and data sharing	National capital and revenue funding which will be distributed locally
<p>(enabler) Citizen online platform (including authentication and platform architecture):</p>	None initially. First work is national enabling programme	-	£0.4m	Is an enabler to develop digital systems Capital may be required in 2020/21	None for 2019 /20

Support the agreement to a National Citizen access portal for enable record availability to citizens, Virtual Management, Social Prescribing and informed wellbeing of citizens. Improved interaction with Health and care services through a range of media, whilst reducing economic impact and harm to the environment (through unnecessary travel).					
<p>(enabler) Microsoft Enterprise Agreement - Increased investment to support increased mobilisation of work force and maximise benefits of increased functionality:</p> <p>The current NHS Wales Enterprise Agreement will cease in June 2019. This will have two impacts on the UHB an increase in price and a move to Microsoft 365 and cloud services Within the Microsoft 365 offering it will enable greater mobile access to resources including email in the cloud.</p>	<p>50% Digital revenue/ 0% Local revenue</p> <p>WG</p> <p>-</p> <p>Local</p>		<p>£4.5m (£9.0 Total cost)</p>	<p>Microsoft Business model is subscription based. (50% funded by WG)</p>	<p>Uplift on current revenue paid by UHBs to be funded nationally. However latest cost proposals from Microsoft are significantly higher than those shown here presented and presented at NIMB. Discussions/negotiations are on-going.</p>

<p>Mobilisation –</p> <p>Increased investment in devices in acute hospitals to support increased deployment of applications</p>	<p>Local capital and revenue implications in business case</p>	<p>£1.0m</p>	<p>£0.4m</p>	<p>First phase in 2019/20</p>	<p>None for C&V 2019 /20</p> <p>CAV received £10K year-end WAG capital money to support the eNursing document pilot.</p>
<p>E Flow and E-Observations:</p> <p>The procurement and implementation of a patient flow management system and associated process change into CAVUHB including the necessary infrastructure and integration with existing clinical, operational and management information</p> <p>Electronic Patient Flow Management (ePFM) systems provide core benefits to the service. At a clinical level it will offer the ability to capture and maintain real time data about the patient's clinical status including patient observations (e.g. National Early Warning Scores for sepsis), pressure area risk scores and other alerts and notifications associated with maintaining patient safety on the ward. Operationally it will utilise electronic white boards to support daily multidisciplinary meetings on</p>	<p>Local capital and revenue implications in business case</p>	<p>-</p>	<p>£0.75m</p>	<p>OBC draft due at NHS Executive Board February 2019 (OB is 40%) Programme costs only in 2019/20</p>	<p>Internal resource to complete BC (Sandra Whitney).</p> <p>If national BC is approved by WG, an internal BC will be produced to understand revenue requirements estimated currently £450K – all staff costs.</p> <p>Costs to be confirmed via Business case process. Wont impact CAV in 2019/20.</p> <p>Programme dependent on Mobilisation programme National Programme costs only in 19/20 with implementation likely 20/21</p>

wards to plan and deliver timely care by the whole team including referrals to other services. It will provide real time whole hospital and health system bed management information to support the daily management of patient flow in response to changing needs including staff management. Finally, it will provide the opportunity to deliver information for planning and financial purposes.					
<p>E Prescribing:</p> <p>WEPMA replaces the current paper prescription and administration record chart normally completed for every in-patient, as well as discharge and outpatient prescription forms.</p>	Local capital and revenue implications in business case	-	£0.80m,	Figures provided for 2020 and 2021, although capital required in 2019 with no figures provided	Business case compilation ongoing at national level.
<p>Nursing Record documentation:</p> <p>A technical solution (phase 1) is required by Nov 2019. Areas to be digitised over coming years include: All Wales electronic adult inpatient nursing assessment document</p>	Local capital and revenue implications in business case	-	£1.8m	Phase 1 and phase 2 now merged.	<p>CAV received £10K from WG to support pilot in June- (end of year spend)</p> <p>National capital and revenue funding which will be distributed locally</p>

All Wales electronic core risk assessments document(s) for Falls, Skin assessment, Pain, Continence, Manual handling & Vital signs Supports effective clinical practice, safe care & time to care					
PROMs/ PREMS: Supports clinical decision making both in physical and virtual space Increases ability to understand clinical and cost effectiveness of our services and processes and opportunities for improvement Underpins knowledge of our populations quality of life & the impact of our strategic longer term initiatives Critical element of our quality and R&D programmes	Continuation of current programme	-	£0.500m	Continuation of current programme	None
(enabler) Single sign on (priority local systems; national systems and ESR):	Local and national capital and revenue implications to be in phased business case	-	£0.5m	2019 Capital and revenue funding required	National capital and revenue funding to be distributed locally on phased basis once the business case complete.

The implementation of a "fast and secure" mechanism for users to connect to the NHS Wales Domain					
<p>Additional national programme investment for WCCIS</p> <p>The Welsh Community Care Information System (WCCIS) Programme has been set up to deliver the informatics requirements key to the transformation of community services in Wales. The UHB is progressing a Business Case to provide the required resource to support the implementation of WCCIS and migration of existing services across from Paris.</p>		-	£0.3m	SRO costs confirmed	Minimal owing to timing for CAV - TBC
Total		£22.231	£14.311		

Details of the estimated capital and revenue impact for each year 2019/20-2021/22 are attached at annex 1. The figures need further review and include significant optimism bias in both the budget figures and start dates.

Key Decision Considerations

- I. Capital costs have not been included for the Microsoft Enterprise Agreement/ Office 365 as it is assumed replacement of existing infrastructure and devices funding work will deliver the associated ICT infrastructure and equipment required to operate the latest Microsoft applications such as Office 365.
- II. All costs in the table above have been taken from business cases (where known/available) and include optimism bias (usually 20% unless otherwise stated).
- III. Utilising the informatics priorities and the principles on page one, a list of priorities has been identified. The list has been tested to ensure that other relevant factors have been considered (e.g. Ministerial priority, A Healthier Wales commitments etc.).
- IV. At the top of the recommendations is funding that can be flexed to provide an injection of funding at a local level to help ensure work is completed as well as to help provide some funding around getting resources with the necessary project and programme management (PPM) skills into delivery teams. The exact amount to be held for PPM has yet to be confirmed.
- V. Some developments funded in 2019/20 have delivery timescales running beyond 2020/21 and longer. It should be noted that the availability of digital capital funding has only been confirmed 2019/20 and 2020/21.

6.0 Service Planning Report

Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
Academic Avenue - New Block Theatres/Haematology/BMT/Final Solution Polytrauma Ward Block/Advanced Therapeutic Medicinal Product (ATMP) Clinical Leads: Surgery/Specialist/CD&T Clinical Boards Planning Lead: Marie Davies/ Lee Davies <div style="text-align: right; border: 1px solid black; padding: 2px; width: 50px; margin: 10px auto;">A</div>	Business Cases Strategic Overview Paper for Theatres/Haematology/BMT/Radio Pharmacy/Polytrauma Ward Block/Advanced Therapeutic Medicinal Product (AMTP) Paper produced in relation to the development of the strategic overview, within C&VUHB, for next 10-15 years. Paper provides the rationale for developing several business cases as detailed below. SOC/OBC/FBC will include new accommodation based on requirement to address environmental deficiencies for: <ul style="list-style-type: none"> the replacement of 5 of the main theatres as well as 2 decant theatres linked to the existing theatre accommodation; <i>Haematology/BMT facilities</i> - Development of facilities for Haematology/BMT have been subject to significant risk as a result of potential loss of JACIE accreditation due to care environment concerns. <i>Polytrauma Ward and Critical Care Facilities</i> – Permanent solution for the provision of a polytrauma ward (replacing the temporary accommodation) for the new Major Trauma Centre development. The provision of facilities for the critical care elements of the Major Trauma Centre. Critical Care facilities 	<ul style="list-style-type: none"> Pace of development of Business Cases - Project Team has been established but project management resource is lacking. <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Key milestones & dates Overall construction completion aim – August 2023 <ul style="list-style-type: none"> Strategic Overview Paper submitted to WG October 2018. Synopsis of the Strategic Overview Programme and accompanying letter from Len Richards to Andrew Goodall sent early January 2019. Following discussions with WG - Development of a SOC in May 2019. Submission to WG end May 2019. </div>	MD

Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
	<p>that are needed for the Health Board regardless of the Major Trauma Centre.</p> <ul style="list-style-type: none"> <i>Advanced Therapeutic Medicinal Product</i> – Provision of facilities to deliver advanced cellular therapies 	<ul style="list-style-type: none"> OBC July 2019 – March 2019 (subject to WG approval of the SOC). FBC July 2019– March 2021 	
MAJOR TRAUMA CENTRE – ENABLING SCHEMES			
<ul style="list-style-type: none"> MTC – Interim Polytrauma Ward - MD 	<p>In order to meet the MTC 'go live' date of April 2020 an interim Polytrauma ward will be created on A3 Link, UHW, subject to the relocation of the Trauma ward which currently occupies this accommodation. The ward will comprise 6 x level 1 beds, 8 x general beds and a small rehab area. Capital costs and timescale for completion to be confirmed May 2019.</p>	<p>Key milestones & dates</p> <ul style="list-style-type: none"> Request funding from WG- May/June 2019 Action - formal letter from CEO required to go to DG requesting discretionary capital uplift Mobilisation and Construction – August 2019 – January 2020 	<p>MD</p> <p>GW</p>
<ul style="list-style-type: none"> MTC - UHW Emergency Unit (EU) and Paediatric Single Point of Entry (SPE) <div style="text-align: right;">A</div>	<p>A requirement for the Major Trauma Centre designation includes the development of the infrastructure to support the service requirements in relation to the Emergency Unit and the creation of a Paediatric Single Point of Entry.</p>	<p>Key milestones & dates</p> <ul style="list-style-type: none"> Proposals and timescales to be agreed 	

Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
<ul style="list-style-type: none"> MTC – Interim work required to the Emergency Unit 	<p>In order to meet the MTC 'go live' date of April 2020, a 7th adult resuscitation room is required to meet projected increased activity as a 'Do Minimum' until the above scheme can be developed and funded. A plan to undertake some minor internal remodelling enable this interim scheme will be concluded in May 2019.</p>	<p>Key milestones & dates</p> <ul style="list-style-type: none"> Request funding from WG- May/June 2019 Action - formal letter from CEO required to go to DG requesting discretionary capital uplift Mobilisation and Construction – August 2019 – November 2019 	
<ul style="list-style-type: none"> UHW – Provision of a Hybrid Theatre/+ MTC Theatre <div>A</div>	<p>Development of Business Case progressing, WG have confirmed type of business case to be OBC/FBC. Hybrid & MTC theatre - options feasibility testing concluded. Preferred option is hybrid theatre located in courtyard with adjacent general/MT theatre.</p>	<p>Key milestones & dates</p> <ul style="list-style-type: none"> BJC completion September 2019 Adjusted to February 2020. Construction completion November 2020 Adjusted to April 2021. <p>WG have now confirmed that this business case should be taken forward as an OBC/FBC.</p> <p>Timescales for completion are:</p> <ul style="list-style-type: none"> OBC completion August 2019 FBC to commence immediately after OBC submission to WG and to be completed by May 2020 	

Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
		<ul style="list-style-type: none"> In order to complete the works by the original completion date of April 2021 enabling works will need to be carried out in advance of the main contract between January 2020 and August 2020. 	
THEATRES – CAPCITY ENABLING SCHEMES			
<ul style="list-style-type: none"> UHW – Provision of 2nd Ophthalmology Theatre <div>A</div>	<p>Development of a 2nd Ophthalmology Theatre to meet demand pressures.</p> <p>Planning work to develop the programme to commence shortly.</p>	<p>Key milestones & dates</p> <ul style="list-style-type: none"> Programme to be confirmed. 	
<ul style="list-style-type: none"> UHL – Upgrading of Black and Grey Theatres <div>A</div>	<p>WG additional discretionary allocation of £1m for scheme.</p> <p>Progressing at risk because of the interdependency with the vascular centralisation at UHW.</p>	<p>Key milestones & dates</p> <ul style="list-style-type: none"> Construction to be completed July 2019 with operational commissioning during August 2019 and occupation by September 2019. 	
<ul style="list-style-type: none"> Replacement of Theatres 5&6 at UHL <div>A</div>	<p>BJC – UHL – Preferred option 3 modular theatres (2 replacement and 1 decant) plus 24 bed ward (for winter/decant) due to time critical requirement for capacity.</p> <p>Development of business case progressing, capital cost availability delayed due to on-going design development.</p>	<p>Key milestones & dates</p> <ul style="list-style-type: none"> BJC to be completed by May 2019. Adjusted to September 2019 Overall completion December 2020. Adjusted to April 2021 	

Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
		Currently on hold pending discussions regarding the preferred option	
SHAPING OUR FUTURE WELLBEING IN THE COMMUNITY – KEY SCHEMES			
Shaping Our Future Wellbeing: In Our Community Programme <div>G</div>	Tranche 1 Projects:- <ul style="list-style-type: none"> Internal planning for the first tranche projects underway – see individual projects below for progress. Tranche 2:- <ul style="list-style-type: none"> Planning work underway within Cardiff West Cluster in response to LDP growth and opportunity to develop a WH@PlasDwr. Discussions in relation to LDP growth in the North Cardiff Cluster and the impact for delivering health and wellbeing services have begun. Planning work for the development of a masterplan for the H&WC@Barry is underway. Outcome of Clinical Services Plan Planning Event (May 2019) will inform future direction. 	<ul style="list-style-type: none"> Revised PBC (Jan2019) with Minister for Health and Social Services with a recommendation to endorse. 	
		Key milestones & dates	
H&WC@CRI - Masterplan (SOFW:IOC First Tranche Project) <div>R</div>	<ul style="list-style-type: none"> Initial assessment indicates that available space at CRI is insufficient to accommodate the draft service scope. Further work required to challenge space allocation and identify creative space solutions. 	<ul style="list-style-type: none"> Awaiting endorsement of SOFW:IOC PBC, which will enable further detailed planning work for CRI to be instigated. 	
		Key Milestones and dates <ul style="list-style-type: none"> To be identified. 	

Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
	<ul style="list-style-type: none"> At the request of WG, we will prepare a masterplan for developing the H&WC@CRI phased over a 10 year period. 		
Relocation of SARC within CRI and enabling works (H&WC@CRI – Phase 2) <div>A</div>	<ul style="list-style-type: none"> SOC submitted to WG mid-October. Scheme also includes associated enabling works - relocation of CAU and Links CMHT on CRI site. 	<ul style="list-style-type: none"> 3rd series of scrutiny queries received, which relate to capital works. UHB response being prepared <div>Key Milestones and dates</div> <ul style="list-style-type: none"> Project plan to be revised once SOC approved. 	
Wellbeing Hub @ Park View <div>R</div>	<ul style="list-style-type: none"> Business case route dependent on WG approval of PBC. Awaiting outcome of IIB decision re: SOFW:IOC PBC to agree business case route for the WH@PV. 	<ul style="list-style-type: none"> Confirmation of business case route required from WG. <div>Key Milestones and dates</div> <ul style="list-style-type: none"> Project plan to be determined once business case route agreed with WG. 	
Wellbeing Hub @ Maelfa <div>G</div>	<ul style="list-style-type: none"> SCP appointed July 2018. Service scope and capacity planning identified. Design work underway (AEDET workshop undertaken 04/02/2019). OBC to be submitted to WG for approval of capital funding from the Primary Care Pipeline Fund 	<ul style="list-style-type: none"> OBC to be submitted to WG <div>Key Milestones and dates</div> <ul style="list-style-type: none"> OBC to be completed May 2019. FBC to commence June 2019. Facility to be opened by Dec 2021 	
Wellbeing Hub @ Penarth	<ul style="list-style-type: none"> OBC to be submitted to WG for approval of capital funding from the Primary Care Pipeline Fund 	<ul style="list-style-type: none"> OBC being subjected to internal assurance and approval during May 2019 	

Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
G	<ul style="list-style-type: none"> Design of facility to be reviewed to incorporate Albert Road Surgery. Costs of redesign work and fit out of shell accommodation to be included in FBC submission During the recent engagement exercise with the local community there were many positive responses, but also concerns raised regarding location, access, traffic congestion and pollution. Appropriate actions identified. Recent community engagement exercise did not include proposal to relocate Albert Road Surgery due to uncertainty at the time. A supplementary engagement exercise will need to be initiated for Albert Road patients 	<ul style="list-style-type: none"> In discussion with WG, proposed submission of the OBC to incorporate capital costs for shell accommodation for Albert Road Surgery. FBC to incorporate redesign and fit out costs within the available footprint Feedback to community on outcome of recent engagement exercise Albert Road Surgery to initiate engagement with registered patients – to be supported by Service Planning Team Key Milestones and dates <ul style="list-style-type: none"> Aiming to submit OBC to WG end of May 2019 FBC to commence in June 2019 Facility to be opened by Dec 2021 	
OTHER UHB PRIORITY MAJOR CAPITAL SCHEMES			
UHW Refurbishment of the Mortuary A	Recent HTA inspection highlighted significant refurbishment required in order to meet the requirements of the HTA standard.	Key milestones & dates <ul style="list-style-type: none"> BJC is now on hold awaiting a decision from the South Wales Coroner in respect of the configuration of the service in the longer term, which may impact on 	

Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
		the development of the current proposals.	
<ul style="list-style-type: none"> UHL Upgrading of Cystic Fibrosis Facilities <div>A</div>	<p>BJC will include for the provision of additional capacity to accommodate growth in demand, as well as environmental improvements on the basis that the utilisation of the additional capacity will be phased as it is dependent on the approval of additional revenue funding from WHSSC.</p> <p>Letter of support awaited from WHSSC.</p>	<p>Key milestones & dates</p> <ul style="list-style-type: none"> Submission to UHB Board in May 2019 Formal submission to WG early June 2019. 	
Genomics	Discussion being taken forward at national level through Genomics Task Force Group.	<p>Key milestones & dates</p> <ul style="list-style-type: none"> None currently to report. 	

R	Unlikely to achieve its objectives or benefit on time. Major issues are present.
A	May not achieve objectives and/or benefits on time unless issues are resolved.
G	On schedule for delivery of objectives and benefits within timescales, no issues.

6.1 Gantt Chart

Project Name	Type of Busines s Case	2019										2020												2021													
		April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec			
Tranche 1 – Theatres/MTC/Haematology																																					
UHW – Academic Avenue, Theatres, Polytrauma, Haematology	SOC/OBC/ FBC	SOC				OBC																															
UHW – Interim Polytrauma Ward A3																																					
UHW – Vascular/MTC Hybrid Theatres	OBC/FBC	OBC					FBC									FBC	SCRUTINY																				
																																			OBC	SCRUTINY	ADVANCED ENABLING WORKS
UHW – Main Scheme Expansion of EU/Paediatric Single Point Entry	TBC																																				
UHW – Interim MTC EU Solution 7 th Adult Resuscitation Bay																																					
UHW – 2 nd Ophthalmology Theatre	TBC																																				
UHL – Replacement of Theatres/New Ward	BJC	BJC																																			
UHL –Black and Grey Theatres	Approved																																				
Tranche 2 - Theatres																																					
UHW –Refurbishment of remaining main theatres	TBC																																				
Other Schemes																																					
Rookwood –Neuro/Spinal Rehab & Clinical Gerontology	FBC																																				
Cystic Fibrosis –Upgrading and Expansion	BJC	BJC																																			
Mortuary - Upgrading	BJC	On Hold pending decision from the Coroner																																			
Sustainable Transport Hub	BJC	BJC																																			
Shaping Our Future Wellbeing: In Our Community (SOFW)																																					
SOFW: IOC PBC	PBC																																				
Health & Wellbeing Centres (Tranche 1 Locality Level)																																					
CRI - Masterplan	Masterplan	To be Confirmed																																			
CRI – SARC Redevelopment	SOC/OBC/ FBC	S o c			OBC																																
CRI – Chapel Redevelopment	BJC	BJC																																			
Wellbeing Hubs (Tranche 1 Cluster Level)																																					
Ely – New Build Wellbeing Hub@Park View	TBC	Type of Business Case to be confirmed following WG approval of PBC																																			
Llanederyn – New Build Wellbeing Hub@Maelfa	OBC/FBC	OBC			FBC																																
Penarth – New Build Wellbeing Hub@Penarth	OBC/FBC	OBC			FBC																																

7.0 DISCRETIONARY CAPITAL PROJECT REQUEST SUMMARY SHEET

Project No.	Date Received	Clinical Board / Department	Description	Decision	Action
PR0001	11/05/18	PCIC	Install TDSI on main door @ Llantwit Major Health Centre	Rejected at CMG 21/5/18	Requester informed of decision
PR0002	09/05/18	Medicine	Relocating existing poisons unit to E4 UHL		
PR0003	22/05/18	Medical & Dental	Renovation of Education Centre UHL: Funding has been granted by Wales Deanery for the renovation, GW requested confirmation letter of funding approval prior to progression	Finance investigated funding. Approval given to proceed	Identifying resource to assign to project
PR0004	06/06/18	Pharmacy	The team confirmed the 'invest to save' scheme required an area within the retail units. Plans of the area had been given to the team. Internal design/project officer have not been assigned to the works	Approved at CMG 16/07/18	Progressed with commercial services team
PR0005	19/07/18	Mental Health	TDSI control on Elm Ward and break glass unit in EAS – both HYC. Deputy Directorate Manager has confirmed the Clinical Board will fund the installation and also cover all breakdown and maintenance costs.	Approved at CMG 20/8/18	GW instructed the appropriate team to continue.
PR0006	26/07/18	Medicine	Gastro dept UHL. Convert MDT room into clinical infusion and education centre for IBD patients. The project is anticipated to be financed by charitable funds.	Provide funding stream information to finance for investigation	Email Correspondence sent to RH

			Requester desires an assigned architect to confirm if the design is feasible. Peter Welsh confirmed via email that the area had been allocated. GW informed the team that design/architectural team would need to be out sourced and requested confirmation that adequate funding was available to cover the fees.		
PR0007	24/08/18	Medicine	To develop a new model of nursing care on East 8 in UHL: ICF capital bit has been submitted for the Cognitive impairment project, an estimate of the estates work is required to secure to bid/funding.	Waiting confirmation of ICF funding	Contacted requester for information
PR0008	06/09/18	Women & Children	M&E work required at CHfW to change store room into an office and fit an additional sink in the milk room which was formally a pharmacy. Charitable funding.	Approved, funding information had been provided	TW contacted to progress
PR0009	06/09/18	Women & Children	Neonatal offices and Seminar Room upgrade @ CHfW. Quote provided by a Capital Planning officer £7363.40. Charitable funding	Approved, funding information had been provided	TW contacted to progress
PR0010	06/09/18	Women & Children	Upgrade and renovations to the Renal Outpatients dept with decoration and minor alterations to 8 rooms in the current department.	Approved, funding information had been provided	TW contacted to progress
PR0011	12/09/18		Unit 2 PMC Treforest – Reinstate former entrance to create a wheelchair accessible fire route. Approx £11k, anticipated funding by Clinical Board	Approved, supported by Clinical Board	Capital Planning Property manager contacted

PR0012	27/09/18	PCIC	Llantwit Major Clinic – Resource to provide quotation to refurbish old dental suite into sexual health treatment room.		Identifying resource to progress
PR0013	09/11/18	Specialist Services	Haem. UHW – Refit a discussed room to deliver a sustainable DVT Service for patients. 2 clinic rooms required with sinks, office space for lead nurse, bench work space and flooring	Further information required re: location	
PR0014	19/09/18	Women & Children	Jungle Ward – Improvement of ward for neurorehabilitation, also improving current parent accommodation	For noting	TW contacted to progress
PR0015	19/09/18	Women & Children	Reconfiguration of coordinators room to assist with increased capacity of staff.	For noting	TW contacted to progress
PR0016	20/11/18	Gastro - UHL	Request for a quote to develop MDT room from a meeting room to an IBD clinical infusion and education centre	To proceed	
PR0017	06/12/18	Med Physics	Request to fit automatic mag locks to 3 sets of double corridor doors	For noting	Passed to estates
PR0018	20/12/18	Dental	Additional office area at Unit 2 Treforest to accommodate additional 8 staff with Cwm Taf / CAV transfer for Designed to Smile Programme and Dental Service (D2S)	To contact requester re: Cwm Taf transfer	Email issued

Report Title:	Shaping Our Future Wellbeing: In Our Community (SOFW), Wellbeing Hub@Maelfa – Outline Business Case					
Meeting:	UHB Board			Meeting Date:	30 May 2019	
Status:	For Discussion		For Assurance		For Approval	✓ For Information
Lead Executive:	Director of Planning					
Report Author (Title):	Service Planning Project Lead – 029 2183 6071					
PURPOSE OF REPORT	The Board is asked to authorise the submission of Wellbeing Hub@Maelfa – Outline Business Case to Welsh Government for approval as part of the process to access capital funding from the Primary Care Pipeline Fund.					

SITUATION

This paper sets out a summary of proposals and associated capital and revenue implications for the Wellbeing Hub @ Maelfa. It is provided to the Board to agree the submission of the Outline Business Case (OBC) to Welsh Government (WG) for £12.748m capital funding from the Primary Care Pipeline Fund. A draft version of the Executive Summary is attached (and the draft OBC is available on request).

BACKGROUND

The proposed Wellbeing Hub@Maelfa (WH@Maelfa) will form one element of the network of community infrastructure set out in the SOFW: In Our Community programme, which was submitted to WG in July 2018. WG officials have submitted the PBC to the Minister for Health and Social Services with a recommendation to endorse – the outcome is awaited.

In the meantime, WG has provisionally allocated Primary Care Pipeline capital funding for the development of the WH@Maelfa. The proposals and supporting rationale are set out in the draft OBC, required by WG as second stage of three in WG's capital investment business case approval process. The final stage (Full Business Case (FBC)) is projected to be submitted by March 2020 with construction and commissioning of the new facility ready to meet WG's *"...expectation is that all schemes [in the pipeline] will be delivered by 2021"*

ASSESSMENT

The proposed WH@Maelfa will be co-located with the local authority community Powerhouse Hub, Llanedeyrn. Proposals have been developed in partnership with local GPs, the local authority, local community and the third sector with a **primary focus** on:-

- improving access to community services and assets,
- improving health outcomes, and
- setting the tone for coproduction, ultimately reducing health inequalities.

The **service scope** for the wellbeing hub has been revised to bring the design down to an affordable level as agreed with WG, while maintaining the maximum delivery of planned clinics and activity. In brief, services will include:-

- A range of wellbeing services delivered alongside the community activities and social services delivered by the local authority at the adjoining Powerhouse Hub, including health and wellbeing information, advice and signposting, group activities such as eating for life and diabetes management, mindfulness and carers support;
- Llan Healthcare GP Surgery. Should further provision be required to support the local services e.g. GMS, the design of the building has the potential for future development;
- A range of health and local authority services and clinics, some of which will relocate from other facilities, e.g. Llanedeyrn Health Centre. Services will include district nursing, child health, podiatry, dietetics, physiotherapy, midwifery, heart failure, pulmonary (COPD) rehabilitation, mental health, and early intervention & support services;
- Team bases and hot desking, to promote collaborative working;

The design will seamlessly integrate with the existing local authority Powerhouse Hub to incorporate a wellbeing area; clinical facilities; and multi-functional, flexible spaces which offer the potential for shared use within the facility and with third sector and community groups. The site for the preferred option is owned by Cardiff City Council and agreement of the land transfer arrangements is progressing with Cardiff City Council.

A summary of the capital costs for each of the shortlisted options is shown below:

	Option 1 Do Nothing (backlog maintenance only)	Option 2 Do Minimum (refurbish and expand existing Health Centre)	Option 3 (new build on existing Health Centre site)	Option 4 (new build co- located and integrated with Powerhouse Hub)
	£	£	£	£
Capital Cost (incl. VAT)	1.563m	14.091m	14.768m	£12.748m

The detailed economic appraisal is currently being finalised.

Preferred Option 4	£'000
DEL Impairment	0
AME Impairment	7.765
Total Capital Charges/Depreciation	7.765

The OBC assumes all capital charges and depreciation will be funded by Welsh Government.

It is anticipated that service transfers into the new facility will be cost neutral. Facilities associated revenue costs for the preferred option 4 are as follows:-

Full Year Costs Facilities Associated Revenue	Health Board	GP – Llan Healthcare	Total
	£'000	£'000	£'000
Utilities	16		16
Rates	16		16
Cleaning	14		14

Maintenance	4		4
Security	1		1
Photocopier/Printer Lease	2		2
Waste Management	1		1
Telephone Lines	1		1
Equipment Maintenance	4		4
Total	60	0	60

It is anticipated that service transfers into the new facility will be cost neutral.

Key Benefits

- Deliver local facilities in which to provide health and wellbeing information, advice and education in a variety of formats;
- Work with our Local Authority and third sector partners to support people to choose healthy behaviours and encourage self-management of conditions.
- Develop fit for purpose, shared and flexible community based facilities to support local delivery of collaborative multi-agency services to meet the health and wellbeing needs of local residents.
- To develop an holistic environment which promotes the physical, mental and social wellbeing of local residents.
- Co-ordinated and collaborative multi-agency service delivery with a focus on improving health outcomes for the identified Cluster priorities, including:-
 - Podiatry;
 - School Nursing;
 - Physiotherapy;
 - Pulmonary Rehabilitation;
 - Smoking Cessation.
- Work with local GPs to deliver shared facilities where appropriate and where it will support continued delivery of GMS to local residents.
- Focus on:-
 - improving public access to digital health and wellbeing information;
 - enabling people to connect with health and social care more efficiently and effectively improving mobile working for staff.

ASSURANCE is provided by:

The combined SOFW: In Our Community programme and project governance structure established for the development and reconfiguration of our community infrastructure.

RECOMMENDATION

The Board is asked to:

- **APPROVE** the OBC for submission to Welsh Government for approval of capital funding from the Primary Care Pipeline Fund.

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	✓
Equality and Health Impact Assessment Completed:		Yes. Draft EHIA available							



GIG
CYMRU
NHS
WALES

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

Development of a Wellbeing Hub at Maelfa

Outline Business Case

May 2019 – Final Draft v6



GIG
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Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Executive Summary

2.0 EXECUTIVE SUMMARY

2.1 Introduction

This business case seeks the approval for a capital investment of £12.748m to enable the development of a Wellbeing Hub at Maelfa to provide fit for purpose primary care facilities in support of the Cardiff and Vale University Health Board's (CVUHB) vision for primary care and community services outlined within the *Shaping Our Future Wellbeing Strategy* (SOFW). The development will be progressed as one of the first tranche of projects described in the *Shaping Our Future Wellbeing: In Our Community Strategy* (SOFW:IOC) Programme Business Case (PBC).

The new Wellbeing Hub will enable the Health Board to focus on delivering new clinical pathways and service models to promote physical, mental and social wellbeing through the integration of primary, community and ambulatory secondary care services not only within the Health Board but also in partnership with other key stakeholders within the Local Authority and Third Sector.

2.2 The Strategic Case

2.2.1 The Strategic Context

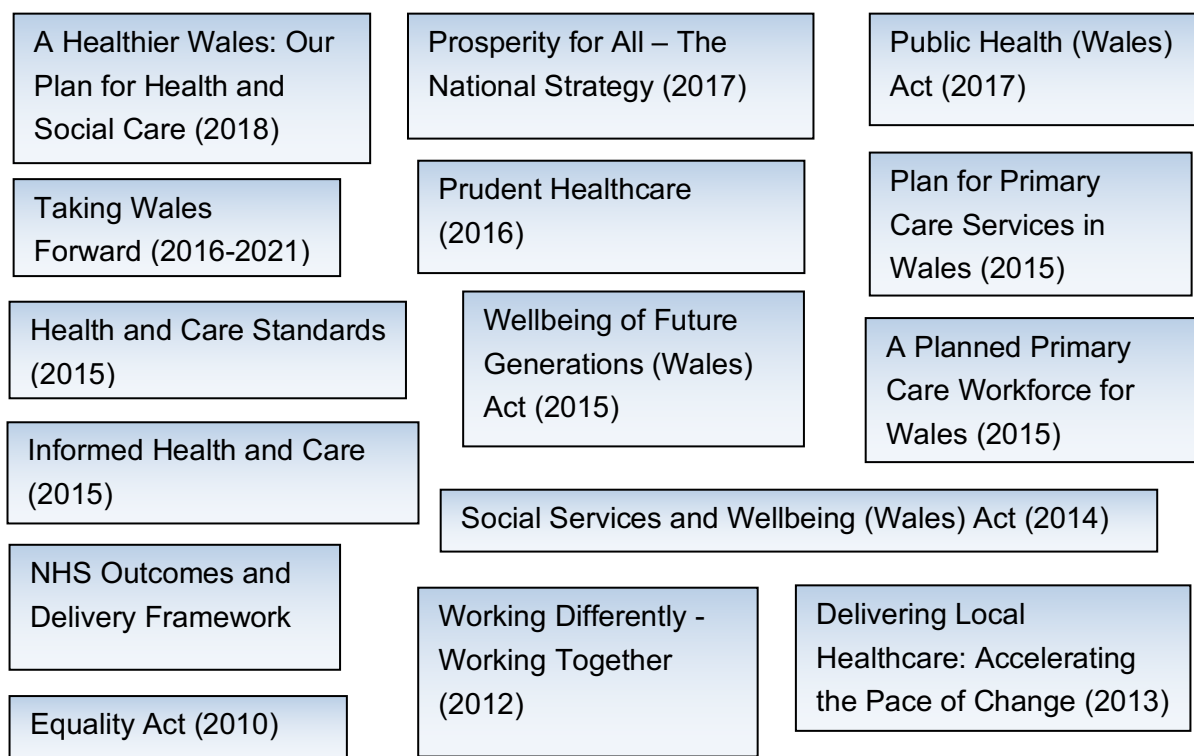
Throughout the development of this OBC, the Health Board has been mindful to ensure it continues to consider and take account of local and national drivers for the health and wellbeing of the community.

Cardiff and Vale UHB is responsible for planning and delivering health services for its local population of around 485,000, which represents 15.5% of the country's residents. This includes health promotion and public health functions as well as the provision of local primary care services (GP practices, dentists, optometrists and community pharmacists) and the running of hospitals, health centres, community health teams and mental health services. The Health Board employs approximately 14,500 staff and has an annual budget of £1.4 billion.

The population served by the Health Board is growing rapidly in size and projected to increase by 10% between 2017-27, higher than the average growth across Wales and the rest of the UK. An extra 36,000 people will live in Cardiff over the next five years who require access to health and wellbeing services.

The Health Board is confident that the strategic drivers for this investment and associated strategies, programmes and plans are consistent with national, regional and local strategy and policy documents.

Some of the key Welsh Government policies that have shaped this OBC are:



The more key recent publications outlined in the diagram above confirm and strengthen the future direction for health and social services namely:

- A Healthier Wales: Our Plan for Health and Social Care (2018);
- The Wellbeing of Future Generations (Wales) Act (2015);
- Prosperity for All: The National Strategy (2017);
- Taking Wales Forward (2016-2021).

Alongside these national policies, relevant local strategies such as the *Shaping Our Future Wellbeing Strategy 2015-2025* (SOFW) have been a constant focus as it promotes the Health Board vision of “*Caring for People; Keeping People Well, a person’s chance of leading a healthy life is the same wherever they live and whoever they are*”.

To achieve a greater focus on developing integrated services aimed at improving health and wellbeing outcomes for each locality and cluster population, a transformation to a ‘social model of health’ is required.

Transforming services through redesigned clinical pathways and service models, to enable traditional hospital based services to be delivered in the community, close to where people live is paramount and there is a focus on those conditions where change will have the biggest impact in shaping the future health and wellbeing of the population.

To satisfy the requisites of the SOFW strategy, many improvements are required to increase the effectiveness and capacity of the community based infrastructure to provide a network of flexible multi-functional accommodation solutions across Cardiff and the Vale of Glamorgan.

It is proposed that a Local Health & Wellbeing Centre will be located in each of the 3 localities of the Health Board's geographical area supported by a more local network of Cluster based Wellbeing Hubs, which will where possible be developed alongside Local Authority Community Hubs.

In identifying the best locations for Wellbeing Hubs, the Health Board used a simple algorithm to apply to each Cluster and the results of this assessment suggested that a Wellbeing Hub in the Maelfa area would be a suitable location to serve residents in the Llanedeyrn and Pentwyn area.

The proposed development also takes account of the Key Population Needs identified in the *Cardiff and Vale of Glamorgan Area Plan for Care and Support Needs 2018-2023 (Me, My Home, My Community)* and the priorities developed in response by the Cardiff and Vale of Glamorgan Regional Partnership Board (RPB).

Other key strategies taken into consideration within this OBC are:

- Integrated Medium Term Plan 2019 / 2022;
- Cardiff Wellbeing Assessment 2018 – 2023;
- Cardiff and Vale UHB Estates Strategy;
- Cardiff and Vale UHB Informatics Strategy.

2.2.2 The Case for Change

This Outline Business Case focusses on the population of Llanedeyrn and Pentwyn and within this community, there is an existing Health Board facility, namely Llanedeyrn Health Centre.

The current Llanedeyrn Health Centre is managed by the Cardiff East Cluster, however 98% of the residents served are located in the Cardiff North Cluster and geographically the Health Centre is isolated from the rest of the Cardiff East Cluster by the major A48(M) route.

The Cardiff North cluster is the largest cluster in Cardiff in terms of population and land area. The cluster is approximately 40% larger than any other cluster in Cardiff and Vale. Although it is generally perceived to be a less deprived and a generally healthy area, according to most social economic, health and deprivation indicators there are significant pockets of deprivation, including areas of Llanedeyrn and Pentwyn of which 31% of the population live in an area of deprivation. Just under a third of the Pentwyn Lower Super Output Areas (LSOA) are in the 10% or 10-20% most deprived decile of deprivation in Wales.

Llanedeyrn Health Centre GP Practice merged in October 2017 with Llanrumney Medical Group to form Llan Healthcare but wish continue to operate from the two premises however the existing Llanedeyrn Health Centre has three main areas of failure:

- Accommodation that is not wholly fit for purpose. The building is in very poor condition with the latest Estates Condition report describing it as follows:
 - Physical condition - D: Very poor. Extensive internal modernisation and external refurb required. Damp/water penetration issues;
 - Space - First floor predominantly empty due to the poor quality of environment;
 - H&S/Fire - D: Fire compartment concerns, combustible materials in corridors and poor Disability Discrimination Act (DDA) compliance;
 - Function - DX: Narrow circulation routes, no access to a lift;
 - Quality - D: Very poor quality internally and very poor quality external aesthetics. GP Practice staff work hard however to make up for lack of quality environment.
- A limited range of clinical services:
 - The deteriorating accommodation is constraining the practice's ability to increase the range and scope of services delivered within primary care, impeding support for the concept of "home first" and impacting on GP sustainability especially at a time when the Health Board is looking at an alternative skill mix to address wider primary healthcare needs;
 - The Practice is a training practice and the building currently constrains the Practice developing its capacity to train future GPs.
- A restricted model of healthcare delivered in isolation from partners:
 - The current arrangements do not allow for delivery of a social model of health in collaboration with partners to providing a holistic, seamlessly integrated approach to meeting the needs of the community as per the Health Board's aims and objectives of the SOFW: IOC strategy.

The facility was built in 1972 and requires extensive external repair, there are also major concerns around the current parking and access arrangements for patients as there is no obvious main entrance.

The Llanedeyrn Health Centre existing building is located adjacent to the current Maelfa Shopping Centre in Llanedeyrn and opposite the Powerhouse Community Hub. This area is currently being developed by Cardiff Council over the next 2 years as part of the multi-million pound Maelfa regeneration scheme funded by a Social Housing Grant from the Welsh Government, Council capital funding and Cardiff Community Housing Association (CCHA) funding. It is designed to create a welcoming and high quality environment that attracts customers and activity, and a place where shops, businesses and services can thrive.

The current investment taking place in Maelfa by the Cardiff Council and their development partner, Cardiff Community Housing Association to revitalise the heart of one of the most deprived estates in the city provides the opportunity to create an innovative solution that

includes a health facility that would support collaborative working between partner organisations delivering a range of associated health and wellbeing needs.

In line with Welsh Government guidance, the scope of this business case has been assessed against a continuum of need ranging from:

- A minimum – essential or core requirements/outcomes;
- An intermediate – essential and desirable requirements/outcomes;
- A maximum – essential, desirable and optional requirements/outcomes.

This business case will take forward the maximum scope which is to provide a fit for purpose community based facility that supports General Medical Services (GMS) sustainability, meets all statutory requirements and best practice models but will also support improved access to a range of community based services therefore delivering an improved social model of care focused on the physical, mental and social wellbeing of people in the community.

A summary of the investment objectives together with the main benefits associated with each objective is provided below:

Investment Objective	Main Benefits
1. To work with partner organisations to deliver local and convenient access to health and wellbeing education, information and advice (in relation to: physical activity; healthy eating; smoking; alcohol; weight; and social loneliness)	Improved healthy behaviours leading to improved health of population who are able to contribute to society both economically and socially People are empowered to self-manage their health with the potential to reduce overall demand for healthcare Greater collaborative working between partner organisations leading to more joined up service delivery
2. To provide fit for purpose flexible, multi-functional community based facilities to support improved local access to health and wellbeing services for residents of Llanederyn and Pentwyn	Improved access to services in community settings Availability of a network of community facilities which are functional, modern and fit for purpose
3. To develop an environment within the Cluster which promotes a social model of care	Community facilities located to provide optimum access for residents Improved condition and functionality of community facilities
4. To work with partner organisations to provide a range of locally delivered health and wellbeing services, tailored to meet the identified needs of local residents	Improved health outcomes for residents, leading to: <ul style="list-style-type: none"> ■ Reduction in rate of hospital admissions for those with multiple chronic conditions.
5. To support the sustainable delivery of GMS for local residents through provision of appropriate shared facilities	Flexible, multi-use facilities which support improved utilisation

Investment Objective	Main Benefits
6. To implement/ incorporate innovative technology which improves access to digital tools and information, enables effective communication between clinicians and citizens and supports mobile working	Effective communications with the public, between professionals and across partner organisations

Executive Summary Table 1: Investment Objectives and Main Benefits

2.3 The Economic Case

2.3.1 The Long List

The long list of options was generated in accordance with best practice contained in the Infrastructure Investment Guidance. The evaluation was undertaken in accordance with how well each option met the investment objectives and critical success factors (CSFs).

An options framework to generate the long list of options was utilised. By systematically working through the available choices for what, how, who, delivery timescale and funding. Some options were discounted, others carried forward as possible to then provide the recommended approach to identify the preferred way forward.

The table below provides a summary of the findings of the long list option appraisal:

Option	Finding
1.0 Scope	
1.1 Do Nothing – status quo	Discounted
1.2 Do Minimum – Current Maelfa services and increased delivery of Health Board wellbeing services for the local population	Discounted
1.3 Social model of health – All health and wellbeing Maelfa services and collaborative services delivered with partner organisations (LA and 3rd sector)	Preferred
1.4 Maximum Scope – Social model of health – As 1.3 plus potential for pharmacy	Possible
2.0 Service Solutions	
2.1: Extend and refurbish the existing Health Centre	Possible
2.2: New build facility on the existing / development site	Preferred
2.3: Lease/buy an existing facility elsewhere in Maelfa	Discounted
2.4: New build facility elsewhere in Maelfa	Discounted
3.0 Service Delivery	
3.1 In House	Preferred
3.2 Outsource	Discounted
3.3 Strategic Partnership	Discounted
4.0 Implementation	
4.1 Big Bang	Preferred
4.2 Phased	Discounted

Option	Finding
5.0 Funding	
Primary Care Pipeline fund - it has been agreed with Welsh Government that this project will be supported	

Executive Summary Table 2: List of Inclusions and Exclusions at Long List

2.3.2 The Short List

The 'preferred' and 'possible' options identified in the table above have been carried forward into the short list for further appraisal and evaluation. All the options that were discounted as impracticable have been excluded at this stage, with the exception of the Do Nothing option which has been carried forward for comparative purposes only.

On the basis of this analysis, the recommended short list for further appraisal is as follows:

	Scope	Service Solution	Service Delivery	Implementation	Funding
Option 1	Do Nothing (potential to provide backlog maintenance only for existing Llanedeyrn Health Centre)				
Option 2	Social model of health – all health and wellbeing Maelfa services and collaborative services delivered with partner organisations (LA and 3rd sector)	Refurbish and extend existing Llanedeyrn Health Centre	In-house	Big Bang	Primary Care Pipeline Fund
Option 3	Social model of health – all health and wellbeing Maelfa services and collaborative services delivered with partner organisations (LA and 3rd sector) with potential for pharmacy for maximum scope if required	New build facility on the existing development site	In-house	Big Bang	Primary Care Pipeline Fund

Executive Summary Table 3: Short Listed Options

Within option 3, there are two potential sites that are available to the Health Board in terms of possible building and service solutions namely:

- On the same site as the existing Llanedeyrn Health Centre;
- Located on existing green space/ play area grounds that could provide a direct link to The Powerhouse Community Centre.

Therefore, taking site location into consideration, the finalised shortlisted options are (re-numbered for appraisal purposes):

- Option 1 – Do Nothing: Provide backlog maintenance to Llanedeyrn Health Centre;
- Option 2 – Refurbish and extend the existing Llanedeyrn Health Centre;
- Option 3 – New build facility on the existing Llanedeyrn Health Centre site;
- Option 4 – New build facility on site located on existing green space/play area directly adjacent to the Powerhouse Community Hub.

2.3.3 Qualitative Benefits Appraisal Key Findings

The evaluation of the qualitative benefits associated with each of the shortlisted options was taken to the Project Team during October 2018.

Benefit Criteria	Weighted Scores			
	Option 1	Option 2	Option 3	Option 4
1. How well does the model and facilities promote collaborative working across health, local authority and third sector services?	20	40	140	200
2. Does it promote a social model of health and wellbeing from the patients' perspective?	16	32	128	160
3. How well does the range of services meet the health and wellbeing needs of the local population?	22	66	176	220
4. Does the option provide potential for flexible, multi-functional facilities, to deliver services in response to future need?	36	108	162	180
5. Does the solution make the optimum use of human, capital and estates resources?	56	98	126	126
6. Can the option be implemented in a timely fashion, with minimal disruption to services and staff?	40	30	20	90
TOTALS	190	374	752	976
RANK (weighted)	4	3	2	1

Executive Summary Table 4: Non-Financial Option Appraisal Results

Sensitivity analysis was undertaken on the non-financial option appraisal by changing the ranking of the benefit criteria to evaluate the impact on the overall score for each option. The analysis included applying reverse, high, low and no weightings to the criteria.

The results indicated that even if the weighting of the benefit criteria were to be changed there is no scenario in which Option 4 is not the preferred option due to its site location and means for complete collaboration with local authority and third sector partners.

2.3.4 Economic Appraisal Key Findings

The capital costs are summarised in the table below:

Capital Costs at PUBSEC 250	Option 1	Option 2	Option 3	Option 4
	£000	£000	£000	£000
Capital Cost (incl. VAT)	1.563	14.091	14.768	12.748

Executive Summary Table 5: Capital Costing Summary at Approvals PUBSEC Index 250 – (£'000)

Xxx TBC - please note that the full revenue implications and economic appraisal are currently being finalised for inclusion in the OBC prior to being submitted to Welsh Government.

2.3.5 Risk Appraisal Key Findings

A risk appraisal has been undertaken using the method included in the WG template for business cases. The workshop assigned the risk scores shown in the following table on the basis of participants' judgment and assessment of previous procurements:

Risk Category	Option 1	Option 2	Option 3	Option 4
Business Risks	61	63	60	43
Service Risks	36	40	33	12
Design Planning & Construction Risks	32	40	32	24
Project Resource Risks	4	4	4	4
Total	133	147	129	83
Ranking	3	4	2	1

Executive Summary Table 6: Risk Appraisal Results

2.3.6 Overall Findings – Conclusion

Key considerations that influenced the scores achieved by the various options were as follows:

- Option 1 – Backlog maintenance for the existing Llanedeyrn Health Centre: This option does not provide the full range of services to meet the local population needs and would not deliver the investment objectives of the project. This option does not provide the desired standards and level of care expected by the patients of the Health Board and LA / 3rd sector parties;
- Option 2 – Refurbishment and extension of existing Llanedeyrn Health Centre: This option could potentially provide the services required to meet the needs of the population however existing constraints with site capacity may be an issue. It's site location would not provide patients with fully joined-up services and would potentially prevent issues with collaborative working. The completion of refurbishment and extension works to the current health centre would also require a significant decant facility and has the potential to create major disruption for services, staff and patients. Car parking would also present an issue on the site;

- Option 3 – New build facility on the existing Llanedeyrn Health Centre site: This option provides the health services required and being a purpose-built facility, would provide some flexibility for the future but due to its site location it would be difficult to create improved links to the existing Powerhouse Community Hub and its wellbeing services, it therefore does not meet the requirement for total collaboration with other local authority and third sector organisation. Creating a new build facility on the site of the existing health centre would also require a significant decant facility and has the potential to create major disruption for services and staff. Car parking would also present an issue on the site;
- Option 4 – New build facility on site directly adjacent to the Powerhouse Community Hub: This option provides the full range of services to meet the local population needs and would provide innovative opportunities for full collaboration and seamless services to patients for their health and wellbeing needs. A new build facility with a physical link to the Powerhouse Community Hub will provide multi-functional, flexible accommodation which would provide the future proofing for all services including community resources. This option provides the lowest risk of all the options presented however there may be potential for increased revenue costs to Llan Healthcare from relocation.

2.3.7 The Preferred Option

Having undertaken the economic, qualitative benefits and risk appraisals of the shortlisted options, the preferred option is Option 4. The provision of a fit for purpose new Health Centre at Maelfa (*Wellbeing Hub@Maelfa*) that meets all statutory requirements and best practice models. The facility will provide high quality accommodation and support improved access to a seamless integration of social, health and wellbeing services therefore delivering an improved social model of health for the residents of Llanedeyrn and Pentwyn.

Proposals have been developed in partnership with local GPs, the local authority and third sector organisations and will focus on 'prevention' and 'wellness' rather than 'illness' supporting the Wellbeing of Future Generations (Wales) Act wellbeing objectives by:

- Prosperity – improved health outcomes leading to greater opportunity to contribute to society. Development of sustainable community facilities which use energy efficiently, generate energy and aim for carbon footprint neutrality;
- Resilience – use of adjacent green outdoor space to support individual and community activities to develop a strong and resilient community e.g. community garden, sports activities;
- Health – people's physical, mental and social wellbeing needs met through collaborative service delivery with partner organisations;
- Equal – reduced health inequalities through targeted provision of services/ interventions which meet the health and wellbeing needs of local population;
- Cohesive communities – promote co-production, co-design and co-ownership to nurture the development of a strong community spirit and consequent positive outcomes such as improved public health and social resilience;
- Culture – community focused wellbeing facilities which support people to participate in a variety of sport and social activities.

The new Wellbeing Hub will include:

- Relocation of services from Llanedeyrn Health Centre and GP Practice.
- Wellbeing facilities including group/ community rooms and an information/ advice area. These spaces, in collaboration with existing facilities within the adjacent Powerhouse Community Hub, will support health, local authority and third sector groups to deliver wellbeing advice, education, support and signposting that can be personalised to support independence in the local community;
- A range of specialised health clinics delivering seamless care closer to home along with proactive improvement of health and wellbeing services including access to District Nurse treatments, Counselling services, Podiatry, Dietetic services, Community Addictions, Health Visitor Baby Clinics, Primary Mental Health services, Early Intervention & Support Services for Children & Younger People, Stop Smoking Wales advice and information, Antenatal care, Audiology and Heart Failure services.
- Office and administrative facilities to support team working, which will be evidence driven, using lessons learned from Health Board and partners' experience of delivering merged services.

This project also supports the ten national design principles to drive change and transformation and deliver the Quadruple Aim as described in "*A Healthier Wales: our Plan for Health and Social Care*".

2.4 Commercial Case

2.4.1 Procurement Strategy

The construction of these premises will be procured through the NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES) established NHS 'Building for Wales' Framework. The Supply Chain Partner (SCP) Willmott Dixon Construction has been appointed under the framework to develop both the design and construction of the proposed facility.

Contractual Arrangements have been entered into with all parties for the OBC stage using the NEC contract as prescribed under the Framework. For the Project Manager and Cost Advisor, the NEC 3 Professional Services Contract has been used, and for the SCP, the NEC Option C (Target Cost) contract has been used.

It is anticipated that the total construction duration will run for 24 months (including enabling works) although the start date for this is dependent on the approvals process.

2.4.2 Required Services

The scope of services required is for the design and construction of a Health and Wellbeing Hub at Maelfa adjoining the Powerhouse Community Hub in Llanedeyrn comprised of a GP practice (Llan Healthcare), outpatient and community clinical accommodation, wellbeing zone, team base, support accommodation.

2.4.3 Potential for Risk Transfer & Potential Payment Mechanisms

The Health Board have indicated that it will apportion risk in the design and build phase as per the following table, however this will be appraised and reviewed at subsequent stages to ensure there is an appropriate allocation of risk:

Risk Category	Potential Allocation		
	Public	Supply Chain Partner	Shared
Design Risk		✓	
Construction & Development Risk		✓	
Transition & Implementation Risk			✓
Availability and Performance Risk			✓
Operating risk	✓		
Variability of Revenue Risks	✓		
Termination Risks	✓		
Technology & Obsolescence Risks			✓
Control Risks	✓		
Residual Value Risks	✓		
Financing Risks	✓		
Legislative Risks			✓
Other Project Risks			✓

Executive Summary Table 7: Potential Risk Transfer

Recipients of the health services associated with the project will be local residents and as such services will be commissioned by the Health Board. The majority of services will be delivered by the Health Board and Llan Healthcare, although the local authority and third sector partners may deliver provide wellbeing services, as appropriate.

For shared assets, there needs to be a mechanism to share costs fairly. The proposal for shared facilities is that:

- The costs of energy and utilities designed for sole use by partner organisations will be measured and reimbursed to the Health Board;
- The costs associated with the running and maintenance of the shared areas of the premises will be subject to negotiation.

Each occupant will be responsible for the cost and maintenance of their own assets e.g. medical equipment, IT etc.

The Health Board intends to make payments in respect of the proposed products and services as follows:

- Charging will be completed under the 'Building for Wales' Framework terms and conditions.
- The contract will be managed by CVUHB under the NEC3 Option C Target Cost Contract.

The site identified for the *Wellbeing Hub@Maelfa* is owned by the Cardiff City Council, the site of the existing Llanedeyrn Health Centre is owned by Cardiff & Vale University Health Board.

Discussions regarding the transfer /acquisition of land required for the development are ongoing. The current strategy proposed is that Cardiff & Vale University Health Board acquire the land edged red on the 'Land Acquisition Plan P01' from Cardiff City Council and that Cardiff City Council acquire the land currently occupied by the Llanedeyrn Health Centre shown edged blue on the 'Land Acquisition Plan P01' following the relocation of existing services to the new Wellbeing Hub and development of the new play area and car parking.

The Council is fully supportive of the development as indicated in their letter of support.

The 'MWC-RLA-ZZ-ZZ-DR-A-00005 P01 Land Acquisition Plan' can be found in the Estates Annex that accompanies this OBC, under Section 7.

Subject to approvals it is anticipated that the opening of the new Wellbeing Hub will take place in October 2021. To ensure this is achieved, the programme of works is predicated on the Health Board undertaking Advanced Enabling works during April & May 2020 as indicated on the programme prior to the anticipated approval of the FBC in June 2020.

2.5 Financial Case

2.5.1 Financial Expenditure

A summary of the capital costs and depreciation for the preferred option is as follows:

	£'m
Building/Engineering	12.22
Equipment costs	0.528
Total Capital Cost/ Cost Forms	12.748

Executive Summary Table 8: Capital Costs for the Preferred Option

	£'000
Impairment	7.765
Depreciation – Recurrent Building/Engineering	0.056
Depreciation - Accelerated	0.527
Depreciation – Equipment	0
Total Capital Charges/Depreciation	8.348

Executive Summary Table 9: Summary of Capital Charges and Depreciation

The OBC assumes all capital charges and depreciation will be funded by Welsh Government

The detail of the community services to transfer into the new Wellbeing Hub includes services from a variety of settings. These have been worked through in detail through the information provided within the individual clinical service specifications and are included in the assessment of the current cost of services.

This cost assessment relates to those services currently delivered by Cardiff and Vale University Health Board and excludes services to be provided by the Local Authority, GPs, Public Health and the Third Sector.

	£'000
Current Service Costs (Health Board services only)	Xxx TBC*
Total	xxxx

Executive Summary Table 10: Current Service costs of Health Board Transferable Services

** please note that the full revenue implications and financial case are currently being finalised for inclusion in the OBC prior to being submitted to Welsh Government*

Other revenue costs are based on current plans at 2018-19 rates and are based on the increase area only of the proposed footprint from the existing Llanedeyrn Health Centre (1,076m² to new build 2,034m² = 958m² increase).

No additional contribution from Llan Healthcare GP Practice towards Utilities or Rates costs has been assumed. The current and revised cost of GP premise leases are also excluded from this revenue analysis on the basis that these will be cost neutral with funds flow managed between the GP and Welsh Government.

Any reception cost cover has been excluded on the assumption that the reception cover from the existing Llanedeyrn Health Centre will transfer.

The following assessment also assumes the existing Public Sector Broadband Aggregation (PSBA) Circuit to Llanedeyrn Health Centre is available for the new build.

Full year costs:	Health Board	GP – Llan Healthcare	Total
	£'000	£'000	£'000
Utilities	16		16
Rates	16		16
Cleaning	14		14
Maintenance	4		4
Security	1		1
Photocopier/Printer Lease	2		2
Waste Management	1		1
Telephone lines	1		1

Full year costs:	Health Board	GP – Llan Healthcare	Total
	£'000	£'000	£'000
Equipment maintenance	4		4
Total	60	0	60

Executive Summary Table 11: Summary of site based Revenue Costs: 2018-19

2.5.2 Overall Affordability & Balance Sheet Treatment

The anticipated capital spend, capital charges and depreciation profile for the extent of the project is as follows:

	2019/20	2020/21	2021/22	2022/23
	£m	£m	£m	£m
Capital (excl VAT)	0.699	6.118	3.490	0.046
Accelerated Depreciation	0.109	0.218	0.200	0
Depreciation	0	0	0.005	0.056
Total	0.808	6.336	3.695	0.102

Executive Summary Table 12: Impact on Income and Expenditure Account

All assets will be shown on the Health Board's balance sheet. The asset will be valued on completion and recorded on the balance sheet at that value. Subsequently it will be treated as per the Health Board's capital accounting policy.

The total capital requirement includes £0.072m (incl VAT) regarding the construction of a new play area. It is assumed this funding will be passed to Cardiff County Council as opposed to the Health Board as they will ultimately own this asset.

Potential the scheme will also involve lease arrangements that under IFRS 16 could lead to a requirement for capital and non-cash resource. This is not quantifiable at this time.

Additionally, the assumption in this Outline Business Case is that there will be no VAT recovery, however, further discussions regarding the finalisation of lease and management arrangements for the Wellbeing Hub will be worked upon during the development of the Full Business Case with the Health Board advisors to ensure that any opportunities for VAT recovery is conducted as efficiently as possible.

As highlighted above, it is assumed the impairment and recurrent charges for depreciation will be funded by Welsh Government. The net additional revenue costs and funding are summarised in the table below:

	£'000
WG Impairment funding	7.765
WG Depreciation funding	Xxx TBC*
Service Costs (assumes no change to service costs)	Xxx TBC*
Other Site Based Revenue Costs to be managed by the Health Board (excluding existing accommodation rent and rates)	Xxx TBC*

Executive Summary Table 13: Overall Affordability

** please note that the full revenue implications and financial case are currently being finalised for inclusion in the OBC prior to being submitted to Welsh Government*

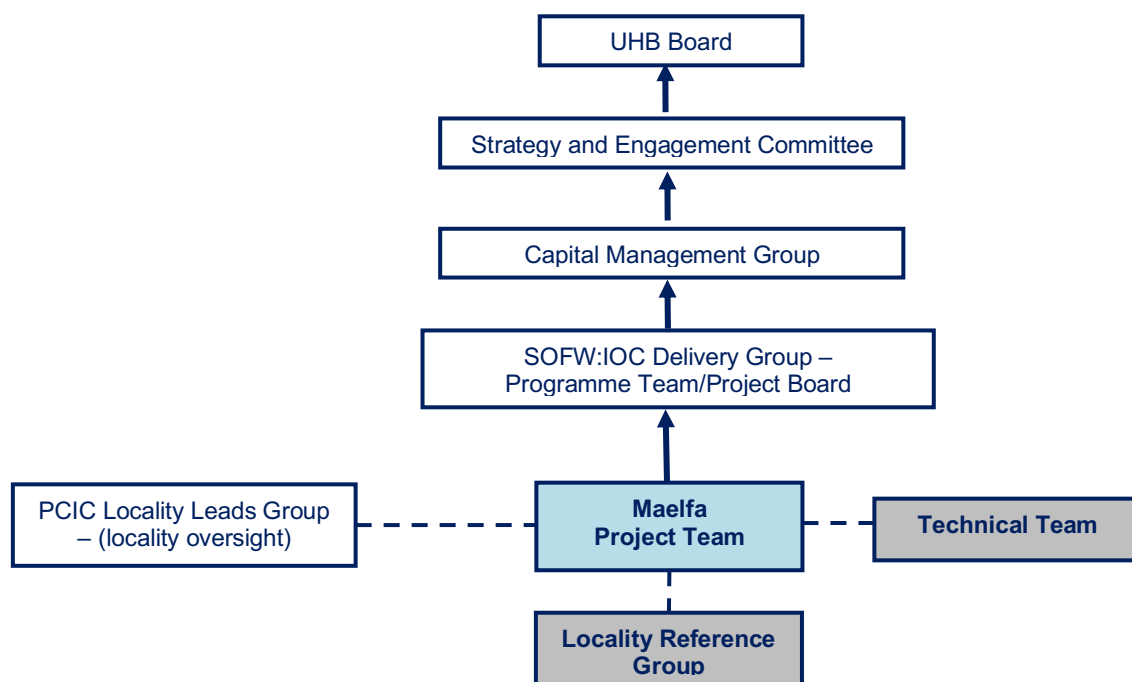
- The total direct revenue cost to the Health Board (excluding capital charges and depreciation) once the current lease expires is £0.060m.
- Llanedeyrn Health Centre is owned by Cardiff and Vale University Health Board and the transfer of services is assumed to be revenue cost neutral with increase in costs linked to increase in m2 of new facility.
- A review of costs has been provided by clinical and non-clinical managers through submission of detailed clinical service specifications. It is recognised that some service models are yet to be developed and agreed and work to transform service delivery and release efficiency savings is still ongoing.
- A 3% transformational saving based on the current assessed cost of Health Board services to be delivered from the Maelfa Wellbeing Hub is £0.078m.

2.6 Management Case

2.6.1 Project Management Arrangements

The project is an integral part of the Health Board's overarching Programme Business Case (PBC) which comprises a portfolio of projects for the delivery of the 'Shaping Our Future Wellbeing: In Our Community' strategy. However, the Health Board recognises that individual robust project management arrangements for each project are vital to ensure the implementation of the project and that effective control is maintained over each capital scheme.

The reporting organisation and the reporting structure for the whole of the project is shown as follows:



Executive Summary Figure 1: Project Reporting Structure

The dates detailed below highlight the proposed key milestones of the project:

Milestone Activity	Date
OBC submission to WG	May 2019
FBC submission to WG	March 2020
Advanced enabling works	April 2020
Design completion and commence construction	June 2020
Main construction completion	August 2021
Facility operational	October 2021
Demolition & re-provision of residual car parking and play area	February 2022

Executive Summary Table 14: Key Milestones

2.6.2 Benefits Realisation & Risk Management

A benefits realisation plan has been developed that outlines the key objectives, benefits and measures, which will be used to evaluate the project, it also shows who has the accountability for its realisation.

The risk management strategy has been integrated into the project management procedures, with responsibility for implementation of the strategy resting with the Project Director. The key risks of the preferred option have been assessed and strategies for managing them outlined. An initial risk register has been developed for the preferred option which includes all risks identified to date.

2.6.3 Post Project Evaluation Arrangements

The Health Board is committed to ensuring that positive lessons are learned through full and effective evaluation of key stages of the project. This learning will be of benefit to the Health Board in undertaking future projects, and potentially to other stakeholders and the wider NHS.

2.7 Recommendation

It is recommended that approval be given for the Cardiff and Vale University Health Board to develop this project to Full Business Case stage. The preferred option is for a new build Wellbeing Hub at Maelfa. The project will enable Health Board to deliver wellbeing and healthcare services needed by the people in the communities of Pentwyn and Llanedeyrn as well as deliver the benefits of the Health Board SOFW programme and strategy, in turn fully complying with the Welsh Government strategies such as *Wellbeing for Future Generations Act*, *Taking Wales Forward*, *Prosperity for All* and *A Healthier Wales*.

Equality & Health Impact Assessment for:-

Shaping Our Future Wellbeing: In the community - Wellbeing Hub@Maelfa project

(Version 5 updated 29/04/19)

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
 - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
 - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required¹

Please answer all questions:-

1	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Perfect Locality & Shaping Our Future Wellbeing: In the community project. Wellbeing Hub@Maelfa
2	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Strategic and Service Planning Corporate Strategic Planning Lead 02920 747951
3	Objectives of strategy/ policy/ plan/ procedure/ service	The Mission: Caring for People, Keeping People Well Vision: the Wellbeing Hub@Maelfa will:- <ul style="list-style-type: none">• Promote 'prevention' and 'wellness' rather than 'illness'.

¹http://www.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&_dad=portal&_schema=PORTAL

	<ul style="list-style-type: none"> • Facilitate the delivery of services that are relevant to the priority physical, mental and social wellbeing needs of residents who live in Pentwyn and Llanederyn. • Support the delivery of care to individuals 'close to their home', providing individuals and families with better access to health services that do not need to be delivered in a hospital setting. • Maximise all opportunities to ensure that individuals and families receive the right support at the right time, from the right person - acknowledging the invaluable contribution made from community groups, voluntary sector as well as statutory services. • Work in a way that promotes co production, co design and co ownership. • Provide an environment for individuals, families, patients, staff and visitors that embeds the values of collaboration, caring and respect. <p>The proposed development of the Wellbeing Hub@Maelfa provides a timely opportunity to develop the infrastructure by which to deliver/support the evolving vision.</p> <p>Core design principles:</p> <ul style="list-style-type: none"> • Welcoming Environment • Promotes 'prevention' and 'wellbeing' • Flexible/multi-functional/shared • Promotes collaboration across organisations <p>Overarching strategy is: Achieve joined up care based on 'home first', avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them.</p> <p>The Perfect Locality /Shaping Our Future Well-being in the Community Strategy has the following priorities</p> <ul style="list-style-type: none"> - Focus on well-being - Develop whole system models (that matter to patients and citizens) - Sustain primary care, particularly general practice
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		<ul style="list-style-type: none"> - Improve patient pathways across primary and secondary care - Develop Health & Wellbeing Centres and Wellbeing Hub - Facilitate technology solutions <p>All underpinned by co-production, co-design, co-ownership, health literacy, empowerment and self-care</p>
4	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages • Cluster and GP Practice Plans 	<p>The project for the Wellbeing Hub@Maelfa focusses on the population of Llanedeyrn and Pentwyn. This is because while the current Llanedeyrn Health Centre is managed by the Cardiff East Cluster, 98% of the residents served are located in the Cardiff North Cluster and therefore does not present itself as a naturally located Wellbeing Hub to serve the Cardiff East Cluster, not least because the major A48(M) route isolates it from the rest of that Cluster</p> <p>Some key points to note about the population are:</p> <ul style="list-style-type: none"> • The population of Llanedeyrn and Pentwyn (within LSOAs⁴ Pentwyn 1 to 10) = 3.3% of Cardiff & Vale University Health Board's total population (4.4% of Cardiff population) • 31% of the population live in an area of deprivation, just under a third of the LSOAs are in the 10% or 10-20% most deprived in Wales <p>The project will involve capital works to provide higher value accommodation, providing seamless integration of social, health and wellbeing services underpinned by the Quadruple Aim to serve the local population of Pentwyn and Llanedeyrn. The delivery of more effective and efficient care will harness innovation and technology through the right culture, behaviours and leadership from our partners and include:-</p> <ul style="list-style-type: none"> • Relocation of services from Llanedeyrn Health Centre and GP Practice.

⁴ A Lower Layer Super Output Area (**LSOA**) is a GEOGRAPHIC AREA. Lower Layer Super Output Areas are a geographic hierarchy designed to improve the reporting of small area statistics in England and Wales

<p>Population pyramids are available from Public Health Wales Observatory² and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need³.</p>	<ul style="list-style-type: none"> • Wellbeing facilities including group/community rooms and an information/advice area. These spaces, in collaboration with existing facilities within the adjacent Powerhouse (local authority hub), will support health, local authority and third sector groups to deliver wellbeing advice, education, support and signposting that can be personalised to support independence in the local community . • A range of specialised health clinics delivering seamless care close to home; proactive improvement of health and wellbeing; and including :- District Nurse treatments, Counselling Podiatry; Dietitian; Community Addictions; Health Visitor Baby Clinic; Primary mental health; Early intervention & Support Services (C&YP); Stop Smoking Wales Antenatal Audiology Services and Heart Failure. • Office facilities to support team working, which will be evidence driven, using lessons learned from Health Board and partners' experience of delivering merged services <p>This project supports the ten national design principles to drive change and transformation and deliver the Quadruple Aim. (As described in "A Healthier Wales: our Plan for Health and Social care". Welsh Government) through the SOFW.</p> <p>Information is available on the</p> <ul style="list-style-type: none"> - SOFW website http://www.cardiffandvaleuhb.wales.nhs.uk/page/86420 outlines the approach adopted by the UHB - The Stakeholder and Communication Plan together with future planned engagement work is available at http://www.cardiffandvaleuhb.wales.nhs.uk/engagement-our-future-wellbeing . A list of stakeholders, including the Community Health Council, is included in the plan. Further local level engagement will occur during the development of the Wellbeing Hubs and Health & Wellbeing Centres - Perfect Locality website http://www.cardiffandvaleuhb.wales.nhs.uk/the-perfect-locality-specification. The priorities and model proposed were developed through discussions by the Perfect Locality Working Group. Evidence in the literature informed best practice
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² <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

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

	<ul style="list-style-type: none"> - Needs assessment data is available at http://www.cvihsc.co.uk/about/what-we-do/population-needs-assessment . The needs assessment highlighted <ul style="list-style-type: none"> o Inequalities in health and the life expectancy gap experienced across the UHB area o The increase in numbers in the older age group and the increasing complexity of conditions experienced o Lifestyle choices that increase risk of disease o Patterns of service utilisation <p>Additional briefing papers on specific elements (e.g. Organisational Models of Primary Care, Health Literacy) are also available at:</p> <p>http://www.cardiffandvaleuhb.wales.nhs.uk/the-perfect-locality and http://www.cardiffandvaleuhb.wales.nhs.uk/transformation/</p> <p>Evidence considered in the development of the assessment:</p> <p>Age http://www.eiapractice.wales.nhs.uk/sitesplus/documents/1126/EnvisAGE%202017%20Eng.pdf</p> <p>A spotlight on tackling loneliness and social isolation among older people (No.12 2017/18) Loneliness and isolation are a daily reality for many older people. 75,000 older people in Wales have reported 'always or often' feeling lonely. Being socially isolated has many detrimental effects on older people, including a lack of stimulation that social contact brings, and an inability to contribute to society or fulfil their own potential. There is increasing evidence that this can have severe implications for physical and mental health. The local Age UKs have developed their outreach to find lonely older people through:</p> <ul style="list-style-type: none"> • Working with professionals in the voluntary and statutory services who were already in contact with older people at high risk of loneliness. These include: GPs and practice nurses; district nurses, occupational therapists, social workers, social care workers and home from hospital services. Where a professional felt an older person might be lonely they either told them about Age UK services or asked them if they could forward their details onto the local Age UK.
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	<p>According to Age Cymru - Life on a low income: The reality of poverty for older people in Wales (2014) Some older people barely leave the house and do not take part in social activities because even small charges for these, or the costs of getting there, are beyond them. Others cut back on buying things for themselves because they want to support their families financially or buy presents for their grandchildren. The consequences of all of these choices put people's health and wellbeing at risk or exacerbate problems of loneliness and isolation.</p> <p><u>Disability</u> http://www.eiapractice.wales.nhs.uk/sitesplus/documents/1126/%28NW%29%20Williams%20et%20al%20-%202013%20-%20The%20Lesbian%2C%20Gay%2C%20Bisexual%2C%20and%20Trans%20Public%20Health%20Outcomes%20Framework%20Companion%20Document.pdf</p> <p>The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document for England states, Fewer LGB disabled people are "out" to their GP or healthcare professionals than non-disabled LGB people. GP practices and national diabetes registers should monitor sexual orientation and gender identity of patients, and analyse this data in relation to diabetes.</p> <p><u>Gender Reassignment/Trans</u> https://www.ons.gov.uk/methodology/classificationsandstandards/measuringequality/genderidentity/genderidentityupdate</p> <p>Data on gender identity are still currently limited, though data collection methodology and question design are developing. Some work is being undertaken around gender identity and capturing trans or non-binary identities by other national statistics agencies for their respective censuses.</p> <p>https://nationallgbtpartnershipdotorg.files.wordpress.com/2012/07/np-trans-health-factsheet-children-teens-final.pdf</p>
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	<p>Based on a survey conducted by the Equality and Human Rights Commission, as well as other information, GIREs estimates that about 1 person in 100 experiences a significant degree of gender variance. That would mean about 600,000 trans and non-binary people in Britain, out of a population of over 60 million.</p> <p>https://www.equalityhumanrights.com/en/publication-download/research-report-27-trans-research-review</p> <p>According to the Trans review research by Martin Mitchell and Charlie Howarth (2009) when people have been asked to identify as trans, the questions they have been asked in surveys have been problematic in a number of ways. One example is to ask if people are male, female or trans, which may produce misleading data. Some trans people identify as male or female and are not a third option or gender identity. Equally, some trans people have non-binary gender identities and do not identify as male or female. Another example from surveys is asking if people are lesbian, gay, bisexual, heterosexual or trans, which is also flawed. Trans is a form of gender identity, not a sexual orientation and should not be conflated with it. Most trans people identify as lesbian, gay, bisexual or heterosexual and are not a new form of sexual orientation. Best practice guidance suggests that people are asked about their gender in one question and sexual orientation in another question, with a separate question where people can identify as trans, insert their own definition of their identity, or choose not to answer... It is important to find accurate measures of the trans population at national and local levels. It is not possible to make robust population generalisations from the quantitative studies to date.</p> <p>http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(16)30165-1/abstract</p> <p>The conceptualization of transgender identity as a mental disorder has contributed to precarious legal status, human rights violations, and barriers to appropriate health care among transgender people. The proposed reconceptualisation of categories related to transgender identity in WHO's International Classification of Diseases (ICD)-11 removes categories related to transgender identity from the classification of mental disorders, in part based on the idea that these conditions do not satisfy the definitional requirements of mental disorders. We aimed to determine whether distress and impairment, considered essential characteristics of mental disorders, could be explained by experiences of social</p>
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	<p>rejection and violence rather than being inherent features of transgender identity, and to examine the applicability of other elements of the proposed ICD-11 diagnostic guidelines.</p> <p>This study provides additional support for classifying health-related categories related to transgender identity outside the classification of mental disorders in the ICD-11. The reconceptualisation and related reclassification of transgender-related health conditions in the ICD-11 could serve as a useful instrument in the discussion of public health policies aimed at increasing access to appropriate services and reducing the victimisation of transgender people.</p> <p>http://www.thelancet.com/pb/assets/raw/Lancet/infographics/transgender-health/TH_infographic_lrq.jpg</p> <p>For more information on trans health and well-being.</p> <p>A 2015 study published in the Milbank Quarterly found that out of 452 transgender people residing in Massachusetts, 65 percent reported being on the receiving end of discrimination in the context of a public accommodation (from hospitals and health centers to public transportation mechanisms and shopping centers) and 24 percent reported discrimination in a health care setting, which the researchers found to be linked with up to an "81 percent increased risk of adverse emotional and physical symptoms and a 2-fold to 3-fold increased risk of postponement of needed care when sick or injured and of preventive or routine health care."</p> <p>Another survey, carried out by the National Center for Transgender Equality and the National Gay and Lesbian Taskforce found that 50 percent of all transgender individuals "reported having to teach their medical providers about transgender care" while 19 percent said they had been "refused care due to their transgender or gender non-conforming status."</p> <p>The consequences of a lack of acceptance and empathy in both medical and social settings can be catastrophic. "At the interpersonal and community levels," Simran Shaikh and colleagues write in the Journal of the International AIDS Society 2016, "transgender populations often experience high levels of both perceived and internalized social stigma, social isolation, discrimination and victimisation. Extreme social exclusion and lack of acceptance of transgender populations in different settings diminishes their self-esteem and ability to participate in social events. These situations often lead to symptomatic psychological distress, depression, anxiety and other mental health difficulties among this population. Social victimization may occasionally contribute to poor sexual health and unhealthy use of alcohol among this group."</p>
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	<p>Saikh et al. acknowledge that much of the distress transgender individuals experience while seeking medical help stems from the fact that most medical training excludes adequate education around transgender health matters: "as a result," Saikh et al. write, "health professionals lack the appropriate skills and competencies to provide tailored services to transgender populations."</p> <p>https://www.psychologytoday.com/blog/the-truth-about-exercise-addiction/201710/why-are-suicide-rates-higher-among-lgbtq-youth</p> <p>According to the Centers for Disease Control and Prevention, suicide is the second leading cause of death among youth aged 15 to 24 and the third leading cause of death among youth aged 10 to 14 (CDC, 2010). Among youth who identify as sexual minorities, the likelihood of death by suicide has been estimated to be two to seven times greater than the likelihood of death by suicide among heterosexual youth (Haas et al., 2011). Haas et al. suggest that such a range exists because records of death rarely include a person's sexual orientation. More precise data exist on the prevalence of suicidal <i>ideation</i> among sexual minority youth, however, with twice as many reporting a desire or intent to die when compared to heterosexual youth (King et al., 2008).</p> <p>https://www.gires.org.uk/wp-content/uploads/2014/08/trans_mh_study.pdf</p> <p>Anecdotal evidence among trans groups suggested trans people are experiencing high levels of depression, anxiety, self-harm and suicidal ideation related to transphobic discrimination experiences and lack of appropriate health service provision (especially in regard to lack of access to timely, good quality and patient-centred NHS gender reassignment services).</p> <p>https://gov.wales/statistics-and-research/barriers-faced-lesbian-gay-bisexual-transgender-people-accessing-domestic-abuse-sexual-violence-services/?lang=en</p> <p>The 2014 study involved an evidence assessment, qualitative interviews with 18 professionals and written submissions from 34 LGBT people across Wales. Although the research found that LGBT people who experience domestic abuse, stalking and harassment and sexual violence may face specific barriers to accessing services was not specifically about health care, it is clear that the access issue has relevance to this service.</p>
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<http://www.transequality.org/sites/default/files/docs/usts/Executive%20Summary%20-%20FINAL%201.6.17.pdf>

The 2015 U.S. Transgender Survey (USTS) is the largest survey examining the experiences of transgender people in the United States, with 27,715 respondents. Likely related to issues of employment, about 30% of respondents in the aforementioned 2015 survey reported experiencing homelessness and extreme poverty. During the time of the survey, the unemployment rate for transgender people was three times the national average.

<http://williamsinstitute.law.ucla.edu/wp-content/uploads/Herman-Gendered-Restrooms-and-Minority-Stress-June-2013.pdf>

The designers of our built environment have created public facilities that are segregated by gender, such as public restrooms, locker rooms, jails, and shelters. Reliance upon gender segregation in our public spaces harms transgender and gender non-conforming people. This paper employs a minority stress framework to discuss findings from an original survey of transgender and gender non-conforming people in Washington, DC about their experiences in gendered public restrooms. Seventy percent of survey respondents reported being denied access, verbally harassed, or physically assaulted in public restrooms. These experiences impacted respondents' education, employment, health, and participation in public life. This paper concludes with a discussion of how public policy and public administration can begin to address these problems by pointing to innovative regulatory language and implementation efforts in Washington, DC and suggests other policies informed by the survey findings. Transgender and gender non-conforming people can find themselves in danger in the gendered spaces in our built environment. Until public policy and public administration can meet the challenge to address this problem and rethink our reliance on gender segregation in our built environment, the onus will always be on the individual to try to navigate these spaces safely.

Waiting Times

UK-Trans Info. 2015. Current Waiting Times & Patient Population for Gender Identity Clinics in the UK. 4/10/15. <http://uktrans.info/attachments/article/341/patientpopulation-july15.pdf>

	<p>https://www.theguardian.com/society/2018/sep/22/nhs-taken-to-court-over-fertility-services-for-transgender-patients</p> <p>NHS England is being taken to court over fertility services for trans patients by the Equality & Human Rights Commission.</p> <p>https://nationalgbtpartnershipdotorg.files.wordpress.com/2012/07/np-trans-health-factsheet-access-final.pdf</p> <p>Straightforward access to gender services is important because of the need to receive timely and appropriate professional guidance and support. Misdirection, failure, delay and confusion about how to access services and what to expect from them, will often cause disappointment, frustration, and anger. These factors can also cause harm and acute stress to people who may already be vulnerable, confused and at risk.</p> <p>The Equality Act 2010 places a positive duty on public authorities to promote Equality for all protected groups and requires Welsh public bodies to demonstrate how they pay “due regard” to equality when carrying out their functions. This service has been developed using an Equality and Health Impact Assessment methodology to anticipate the consequences of decisions on relevant groups. This has involved significant engagement with stakeholders and clinicians. As far as possible negative consequences have been eliminated or minimized and opportunities for promoting equality and human rights have been maximised.</p> <p>https://nationalgbtpartnershipdotorg.files.wordpress.com/2012/07/np-trans-health-factsheet-ageing-final.pdf</p> <p>If someone is older and trans or non-binary, they may have two ‘protected characteristics’ under the Equality Act 2010. Care providers must not discriminate against them and they must not be harassed. The Human Rights Act 1998, also protects the individuals’ privacy and dignity. The NHS Constitution supports the individual right to make personal choices and decisions.</p> <p>https://nationalgbtpartnershipdotorg.files.wordpress.com/2012/07/np-trans-health-factsheet-mental-health-and-wellbeing-final.pdf</p>
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	<p>Being trans, non-binary or non-gender and any discomfort an individual may feel with their body; with the mismatch between their gender identity and the sex originally registered on a birth certificate; their place in society; or with their family and social relationships is not a mental illness. Gender dysphoria is the medical term used to describe this discomfort. Trans people are likely to suffer from mental ill health as a reaction to the discomfort they feel. This is primarily driven by a sense of difference and not being accepted by society. If an individual wishes to transition and live in the gender role they identify with, they may also worry about damaging their relationships, losing their job, being a victim of hate crime and being discriminated against. The fear of such prejudice and discrimination, which can be real or imagined, can cause significant psychological distress. This is known as 'minority stress' and describes the social pressure experienced by a minority group within a broader community. Worries about health and other services and being able to access them cause further stress. All these factors may create a series of compounding mental health problems.</p> <p>https://nationallgbtpartnershipdotorg.files.wordpress.com/2015/02/np-trans-health-factsheet-bame.pdf Black, Asian, and minority ethnic (BAME) trans people, including non-binary people, have additional difficulties in accessing healthcare aside from those experienced by white trans populations.</p> <p>https://nationallgbtpartnershipdotorg.files.wordpress.com/2012/07/np-trans-health-factsheet-adt-final.pdf</p> <p>Although alcohol and drugs are usually used to relax, they may also help trans people feel better able to cope with discrimination. However, trans people are twice as likely as adults generally to drink in a way that's harmful, or potentially harmful, to their health. Alcohol, drugs and tobacco all carry a number of health risks that they may wish to understand and avoid.</p> <p>The Gender Identity Research and Education Society (GIRES) has extensive information on its website: www.gires.org.uk</p> <p>https://nationallgbtpartnershipdotorg.files.wordpress.com/2012/07/np-trans-health-factsheet-exercise-and-nutrition-final.pdf</p> <p>The health benefits of regular exercise and healthy eating are well documented. A healthy diet and a frequent exercise routine are just as important for trans people as for anyone else. Some trans people are already participating in a wide variety of sports and leisure activities, enjoying the benefits of a</p>
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	<p>healthy lifestyle and sharing the social and competitive aspects of such activities. The health and wellbeing benefits of regular exercise and physical activity are well documented: helps you live longer and can help prevent many chronic diseases, such as heart disease, high blood pressure, abnormal blood lipid (cholesterol and triglyceride) profile, stroke, type 2 diabetes, metabolic syndrome, and colon and breast cancers.</p> <p>There is some evidence to suggest that trans people are more likely to experience both unemployment and underemployment according to Whittle, S., Turner L., and Al-Alami, M. 2007. Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination. [Online]. Norwich: The Equalities Review. Available From: http://www.pfc.org.uk/pdf/EngenderedPenalties.pdf</p> <p>Key research findings of the Scottish Transgender Alliance survey of transgender people living in Scotland (2008) found that survey respondents were more likely to be known to have a transgender background or identity by their General Practitioners than by any other service provider. 46% of the respondents who have used an NHS General Practice as transgender patients rated the quality of the service they received as 'Very Good' or 'Extremely Good' while 14% rated the service quality as 'Very Poor' or 'Extremely Poor'. A frequent problem reported was that General Practitioners lack knowledge about transgender health needs, for example in regard to long-term prescription of hormones and also post-operative care and possible complications after genital surgeries. The most major problem reported was difficulty getting NHS records fully updated to correctly reflect a change in gender.</p> <p>The main problem reported with Mental Health Services was that lack of understanding and knowledge about transgender issues by general psychiatrists often results in transgender people being given inappropriate treatment which fails to assist them with their gender dysphoria and causes many months or even years of delay in getting access to assessment by an experienced gender specialist.</p> <p>LGBT in Britain - Trans Report is Stonewall's new research 2018, based on research with 871 trans and non-binary people by YouGov and highlighting the profound levels of discrimination and hate crime faced by trans people in Britain today states it's key findings that include: that</p> <ul style="list-style-type: none"> • When accessing general healthcare services in the last year, two in five trans people (41 per cent) said healthcare staff lacked understanding of trans health needs. • A quarter of trans people (25 per cent) have experienced homelessness
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	<ul style="list-style-type: none"> • One in eight trans employees (12 per cent) have been physically attacked by a colleague or customer in the last year • Two in five trans people (42 per cent) who would like to undergo medical intervention as part of their transition, haven't done so yet, because they fear the consequences it might have on their family life. • Almost half (48 per cent) of trans people don't feel comfortable using public toilets through fear of discrimination or harassment. <p>Transgender Euro Study: Legal Survey and Focus on the Transgender Experience of Health Care (2008)</p> <p>This research project, commissioned by ILGA-Europe, follows a similar large scale study we conducted in the UK in 2006.¹ During July 2007 and December 2007 the researchers undertook a mixed quantitative/qualitative approach to collecting and analysing information on transgender and transsexual people's experiences of inequality and discrimination in accessing healthcare in Europe. Their findings included</p> <ul style="list-style-type: none"> • The majority of respondents were refused State funding for hormones – more than 79% consistently across all the different categories, with a maximum of 5% difference between each group category. • More than 82% of respondents of all the categories were refused State funding for the acceptable baseline surgeries – • A minimum of 15% and a maximum of 23% of respondents felt that being trans affected the ways that they accessed routine non trans-related healthcare. There was a slight difference between the category groups. This was supported by the narratives from the qualitative data which suggested that trans people avoided accessing routine healthcare because they anticipated prejudicial treatment from healthcare professionals. • A minimum of 18% and a maximum of 31% felt that being trans impacted how they were treated by healthcare professionals. There was a slight improvement for those who transitioned more recently and those in skilled occupations. • More than 25% of the respondents from all the selected groups reported that they were refused treatment because a practitioner did not approve of gender reassignment.
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	<p>There is some evidence to suggest that trans people are more likely to experience both unemployment and underemployment due to stigma and discrimination according to Whittle, S., Turner L., and Al-Alami, M. 2007. Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination. [Online]. Norwich: The Equalities Review. Available From: http://www.pfc.org.uk/pdf/EngenderedPenalties.pdf</p> <p>In Buckner, Lisa and Sue Yeandle, <i>Valuing Carers 2011 Calculating the value of carers' support</i> (Leeds: University of Leeds and Carers UK, 2011) respondents were asked if they identified as a carer, defined in the survey as someone who looks after a family member, partner or friend, who needs help because of their illness, frailty or disability, where the care being given is unpaid. Nearly 12% reported that they were carers, similar to figures for the general population where 1 in 10 are estimated to be carers.</p> <p>https://www.independent.co.uk/news/uk/politics/the-nhs-is-not-treating-transgender-people-equally-with-other-patients-senior-doctors-warn-10490964.html</p> <p>The NHS is not treating transgender people equally with other patients, warns Dr John Dean, the chair of the NHS England committee on gender identity services, said clinicians' training rarely covered gender identity issues in detail and that it was having a worrying effect on access to healthcare.</p> <p>Steve Shrubbs, the Chief Executive of the West London Mental Health NHS Trust, which runs one of the UK's biggest gender identity clinics, said people who changed their gender identity were not being treated equally. "As people go through our system I don't believe there is equality and whether it's through lack of knowledge or peoples' own views service users tell me that it can feel as if they are not being treated equally," he explained, adding that some clinicians did however "go the extra mile".</p> <p>He said people referred to his service were currently waiting between 12 and 18 months and that there was a bottleneck in treatment. "Where else would it be acceptable for someone to wait 18 months?" he said.</p> <p>In a pamphlet aimed at medical professionals the Gender Identity Research and Education Society says that "for some trans people, the National Health Service has at time unfortunately contributed towards anguish and distress".</p>
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	<p>The organisation cites research from February 2007 that suggests that almost 20 per cent of trans people has faced disruption to their healthcare by GPs who knew they were trans.</p> <p>60 per cent of trans people in the same survey said they thought their GPs and other clinicians wanted to be more helpful but felt unable to do so because of a lack of adequate training and information.</p> <p>Inequalities in Access to Healthcare for Transgender Patients 2017 This paper includes exploration of changing attitudes towards trans individuals and an analysis of health care provision, and highlight the reasons for transphobia in the UK.</p> <p>Online version at: http://openjournals.ljmu.ac.uk/lhsc</p> <p><u>Race</u> http://www.eiapractice.wales.nhs.uk/sitesplus/documents/1126/%28nw%29%20a%20review%20of%20the%20literature%20on%20the%20health%20beliefs%2c%20status%20and%20use%20of%20services%20in%20the%20gypsy%20traveller%20population%20-%20copy.pdf</p> <p>A Review of the Literature on the Health Beliefs, Health Status, and Use of Services in the Gypsy Traveller Population, and of Appropriate Health Care Interventions. This report series details the findings and the recommendations arising from this important research programme examining health promotion issues for minority ethnic groups, refugees/ asylum seekers and Gypsy Travellers living in Wales. One of the key conclusions of the research is that promoting good health is the responsibility of individuals, communities and Government and a call to all people and organisations in Wales to work together for a healthier nation..</p> <p>Travellers - Others have reported relatively low levels of registration with GPs. Many studies have reported low uptake of services, including primary care, dental services, family planning, cervical screening, routine antenatal and postnatal care, and immunisations. Varying rates of low registration with GPs are reported in the literature, as low as 50 per cent in two studies. A range of factors have been implicated in this pattern of health care use. The mobility of the community is undoubtedly an important factor, a Scottish study reporting that over two-fifths of Gypsy Traveller families were receiving care at the time they were moved on. This study also found that two-thirds of health professionals identified racist attitudes of other health professionals as the primary obstacle to Gypsy Travellers trying</p>
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	<p>to access health services. Other studies have identified barriers of poor staff attitudes, GPs refusing to register Gypsy Travellers, the refusal of treatment, the lack of transferable medical records, low levels of literacy amongst Gypsy Travellers, and cultural attitudes within the Gypsy Traveller Community (e.g. the concern with immediate needs and social construction of hygiene practices, etc.). A lack of agreement across GP practices on the range of services to provide to the Gypsy Traveller Community; late and ad hoc immunisation and some resistance by GPs to having Gypsy Travellers on their lists for immunisation as this incurred a loss of funding; Traveller women were more likely to have visited their GP or hospital with a sick baby, less likely to attend for antenatal care and less likely to breast-feed their babies. For Travellers it was especially important that health professionals showed an understanding of their living conditions and way of life. Also, experiences were poor if health professionals were hurried, impersonal, used technical language, or did not offer enough information.</p> <p>Studies of the use of GP services by Travellers in Ireland (Mid Western Health Board, 2003; O'Donovan <i>et al.</i>, 1995) have reported similar findings. Travellers' perceptions of GP services include consultations of inadequate length, lack of consideration of the educational levels of Traveller patients in explaining an illness, lack of physical examinations before medicine is prescribed, the need to make an appointment and wait to see a GP, a reluctance of GPs to make home visits during out of surgery hours, and a lack of understanding of Travellers' circumstances and culture. GPs' perceptions of Travellers include high utilisation of GP services but low uptake of preventive services such as immunisations and developmental paediatric clinics, poor continuity of care arising from difficulties in transferring records, issues around reimbursement, inappropriate use of prescribed medication, disruption to surgery waiting rooms and inadequate facilities to accommodate families, problems with illiteracy, and safety issues with regard to 'halting site' visits. There may also be specific cultural issues surrounding Gypsy Travellers' approach to, and use of, GP and other services. Lehti and Mattson (2001) reported that Gypsies seldom attended primary care services alone, but were generally accompanied by one or more relatives, friends, or companions. Wetzel <i>et al.</i> (1983) also reported that the Gypsy approach to acute medical care consisted of the presence of a large extended family. No similar research appear to be available in Wales. North Staffordshire Health Action Zone (HAZ) has sought to make access to GPs and other services much easier for Gypsies and Travellers by improving information (North Staffordshire HAZ, 2003).</p> <p>and</p>
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<http://www.eiapractice.wales.nhs.uk/sitesplus/documents/1126/%28nw%29%20campbell%20-%202014%20-%20homelessness%20amongst%20people%20from%20black%20and%20minority%20ethnic%20populations%20in%20wales.pdf>

Homelessness amongst people from Black and Minority Ethnic populations in Wales research states 4.9% of Vale of Glamorgan's population is BME (higher than the Wales average), however, during the period 2011-2012, there were no, or numbers too low to record, homelessness applications in the Vale of Glamorgan from non-white households, and in 2012-2013 there were only five, indicating other contextual and individual factors are extremely important

Religion

<http://www.eiapractice.wales.nhs.uk/sitesplus/documents/1126/%28nw%29%20religiousdiscriminationresearchreport.pdf>

Religious discrimination in Britain: A review of research evidence, 2000-10 (Paul Weller 2011)

After examining other data relating to health and illness, education and housing, the report concluded that: "Our studies found that Census data reveals that Muslim people are particularly vulnerable in terms of unemployment, life-limiting long-term illness, educational levels, and housing conditions. (Beckford et al., 2006: 38)"

Migrants

<http://www.eiapractice.wales.nhs.uk/sitesplus/documents/1126/%28NW%29%20The%20Equality%20Implications%20of%20Being%20a%20Minority%20in%20Britain.pdf>

The equality implications of being a migrant in Britain Eleonore Kofman, Sue Lukes, Alessio D'Angelo and Nicola Montagna (2015)

In spite of a great deal of concern about different health needs and outcomes among migrants, there is very little data on migrants and health services... The use of services by new migrants is influenced by a range of personal and organisational barriers, including difficulties with GP registration... typically, quite a lot of new migrants, especially young men, do not register with GPs. It also tells us nothing about the state of health of those who register.

	<p><u>Health needs and risks</u></p> <p>Migrants' health needs reflect the diversity of the group but they are mainly affected by individual characteristics (such as age, sex and ethnicity), country of origin and circumstances of migration, and socioeconomic conditions in the host country (Gilbert and Jones, 2006; Kelly et al, 2005). Young women, both those from Eastern Europe and those entering as family migrants, use health services during pregnancy.</p> <p><u>Access</u></p> <p>Migrants themselves do not make great demands on the health system but this begins to change with family settlement (Institute of Local Community Cohesion (iCoCo)/Local Government Agency (LGA), 2007). Research shows that migrant workers themselves are less likely to need a doctor (Zaronaite and Tirzite, 2006). However, registration to hospital services varies among groups. Australians, New Zealanders and EU citizens who come in on work and study visas are less likely to be registered with GPs than people coming from refugee-generating countries, who, despite obvious barriers to care such as language, are significantly more likely to be registered (Hargreaves et al, 2005). There are also problems in GP registration: some migrants find the UK health system too complicated and have difficulty registering with GPs; others prefer to use services in their home country rather than deal with the bureaucracy in the UK (IoCC, 2008). In a study of A8 migrants in the Grampians, most preferred to return home for the treatment of non-acute medical problems, as well as for dental care and visiting opticians, which were cheaper and perceived to be more easily accessible there (Communities Scotland, 2008).</p> <p>This report also states that the Médecins du Monde study of 883 users of a health care project for migrants in London questioned the extent of health tourism (also see National Aids Trust 2008 for HIV/AIDS) and found that most of those they treated had been living in the UK for an average of three years and that, for many, the major problem was accessing GPs.</p> <p>The main issue raised in relation to gender amongst the migrant communities and health care is access to antenatal care and maternity services. Despite the restrictions, all women are entitled to antenatal care, which falls under the category of 'immediately necessary'. In the Médecins du Monde project, the largest single number of visits (118 in 2006–7, or 22 per cent) was for reasons of pregnancy, childbirth and family planning (Médecins du Monde, 2008). Many women had turned to the clinic to get help to</p>
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		access such care as well as terminations. Although the project was able to register their patients with GPs, many were refused access to free terminations. Thus exceptions to the 2004 regulations are not always applied in practice.
5	Who will be affected by the strategy/ policy/ plan/ procedure/ service	Individuals in the communities of Llanedeyrn and Pentwyn accessing primary, community and secondary care services will be affected by the Project. UHB staff will also be affected by the planned changes to service delivery.

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> under 18; between 18 and 65; and over 65 	Potential Positive impact All ages <ul style="list-style-type: none"> Accessible local primary and community care services delivered from fit for purpose facilities Improved access to multi-disciplinary primary care teams 	All ages <ul style="list-style-type: none"> Development and implementation of a <i>Building and Engineering Services Standards list at Appendix A</i> Ensure times of clinics/services flexible to facilitate access 	Action to be taken by:- <ul style="list-style-type: none"> Capital and Estates Team and Public Health Team PCIC Clinical Board

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<ul style="list-style-type: none"> Facilitates social prescribing approaches Implementation of chronic condition pathways results in less acute episodes and patients supported to manage their conditions well IT supports patient engagement Social isolation addressed through partnership working <p>Potential negatives impact All ages</p> <ul style="list-style-type: none"> Time required to support patients understand the change to multi-disciplinary primary care teams 	<ul style="list-style-type: none"> Embed sustainable social prescribing approaches Embed health literacy approaches Develop IT support /social media programmes Access appropriate communication technology Develop local patient engagement programmes Enable further partnership working and integration across health and social care organisations Access appropriate communication technology Develop local patient engagement programmes 	<ul style="list-style-type: none"> Strategy & Service Planning Team SOFW Programme Team (including PCIC and other Clinical Board members) UHB IM&T Team and Communication Team Patient Experience Team Third sector Health & Social Care Facilitators Integrated Health and Social Care Partnership UHB IM&T Team and Communication Team Patient Experience Team

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>Potential Positive impact</p> <ul style="list-style-type: none"> • Accessible local primary and community care services delivered from fit for purpose and equality related guidance and regulations including sensory-loss standards. • Improved access to multi-disciplinary primary care teams • Implementation of chronic condition pathways results in less acute episodes and patients supported to manage their conditions well 	<ul style="list-style-type: none"> • Development and implementation of a <i>Building and Engineering Services Standards list at Appendix A</i> • Times of clinics/services flexible to facilitate access • Staff employed to reflect population demographics • Ensure patient is able to communicate in language (e.g. Welsh) or format (e.g. sign language) appropriate to need • Embed health literacy approaches • Partnership working with specialist organisations (e.g. RNIB) • Develop IT support /social media programmes • Access appropriate communication technology • Develop local patient engagement programmes 	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> • Capital and Estates Team and Public Health Team • PCIC Clinical Board • Workforce and Organisational Development • SOFW Programme Team (including PCIC and other Clinical Board members) • UHB IM&T Team and Communication Team • Patient Experience Team • Third sector Health & Social Care Facilitators

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	Potential negatives impact <ul style="list-style-type: none"> Time required to support patients understand the change to multi-disciplinary primary care teams 		
6.3 People of different genders: Consider men, women, people undergoing gender reassignment NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	Potential Positive impact <ul style="list-style-type: none"> Accessible local primary and community care services delivered from fit for purpose and equality related guidance and regulations including sensory-loss standards. 	<ul style="list-style-type: none"> Development and implementation of a <i>Building and Engineering Services Standards list at Appendix A</i> 	Action to be taken by:- <ul style="list-style-type: none"> Capital and Estates Team and Public Health Team
6.4 People who are married or who have a civil partner.	N/A		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks	Potential Positive impact <ul style="list-style-type: none"> Accessible local primary and community care services delivered from fit for purpose facilities 	<ul style="list-style-type: none"> Development and implementation of a <i>Building and Engineering Services Standards list at Appendix A</i> 	Action to be taken by:- <ul style="list-style-type: none"> Capital and Estates Team and the Public Health Team

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
after having a baby whether or not they are on maternity leave.	<ul style="list-style-type: none"> IT supports patient engagement <p>Potential negatives impact</p> <ul style="list-style-type: none"> Time required to support patients understand the change to multi-disciplinary primary care teams 	<ul style="list-style-type: none"> Develop IT support /social media programmes Develop local patient engagement programmes Breast feeding provision 	<ul style="list-style-type: none"> UHB IM&T Team Patient Experience Team Third sector Health & Social Care Facilitators Strategy & Service Planning Team
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	<p>Potential Positive impact</p> <ul style="list-style-type: none"> Accessible local primary and community care services delivered from fit for purpose and equality related guidance and regulations including sensory-loss standards. Improved access to multi-disciplinary primary care teams Improved staff access to appropriate communication 	<ul style="list-style-type: none"> Development and implementation of a <i>Building and Engineering Services Standards list at Appendix A</i> Ensure times of clinics/services flexible to facilitate access Employ local people to reflect demographics /population Embed health literacy approaches 	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> Capital and Estates Team and Public Health Team PCIC Clinical Board Workforce and Organisational Development Patient Experience Team

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>methods that facilitate engagement with non-English speaking patients</p> <ul style="list-style-type: none"> IT supports patient engagement and communication Implementation of chronic condition pathways results in less acute episodes and patients supported to manage their conditions well <p>Potential negatives impact</p> <ul style="list-style-type: none"> Time required to support patients understand the change to multi-disciplinary primary care teams 	<ul style="list-style-type: none"> Ensure patient is able to communicate in language or format appropriate to need Access and use appropriate communication technology and services Develop IT support /social media programmes Develop local patient engagement programmes 	<ul style="list-style-type: none"> SOFW Programme Team (including PCIC and other Clinical Board members) UHB IM&T Team and Communications Team Third sector Health & Social Care Facilitators Integrated Health and Social Care Partnership Locality Care Transformation Workstream Patient Experience Team Third sector Health & Social Care Facilitators Strategy & Service Planning Team

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	Potential Positive impact <ul style="list-style-type: none"> • Accessible local primary and community care services delivered from fit for purpose and equality related guidance and regulations including sensory-loss standards. 	<ul style="list-style-type: none"> • Development and implementation of a <i>Building and Engineering Services Standards list at Appendix A</i> 	Action to be taken by:- <ul style="list-style-type: none"> • Capital and Estates Team and Public Health Team
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	<ul style="list-style-type: none"> • Accessible local primary and community care services delivered from fit for purpose and equality related guidance and regulations including sensory-loss standards. 	<ul style="list-style-type: none"> • Development and implementation of a <i>Building and Engineering Services Standards list at Appendix A</i> 	Action to be taken by:- <ul style="list-style-type: none"> • Capital and Estates Team and Public Health Team
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	Potential Positive impact <ul style="list-style-type: none"> • Improved staff access to appropriate communication methods that facilitate engagement with non-English speaking patients • Compliance with appropriate Welsh Language Standards 	<ul style="list-style-type: none"> • Translation services to be available • All public documents available in Welsh • Develop IT support /social media programmes in Welsh • Employ Welsh speaking staff 	Action to be taken by:- <ul style="list-style-type: none"> • Strategy & Service Planning Team • Clinical Boards • UHB IM&T Team • Workforce and Organisational Development • Patient Experience Team

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<ul style="list-style-type: none"> IT supports patient engagement and communication 	<ul style="list-style-type: none"> Develop local patient engagement programmes in Welsh Promote the availability of Welsh speaking staff 	<ul style="list-style-type: none"> SOFW Programme Team (including PCIC and other Clinical Board members)
<p>6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health</p>	<p>Potential Positive impact</p> <ul style="list-style-type: none"> Accessible local primary and community care services delivered from fit for purpose and equality related guidance and regulations including sensory-loss standards. Improved access to multi-disciplinary primary care teams Prioritisation of services in areas of deprivation <p>Potential negatives impact</p> <ul style="list-style-type: none"> Time required to support patients understand the change to multi-disciplinary primary care teams 	<ul style="list-style-type: none"> Development and implementation of a <i>Building and Engineering Services Standards list at Appendix A</i> Ensure times of clinics/services flexible to facilitate access Prioritise areas of deprivation for service development and provision of new /renovated buildings or facilities Develop IT support /social media programmes Develop local patient engagement programmes 	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> Capital and Estates Team & Public Health Team PCIC Clinical Board SOFW Programme Team (including PCIC and other Clinical Board members) Capital and Estates Team SOFW Programme Team (including PCIC and other Clinical Board members) UHB IM&T Team UHB Communications Team Patient Experience Team

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	<p>Potential Positive impact</p> <ul style="list-style-type: none"> Facilities available in areas of most need and services tailored to community need Buildings to be accessible by walking, cycling and public transport Facilities to be interconnected with other local services <p>Potential negatives impact In some areas, location of buildings is based on opportunity rather than need</p>	<ul style="list-style-type: none"> Development and implementation of a <i>Building and Engineering Services Standards list at Appendix A</i> Prioritise areas of deprivation for service development and provision of new /renovated buildings or facilities 	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> Capital and Estates Team and Public Health Team Strategy & Service Planning Team Capital and Estates Team Clinical Boards Programme Team
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	Accessible local primary and community care services delivered from fit for purpose and equality related guidance and regulations including sensory-loss standards.	Development and implementation of a <i>Building and Engineering Services Standards list at Appendix A</i>	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> Capital and Estates Team and Public Health Team

Note 1

The Building and Engineering Standards including Equality & Health Implications 2018 checklist is attached at Appendix A for use during the development and refurbishment of the UHB Estate. This reference document brings together the statutory and mandatory requirements that guide any development and also includes best practice for promoting population health.

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales	Potential Positive impact <ul style="list-style-type: none"> Buildings to be placed in areas of most need and services tailored to community need Buildings to be accessible by walking, cycling and public transport Facilities to be interconnected with other local services Potential negatives impact In some areas location of buildings is based on opportunity rather than need	<ul style="list-style-type: none"> Development and implementation of a <i>Building and Engineering Services Standards list at Appendix A</i> 	Action to be taken by:- <ul style="list-style-type: none"> Capital and Estates Team and Public Health Team
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy	Potential Positive impact <ul style="list-style-type: none"> Focus on well-being and keeping well, specifically enhanced by co-location with 	<ul style="list-style-type: none"> Development and implementation of a <i>Building and Engineering Services Standards list at Appendix A</i> 	Action to be taken by:- <ul style="list-style-type: none"> Capital and Estates Team and Public Health Team

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (e.g. immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc.</p> <p>Well-being Goal – A healthier Wales</p>	<p>the Powerhouse which includes:</p> <ul style="list-style-type: none"> • Sports hall • Meeting rooms • Community cafe • Interview rooms • IT suite • Facilities to hire • Public library • External sports area 	<ul style="list-style-type: none"> • Ensure prevention is part of service planning and that services promote prevention and wellbeing at front of house • Develop and embed social prescribing approaches including mental and emotional care. • Embed 'Making Every Contact Count' training across all service areas • Deliver frequent public awareness campaigns • Seamless integration and embedded collaboration with partners in a local delivery setting that's familiar to the community • Ensure healthy foods provided in cafes and that healthy catering standards are adopted 	<ul style="list-style-type: none"> • Strategy & Service Planning Team • PCIC Clinical Board • SOFW Programme Team (including PCIC and other Clinical Board members) • Clinical Boards, Public Health Team and Workforce and Organisational Development • Patient Experience Team, Communications Team and Public Health Team. • Clinical Boards and service team leaders. • Facilities Team and Public Health Team

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>	<p>Potential Positive impact</p> <ul style="list-style-type: none"> • Opportunities for volunteers to deliver appropriate projects and services • Employment of a range of disciplines • Schemes developed on the Designed for Life: Building for Wales framework include monitoring of expenditure on:- welsh-based suppliers, SMEs, third sector enterprises, and staff. 	<ul style="list-style-type: none"> • Employment of local people to reflect demographics /population 	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> • Workforce and Organisational Development • PCIC Clinical Board
<p>7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents;</p>	<p>Potential Positive impact</p> <ul style="list-style-type: none"> • New design of services and buildings to promote easier access • DDA compliance of buildings with natural light and consideration for sensory loss • Location of hubs to have green space that can be utilised positively • Closer proximity to home • Schemes developed on the Designed for Life: Building for Wales framework include 	<ul style="list-style-type: none"> • Development and implementation of a <i>Building and Engineering Services Standards list at Appendix A</i> • Appropriate use of the resource – <u>Creating Our Healthier Places and Spaces for our Present and Future Generations</u> 	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> • Capital and Estates Team and Public Health Team

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>	<p>monitoring of:- on-site consumption of renewable energy; tonnes of waste diverted from landfill; percentage of materials containing recycled content; and reduction in water consumption.</p>		
<p>7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>Potential Positive impact</p> <ul style="list-style-type: none"> • Promote sense of belonging due to location within community • Opportunities for participation and volunteering and peer support • Addressing social isolation • Understanding and promotion of social networks 	<ul style="list-style-type: none"> • Implementation of community engagement approaches • Implementation of patient participation groups • Develop and embed social prescribing approaches • Increase loneliness support through a welcoming environment and integrated physical, emotional and social care and wellbeing. 	<p>Action to be taken by:-</p> <ul style="list-style-type: none"> • Strategy & Service Planning Team • Patient Experience Team • SOFW Programme Team (including PCIC and other Clinical Board members) • Third sector Health & Social Care Facilitators

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	<p>Deliver UHB and WG policies</p> <p>Contribute to meeting the Well-being Objectives</p>	<p>Continue to use the Wellbeing of Future Generations Act's 5 ways of working and the A Healthier Wales: our Plan for Health and Social Care quadruple aim in planning and delivering service models from the new Wellbeing Hub</p>	<p>Clinical Boards and Service Team leaders</p>

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

<p>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</p>	<p>Positive impacts / how we will achieve the objectives</p> <ul style="list-style-type: none"> • Focus on well-being and keeping well • Accessible local primary and community care services delivered from fit for purpose and equality related guidance and regulations including sensory-loss and Welsh Language standards. • Improved access to multi-disciplinary primary care teams • IT supports patient engagement • Implementation of chronic condition pathways results in less acute episodes and patients supported to manage their conditions well • Facilitates social prescribing approaches • Improved staff access to appropriate communication methods that facilitate engagement with non-English speaking patients • Prioritisation of services in areas of deprivation • Buildings to be placed in areas of most need and services tailored to community need. Formula for location of hubs and well-being centres being agreed • Buildings to be accessible by walking, cycling and public transport • Facilities to be interconnected with other local services e.g. the Powerhouse • Implementation of UHB policies (e.g. no smoking policy) • Opportunity to access food growing spaces around NHS buildings • Signposting to community/ local services or groups • Opportunities for volunteers to deliver appropriate projects and services • Employment of a range of disciplines • New design of services and buildings to promote easier access • Location of hubs to have green space that can be utilised positively • Space within buildings could promote more diverse workforce, i.e. volunteers • Closer proximity to home • Promote sense of belonging due to location within community • Opportunities for participation and volunteering and peer support • Understanding and promotion of social networks
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	Negative impacts include <ul style="list-style-type: none"> • Time required to support patients understand the change to multi-disciplinary primary care teams • In some areas location of buildings will take account of opportunity as well as local need
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	<ul style="list-style-type: none"> • Development and implementation of a <i>Building and Engineering Services Standards list at Appendix A</i> 	Capital and Estates Team	November 2017	Now attached as Appendix A
	<ul style="list-style-type: none"> • Development of service specifications for Health & Wellbeing Centres and Wellbeing Hubs that meet the requirements of the SOFWB /Perfect Locality Strategy:- <ul style="list-style-type: none"> ○ High level principles ○ Service scope and Clinical Output Specifications (for each project) 	Strategy & Service Planning Team	May 2017 As per project plans	Complete
	<ul style="list-style-type: none"> • Development of a holistic approach to communication that includes stakeholder and community engagement, health literacy approaches, use of social media 	Strategy & Service Planning Team	Project Team agreed	Complete
	<ul style="list-style-type: none"> • Implementation of employment practices that prioritise employment 	Workforce and Organisational Development	To be agreed	Monitored as part of Designed for Life: Building

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
	<p>of individuals with the right skills from local areas</p> <ul style="list-style-type: none"> • Development and implementation of sustainable social prescribing approaches • Implementation of UHB policies that support access to language and communication support, smoking cessation, etc. • Delivery of 'Making Every Contact Count' and Dementia Friends training • Delivery of frequent public awareness campaigns 	<p>PCIC Clinical Board with Primary Care Clusters</p> <p>To be agreed</p> <p>Public Health Team</p> <p>Communications Team</p>	<p>2018/19</p> <p>2018/19</p>	<p>for Wales framework - Community Benefits</p> <p>Work in progress</p> <p>To be implemented as part of agreement for operational readiness of facility</p> <p>MECC training will ensure that there is a consistent approach across the UHB and partner organisations</p> <p>Opportunities exploited as presented</p>
<p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>This means thinking about relevance and proportionality to the Equality Act and asking:</p>	<p>As there has been potentially very limited negative impact identified, and the consultation and engagement activity has been comprehensive, it is unnecessary to undertake a more detailed assessment.</p> <p>However, the SOFW:IOC Programme EHIA and interlinked project EHIA will be</p>	Strategy & Service Planning Team	Throughout the life of the project	Reviewed as part of assurance and approval prior to OBC and FBC submission

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
is the impact significant enough that a more formal and full consultation is required?	used the monitoring and reviewing to inform the updating of this project EHIAs			
8.4 What are the next steps? Some suggestions:- Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> • continues unchanged as there are no significant negative impacts • adjusts to account for the negative impacts • continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) • or stops. Have your strategy, policy, plan, procedure and/or service proposal approved	<ul style="list-style-type: none"> • The EHIA will be reviewed by the Project Team and a working document version agreed. The working document will be reviewed over the course of the project and appropriate amendments made. • The Project will continue, enhanced by the actions identified within the EHIA • The EHIA will inform actions and further policy changes of the Project and inform EHIA's of the component parts of the SOFW programme. The EHIA will form part of the Project Outline business case to be approved by	Strategy & Service Planning Team	Lifespan of the project	Reviewed as part of assurance and approval prior to OBC and FBC submission

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>Publish your report of this impact assessment</p> <p>Monitor and review</p>	<p>the Board before being submitted to Welsh Government.</p> <p>The EHIA will be published, alongside the Project, on the intranet and internet once approved.</p> <p>This EHIA will be reviewed three years after approval unless changes to legislation or best practice determine that an earlier review is required. The UHB standard is that all policies are reviewed within 3 years (1 year if a statutory requirement).</p>			



EQUALITY & HEALTH IMPACT ASSESSMENT
BUILDING AND ENGINEERING SERVICES STANDARDS INCLUDING EQUALITY & HEALTH IMPLICATIONS 2018

This checklist is based on current guidelines and standards, on the requirement to undertake health impact assessments of all new NHS buildings and major refurbishments and anticipates the expectations of the Public Health (Wales) Act 2017 that includes the requirement to undertake health impact assessments for key decisions

Specific Engineering/ Compliance Topic	Type of Standard	Equality & Health Impact to be considered
Fire Safety	Statutory	<p>The following equality and health impacts should be considered. This is for indicative purposes and is not an exhaustive list</p> <ul style="list-style-type: none"> • Sensory Loss (signs, emergency lighting, access and egress etc.) • Age related equality issues (signs, access and egress etc.) • Gender related equality issues • Dementia Care and Mental Health (access and egress etc.) • Welsh Language/pictorial (signage etc.) • Evacuation strategies (signage, access, egress and communication strategies) • Training

Specific Engineering/ Compliance Topic	Type of Standard	Equality & Health Impact to be considered
Water Safety	Statutory	<p>The following equality and health impacts should be considered. This is for indicative purposes and is not an exhaustive list</p> <ul style="list-style-type: none"> • Sensory loss (temperature related issues, scalding, signage etc.) • Age related equality issues (signage, selection of taps, sanitary ware etc.) • Gender related equality issues • Dementia Care and Mental Health (signage, selection of taps, sanitary ware etc.) • Welsh Language/pictorial (signage etc.) • Faith/Religion related equality issues • Training
Asbestos Management	Statutory	<p>The following equality and health impacts should be considered. This is for indicative purposes and is not an exhaustive list</p> <ul style="list-style-type: none"> • Sensory Loss (signs, precautions, access to asbestos database etc.) • Age related equality issues (signage, access to asbestos database etc.) • Gender related equality issues • Dementia Care and Mental Health (signage etc.) • Welsh Language/pictorial (signage etc.) • Training
Control of Contractors	Statutory	<p>The following equality and health impacts should be considered. This is for indicative purposes and is not an exhaustive list</p> <ul style="list-style-type: none"> • Care of equality management with contractors including the following equality issues, age, sensory loss, age, gender, faith/religion etc.

Specific Engineering/ Compliance Topic	Type of Standard	Equality & Health Impact to be considered
Medical Gases	Statutory	<p>The following equality and health impacts should be considered. This is for indicative purposes and is not an exhaustive list</p> <ul style="list-style-type: none"> • Sensory Loss (signs, emergency procedures etc.) • Training
Ventilation	Statutory	<p>The following equality and health impacts should be considered. This is for indicative purposes and is not an exhaustive list</p> <ul style="list-style-type: none"> • Sensory Loss (signs, emergency procedures etc.) • Training
High and Low Voltage Electricity	Statutory	<p>The following equality and health impacts should be considered. This is for indicative purposes and is not an exhaustive list</p> <ul style="list-style-type: none"> • Sensory Loss (signs, emergency procedures etc.) • Training
Environmental Management	Statutory	<p>The following equality and health impacts should be considered. This is for indicative purposes and is not an exhaustive list</p> <ul style="list-style-type: none"> • Sensory Loss (signs, emergency procedures etc.) • Training
Energy and Water Management	Statutory	<p>The following equality and health impacts should be considered. This is for indicative purposes and is not an exhaustive list</p> <ul style="list-style-type: none"> • Sensory Loss (signs, emergency procedures etc.) • Training

Specific Engineering/ Compliance Topic	Type of Standard	Equality & Health Impact to be considered
Building Regulations, Design Standards and HTM's, HBN's	Statutory	<p>The following equality and health impacts should be considered. This is for indicative purposes and is not an exhaustive list</p> <ul style="list-style-type: none"> • All as above dependent on specific standard e.g. Fire Safety, Water Safety • Under the Equality Act, architects and designers will ensure that Capital schemes meet the necessary equality standards e.g. positioning of stairs, hearing loops, use of colour, height of reception desks, entry systems, width of doorways, play areas, pictorial /multi-lingual /universal signage, toilet/changing facilities, dementia friendly services and facilities, child friendly services and facilities • Any new development or refurbishment shall include consultation with latest relevant standards and guidelines e.g. Public Health Guidance documentation including Planning Healthy- Weight Environments (available at https://www.tcpa.org.uk/healthy-environments) and Cardiff Council Planning for Health and Well-being Supplementary Planning Guidance (available at https://www.cardiff.gov.uk/ENG/resident/Planning/Planning-Policy/Supplementary-Planning-Guidance/Pages/Supplementary-Planning-Guidance.aspx)
Capital Design Team /Project Boards		<p>In addition to the above regulatory statutory standards detailed in Building Regulations, Design Standards and HTM's, HBN's, the following issues should be considered and reviewed:</p> <ul style="list-style-type: none"> • Develop infrastructure that promotes walking and cycling including <ul style="list-style-type: none"> ○ Wide footpaths ○ Clear signage ○ Routes that connect buildings and other local services • Promote walking and cycling through <ul style="list-style-type: none"> ○ Reducing traffic speed on all sites to 20mph ○ Providing good public transport links ○ Developing clear walking routes ○ Implementing travel plans

Specific Engineering/ Compliance Topic	Type of Standard	Equality & Health Impact to be considered
		<ul style="list-style-type: none"> • Provide access to green and blue spaces at all major /large facilities including <ul style="list-style-type: none"> ○ The Orchard at UHL ○ Open spaces at UHW ○ Links to Heath Park from UHW • Increase access to and improve choice within the local food retail and growing environment <ul style="list-style-type: none"> ○ Provide a healthy food offer to patients, staff, visitors and customers ○ Influence food procurement policies to ensure that a healthy food offer is implemented ○ Influence the provision of the food retail environment to ensure that the majority of the food offered is healthy ○ Avoid the over-concentration of hot-food takeaways ○ Provide community food growing spaces • Ensure buildings are designed that <ul style="list-style-type: none"> ○ Promote stair use as opposed to lifts ○ Use colour to enhance signage ○ Reduce suicide harm through restricting access to the means of suicide ○ Reduce the potential for slips or falls • Provide quiet, private spaces for discussion, reflection or contemplation • Work in partnership with specialist organisations (e.g. RNIB, Action on Hearing Loss, transgender groups) • Any new build or refurbishment shall include consultation with latest relevant standards and guidelines e.g. Public Health Guidance documentation including Planning Healthy- Weight Environments (available at https://www.tcpa.org.uk/healthy-environments) and Cardiff Council Planning for Health and Well-being Supplementary Planning Guidance (available at https://www.cardiff.gov.uk/ENG/resident/Planning/Planning-Policy/Supplementary-Planning-Guidance/Pages/Supplementary-Planning-Guidance.aspx)

Shaping Our Future Wellbeing: In Our Community (SOFW)

Wellbeing Hub@Maelfa engagement

Situation

The project team agreed the engagement should focus on both clinical and community sectors of the local population to determine which additional services the planned Wellbeing Hub@Maelfa could provide.

The clinical engagement was with Dr Roger Morris (as senior partner at the Llanedern Health Centre and Primary Care Cluster Lead) who advised of four priority services. It was followed by a period of community engagement which generated 551 suggestions received. The Cardiff Third Sector Council (C3SC) polled their members and assessed the potential of third sector provision and that concluded the initial public engagement, with the findings presented below.

Background

Clinical

Chris Dawson-Morris met with Dr Roger Morris on 12 January 2018 and he outlined the current services provided from the Llanedern Health Centre and proposed the following additional service clinics:- physiotherapy, pulmonary rehabilitation, podiatry and school nursing.

Third Sector

The Third Sector Development Officer (C3SC), who covers North Cardiff and East Cardiff surveyed the third sector groups (approximately 40) for their potential interest in the provision of services from the Wellbeing Hub@Maelfa. From their responses she collated a report (attached at Appendix B). In general, a number of groups indicated that their funding streams don't extend to the proposed opening date and therefore can't commit at this stage. However, there is sufficient potential to share a large, dividable (partition) meeting room to meet the projected demand.

Community

At the two initial engagement events (the Maelfa Mega Fund Day and Jenny Rathbone, AM's public meeting) most of the feedback received was from families and working age adults. Four groups were identified to approach to engage with children and BME sectors of the community from consultation with representatives from Communities First and Cardiff Third Sector Council to identify appropriate groups to extend and focus our community engagement.

On 19 December 2017 invites were sent out to the following 4 groups:

- Glenwood Church Centre.
- Roundwood Residents Association.
- Pentwyn Scout Group.
- The Hollies Primary school.

These were followed up with reminders (24 January) and arranged meetings with the Church Centre and Residents Association who replied. Both of these groups have broad links across the community including the two target sectors of the community.

The format of the engagement was agreed, offering hard copy response slips (at appendix A) posing three questions, a telephone line, website and email.

The three questions posed were:-

1. What services would you like to see in the new Hub?
2. How do you think we should plan the outside space?
3. What do you think is important for the design of the new Wellbeing Hub@Maelfa?

These response channels were supplemented with education visits to the staff at the three response-slip post box locations (Glenwood Church Centre, and reception desks at the Powerhouse and Llanederyn Health Centre.)

The post boxes were available at all three locations from 16 February 2018 to 9 March 2018. The responses received were collated and analysed as below.

Assessment

Clinical

Dr Morris' four proposals were for physiotherapy, pulmonary rehabilitation, podiatry, and school nursing. The project already had all but physiotherapy on the master activity list, including completed Clinical Output Specification (COS) Part As for podiatry and school nursing. The Clinical Boards will need to confirm the resources to enable provision of these services from the Wellbeing Hub@Maelfa.

Third Sector

In general and given the fact that this facility will be operational in 2021, a number of groups indicated their funding streams do not run till that date and therefore they felt that they do not want to commit at this stage.

Some community groups were content to continue with their own arrangements, and some would like to return to the area. There was a significant interest for educational use from local schools and young people groups, e.g. school club, homework club and Saturday school club (specifically from for BME communities). Local groups expressed a need for a local meeting place, including celebrations, awards and entertainment provision.

There was interest in being able to sub-divide the room to suit the size of the activity and the potential cost could be a serious limit on the potential for some groups to use the facilities. The responses also included a request for a local minor injuries unit to alleviate demand at UHW.

Community

The groups that responded to the invitations engaged with the community on different levels. The Residents Association worked with local businesses and residents, enabling them to respond individually by posting their responses in any of the three post boxes.

The Church Centre used their groups to engage across a wide range of ages. (The groups are described as: "Kick" (football club - school year 7-13); "Mud" (Youth club - school aged years 7-13); "Sprogz" - parents and babies; Lunch /Knitting /bowls club - over 50s; members of the church (Sunday morning) living in the area - all ages). Cardiff Third Sector Council also added suggestions.

From the community engagement in total 551 suggestions were received to the three questions asked.

- 210 of these suggestions related to services **inside** in 56 different categories and the top 3 (clinics, education, and advice) representing 20% of the total.
- 162 suggestions were about the **outside** of the building in 36 different categories. The top 3 categories (car parking, play area and gardens) represented 29% of the total. (Car parking on its own was 14% of the total).
- We received 179 suggestions for priority in the **design** of the facility across 48 different categories. The top 3 categories (accessible, welcoming and colourful) represented 24% of the total.

The summary below shows the suggestions in the Top 3 categories for each of the three questions.

The first question, relating to services **inside** the building, provided a range of suggestions, i.e.

- The top category “Clinics” specifies 11 types of clinics (e.g. physiotherapy, maternity) including general suggestions for clinics e.g. “shift of clinics from hospital”. 3 of these specific types of clinics (maternity, eye and wellbeing/healthy lifestyle) are on the project’s master activity list and we have COS Part As already completed for antenatal and community midwives. The Clinical Boards will need to confirm the resources to enable provision of these services from the Wellbeing Hub@Maelfa.
- The next category “Education” includes non-specific suggestions for education courses, facilities and sessions but also specifically on education topics of healthy eating, meal preparation, diet and nutrition classes and dietician clinics. These topics are already identified on the project’s master activity list and we have COS Part As already completed.
- The category “Advice” named the Citizens’ Advice Bureau but also suggested advice for people as they age, health promotion, housing, and back to work. These topics are mainly in the community zone of the wellbeing Hub and so will need liaison with the Powerhouse to identify which advice services already exist

The question relating to the **outside** space provided a narrower range of suggestions i.e.

- The top category of “car parking” was focused with various adjectives to suggest improvements.
- The category “play areas” was a little broader with various age groups specified and for all abilities.
- The category “gardens” specified flowers and greenery with suggestions for a sensory garden area.

The suggestions for the **design** will be shared with the design team to inform their architectural work.

Way Forward

Where specific services can be identified from these top 3 service categories (above) an approach will be needed to the appropriate Clinical Board for their support of the suggested service provision. This allows an opportunity for any further suggested services from the Clinical Boards. It will be followed by requests for a completed COS from the service lead. These will then be used by the design team to inform the Schedule of Accommodation.

Recommendation

That the Project Team approves the way forward above to gain the appropriate Clinical Board support for the clinical, third sector and community requests for additional services to be provided from the Wellbeing Hub@Maelfa.

DRAFT

Wellbeing Hub@Maelfa

Please could you help us by telling us what you think?



Cardiff and Vale University Health Board (UHB) is working with citizens, patients and partners to make it a reality that **a person's chance of leading a healthy life is the same wherever they live and whoever they are**. Within each of the clusters we would like to create Wellbeing Hubs. More information is at: <http://www.cardiffandvaleuhb.wales.nhs.uk/sofw-in-our-community>

What services would you like to see in the new Hub?

How do you think we should plan the outside space?

What do you think is important for the design of the new Wellbeing Hub@Maelfa?

If you want to contact us you can email us:
[Christopher.Dawson -Morris@wales.nhs.uk](mailto:Christopher.Dawson-Morris@wales.nhs.uk) or
robert.wilkinson@wales.nhs.uk
or telephone us: 029 2184 1830



Wellbeing Hub@Maelfa/ Community Engagement / June 2018

In general and given the fact that this facility will be operational in 2021 a number of groups indicating that their funding streams don't run till that date and therefore they felt that they don't want to commit at this stage.

Some community charitable groups; like Llanederyn Boxing club and Girl guiding Cardiff and East Glamorgan indicating that they currently having their own space to run their activities and they have no current need for extra space but in the future this might change.

Groups like Cardiff foodbank used to have to have a Foodbank Centre in Maelfa Shopping Centre but moved out in Spring 2017. They would like to have a presence again in the Maelfa area.

On the other hand; Schools in the area would like to have the opportunity of having extra space and room that will be available for parents in walking distance and with parking facilities to enable them to engage with children and their parents. Local schools will be able to use such facility during the day and early evening. A larger space with dividers to be able to use for small groups as well as larger one was suggested

The majority of the Third Sector Organisations, especially grassroot ones would like to see a space to engage with children, young people and the whole families providing different diversion and engagement activities for local people. The availability of such space during evenings and weekends will provide an excellent opportunity to engage delivering after school club, homework club, and art session just to name few.

Local groups are currently meeting at the available Social Clubs which might not suit every one and there is a need for a local place where meeting can take place that will tackle local issues and what is going in the area. These meeting are usually of capacity between 6 -20 participants and running during evenings from about 7:00pm – 8:30pm.

There is a need for Saturday school specifically for BME communities living in the area. The numbers of whom are increasing due to the council housing allocations and the current availability of empty houses. There is a need for such provision that will enable better integration, education, learning and a sense of pride for such communities.

A larger hall will enable different organisation and communities group to run celebration, award events, different functions and entertainment, and it will be a great opportunity to have those locally rather than for local people travelling for a distance to different locations around the city center.

The ladies learning zone which is a voluntary sector organisation, providing adult learning and teaching of Math and English would like to have a space locally during day time for a space accommodating between 10-12 participants.

Very local organisations like Chapelwood Residents Association feel the pressing needs for an Assessment Minor Injuries Unit that will be accessible to local people and specifically to school children that will provide a primary care health facility and will take the pressure from the Emergency Unit at the University Hospital Wales.

Report Title:	Development of Cystic Fibrosis Facilities at UHL – Business Justification Case					
Meeting:	Cardiff and Vale UHB Board				Meeting Date:	30 May 2019
Status:	For Discussion		For Assurance		For Approval	✓ For Information
Lead Executive:	Director of Planning					
Report Author (Title):	Service Planning Project Lead – 029 2183 6069					

SITUATION

The attached BJC sets out the rationale for developing facilities for Cystic Fibrosis services at University Hospital Landough (UHL) and seeks approval for a capital investment of £4.659m to enable the Health Board to increase the bed capacity in the Cystic Fibrosis Unit to 16 and to provide patients with en-suite facilities in order to meet the infection prevention requirements..

The BJC is submitted to the CMG as part of the assurance and governance process. CMG is asked to agree the submission of the BJC to Board with a recommendation to approve and submit to Welsh Government for funding from the All Wales Capital Programme.

REPORT

BACKGROUND

The All Wales Adult Cystic Fibrosis (CF) Centre is the only specialised adult CF centre in Wales and is based at UHL, with around 300 adult patients (17-50+) being cared for on a permanent basis. The service is commissioned by Welsh Health Specialised Services Committee (WHSSC). Demographically the majority of these patients live within Cardiff & Vale, Aneurin Bevan and Abertawe Health Boards. Smaller numbers come from Cwm Taf, Hywel Dda, Betsi Cadwalader and Herefordshire. It is envisaged that growth will continue to rise consistently over the coming years, and annual net growth is estimated at 15-20 patients.

The current Cystic Fibrosis Unit (ward) was commissioned in 1997 and was at that time a 9 bedded unit, built to accommodate a patient population of 80-100. Since then increased treatment and the development of a specialist multidisciplinary team, along with the advent of advanced life prolonging drug therapy, has improved survival and this in turn has led to the current patient figures of around 300. The service also utilises a dedicated bed with en-suite facilities on Ward West 6 UHL and has access to two side rooms on Ward West 1 UHL without en-suite facilities.

The need for patient segregation, in keeping with the Cystic Fibrosis Trust Standards of Care Guidelines on infection control, led to the two current twin bedded rooms on the Cystic Fibrosis Unit becoming single occupancy only, leaving only 7 ring-fenced beds for an increasing patient population. The Cystic Fibrosis Trust has indicated that this results in one of the lowest beds per patient ratios for any centre in the UK and is well below expected standards. In addition, the Cystic Fibrosis Trust has confirmed it is the only Adult Cystic Fibrosis Centre in the UK, where patients are still sharing bathroom facilities which does not conform to Trust Guidelines.

ASSESSMENT

In order to comply with Cystic Fibrosis Trust guidelines the preferred option (option 3) will provide an extension and refurbishment of the existing Cystic Fibrosis outpatient unit, which also houses office accommodation and training facilities for cystic fibrosis staff, most importantly providing an increase in bed spaces (within the refurbished existing footprint) and improved facilities for patients, including en-suite facilities, new gymnasium rooms, treatment rooms and enhanced mechanical and electrical (M&E) services.

Alongside creation of a 16 bedded Cystic Fibrosis Unit the two side rooms on Ward West 1 will be converted to 3 side rooms with en-suites and will be for the dedicated use of cystic fibrosis patients. The current bed on Ward West 6 will also continue to be used for cystic fibrosis patients. Thus creating a total of 20 cystic fibrosis inpatient beds.

A summary of the combined Non-Financial and Economic appraisal is shown below:

Combined Appraisal	Option 1- Do minimum	Option 2- Remodel 1st Floor CF Block UHL	Option 3 – Remodel and extend 1st Floor CF Block UHL	Option 4 – New Build on UHL site
Capital Cost				
Weighted Non-Financial Scores	176	427	763	864
EAC Impact (£000s)		150	260	1,478
Benefit Points per EAC £000		2.84	2.93	0.58
Ranking of Development Options		2	1 Preferred	3
Margin %		-3.2%	0.0%	-80.0%

The output of this option appraisal therefore confirms that Option 3 is preferred over Options 2 and 4.

Service Revenue

In relation to service revenue funding there has been a clear commissioning intention from WHSSC in relation to funding requirements provided for in the Integrated Commissioning Plan (ICP). WHSSC's commissioning intention is to support a sustainable Cystic Fibrosis Service for the current and expected patient growth. Phase 1 funding for the multi- disciplinary team was approved by WHSSC at the March 2018 Joint Committee:

Further Phase 2 funding has been allocated in the ICP for the remaining expansion requirements, with the phasing and revenue release profile outlined below:

Phase 2 Funding in ICP	2019/20 £k	2020/21 £k	2021/22 £k
Cystic Fibrosis New Ward Infrastructure	200	600	1,046

Whilst the release of WHSSC revenue funding is subject to their normal governance processes, they have further reinforced their commissioning intention by providing a letter of support to accompany the Business Case confirming the need for the service expansion within Wales and a willingness to fund the proposed service expansion.

Facilities Revenue

Facility Name:	
Cystic Fibrosis	Year
Area	£
Ward Based Catering	55,878
Catering Provisions	26,903
Domestics staff	9,142
Estates	0
Domestics consumables	457
Waste	3,734
Linen/Laundry	8,333
Portering	6,985
Post / Switch	1,200
Security (incl TDSI & CCTV)	1,000
Reception	0
Patient Transfer Service	
Grounds & Gardens	0
Adhoc Costs (Please Comment what)	
Adhoc Costs (Please Comment what)	
Total	111,432
Utilities	13,546
Rates	0
	124,978

ASSURANCE is provided by:

The UHL Infrastructure Sustainability Programme Board and Cystic Fibrosis Project Team governance structure.

RECOMMENDATION

The Board is asked to:

- **APPROVE** the BJC for submission to Welsh Government for approval of All Wales capital funding.

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. EHIA available as an appendix to the BJC.

Development of Cystic Fibrosis at University Hospital of Llandough

Business Justification Case

May 2019 – Version 4

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Introduction

1.0 INTRODUCTION

1.1 Overview and Introduction

This business case seeks the approval for a capital investment of £4.659m to enable the development of Cystic Fibrosis services at University Hospital of Llandough (UHL) to enable to the Health Board to increase the bed capacity to 16 and to provide patients with ensuite facilities in order to meet the infection prevention requirements for Cystic Fibrosis patients.

1.2 Structure and Content of the Document

This document describes the Business Justification Case (BJC) for this investment. It has been developed to reflect the guidance set out in HM Treasury's Green Book (a Guide to Investment Appraisal in the Public Sector) and the Infrastructure Investment Guidance for the NHS in Wales.

This business justification case comprises the following sections:

- Strategic context (Section 2) which provides an overview of the context (both national and local) in which the investment will be made;
- Case for change (Section 3) which sets out the existing situation, the problems with the status quo, the key investment objectives and the benefits and risks of the planned investment;
- Available options (Section 4) which summarises the options that have been considered and how these have been appraised;
- Preferred option (Section 5) which describes in greater detail the option that is proposed and how this option optimises value for money;
- Procurement route (Section 6) which explains how the investment will be procured;
- Funding and affordability (Section 7) which sets out the effect of the investment on the local health community;
- Management arrangements (Section 8) which explains how the implementation of the investment will be managed.

Strategic Context

2.0 STRATEGIC CONTEXT

2.1 Introduction

This section provides an overview of the context within which the investment will be made. It sets out:

- An overview of the organisation – the size and role of Cardiff and Vale University Health Board and the scale and nature of the demand in the area that it serves;
- The national, regional and local strategies that underpin this investment.

2.2 Organisational Overview

2.2.1 Profile of Cardiff and Vale University Health Board

Cardiff and Vale University Health Board (UHB) was established in October 2009 as part of a restructuring of NHS Wales and is one of the largest NHS organisations in the UK. It brings together the former Cardiff and Vale NHS Trust and two former Local Health Boards – Cardiff and the Vale of Glamorgan – with the core purpose of improving health and delivering integrated health services.

Since its establishment, Cardiff and Vale UHB's priority has been to provide safe, high quality and sustainable services that compare well with the best in the world, with a focus on developing centres of excellence that support the actions needed to progress and deliver the strategic mission 'Caring for People, Keeping People Well' with a vision that a person's chance of leading a healthy life is the same wherever they live and whoever they are.

Cardiff and Vale UHB is responsible for planning and delivering health services for its local population of around 485,000, which represents 15.5% of the country's residents. This includes health promotion and public health functions as well as the provision of local primary care services (GP practices, dentists, optometrists and community pharmacists) and the running of hospitals, health centres, community health teams and mental health services. The Health Board employs approximately 14,500 staff and has an annual budget of £1.4 billion. The Health Board provides approximate 75 distinct tertiary services i.e. those that meet the WHSSC definition of 'services provided in a relatively small number of centres and requiring planning at a population of more than 1 million.

Catchment areas range from:

- Regional (South East Wales – pop 1.4 million) – 22 services;
- Supraregional (South and West Wales, and South Powys – pop 2.3 million) – 46 services;
- National (Wales – pop 3.1 million) – 6 services;
- UK- 1 highly specialised service.

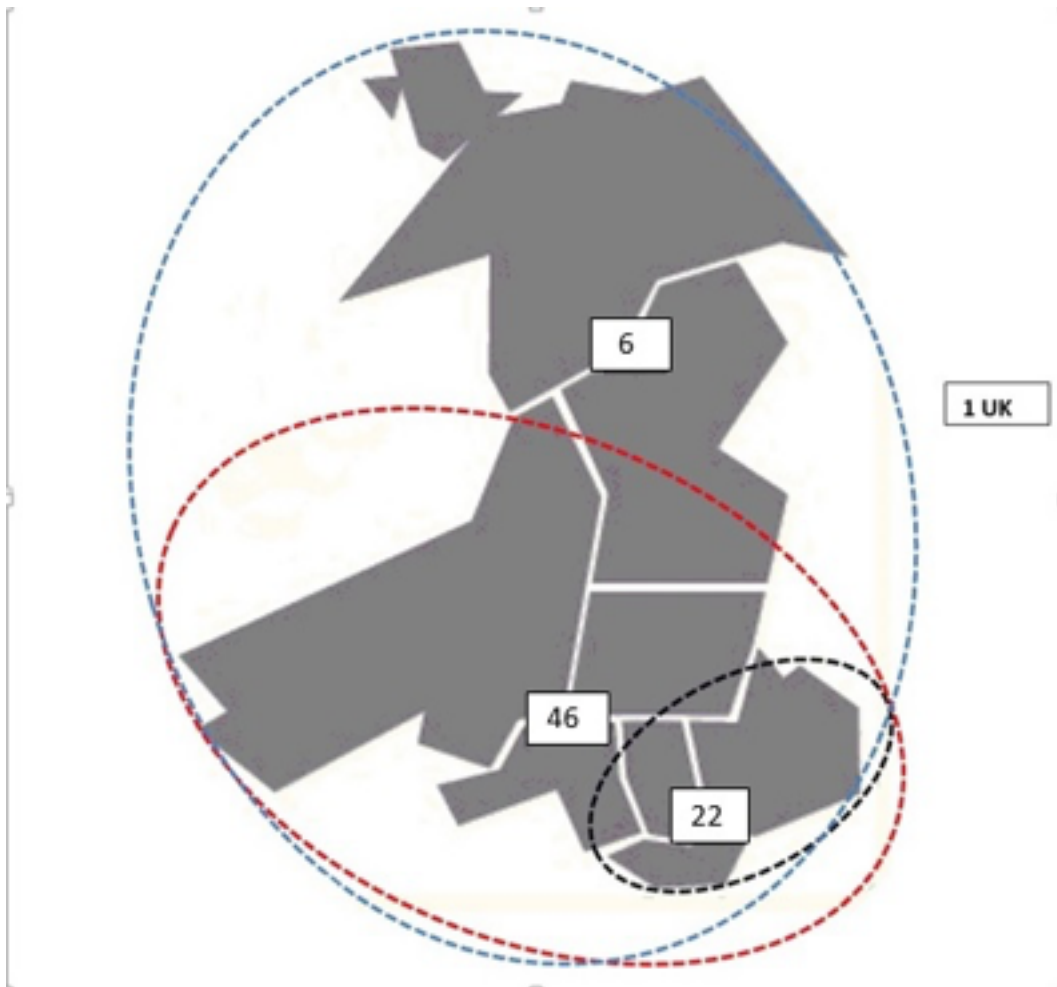


Figure 1: Map showing specialist service catchment areas

Examples of some of the larger tertiary services provided by Cardiff and Vale UHB include Haematology, Clinical Immunology, Medical Genetics, Critical Care, Major Trauma Centre, Neurosciences, Nephrology and Transplant, Cardiothoracics and Advanced Cell Therapies.

As a teaching Health Board, there are very close links to Cardiff University, which boasts a high-profile teaching, research and development role within the UK and abroad. This is alongside other academic links with Cardiff Metropolitan University and the University of South Wales. Training the next generation of clinical and non-clinical professionals, in order that we develop our expertise and improve our clinical outcomes is a key priority for the Health Board.



Figure 2: Map showing area covered by Cardiff and Vale UHB

The Health Board's hospital based services are currently provided from 5 hospital sites:

- University Hospital of Wales, which incorporates:
 - University Dental Hospital;
 - Noah's Ark Children's Hospital for Wales.
- University Hospital Llandough;
- Barry Hospital;
- St. David's hospital;
- Rookwood Hospital.

2.2.1.1 The Area Served and its Needs

The population served by the Health Board is:

- Growing rapidly in size, projected to increase by 10% between 2017-27, higher than the average growth across Wales and the rest of the UK. An extra 36,000 people will live in Cardiff over the next five years who require access to health and wellbeing services;
- Relatively young in Cardiff compared with the rest of Wales, with the proportion of infants (0-4 yrs) and the young working age population (20-39 yrs) higher than the Wales average; this reflects in part, a significant number of students who study in Cardiff;
- Ageing – with increases in all age groups by 2026, particularly in people aged 65-84 and 85+, the rate of growth in the Vale of Glamorgan being higher than Cardiff; and
- Ethnically very diverse, particularly compared with much of the rest of Wales, with a wide range of cultural backgrounds and languages spoken. Arabic, Polish, Chinese and Bengali are the four most common languages spoken after English and Welsh. Cardiff is an initial accommodation and dispersal centre for asylum seekers.

2.2.1.2 Health Equity and Inequalities

There are stark inequalities in health outcomes across Cardiff and Vale:

- Life expectancy is nearly 12 years lower in the most-deprived areas compared with those in the least-deprived areas;
- The number of years of healthy life varies even more, with a gap of 23 years between the most and least-deprived areas;
- Premature death rates are approximately three times higher among the most-deprived areas compared with the least deprived;
- Proportion of children with preventable tooth decay is twice as common amongst those from deprived communities;
- Number of missed appointments for sight tests are over twice as high in more deprived communities.

There are also significant inequalities in the 'wider determinants' of health, such as housing, household income and education:

- For example, the percentage of people living without central heating varies by area in Cardiff and Vale from one in a hundred (1%) to one in eight (13%).

There are inequalities in how and when people access healthcare:

- Immunisation uptake varies considerably, with uptake of infant vaccines ranging from 89% to 98% across Cardiff and Vale.

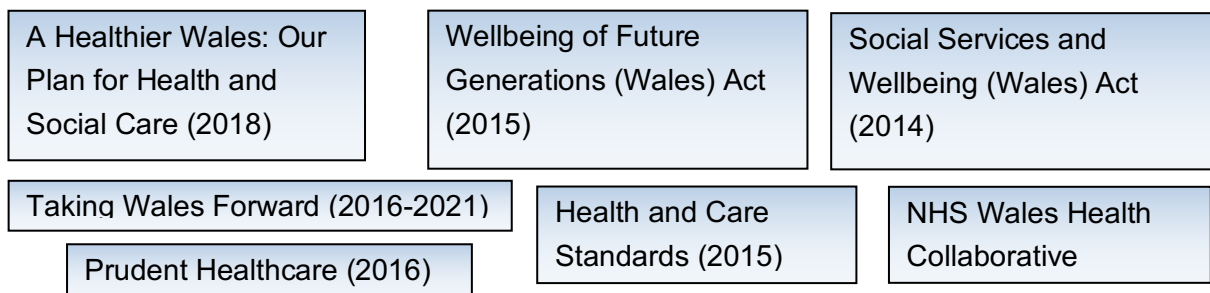
With all these factors in mind, Cardiff and Vale UHB has developed a 10-year clinical strategy (*Shaping Our Future Wellbeing: In Our Community, 2015-2025*) and at its heart is the ambition to progress the integrated health and social care programme to achieve joined up care based on home first, avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them.

2.3 Business Strategies

This section summarises the business strategies for Cardiff and Vale UHB and related national, regional or local strategies as well as the specific strategies that relate to Cystic Fibrosis Services.

2.3.1 National Strategies

Some of the key Welsh Government policies that have shaped this BJC are:



2.3.1.1 *A Healthier Wales: Our Plan for Health and Social Care*

The aims of this plan are to provide health and social care services in the future that:

- Support people to stay well, not just treat them when they become ill;
- When people need help, work with them and their loved ones to find out what is best for them and agree how to make those things happen - 'person- centred approach';
- Will provide most services outside of hospitals, closer to home, or at home, and people will only go to hospital for treatment that cannot be provided safely elsewhere;
- Will be a 'community-based approach' to help take pressure of hospitals, reduce the time people have to wait to be treated, and the time they spend in hospital;
- Will use the latest technology and medicines to help people get better, or to live the best life possible if they aren't able to get better.

It states that the 5 main ways health and social care should change are:

- The health and social care system will work together;
- A shift services out of hospital to communities;
- Get better at measuring what really matters to people;
- Make Wales a great place to work in health and social care;
- Services work as a single system.

2.3.1.2 *Taking Wales Forward 2016 – 2021*

Taking Wales Forward sets out the government's programme to drive improvement in the Welsh economy and public services, delivering a Wales which is prosperous and secure, healthy and active, ambitious and learning, united and connected. It sets out the four areas where the Welsh Government (WG) can make the biggest difference to the lives of the people of Wales, now and in the future. The aim is to create a Wales that is:

- Prosperous and secure;
- Health and active;
- Ambitious and learning; and
- United and connected.

It is across these four areas that we can contribute most to the seven wellbeing goals set out in the *Wellbeing of Future Generations (Wales Act) 2015* to make Wales a prosperous, resilient, healthier, more equal and globally responsible country with cohesive communities, a vibrant culture and a thriving Welsh language. A range of wellbeing objectives have been developed drive forward the agenda.

2.3.1.3 *Prudent Healthcare (2016)*

The proposed new service models are based on the principles of prudent healthcare:

- Achieve health and well-being with the public, patients and professionals as equal partners through co-production;
- Care for those with the greatest health need first, making the most effective use of all skills and resources;
- Do only what is needed, no more, no less; and do no harm;
- Reduce inappropriate variation using evidence based practices consistently and transparently.

The debate around prudent healthcare has identified three priority areas for action:

- APPROPRIATE tests, treatment and medications;
- Changing the model of OUTPATIENTS;
- Public services WORKING TOGETHER to improve healthcare.

2.3.1.4 *Health and Care Standards (April 2015)*

The *NHS Outcomes and Delivery Framework* identifies key population changes and indicates grouped under seven themes. The *Health and Care Standards* have been designed to fit with these and have been designed so that they can be implemented in all health care settings and locations.

They establish a basis for improving the quality and safety of healthcare services by providing a framework, which can be used in identifying strengths and highlighting areas for improvement.

2.3.1.5 *Well-being of Future Generations (Wales) Act 2015*

This Act is about improving the social, economic, environmental and cultural well-being of Wales.

The Act will make the public bodies listed in the Act think more about the long term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach.

This new law will mean that, for the first time, public bodies listed in the Act must do what they do in a sustainable way.

Public bodies need to make sure that when making their decisions they consider the impact they could have on people living their lives in Wales in the future.

2.3.1.6 *Social Services and Well-being (Wales) Act (2014)*

This Act promotes the wellbeing of people who need care and support and carers who need support and imposes duties on persons exercising functions under the Act. It requires the Welsh Ministers to issue a statement specifying the well-being outcomes that are to be achieved and requires local authorities to assess the needs in their areas for care and support, support for carers and preventative services.

It also requires local authorities to provide or arrange for the provision of preventative services and the promotion of social enterprises, co-operatives, user led services and the third sector in the provision in their areas of care and support, requires the provision of information and advice relating to care and support and describes when and how needs assessments are to be carried out, how needs are to be met and how and when charges relating to care are to be set, paid and enforced.

2.3.1.7 *Cystic Fibrosis (CF)*

The standards and principles that govern the provision of Clinical Care of Children and Adults with CF in the UK are those determined by the Cystic Fibrosis Trust which are summarised below:

- The diagnosis of CF should not be delayed but must be handled sensitively and be followed by education of the parents/carers and patient (if old enough);
- All patients must be under the direct supervision with regular follow-up from an adequately resourced designated Specialist CF Centre, sometimes in partnership with a Network CF Clinic;
- Specialist multidisciplinary care must be delivered by a team of trained and experienced CF specialist health professionals with staffing levels appropriate to the size of the patient population. This is done as a partnership with the patients parents / carers and / or the patient when old enough.

The following standard is of most relevance to this BJC:

- Measures must be in place to prevent cross-infection from other patients:
 - There must be policies that involve segregating patients so that all CF patients are isolated from each other;
 - Patients should not be in close contact with each other in waiting areas, e.g. CF clinics, pharmacy, radiology etc;
 - Patients should not share rooms including bathrooms, toilets and social areas whilst inpatients in hospital. Preferably they should be in a cubicle with en-suite facilities;
 - Arrangements must be in place for patients infected with *Burkholderia cepacia* complex;
 - MRSA, for example separate clinics and appropriate inpatient segregation.

2.3.2 Regional Strategies

2.3.2.1 NHS Wales Health Collaborative

The Health Board continues to work with the NHS Wales Health Collaborative and other Health Board and Trust partners to collaboratively plan and implement changes to improve the sustainability and delivery of a range of mainly hospital services in the region. The South Central Region covers Cardiff and Cwm Taf Hospitals as well as Princess of Wales. The South East Region covers Cardiff, Cwm Taf and Aneurin Bevan Hospitals. Through these governing arrangements, the Health Board continues to work towards implementing the recommendations of the South Wales Programme.

2.3.3 Local Strategies

2.3.3.1 *Shaping Our Future Wellbeing: In Our Community Strategy 2015 - 2025*

The *Shaping Our Future Wellbeing: In Our Community Strategy* (SOFW) is how the Health Board plan to make the CVUHB's vision a reality. "*Caring for People; Keeping People Well, a person's chance of leading a healthy life is the same wherever they live and whoever they are*".

In co-producing the Shaping Our Future Wellbeing Strategy, the Health Board worked alongside over 400 people and by engaging the with the public, staff and partners, a set of prudent principles and priorities has been agreed by which the Health Board can deliver high quality, sustainable, person-centred health care for the next ten years.

The strategy is to achieve joined up care based on 'home first', avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them. The diagram overleaf shows the principles that were developed in partnership through conversations between people who both use and provide services:

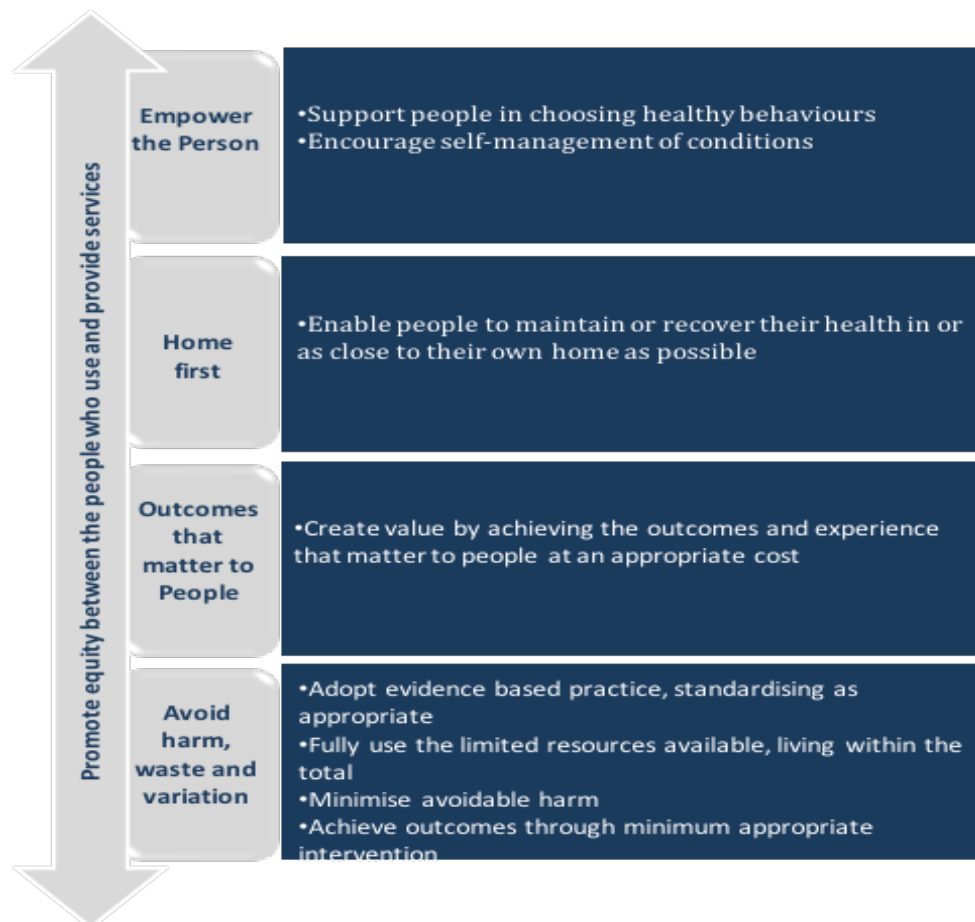


Figure 3: SoFW Principles

To achieve a greater focus on developing integrated services aimed at improving health and wellbeing outcomes for each locality and cluster population as part of the wider SOFW strategy, a transformation to a 'social model of health' is required.

Transforming services through redesigned clinical pathways and service models, to enable traditional hospital based services to be delivered in the community, close to where people live is paramount and there is a focus on those conditions where change will have the biggest impact in shaping the future health and wellbeing of the population. These jointly agreed priorities are:

- Cancer;
- Dementia;
- Dental and eye health;
- Long term conditions;
- Maternal health;
- Mental health;
- Stroke.

2.3.3.2 *Integrated Medium Term Plan 2017 / 2018 – 2019 / 2020*

The *Integrated Medium Term Plan (IMTP)* sets out the actions the Health Board will take over the next three years to address key areas of population health need, improve health outcomes and the quality of care, and ensure best value. It focuses on re-establishing a sustainable service, workforce and financial platform for the period, whilst ensuring that the Health Board continues to make progress in delivering the strategy described in *Shaping Our Future Wellbeing*. It sets out the detailed actions and deliverable for years one and two, and an outline of priorities and actions for year three.

The challenge to commission services that improve the health of the residents of Cardiff & Vale and provide prudent, integrated health and social care for a growing local population whilst providing increasingly complex emergency, elective and tertiary care to meet local and regional demand within the resources available has never been greater. Building upon *Shaping our Future Wellbeing*, the Health Board is committed to working with partners to address these challenges in the longer term through the development of an overarching strategic blueprint for health and care system. In partnership with Cardiff University, City of Cardiff Council and the Vale of Glamorgan Council, the Health Board are continuing to develop a Health Enterprise Alliance for Regional Transformation (HEART) to build upon all of the strengths and align resources. In the shorter term, the Health Board recognises the significant financial challenge requires a focussed, co-ordinated and relentless commitment to delivering financial turnaround in the next 3 years.

2.3.3.3 *Partnership Strategies and Priorities*

From 1 April 2016, the Wellbeing of Future Generations (Wales) Act 2015 introduced statutory Public Services Boards (PSB) in each local authority area in Wales to improve economic, social, environmental and cultural well-being through stronger partnership working. In line with the Act, each PSB has assessed the state of wellbeing across the area as a whole and within its communities to inform the development of a Wellbeing Plan and set out a series of wellbeing objectives to contribute to achieving seven national wellbeing goals as set out by the Act. The assessments in Cardiff and the Vale of Glamorgan, published in April 2017, have helped our understanding of the state of wellbeing, including social, economic, environmental and cultural wellbeing and in turn have shaped our future plans for delivering services across the public sector.

The PSBs have submitted the draft wellbeing objectives to the Future Generations Commissioner for Wales for advice, in advance of formal consultation on draft Wellbeing Plans, these are described within the *Shaping Our Future Wellbeing: In Our Community Programme Business Case*.

2.3.3.4 *Cardiff and Vale UHB Estates Strategy*

The Estate Strategy is based on the premise of provision of appropriate premises to facilitate the delivery of modern patient care services, appropriately managed, effectively utilised and adequately resourced. It acknowledges the need for the estate to reflect clinical requirements and ensure that engineering and building solutions are not a constraint on clinical progress, but produce appropriate and cost effective solutions. Models and pathways of care, and medical technology advances and changes require that the estate demonstrates sufficient flexibility of design to accommodate a constantly changing clinical environment.

The Health Board is working collaboratively with partner organisations within the Cardiff Partnership Asset Management Group to identify where public service assets can be shared or utilised more productively and flexibly, particularly in support of the SOFW: In Our Community Programme.

Case For Change

3.0 CASE FOR CHANGE

This section sets out the case for change from a service and estates perspective of the wider Health Board strategy whilst setting out the investment objectives; the drivers for change and the current issues impacting on the Cystic Fibrosis service. It also highlights the benefits and risks associated with the project.

3.1 Investment Objectives

The specific investment objectives for this business case which relate directly to the Cystic Fibrosis service are:

Investment Objective	Description	Measure	Time
Quality of Environment	To strengthen the Health Board's position as a centre of excellence in the provision of specialist adult cystic fibrosis care. To achieve the best possible outcomes of care for adult CF patients through the reorganisation of services based on optimal configuration suggested by evidence and research in an environment that delivers optimal, quality care at the point of need in line with current DOH and Cystic Fibrosis Trust Standards of Care	Number of patients on outlying wards	This objective will be achieved when new facilities are commissioned in 2020
		Space compliant with Cystic Fibrosis Trust Standards of Care	
Capacity	To provide a more sustainable footing for current patients, sufficient facilities to meet the demands of the current and future ageing CF patient population over the next 5 years, in line with demand projections	Patient waiting times Length of stay Transition predictive lists	This objective will be achieved when new facilities are commissioned in 2020
Quality of Service	To support a robust care pathway for specialist cystic fibrosis patient care at the point of need and achieve the best possible clinical outcomes through a	Infection rates Cystic Fibrosis Trust Standards	This objective will be achieved when new facilities are commissioned in 2020

Investment Objective	Description	Measure	Time
	service that delivers specialist patient focussed care and meets Cystic Fibrosis Trust 2011 guidelines to provide safe, sustainable services and excellent standards of patient care.	Number of clinical incidents	
Effective Use of Resources	To provide an environment that maximises the use of available resources and promotes improved service efficiency through improved productivity and improved patient flows which supports an earlier discharge and return into the community and also maintains the CF adult population of Wales within Wales	Number of patients not seen in Wales Length of Stay	This objective will be achieved within 1 year of new facilities being commissioned
Sustainability	To provide a solution that will ensure the reputation of the Welsh Adult Cystic Fibrosis Services as a Centre of Excellence continues and will support the delivery of safe sustainable and accessible services both in the short to medium term and with built in resilience to adapt to changing needs To provide a model of care within an environment that is sustainable and accreditable, and with particular reference to critical mass and workforce changes.	Cystic Fibrosis Trust Standards Ability to recruit high quality clinical staff Staff turnover rates Staff sickness rates	This objective will be achieved within 1 year of new facilities being commissioned

Table 1: Investment Objectives

3.2 Current Arrangements

The All Wales Adult Cystic Fibrosis (CF) Centre is the only specialised adult CF centre in Wales and is based at University Hospital Llandough, with more than 280 adult patients (17-50+) being cared for on a permanent basis. The service is commissioned by Welsh Health Specialised Services Committee (WHSSC). Demographically the majority of these patients live within Cardiff & Vale, Aneurin Bevan and Abertawe Health Boards. Smaller numbers come from Cwm Taf, Hywel Dda, Betsi Cadwalader and Herefordshire. It is envisaged that growth will continue to rise consistently over the coming years, primarily due to increased survival and the number of transitioning patients from the paediatric service, moving into area and also those newly diagnosed. Annual net growth is estimated at 15-20 patients.

The current Cystic Fibrosis Unit (ward) was commissioned in 1997 and was at that time a 9 bedded unit, built to accommodate a patient population of 80-100. Since then increased treatment and the development of a specialist multidisciplinary team, along with the advent of advanced life prolonging drug therapy, has improved survival and this in turn has led to the current patient figures of around 280. The need for patient segregation in keeping with the Cystic Fibrosis Trust Standards of Care Guidelines on infection control led to the two current twin bedded rooms on the Cystic Fibrosis Unit becoming single occupancy only, leaving only 7 ring-fenced beds for an increasing patient population. The Cystic Fibrosis Trust has indicated that this results in one of the lowest beds per patient ratios for any centre in the UK and is well below expected standards. In addition, the Cystic Fibrosis Trust has confirmed it is the only Adult Cystic Fibrosis Centre in the UK, where patients are still sharing bathroom facilities. A recent peer review of the service undertaken in September 2015 by the Cystic Fibrosis Trust, the British Thoracic Society highlighted 'the need for urgent improvement in order to provide segregated care in en-suite cubicles, to reduce the risk of cross-infection and to meet the standards expected of a Cystic Fibrosis Centre'.

The Cystic Fibrosis Unit itself has 7 beds, of which 6 are standard side rooms that are not en-suite and present infection control challenges for patients with cystic fibrosis. A 7th side room has en-suite facilities. The service also utilises a dedicated bed with en-suite facilities on Ward West 6 and has some access to two side rooms on Ward West 1 that do not have en-suite facilities nor educational or recreational facilities that could reasonably be expected for a teenager or young adult spending prolonged periods of time in hospital.

Inpatient bed days continue to rise year on year with the need for waiting lists for those to come in to start treatment becoming longer, especially during winter months. The wait for a bed will continue to become more problematic as patient numbers continue to rise, unless additional beds are provided.

3.2.1.1 Staffing

The following table shows the current staffing levels for the Cystic Fibrosis service:

	WTE (June 2016)
Consultant	2.7
Middle Grade Doctor (SpR/Staff Grade)	1.0
Specialist Nurse	5.0
Physiotherapist (& Assistants)	6.5
Dietician	2.0
Social worker	1.0
Psychologist	1.1
Pharmacist	1.0
CF Centre Manager	1.0
Secretary	2.0
Data clerk (UK CF Registry)	0.6
Administration Clerk/outpatient coordinator	1.0
TOTAL	24.9

Table 2: Current Staffing Levels

The current ward based staffing levels are:

	WTE (June 2016)
Band 7	1.00
Band 6	3.45
Band 5	7.29
Band 2	2.07
Band 7	1.00
Band 6	3.45
TOTAL	13.81

Table 3: Ward Staffing Levels

3.2.1.2 *Current Funding*

As commissioner for Adult Cystic Fibrosis services, WHSSC provides revenue funding to the Unit based on a contract model within the Long Term Agreement (LTA) with the Health Board.

The model has three main components:

1. Bandings – the majority of funding is through a framework which provides an 'annualised package of care' price for each patient registered with the Unit. There is a differential price for each of 5 acuity bandings; reflective of a patient's need and resource intensity.

A 50% marginal rate applies to all new starters beyond the baseline year of 2012/13, and this funding primarily supports the variable and non-pay costs of growth in patient numbers. It does not contribute to staffing / infrastructure requirements or the development of standards;

2. Inhaled Therapies – an additional 'pass through' contract was established to support the introduction of new inhaled therapies (e.g. prophylactic inhaled antibiotics) in 2014/15. The actual non-pay costs of the drugs only are reimbursed by WHSSC;
3. Tobi – an historic contract remains for the use of injection Tobramycin as well, funding the actual drug costs incurred.

The above financial framework is designed to ensure that funding is 'flexed' to manage changes in variable and non-pay costs associated with variation in the overall CF cohort. However, it is not designed to manage 'step ups' in infrastructure, or to allow automatic investment in quality and standards, which requires the business case process.

The table below summarises the income flows for the last 3 years:

	Baseline LTA	Year-end Performance	Total Contract Incom
2017/18			
Bandings	£3,599,897	£62,141	£3,662,038
Inhaled Therapies	£639,324	£113,998	£753,322
Tobi	£57,205	£36,307	£93,512
2016/17			
Bandings	£3,273,324	£269,599	£3,542,922
Inhaled Therapies	£478,031	£234,695	£712,726
Tobi	£29,205	£4,016	£33,221
2015/16			
Bandings	£3,222,864	£60,797	£3,283,661
Inhaled Therapies	£478,031	£113,916	£591,947
Tobi	£29,205	£6,462	£35,667

Table 4: Income Flows for last 3 years

3.3 Business Need

3.3.1 Impact of Lack of Inpatient Beds

If there are no dedicated beds available, patients often have to access beds on medical wards where there is an increased likelihood of cross-infection or MRSA infection.

In some instances, where there is a lack of beds, patients may remain at home and self-administer IV antibiotics. However, there may be a range of reasons why this arrangement is not appropriate and can compromise patient outcomes. These include risk of allergic reaction as well as a need for extra care from the multi-disciplinary team members to ensure full compliance with treatment and maximisation of physiotherapy to help with airway clearance and expectoration.

The limited number of beds can mean that the most sick or severe patients with cystic fibrosis are prioritised, and those with a more moderate condition or less severe symptoms get reduced access to the intervention they require, thus negatively impacting on their condition.

3.3.2 Activity

The figure below shows the bed days per year for the adult cystic fibrosis inpatient services at UHL:

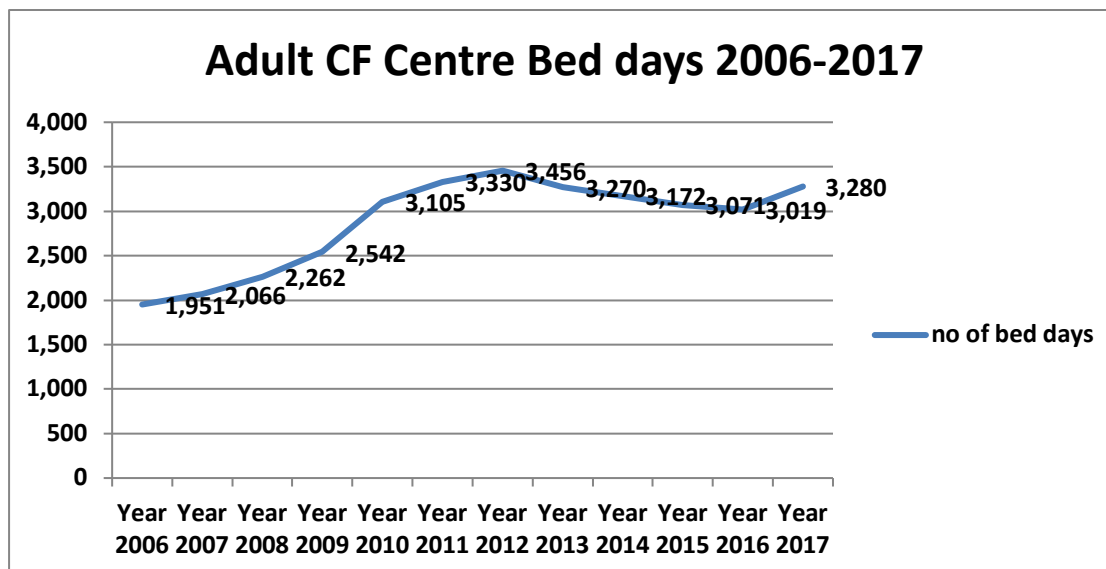


Figure 4: Total Bed Days

This shows that the total bed days for 2017 was 3,280. During 2017 there were a total of 904 bed days on outlying wards. Of these, 442 could have received their care on the specialist Cystic Fibrosis Ward if there were additional beds with en-suite facilities for cross infection prevention.

The figures below shows the growth to date:

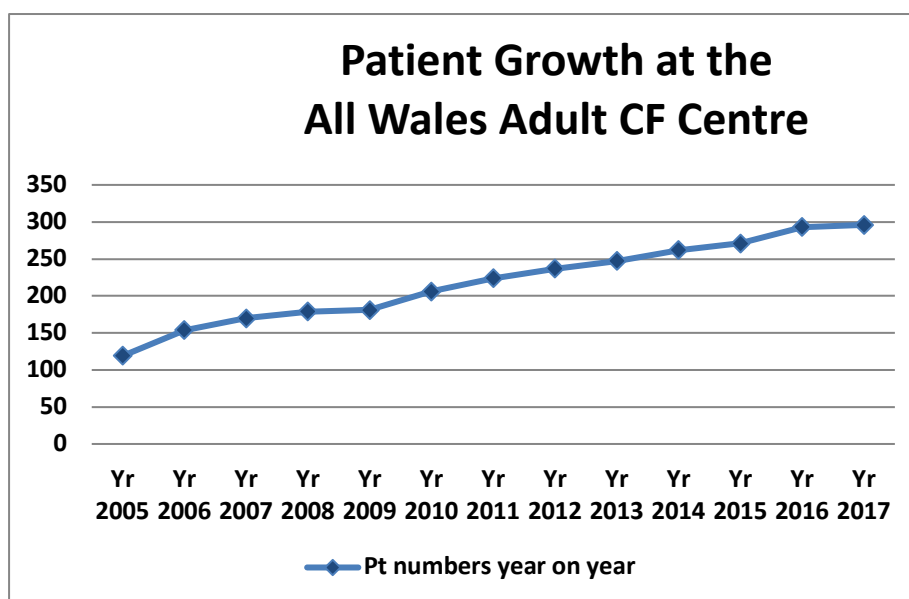


Figure 5: Growth to Date

Age profile

As there is no cure for cystic fibrosis, patients rely on ongoing health services for treatment. Moreover, as people with cystic fibrosis age, their health needs become more complex and the rate of hospitalisation increases. The figures below shows the age profile of the patients of the adult cystic fibrosis service at June 2016:

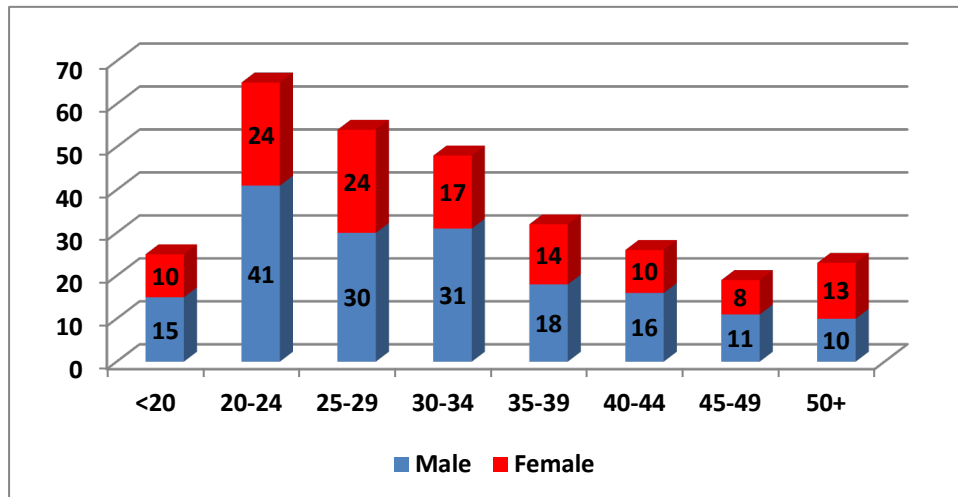


Figure 6: Age Profile

Cystic fibrosis patients are categorised into bands:

- Band 1 - Patients who receive only outpatient care from doctors, nurses, physiotherapist, dieticians, social workers, etc. No intravenous antibiotics required. No inpatient admissions apart from an annual assessment and review as a day case;
- Band 1a - Previously as above BUT require up to 14 days of intravenous antibiotics (at home or in hospital) and spend a maximum of 7 days in hospital over the course of a 12-month period or receive short-term (up to 3 months) nebulised antibiotics for eradication treatment;
- Band 2 - Patients who require maintenance nebulised antibiotics for Pseudomonas infection or maintenance nebulised dornase alfa. Patients receive up to 28 days of intravenous antibiotics in a year or spend a maximum of 14 days in hospital;
- Band 2a - Patients who receive both nebulised antibiotics and dornase alfa and require up to 56 days of antibiotics intravenously at home or in hospital or a maximum of 14 days in hospital;
- Band 3 - Patients who have more frequent inpatient visits, have up to a maximum of 84 days on intravenous antibiotics (at home or in hospital) or spend up to 57 days in hospital or patients with gastrostomy feeding or any of listed CF complications namely CF-related diabetes, allergic bronchopulmonary aspergillosis (ABPA), massive haemoptysis, pneumothorax;
- Band 4 - Patients who have severe disease and usually spend up to 112 days in hospital per year, although it is recognised that some patients, at this stage of their illness, prefer to be treated/supported at home with the support of the CF multidisciplinary team. Patients require a minimum of 85 days per year on i.v. antibiotics (at home or in hospital). Patients have CF-related complications of diabetes, pneumothorax or haemoptysis;

- **Band 5** - Patients are severely ill and stay in hospital for greater than 113 days per year, awaiting transplantation or receiving palliative care. As above, it is recognised that some patients, at this stage of their illness, prefer to be treated/supported at home with the support of the CF multidisciplinary team. Patients may be receiving nocturnal ventilation and feeding gastrostomies. Patient's life expectancy is usually no more than 1 year to 18 months.

The figure below shows the bands of the patients in 2017:

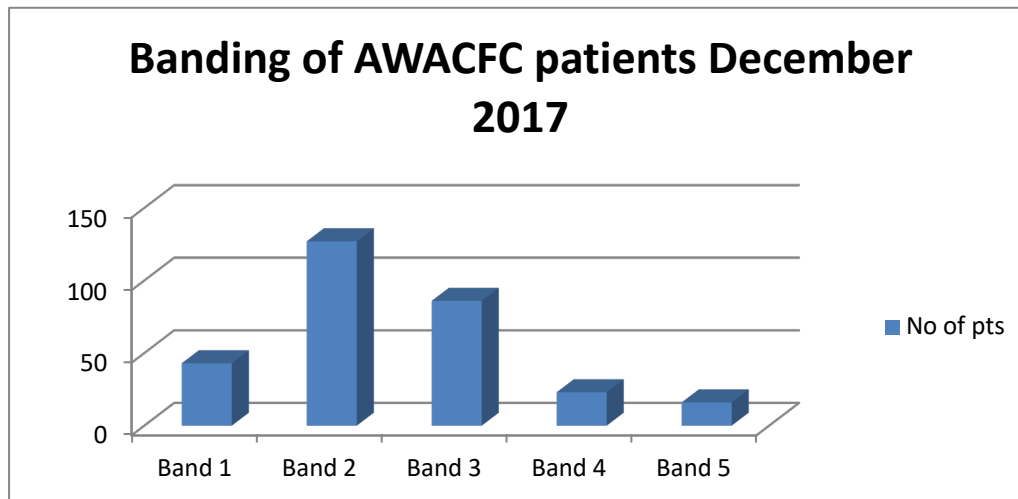


Figure 7: Patient Bands

Cystic fibrosis patients are living longer, this is mainly due to specialist centres providing multidisciplinary team care at the point of need and also due to increased treatment and therapies. A child born today would be expected to reach old age (60+) and therefore fit for purpose specialist cystic fibrosis centre care is crucial for caring for a growing, ageing CF patient population. The figures below shows the age of death of cystic fibrosis patients:

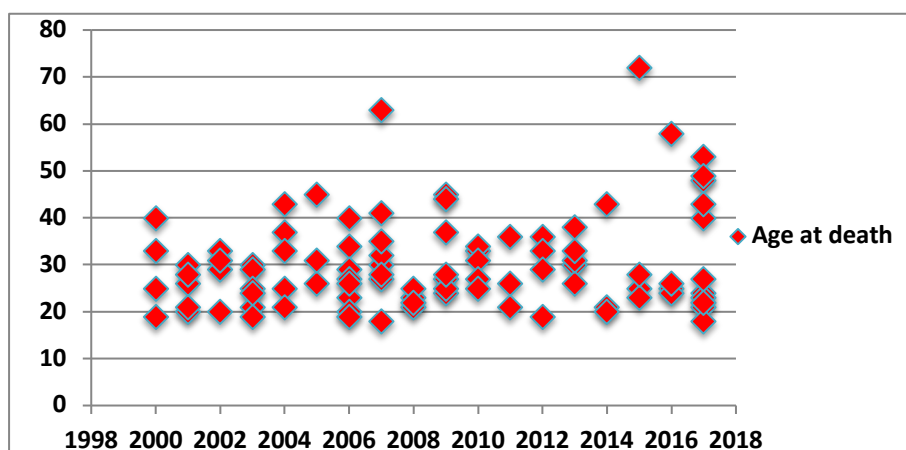


Figure 8: Age of Death (December 2017)

Future Growth - Paediatrics

It is difficult to calculate growth each year from paediatric centres as patient's transition to adult services between the ages of 16 and 18. Cystic Fibrosis Trust Standards of Care recommend transition by age 17, but this is a guideline and young adults move to the adult service at a time they feel they are ready to make the move, so there will be a small variation in actual new figures in the adult service year on year. The most accurate figure on looking at trends over the last decade would indicate a net gain of 15 patients per annum.

The following figures shows the paediatric patients by age in 2017:

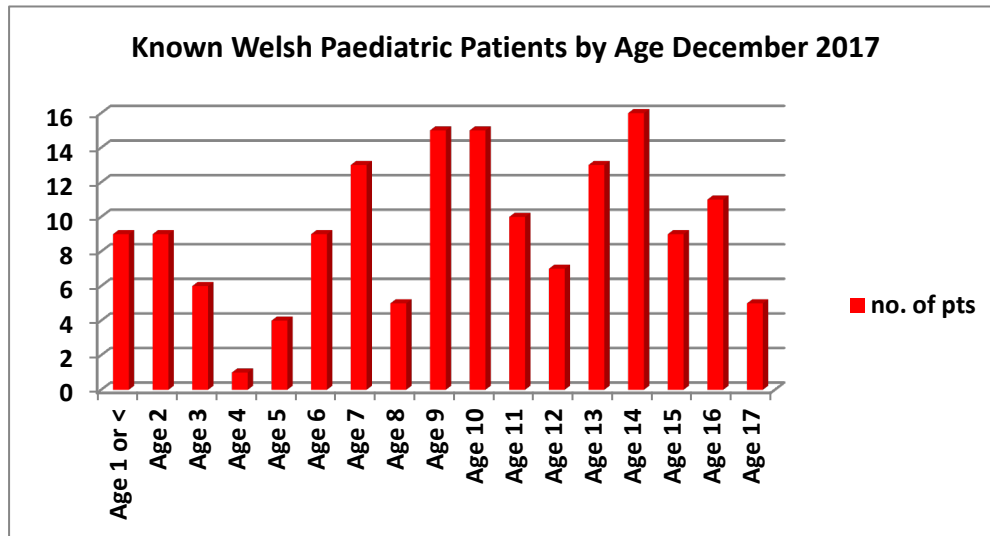


Figure 9: Paediatric Patients by Age

The figure below shows the anticipated growth from paediatrics:

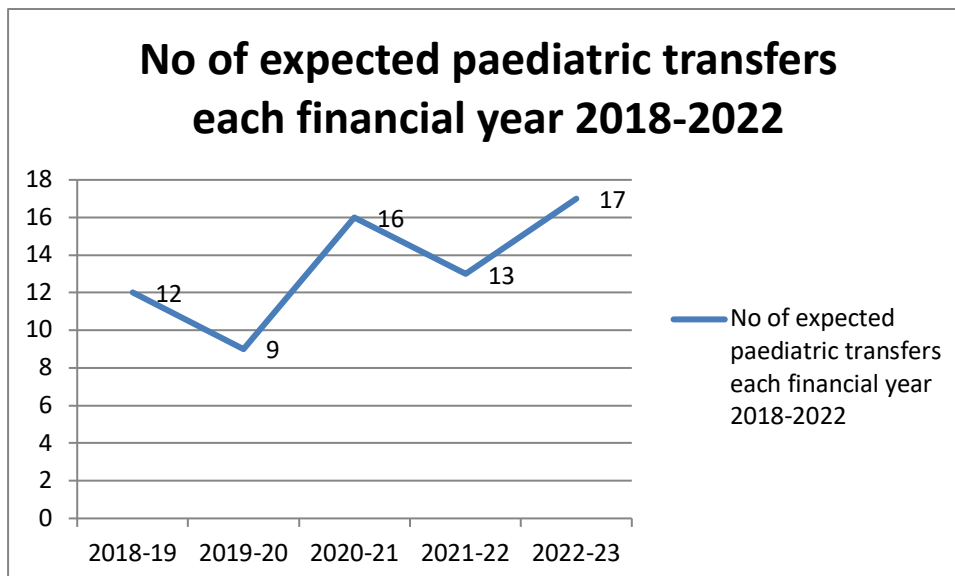


Figure 10: Growth from Paediatrics

3.4 Proposed Scope

This section describes the potential scope for the project in relation to the investment objectives and business needs.

In line with Welsh Government guidance, the scope has been assessed against a continuum of need ranging from:

- A minimum – essential or core requirements/outcomes;
- An intermediate – essential and desirable requirements/outcomes;
- A maximum – essential, desirable and optional requirements/outcomes.

Minimum	Intermediate	Maximum
Remain at 7 beds	Increase the bed capacity to 19 with 16 on a dedicated unit, 3 within Ward West 1 and 1 on Ward West 6	Increase the bed capacity to 19 with 16 on a dedicated unit, 3 within Ward West 1 and 1 on Ward West 6 and provide family support and gym accommodation

Table 5: Potential Scope

This business case sets out the need for the maximum scope therefore seeing a proposed expansion from a 7 bedded to a 16 bedded unit with 3 dedicated en-suite bedrooms on Ward West 1 and the existing en-suite bedroom on Ward West 6 in order to meet the growth in demand described above, including family support and gym accommodation. Benefits of this expansion include:

- Reduced risk of Welsh CF patients being transferred to English CF centres (15-20 per annum to 0);
- Reduced admissions waiting list to under 24 hours;
- Provide gym accommodation to facilitate a reduction in length of stay;
- Meets CF Trust Peer Review report recommendations and Standards of Care guidelines;
- Minimises cross infection risk;
- Reduction in waiting list for admissions (at the point of need);
- Equitable care for all Welsh adult patients.

3.4.1 Proposed Services

The development of the Cystic Fibrosis service will look to provide the following functional content:

- 16 bed inpatient ward;
- 3 dedicated beds on Ward West 1;
- Existing bed on Ward West 6;
- Family support suite;
- Gym areas;
- Associated support accommodation.

3.5 Main Benefits

This section describes the main outcomes and benefits associated with the implementation of the investment of the identified scope in relation to the identified business needs. Benefits criteria will be used to assess the options within the 'available options' section of this BJC.

Benefits are expressed in relation to the developed appraisal criteria that were derived from the investment objectives as follows:

Investment Objective	Outcomes and Qualitative Benefits	Quantitative Benefits
Investment Objective 1: Quality of Environment	<ul style="list-style-type: none"> - improved interventional space - enhanced levels of safety and observation facilitating improved response times - welcoming patient environment - enhanced privacy and dignity - maximising daylight and ventilation - provision of improved family facilities - co-location of the cystic fibrosis unit - support adherence to DDA compliance and BREEAM standards 	<ul style="list-style-type: none"> - reduction of the risk of spread and transmission of infection through the provision of ensuite facilities leading to reduced length of stay and increased capacity - improved environment and condition of estate leading to reduced maintenance costs - compliance with HBN/HTM and Cystic Fibrosis Trust Standards
Investment Objective 2: Capacity	<ul style="list-style-type: none"> - ability to future proof to cope with the predicted rise of demand in terms of complexity of cases, the ageing cystic fibrosis community and increased population projections - patients seen in a more timely manner leading to improved clinical outcomes - patients seen in the right place in a specialist cystic fibrosis unit with specialist staff and treatment - improved communication and care planning as all staff will be located in a centralised unit 	<ul style="list-style-type: none"> - reduced number of transfers to Transplant Centres - improved length of stay as specialist treatment can be administered earlier - compliance with Cystic Fibrosis Trust Standards
Investment Objective 3: Quality of Service	<ul style="list-style-type: none"> - improved clinical outcomes through more timely treatment - better continuity of service - clinical expertise co-located within one area - enhanced multi-disciplinary working - improved staff recruitment and retention 	<ul style="list-style-type: none"> - reduced number of transfers to Transplant Centres - reduction of the risk of spread and transmission of infection - compliance with Cystic Fibrosis Trust Standards - patients admitted to specialist cystic fibrosis facilities - Reduction in clinical incidents

Investment Objective	Outcomes and Qualitative Benefits	Quantitative Benefits
Investment Objective 4: Effective Use of Resources	<ul style="list-style-type: none"> - increased scope of services reducing the number of patients who currently receive care outside of Wales e.g. post-transplant patients who are currently managed in England could be managed in Wales - improved regional networking - greater access to specialist support - opportunities to develop specialist skills 	<ul style="list-style-type: none"> - reduced number of transplant patients treated outside of Wales
Investment objective 5: Sustainability	<ul style="list-style-type: none"> - achievement of CF Trust standards and accreditation requirements - ability to future proof through the provision of additional and centralised inpatient facilities - confirm strategic commitment to high quality CF services in Wales for Wales - safeguard and consolidate Welsh services encouraging high quality staff to train and remain in Wales 	<ul style="list-style-type: none"> - reduction in vacancy and turnover rates - reduction in staff sickness rates - improved job satisfaction

Table 6: Main Benefits

3.6 Main Risks

The table below provides a summary of the key business and service risks that might affect any option for the delivery of the project:

Risk Description	Design Phase	Procurement / Construction Phase	Operational Phase
Business Risks			
Changes in strategic context	✓	✓	✓
Process undermines perception of organisation's ability to fulfil commitments		✓	
Capital funding is not available to implement the development		✓	
Delayed approval by WG		✓	
Service Risks			
Underestimated growth in demand for services, increased incidence, prevalence and acuity of patients requiring specialist CF services			✓

Risk Description	Design Phase	Procurement / Construction Phase	Operational Phase
Revenue cost assumptions underestimated. Impact on efficiencies and ability to reduce clinical risks			✓
Failure to meet quality/best practice standards			✓
Patient safety not improved and clinical incidents remain at same level			✓

Table 7: Main Risks

The Health Board's approach to the management of risk for the preferred option, are described later within this document along with details regarding the risk register that includes mitigation against the above risks.

3.7 Constraints

The project is subject to the following constraints:

- Availability of space on the UHL site to enable the complete co-location of all cystic fibrosis services;
- Ability to maintain services during the development.

3.8 Dependencies

The project is subject to the following dependencies that will be carefully monitored and managed throughout the lifespan of the scheme:

- Additional capital funds from WG to provide appropriate accommodation;
- To meet HBN/HTM/ Cystic Fibrosis Trust care standards as far as is practicable.

Available Options

4.0 AVAILABLE OPTIONS

This section describes the options considered by the Health Board and the assessment of the benefits and costs of those that were shortlisted.

4.1 Development of Options

In consultation with the Clinical Board including clinical and managerial staff, along with staff from capital and estates, and strategic and service planning the following list of options were identified and assessed:

Development of Options	
Option 1	Do minimum (backlog maintenance only)
Option 2	Remodel the first floor of the existing CF block at UHL
Option 3	Remodel and extend the first floor of the existing CF block at UHL
Option 4	New build on the UHL site

Table 8: Summary of Options

4.2 Benefits Appraisal

4.2.1 Approach to Benefits Appraisal

An appraisal of the qualitative benefits associated with each option has been undertaken during a workshop held on 7th June 2018 whereby the team:

- Weighted the relative importance (%) of each benefit criteria in relation to each investment objective;
- Scored each of the short-listed options against each of the benefit criteria on a scale of 0 to 10;
- Derived a weighted benefit score for each option.

The benefit criteria were weighted as follows:

Investment Objective	Benefit Criteria	Weight %
Quality of Environment	Provide safe and appropriate environments of care for patients and improving the patient experience and outcomes	18
	Meets the Cystic Fibrosis Trust Standards of Care	12
Capacity	Provides sufficient capacity to meet the demands of the current patient population over the next 5 years	18
Quality of Service	Enables the Health Board to deliver high quality patient care that meets the Cystic Fibrosis Trust 2011 guidelines	18
	Provides appropriate departmental adjacencies and minimises patient journeys	7
Effective use of Resources	Enables the Health Board to improve productivity and provide a service that supports earlier discharge	9
	Maximise use of existing accommodation to enable estate rationalisation and improved utilisation	6
Sustainability	Maximise flexibility of facilities to enable the delivery of safe, sustainable and accessible services in the short to medium term	12

Table 9: Qualitative Benefits

The chart below further shows the qualitative benefits weightings:

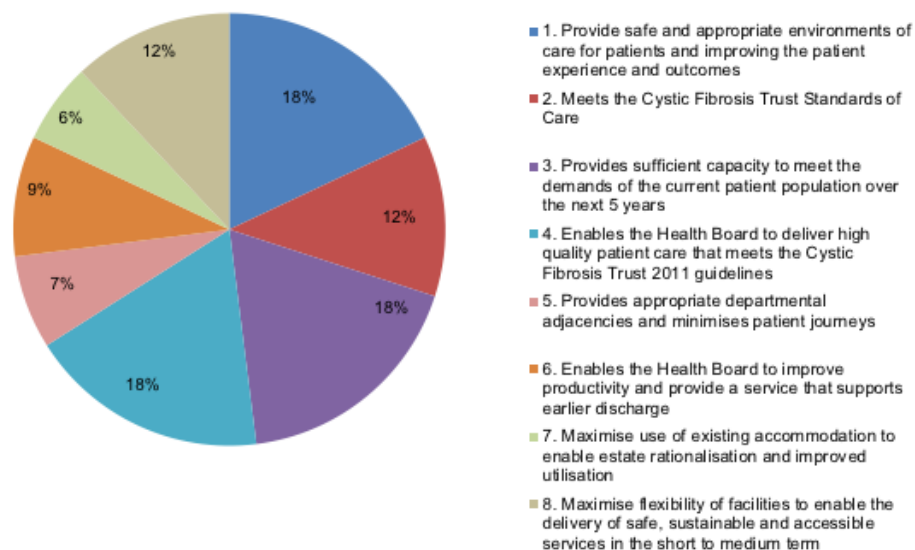


Figure 11: Qualitative Benefits Weightings

4.2.2 Analysis of Key Results

The workshop members then scored each option against the benefit criteria using the scoring methodology as set out above. The results of this exercise were as follows:

	Weight %	Option 1		Option 2		Option 3		Option 4	
Benefit Criteria	Weight	Score	Weight x Score	Score	Weight x Score	Score	Weight x Score	Score	Weight x Score
1	18.0	2	36	3	54	7	126	9	162
2	12.0	0	0	4	48	8	96	9	108
3	18.0	2	36	6	108	8	144	9	162
4	18.0	2	36	3	54	8	144	9	162
5	7.0	2	14	4	28	7	49	9	63
6	9.0	0	0	5	45	8	72	9	81
7	6.0	5	30	9	54	8	48	3	18
8	12.0	2	24	3	36	7	84	9	108
Total	100	15	176	37	427	61	763	66	864
Rank		4		3		2		1	

Table 10: Analysis of Key Results

The results are shown graphically below:

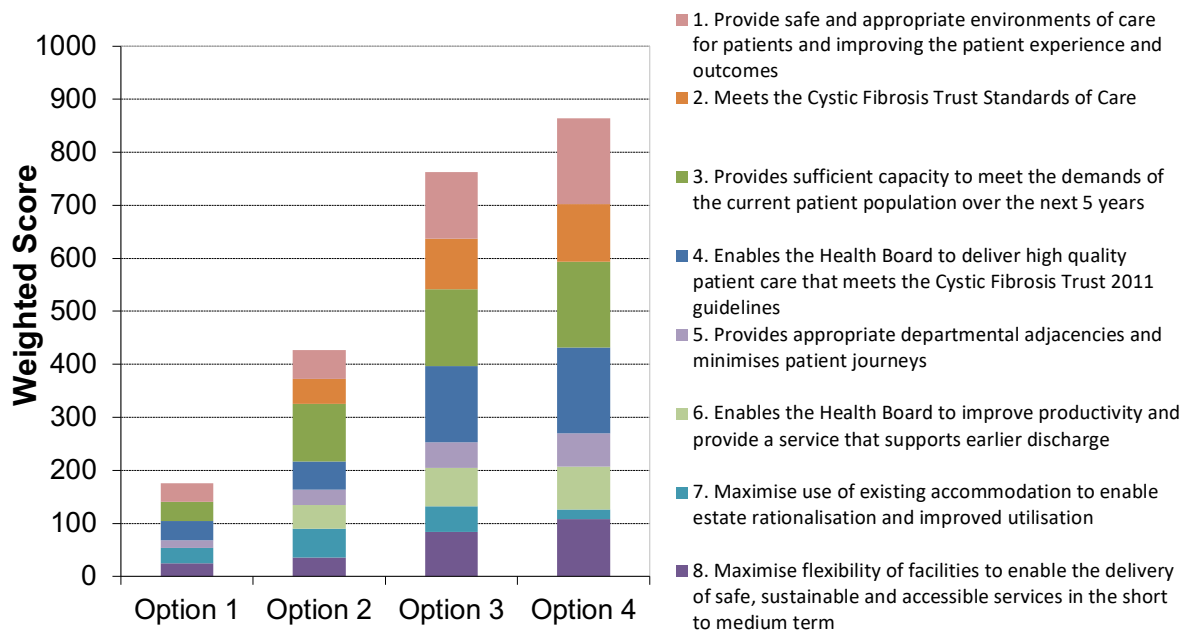


Figure 12: Qualitative Benefit Scoring

Key considerations that influenced the scores achieved by the various options were as follows:

- Option 1 – Do minimum (backlog maintenance only), this option ranks 4th:
 - Still providing services but waiting list and treating patients at home. Lack of ensuite;
 - Current inpatient accommodation does not meet the standards;
 - Beds in 3 locations, increasing use of Medical Assessment Unit (MAU) and patients at home;
 - Current accommodation does not allow improvements to the service;
 - The first floor of the current block is unused.
- Option 2 - Remodel the first floor of the existing CF block at UHL, this option ranks 3rd:
 - Some patients would still be in outlying areas;
 - Not all required support accommodation could be provided (e.g. no gyms);
 - Some patients currently treated at home could be admitted;
 - Makes good use of existing facilities;
 - Does not offer much future flexibility.
- Option 3 - Remodel and extend the first floor of the existing CF block at UHL, this option ranks 2nd:
 - 3 beds are still provided within a separate area;
 - Would meet the current standards;
 - Allows greater capacity to meet demand;
 - Makes good use of existing facilities but requires a small extension.
- Option 4 – New build on the UHL site, this option ranks 1st:
 - Designed to current standards with all beds together;
 - Provides sufficient capacity;
 - Would meet all the guidelines;
 - No outlying patients;
 - Not good use of existing facilities and not clear what the current accommodation would be utilised for.

The list of attendees that joined the workshop are as follows:

Name	Role	Organisation
Sarah Follows	Deputy Director of Operations Medicine Clinical Board	CVUHB
Mike Fry	Capital Projects Manager	CVUHB
Jeremy Holifield	Head of Capital Planning	CVUHB
Gareth Lloyd	Strategic & Service Planning Administrator	CVUHB
Adam Parry	Architect	CVUHB
Rebecca Owen-Pursell	Service Manager	CVUHB
Jennie Palmer	Directorate Manager	CVUHB
Lorraine Speight	CF Centre Manager	CVUHB
Geoff Walsh	Director of Capital, Estates and Facilities	CVUHB
Jane McMahon	Healthcare Planner	Adcuris

Table 11: Option Appraisal Workshop Attendees

4.2.3 Sensitivity Analysis

Sensitivity analysis was undertaken by changing the ranking of the benefit criteria to evaluate the impact on the overall score for each option. The analysis included applying reverse, high, low and no weightings to the criteria.

The results indicated that even if the weighting of the benefit criteria were to be changed there is still no overall resultant impact on the order of the options and Option 4 would remain the non-financial preferred option. The results of the sensitivity analysis are attached in Appendix 1.

4.3 Economic Appraisal

4.3.1 Methodology and Assumptions

The economic appraisal was conducted in late 2018 in accordance with the following guidance:

- The Green Book – Appraisal and Evaluation in Central Government plus supplementary guidance published by HM Treasury;
- 5 Case Model guidance for SOCs, OBCs and FBCs (WG) and WG/IPAG FBC Template.

The principles and assumptions used in this BJC are:

- The price base is 2018/19;
- Indirect taxes, non-cash transfer (e.g. capital charges) and income from public sector bodies are excluded;
- Cash flows for each of the options have been discounted at rates of 3.5%;

- For the New Build Option 4, a standard 60-year operational period has been reflected in the economic appraisal. For Options 2 and 3, which are primarily refurbishment in nature, a 30-year operational period has been used;
- The discounted cash flows for each option which generate the Net Present Value (NPV) of total expenditure have also been shown as Equivalent Annual Equivalents (EAC).

Cost elements incorporated are:

- Capital costs estimated by the Health Board's QS advisers based on the PUBSEC index for a start on site in Q2 2019, currently forecast at 256. For Option 1, this purely relates to backlog maintenance;
- Lifecycle costs based on standard NHS replacement cycles;
- Optimism Bias has been applied to works and fees costs and, net of mitigation, has been assessed at:
 - 23.43% for Option 2;
 - 20.44% for Option 3; and
 - 15.93% for Option 4;
- There are no opportunity costs or asset sales associated with the options and residual values at the end of the 30-year appraisal period are assessed as zero;
- There are no revenue cost changes expected directly from this development, the service developments currently underway are subject to a separate business case submitted to WHSSC.

Details regarding the optimism bias calculations are included within Appendix 2.

4.3.2 Capital Costs

These are summarised below:

Capital Costs at PUBSEC 256	Option 1	Option 2	Option 3	Option 4
	£000	£000	£000	£000
Works Costs	405	1,550	2,795	16,780
Fees	0	264	419	2,678
Non-Works	0	126	230	383
Equipment Costs	0	0	0	0
Planning Contingency	41	194	344	1,984
Subtotal excluding VAT	446	2,559	4,445	24,924
VAT @ 20% less reclaimable	89	459	806	4,457
Total Capital Cost	535	3,018	5,251	29,381
Optimism Bias	0	425	657	3,099

Table 12: Capital Costing Summary at PUBSEC Index 256 – (£'000)

Note: due to the time lapse between this economic appraisal and the development of the preferred option the costs for the preferred option is now £4.659m. It is assumed the other options would have also incurred a similar uplift.

Supporting analysis is provided through BJC forms, which are attached within Appendix 2.

4.3.3 Economic Appraisal Outputs

Details of the economic appraisal are attached at Appendix 3 and summarised in the table below:

Economic Cost	Option 1	Option 2	Option 3	Option 4
	£000 30 yrs	£000 30 yrs	£000 30 yrs	£000 60 yrs
Net Present Value (NPV)	527	2,970	5,139	33,260
Equivalent Annual Cost (EAC)	27	156	270	1,268
Ranking of Options	1	2	3	4
Ranking of Development Options		1	2	3
EAC Margin Development Options		0	114	1,212
EAC Switch Value		114	(114)	(1,112)
EAC Margin %		0.0%	73.0%	712.8%

Table 13: Summary of Economic Appraisal Outputs

On the basis of the economic appraisal undertaken:

- Option 0 shows the lowest EAC of the listed options, but is not capable of delivering the service model required and has been retained within the appraisal for comparison purposes only;
- Option 2 is the preferred development option by an EAC margin of £114,000, equivalent to 73% over Option 3. Option 4 is the least preferred, by a significant margin.

Sensitivity Testing indicates that:

- There are no realistic circumstances under which capital cost inputs could change differentially between options at levels sufficient to switch the economic preference in favour of either Option 3 or Option 4.

Option 2 is therefore confirmed as the preferred option from a quantitative appraisal perspective.

4.4 Combined Appraisal

4.4.1 Methodology and Assumptions

The outputs of the Non-Financial and Economic Appraisals have been combined to assess which option offers the highest benefit/cost ratio using the following methodology:

- In Non-Financial terms Option 4 is preferred, scoring 864 benefit points against 763 for Option 3;
- In economic terms, Option 2 is preferred over by an EAC margin of £110,000 over Option 3, with Option 4 being the least preferred;
- Combining these 2 elements shows that for every £000 EAC:
 - Option 3 delivers 2.93 benefit points;
 - Option 2 delivers 2.84 benefit points; and
 - Option 4 delivers 0.58 benefit points.
- This equates to a 3.2% overall margin in favour of Option 3;
- Sensitivity testing suggests that the Non-Financial score for Option 2 would only have to rise by 3.6% before it would be preferred overall.

Combined Appraisal	Option 1	Option 2	Option 3	Option 4
Weighted Non-Financial Scores	176	427	763	864
EAC Impact (£000s)		150	260	1,478
Benefit Points per EAC £000		2.84	2.93	0.58
Ranking of Development Options		2	1	3
Margin %		-3.2%	0.0%	-80.0%

Table 14: Summary of Combined Appraisal Outputs

The output of this option appraisal therefore confirms that Option 3 is marginally preferred over Option 2.

Preferred Option

5.0 PREFERRED OPTION

5.1 Identifying the Preferred Option

The preferred way forward has been identified as option 3:

5.2 Description of the Preferred Option

The preferred option will provide an extension and refurbishment for the existing Cystic Fibrosis unit, most importantly providing an increase in bed spaces (within the refurbished existing footprint) and improved facilities for patients, including new gymnasium rooms, treatment rooms and enhanced mechanical and electrical (M&E) services.

Alongside creation of a 16 bedded cystic fibrosis unit, the two side rooms on Ward West 1 will be converted to 3 side rooms with en-suites and will be for the dedicated use of cystic fibrosis. The current bed on Ward West 6 will also continue to be used for cystic fibrosis patients. Thus creating a total of 20 cystic fibrosis inpatient beds.

The proposed development is required in order to ensure continued, and improved treatment and care of patients suffering from cystic fibrosis. This facility is of critical importance in the provision of health care in Wales. There is no alternative location for the proposed use, and so this proposal aims to maximise efficiency in the use of existing space by the re-use, improvement and extension of an existing building.

The existing building to be retained does not currently appear as an integrated part of the overall hospital. The proposed extension design will significantly enhance this part of the complex through both replacement of the existing elevation, and provision of a new architecturally designed elevation. Through the use of materials, and elevation design, it will ensure that it contributes positively to the built environment in this part of the complex.

The overall height of the building responds appropriately to the surrounding buildings. Whilst its massing is greater than the adjacent buildings, it provides three storeys of accommodation, without exceeding the maximum roof heights of the surrounding buildings.

The workforce planning described within the Cystic Fibrosis Business Case submitted to WHSSC show a 'phasing-in' approach, to enable the opening of 12 beds in the first instance. This will immediately increase the CF ward bed-base from 7 to 12, allowing admission at the point of need; rather than current practice of a waiting list for admission to begin intravenous antibiotics for infective exacerbations. The rationale for splitting the nursing element for the new ward will allow for timely recruitment in line with anticipated completion of works, with a planned phasing in of the new beds as staffing allows i.e. 12 beds immediately open with the remaining 4 beds open in the third quarter of the 2020/21 financial year.

Procurement Route

6.0 PROCUREMENT ROUTE

This section outlines the proposed procurement method in relation to the preferred option, it considers the procurement options available for the project, the advantages and disadvantages of each and makes a recommendation on the preferred way forward.

6.1 Scope

The scope of works is to remodel and extend the existing Cystic Fibrosis accommodation at UHL.

6.2 Available Procurement Routes

The procurement options considered by the Health Board include:

- Traditional tender process;
- Single tender action to an individual contractor;
- Utilising the Scape Built Environment Consultancy Services ("BECS") Framework;
- Using the Design for Life procurement framework.

In deciding on the most appropriate procurement route, consideration has been made of the following factors:

- The size and complexity of the works;
- A cost effective procurement route;
- Procurement which complies with EU Law (OJEU);
- The timescales and target date for delivery as programmed;
- The level of pre-works engagement with the contractor required under each procurement route;
- The current status of the project with regard to design.

The table below details the preferred procurement option and the rationale for the choice:

Element	Procurement Route	Reason for Selection
Design Team	BECS framework	BECS is accessible by every public sector body and allows the Health Board to access professional support relating to construction and the built environment. As a single source framework, there is no competitive process ahead of appointment. The sole provider is Perfect Circle JV Ltd, with all appointments finalised on the basis of pre-agreed commercial terms, thereby providing a short procurement time
The required construction works	Traditional tender process	Scheme fully designed and below national and regional framework levels of costs

Table 15: Procurement Options

Funding and Affordability

7.0 FUNDING AND AFFORDABILITY

This section of the business case considers the financial implications of the preferred option on the financial position of the Health Board.

7.1 Capital Costs

This Business Case seeks approval to invest £4.659m from the All Wales Capital Programme, a breakdown of the capital costs is summarised in the table below:

	£000
Works costs	2,510
Contractor Fees	0
UHB Fees	501
Non-works costs	360
Equipment	300
Contractor Quantified Risk provision	0
UHB Quantified Risk provision	320
Total Net	3,991
Gross VAT	798
VAT Reclaim	130
Net VAT	668
Total Gross	4,659

Table 16: Capital Costs for the Preferred Option

The full BJC forms are included within the Estates Annexe. The phasing of planned capital costs is identified below.

Year	£000
2019/20	278
2020/21	4,380

Table 17: Phasing of Planned Capital Costs for the Preferred Option

7.2 Impairment

Impairment is calculated based on advice from the District Valuer. The asset value post impairment has been depreciated over the estimates useful economic life provided by the District Value

This BJC assumes that the impairment charge will be funded by Welsh Government in each of the years as per the table below.

The following is a summary of the total impact of impairment by year until the planned opening of the new facility:

Year	DEL Impairment £m	AME Impairment £m
2020/21	£0	£3.350
2021/22	£0	£0
Total	£0	£3.350

Table 18: Impairment for the Preferred Option

7.3 Revenue Costs

7.3.1 Service Costs

The full business case for investment into the sustainability and development of CF services, currently caring for 299 adults, was agreed in principle by WHSSC in 2017.

A two phase approach was agreed with Phase 1 (MDT and pharmacy homecare provision) agreed for release in July 2018 and Phase 2 incorporated into the 2019/20 Integrated Commissioning Plan (ICP).

Phase 2 was further split into two parts:

- A. 2019/20 investment for staffing costs to allow the establishment of:
 - Satellite clinics with multi-disciplinary staffing input; and
 - A medical on-call rota for cystic fibrosis.
- B. 2020/21 investment for staffing costs aligned to the capital development for a new ward and the phased opening of the additional beds.

As previously detailed in this paper the new CF facilities will provide 20 Cystic Fibrosis rooms in total and will be crucial in meeting the demands of welsh patients as the service exceeds 300.

16 new en-suite rooms will be provided in the CF centre, three en-suite rooms on ward West 1 (refurbished space replacing two side rooms) and the existing dedicated CF bed with en suite facilities on ward West 6 remaining. The 7 beds on the current CF Unit will be closed and de-commissioned as the new facilities become available.

The new CF specific ward will require recruitment of additional nursing staff, this has been planned using a 'phasing-in' approach to allow for timely recruitment in line with anticipated completion of works. A planned phasing in of the new beds as staffing allows will mean 12 beds can immediately open as works finish with the remaining 4 beds open in the third quarter of the 2020/21 financial year as recruitment is completed.

For clarity the remaining 4 beds on West 1 and West 6 are already staffed to required levels and no additional funding to the existing provision is required for these beds.

A letter of support from WHSSC is attached as Appendix 4.

7.3.2 Other Revenue Costs

The following table indicates the additional facilities revenue costs:

Facility Name:		Location:	31	365	
Cystic Fibrosis	Costing	UHW	Month	Year	Comments:
	Currency		16		
Area	1383	Overall	£	£	
	224	Extension			
Ward Based Catering	55,878	See labour table below	4,657	55,878	New service Overall sqm
Catering Provisions	4.52	Provisions per bed per day (EFPMS Data)	2,242	26,903	New Service 16 beds
Domestics staff	33.05	Per sq m (All Wales Average)	762	9,142	Enhanced service from office clean
Estates	0	Per sq m (All Wales Average)	0	0	Already in current building costs
Domestics consumables	5%	Percentage of domestic staff cost	38	457	
Waste	2.7	Cost per occupied floor area	311	3,734	Clinical waste
Linen/Laundry	0.35	Per item @ 4 items per bed per day	694	8,333	New Service
Portering	0.25	If applicable - estimated cost	582	6,985	
Post / Switch	0	If applicable - estimated cost	100	1,200	
Security (incl TDSI & CCTV)	0	If applicable - estimated cost	83	1,000	
Reception	0	If applicable - estimated cost	0	0	
Patient Transfer Service	0	If applicable - estimated cost			
Grounds & Gardens	0	If applicable - estimated cost	0	0	
Adhoc Costs (Please Comment what)	0				
Adhoc Costs (Please Comment what)	0				
Total			9,286	111,432	
Utilities	19.59	Per square metre	1,129	13,546	Increase for 24/7 ward
Rates	0	Cost per occupied floor area	0	0	Already in current building costs
			10,415	124,978	

Table 19: Facilities Revenue Costs

7.4 Affordability Gap

There has been a clear commissioning intention from WHSSC with the Cystic Fibrosis Business case funding requirements provided for in the Integrated Commissioning Plan (ICP). WHSSC's commissioning intention is to support a sustainable Cystic Fibrosis Service for the current and expected patient growth. Phase 1 funding for the multi- disciplinary team was approved by WHSSC at the March 2018 Joint Committee:

MDT and Outpatients Staff Requirement	WTE	Band	2018/19 £k	2019/20 £k	2020/21 £k
Outpatient Nurse	1	2	22	22	22
Data Entry (PortCF)	1	2	22	22	22
Clinical Nurse Specialist	1	6	15	45	45
CF Centre Manager Uplift	0	7	9	9	9
Diabetes Consultant sessions	0.2	Cons	25	25	25

MDT and Outpatients Staff Requirement	WTE	Band	2018/19 £k	2019/20 £k	2020/21 £k
Diabetes Specialist Nurse	0.2	6	9	9	9
Physiotherapist	2	7	35	80	106
Palliative Care	0.02	Cons	3	3	3
Liver care	0.01	Cons	2	2	2
Clinical Psychologist	1	7	11	66	66
Specialist Registrar	1	Sp.Dr	12	73	73
Staff related non-pay			5	12	12
Total	7.43		171	368	394

Table 20: Phase 1 Funding

With an additional non-recurrent £83k released in 2018/19 for provision of the Premixed IV Antibiotic Homecare Service.

Further Phase 2 funding has been allocated in the ICP for the remaining expansion requirements, with the phasing and revenue release profile outlined below:

Phase 2 Funding in ICP	2019/20 £k	2020/21 £k	2021/22 £k
Cystic Fibrosis New Ward Infrastructure	200	600	1,046

Table 21: Phase 2 Funding

The funding allocations will be utilised as follows:

- 2019/20 – Development/expansion of Satellite Clinics – Consultant, Social Worker & Dietician;
- 2020/21 – Phased recruitment of Ward Staffing within recruitment timelines in preparation for full ward expansion, supporting enhanced service;
- 2021/22 – Full Ward expansion – Staff and Ward expenses.

In addition to the above there is growth funding within the revenue provisions of WHSSC ICP.

Whilst the release of WHSSC revenue funding is subject to their normal governance processes, they have further reinforced their commissioning intention by providing a letter of support to accompany the Business Case confirming the need for the service expansion within Wales and a willingness to fund the proposed service expansion.

7.5 Impact On The Income And Expenditure Account

The anticipated capital spend, capital charges and depreciation profile for the extent of the project is as follows:

	2019/20 £m	2020/21 £m	2021/22 £m
Capital (Ex VAT)	£2.860	£1.132	£0
Additional Depreciation	£0	£0.18	£0.025

Table 22: Impact on Income and Expenditure Account

The costs identified reflect the need to improve the physical environment for Cystic Fibrosis patients. All assets will be shown on the Health Board's balance sheet. The asset will be valued on completion and recorded on the balance sheet at that value. Subsequently it will be treated as per the Health Board's capital accounting policy.

7.6 Overall Affordability

As highlighted above, it is assumed the impairment and recurrent charges for depreciation will be funded by WG. The net additional revenue costs and funding are summarised in the table below:

	£000
Impairment	
WG impairment funding	3,350
Depreciation	
WG Strategic Capital charge funding	25,000
Other Revenue Costs as funded by WHSSC	1,046
Other Revenue Costs to be managed by the Health Board	124

Table 23: Overall Affordability

7.7 Assumptions That Underpin Affordability

- Funding is anticipated from WG for additional recurrent capital charges and non-recurrent impairment based on actuals;
- It is assumed that there will not be any transition or decant costs.

Management Arrangements

8.0 MANAGEMENT ARRANGEMENTS

8.1 Introduction

This section of the BJC addresses the “achievability” of the scheme and identifies how the project will be managed from its initiation to completion. Its purpose, is to describe the arrangements that will be required to effectively govern and successfully manage the project and deliver it in accordance with best practice.

This section has been drafted based upon the lessons learnt from previous projects, incorporating proven arrangements, structures and processes to ensure the successful delivery of the project.

8.2 Project Management Arrangements

Robust project management arrangements are vital to ensure the implementation of the overall project and that effective control is maintained over the capital scheme.

For the Health Board to successfully deliver this project, it is vital that the following overall approach is taken for the organisation and management of the project:

- The Health Board will adopt the general principles of PRINCE 2 methodology in managing the activities and outputs of the project and will meet the requirements of the WHC (2015): 012; Infrastructure Investment Guidance; and subsequent guidance which may be issued during the projects’ lifespan;
- The project will use NHS Wales standard documentation and products where these are available, and will seek to benefit from experience and best practice from other NHS Wales projects;
- Specialist professional and technical advisers will be employed for those activities where the necessary skills and experience are not otherwise available to the project team. The transfer of skills and knowledge from specialist advisers to the project team will be achieved wherever possible and appropriate.

In managing the project the Health Board aims to:

- Deliver the project on time and to budget;
- Ensure effective and proactive lines of accountability and responsibility for the project deliverables; and
- Establish user involvement at all stages of the project.

8.2.1 Project Reporting Structure

The reporting organisation and the reporting structure for the whole of the project is shown as follows:

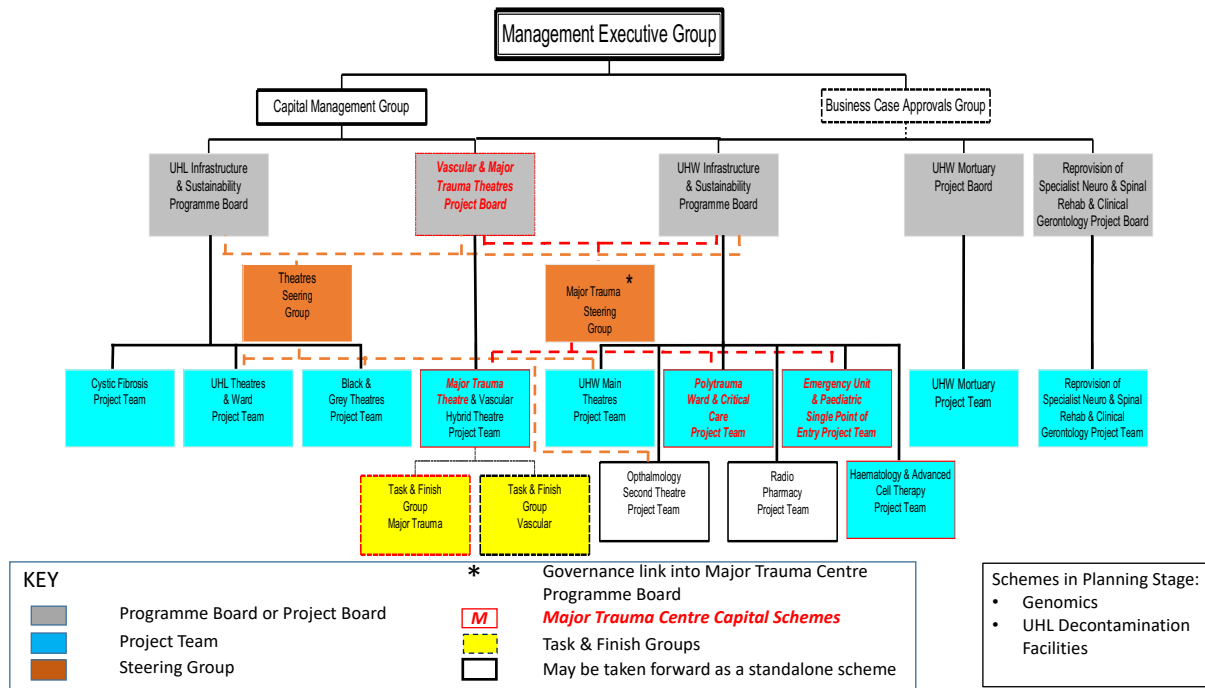


Figure 13: Project Reporting Structure

The purpose of the Project Team is to manage and co-ordinate, within the parameters set by the Project Board. The Project Team is responsible for the preparation of the business case for the project, which sets out the case for the proposed service and the capital implications, providing supporting justification in the form of the relevant strategic, economic, commercial, financial and management information required to produce the BJC.

8.2.2 Project Roles and Responsibilities

The project roles and responsibilities are as follows:

8.2.2.1 *Investment Decision Maker*

In line with the NHS Wales Infrastructure Investment Guidance, it is recognised that there must be clarity on decision making authority and management arrangements.

The Investment Decision Maker is the Cardiff and Vale UHB Board. Their role is to:

- Ensure a viable and affordable business case exists and remains valid during the planning process;
- Ensures that the appropriate level of business case is developed for submission to Welsh Government;
- Maintain commitment to the project;
- Authorise allocation of funds to the project;
- Oversee project performance;
- Ensure resolution of issues.

8.2.2.2 *Senior Responsible Owner*

The Senior Responsible Owner (SRO) of this project is the Executive Director of Strategy and Planning, Abigail Harris. The SRO will monitor the development and progress of the programme and project at Executive Board level and will exercise executive responsibility for the capital aspects of the scheme including compliance with Financial Instructions and Standing Orders; will be responsible for responding to internal and external audit scrutiny and ensuring the appropriate interim reports are made to the Capital and Estates Division of Welsh Government in line with existing directives.

8.2.2.3 *Project Director*

The Director of Capital, Estates and Facilities, Geoff Walsh, will fulfil the role of Project Director for the project. The Project Director will have ultimate responsibility for the project and will ensure the project is focused, throughout its lifecycle on achieving the objectives and delivering the projected benefits. The Project Director will ensure that the project provides value for money and will act as the point of contact in all dealings with contractors, consultants and outside organisations involved in the construction process.

8.2.2.4 *Business Case Manager – Programme and Projects*

This function will be undertaken by Service Planning Lead, Ann Stewart-Davies, who will establish the management structure for the project, involving appropriate representatives from within the Health Board who can provide the appropriate input to support the development of the project.

The Business Case Manager will develop and manage the project plan, setting out the key actions and milestones to manage the business planning process.

8.2.2.5 Project Board

The UHL Infrastructure and Sustainability Programme Board will act as the Project Board for this project. The Terms of Reference are included within Appendix 5.

The Project Board will support the delivery of the project through:

- Ensuring that the project scope remains consistent with the strategic programme;
- Providing formal approval at key stages to the project both in terms of business case development and formal submission to Welsh Government;
- Providing the formal authority for committing resources to the project;
- Ensuring that the scheme delivers appropriate value for money.

The table below shows the membership of the UHL Infrastructure and Sustainability Programme Board (Project Board):

Name	Position	Organisation	Role
Geoff Walsh	Director of Capital Estates and Facilities	CVUHB	Chair
Mike Bond	Director of Operations, Surgery Clinical Board	CVUHB	Vice Chair
Geraldine Johnstone	Director of Operations, Medicine Clinical Board	CVUHB	Member
Marie Davies	Deputy Director of Planning, Strategic and Service Planning	CVUHB	Member
Linda Walker	Director of Nursing, Surgery Clinical Board	CVUHB	Member
Tony Turley	Clinical Director, Perioperative Care	CVUHB	Member
Adam Wright	General Manager, Perioperative Care	CVUHB	Member
Ian Ketchell	Consultant and Director Cystic Fibrosis Unit	CVUHB	Member
Lee Davies	Director of Operational Planning	CVUHB	Member
Steve Hill	Head of Finance, Surgery Clinical Board	CVUHB	Member
Hywel Pullen	Head of Finance, Specialist Clinical Board	CVUHB	Member
Gareth Bulpin	IM&T	CVUHB	Member

Table 24: Project Board Membership

8.2.2.6 Project Team

The Terms of Reference for the Project Team are included within Appendix 6.

The Project Team will support the delivery of the project through:

- Taking actions to ensure all stages of the project are achieved within the identified timescales, reviewing progress on a regular basis;
- Ensuring plans being developed fit within both the Capital Programme of the Health Board and the wider strategic service planning framework;
- Developing and regularly reviewing the Project Risks Register and ensuring appropriate mitigation plans are developed;
- Developing, agreeing and monitoring budgeting arrangements for project delivery;

- Identifying and developing appropriate capital and revenue financing arrangements for the project ensuring both affordability and sustainability;
- Every team member will have equal responsibility for identifying, at the earliest opportunity any major factors, risks or variances arising during the course of the project that may impact upon project delivery.

The table below shows the membership of the Project Team:

Name	Position	Organisation	Role
Geoff Walsh	Director Capital, Estates and Facilities	CVUHB	Chair
Jeremy Holfield	Head of Strategic Capital	CVUHB	Vice Chair
Ann Stewart-Davies	Strategic and Service Planning Project Lead	CVUHB	Member
Marcus Hagley	Capital Planning Lead	CVUHB	Member
Sarah Follows	Medicine Clinical Board	CVUHB	Member
Ian Ketchell	Clinical Director, Cystic Fibrosis Services	CVUHB	Member
Lorraine Speight	Cystic Fibrosis Centre Manager	CVUHB	Member
Tristan Harris	Senior Directorate Accountant	CVUHB	Member
Cari Randall	General Medicine – Directorate Manager	CVUHB	Member
Jane Murphy	Medicine Clinical Board	CVUHB	Member

Table 25: Project Team Membership

8.2.2.7 Other Roles

The development of the this project will be supported by a range of corporate departments from within the Health Board including:

- Capital Planning;
- Finance;
- Strategic Clinical Engagement;
- Workforce;
- IM&T.

8.2.3 Project Plan

The dates detailed below highlight the proposed key milestones of the project:

Milestone Activity	Date
BJC submission to WG	May 2019
Design completion and commence construction	August 2019
Construction completion	August 2020
Facility operational	September 2020

Table 26: Project Plan

8.3 Use of Special Advisors

Specialist advisors have been used in a timely and cost-effective manner in accordance with the Treasury Guidance: Use of Special Advisors:

Specialist Area	Adviser
Project Manager	Gleeds Management Services
Architects	Stride Treglown
Business Case Development	Adcuris Consulting Ltd
Cost Consultancy	Gleeds Cost Management Ltd

Table 27: Specialist Advisors

8.4 Communication and Engagement Plan

Effective communications, consultation and engagement is central and critical to the successful delivery of the project. The Health Board has a duty to involve people in the planning and delivery of health services and significant service developments.

The Health Board's philosophy around communication is simplicity, quality and consistency. All messages should be clear and easy to understand – tailored for their specific audiences; compliant with corporate guidelines; and in keeping with the Health Board's strategic aims.

The objectives of the Health Board's communication strategy are:

- Effectively communicate the rationale for the redevelopment through a range of tested channels to inform internal and external stakeholders, keep them up to date with progress and gain their views;
- Foster ongoing good relationships with the local communities around the hospital and with the media, promoting positive media coverage;
- Manage all publicity regarding the redevelopment project and ensure that accurate information is consistently available;
- Engage staff positively in the changes so that new ways of working are endorsed and staff understand and support the redevelopment;
- Evaluate the effectiveness of internal and external communications and engagement to ensure messages are understood and acted upon and engagement is positive.

The Project Team is to be used as the mechanism to communicate project progress to stakeholders, including patients and other stakeholders and interested parties.

- Project records will be maintained at the Health Board's central project office, in accordance with a defined records management system;
- Project records will be maintained in line with good audit practice and the filing structure determined and communicated via the Project Team;
- Notes will be taken at all meetings, to ensure the task focus of the project, prior to closure of meetings an action list will be agreed and then circulated.

8.4.1 Internal

- All members of the project groups will have individual responsibilities for cascading project information through their respective service functions;
- The Project Director will be responsible for producing ad hoc reports to the UHB Board.

8.4.2 External

- The Project Director will be responsible for providing the key link with major stakeholders not represented on the Project Board to report progress;
- Media Management will be in accordance with the Health Board's related policies and procedures;
- The Project Board may consider the production of regular briefings for internal and external communication purposes;
- All members of the project groups will have responsibility for cascading information through their respective organisations as well as their specific areas of responsibilities.

A stakeholder engagement and communication plan has been developed and the latest version is attached as Appendix 7.

8.5 Arrangements for Change Management

The reconfiguration will be implemented in a systematic way that causes the least disruption to services. The project structure has been established to implement the necessary changes and ensure clinical leadership remains central to this.

To take this process forward working groups will be established during the development of the BJC and will be led by the Clinical Directors, or delegated leads.

These groups will lead the Change Management processes required to plan and manage the organisational development implications of the transition which will include the following tasks:

- To agree any revised staffing establishments consistent with any revised clinical models and within the available financial envelope;
- To plan and implement a transition plan to manage the transfer of existing staff into the new arrangements, ensuring this is consistent with good human resources (HR) practice and existing Health Board policies and procedures;
- To ensure that the timing of the planned changes is consistent with the smooth continuation of other services affected by the change;
- To assess professional and other training needs arising out of the service changes, and to plan and implement a training programme as appropriate;
- To consider any other HR issues relating to the new service arrangements.

The change agenda will also be supported by the transformation change programme of the Health Board, ensuring a robust framework for change is adopted across the scope of the scheme in line with the Health Board's other areas ensuring service change, development and interdependencies are fully explored and aligned.

8.6 Benefits Realisation Monitoring

Benefits are anticipated when a change is conceived and there are measurable improvements that result from the outcome which is perceived as an advantage by the organisation and/or stakeholders. Benefit management and realisation therefore aims to identify, define, track, realise and optimise benefits within and beyond the programme. A benefits realisation plan has been established that provides a framework for this aim and is overseen by the Project Board.

The plan outlines the key objectives, benefits and measures, which will be used to evaluate the project, it also shows who has the accountability for its realisation. This is in order that a meaningful assessment can be made of the benefits yielded by the project and to benchmark the assessment criteria themselves so that lessons learned can be fed back into future projects. It ensures that the project is designed and managed in the right way to deliver quality and value benefits to patients, staff and local communities. Timescales for the achievement of these benefits have been identified and included in the plan.

A copy of the Project Benefits Realisation Plan is attached at Appendix 8.

8.7 Risk Management

8.7.1 Risk Register

A structured risk management process will be adopted. It has four main stages:

- Identification - to determine what could go wrong in order to identify the risks;
- Classification - to determine the likelihood of occurrence of the risk and impact on the project;
- Assessment - to understand and possibly quantify the impact on the project;
- Action - to identify countermeasures for dealing with unacceptable risk levels and institute monitoring and control mechanisms, identifying means of avoiding, containing, reducing and transferring risk.

The risk management strategy has been integrated into the project management procedures, with responsibility for implementation of the strategy resting with the Project Director. The current risk register for the preferred option is attached at Appendix 9.

8.7.2 Gateway Review Arrangements

Gateway Reviews undertaken across the health service have identified a range of common deficiencies within projects. These key areas have been reviewed under this project to ensure they were being managed as follows:

- Risk – A clearly structured risk management process has been put in place with regular review of the project risk register;
- Roles and Responsibilities – A clear project structure exists for the management of this project with the Senior Responsible Officer and Project Director identified;

- Skills and Resource – The Health Board is experienced and well-resourced and is supported by legal, financial and technical specialists;
- Business Case - The need for a robust Business Case was identified at an early stage and has in part driven the project development;
- Planning – A programme was developed early in the scheme development and has been a strong management tool in moving the project forward;
- Stakeholder Issues – Stakeholder management has been a key focus in the projects development as it integrates various organisations;
- Benefits – A clear benefits realisation plan has been developed and is embedded in the project processes;
- Financial Issues – Finances have been robustly managed as the project has developed to ensure the project is affordable and value for money.

The impact of the overall programme has been scored against the risk potential assessment (RPA) model. Gate 0 (strategic fit) and Gate 1 (business justification) appraisals have been completed, in conjunction with the submission of the BJC. A copy of the Programme RPA stage 1 form is attached as Appendix 10.

8.8 Equality and Health Impact Assessment

In line with the Health Board's ethos and philosophy an Equality and Health Impact Assessment (EHIA) of the business case has been completed which will inform key stages in the programme development to ensure that the proposals promote equality and positive health outcomes for all. A copy of the equality and health impact assessment is attached at Appendix 11.

8.9 Post Project Evaluation

The Health Board is committed to ensuring that a thorough and robust post-project evaluation (PPE) is undertaken at key stages in the process to ensure that positive lessons can be learnt from the project. The lessons learnt will be of benefit to:

- Cardiff and Vale University Health Board – in using this knowledge for future projects including capital schemes;
- Other key local stakeholders – to inform their approaches to future major projects;
- The NHS more widely – to test whether the policies and procedures which have been used in this procurement are effective.

Post Project Evaluation (PPE) is a part of the total quality process and the Health Board acknowledges its contribution towards a successful outcome in terms of:

- Greater assurance of total performance in terms of cost, time and quality;
- Clearer definitions of responsibilities;
- Reduced exposure to risk; and
- Improved value for money.

The Health Board has identified a robust plan for undertaking PPE in line with current guidance, which is fully embedded in the project management arrangements of the project. All processes will be managed by the project team and endorsed by the appropriate boards.

The outline arrangements for post implementation review and project evaluation review have been established in accordance with best practice and are as follows:

8.9.1 Post Implementation Review (PIR)

An evaluation covering a wider range of project evaluation criteria and benefits will be undertaken after a suitable bedding - in period after the construction phase has been completed. It is anticipated that this will take place circa 6 to 12 months following completion of construction works.

8.9.2 Project Evaluation Reviews (PERs)

Further post project evaluations will take place at a later stage, to assess the longer-term outcomes of the project, when the full effects have arisen.

Report Title:	New Block (Academic Avenue) at UHW – Strategic Outline Case						
Meeting:	Capital Management Group				Meeting Date:	30 May 2019	
Status:	For Discussion		For Assurance		For Approval	✓	For Information
Lead Executive:	Director of Planning						
Report Author (Title):	Service Planning Project Lead – 029 2183 6069						

SITUATION

The attached SOC seeks approval from the Health Board to develop the Strategic Outline Case (SOC) preferred way forward - a new block on Academic Avenue at the University Hospital of Wales (UHW). This new block will provide fit for purpose accommodation for the following services:

- Theatres;
- Major Trauma Inpatients;
- Haematology/ Bone Marrow Transplant and Advanced Cell Therapy.
 - The SOC develops the rationale and makes the case for the preferred option at a capital investment of £93.270m

The SOC is submitted to the CMG as part of the assurance and governance process. CMG is asked to agree the submission of the SOC to Board with a recommendation to approve and submit to Welsh Government for All Wales Capital Funding to allow the development of the Outline Business Case.

REPORT

BACKGROUND

The development of the SOC follows on from the Strategic Overview Paper which was submitted to WG in late 2018. Following discussions between the UHB and WG, it was agreed that the business case route would be SOC/OBC/FBC and that, for expediency, a very high level SOC would be submitted to WG at the end of May 2019 to allow the development of the OBC.

The Business Case details the development of a new block to provide accommodation to address environmental deficiencies for:

- replacement of 5 of the main theatres as well as 2 decant theatres linked to the existing theatre accommodation;
- Haematology/BMT facilities - Development of facilities for Haematology/BMT have been subject to significant risk as a result of potential loss of JACIE accreditation due to core environment concerns.

The new block will also accommodate:

- the provision of a Polytrauma ward as part of the MTC development
- the provision of an Advanced Therapeutic Medicinal Product (ATMP) area to deliver advanced cellular therapies.

ASSESSMENT

The plan is for a new block to be constructed adjacent to Academic Avenue at UHW, opposite the Dental Hospital, connected to the existing hospital. The accommodation will be distributed across 3 main floor levels to align with the existing services in tower block 2, such as theatres.

In brief, the scope is to provide a facility that meets statutory requirements and best practice guidance with regard to environmental and care quality standards for all services including the introduction of new polytrauma services and advanced cell therapies sized to meet future demand.

-
- The shortlisted options are:
- **Option 1:** Do minimum (carried forward for comparative purposes only) - all services remain where they are and are refurbished with backlog maintenance addressed (for theatres - plant only);
- **Option 2:** Haematology, bone marrow transplant and advanced cell therapy are located within a new build on the car park above the existing main hospital entrance and the polytrauma ward would be on a first floor of this building, theatres are fully refurbished;
- **Option 3:** Haematology, bone marrow transplant and advanced cell therapy are located within a new build on the car park above the existing main hospital entrance, theatres are fully refurbished and the polytrauma ward is located within a new build along Academic Avenue on stilts at the theatre floor level;
- **Option 4:** Haematology and cell therapy are located on the ground floor of a new block along Academic Avenue that is on stilts and so sits at level 1 of the main hospital, polytrauma on the first floor (level 2) and theatres on (level 3).
-

A summary of the economic appraisal is shown below:

Economic Cost	Option 1	Option 2	Option 3	Option 4
	£000	£000	£000	£000
Net Present Cost (NPC)	28,418	57,395	76,233	96,893
Equivalent Annual Cost (EAC)	1,493	2,188	2,906	3,694
Ranking of Options	1	2	3	4
Ranking of Development Options		1	2	3
EAC Margin Development Options		0	718	1,506
EAC Switch Value		718	(718)	(1,506)
EAC Margin above preferred %			32.8%	68.8%

At this stage option 2 is the preferred SOC option from a quantitative appraisal perspective, however as the only costs included are capital and lifecycle this is a direct reflection of these cost inputs.

There are many non-financial elements that will be fully explored during the development of the OBC, as well as costed risks and benefits, to give a much more robust and comprehensive appraisal of the options.

Some of the issues identified as part of the development of the SOC are:

- During the development of the SOC the Health Board's Estates Team investigated the possibility of undertaking a refurbishment of the existing theatres including replacing plant that has exceeded its life expectancy. The conclusion of this is that it would be extremely technically challenging to install new, modern plant equipment within the existing plant spaces and be able to meet statutory and best practice guidance;
- Options 2 and 3 include refurbishing the theatres without the provision of any decant facilities. This will impact on the Health Board's ability to delivery surgical procedures and both performance (as waiting times increase) and/or revenue (outsourcing) are likely to be affected.
- Placing the haematology and bone marrow transplant departments on an existing car park will result in the loss of car parking on the site.

The above key qualitative considerations lead the Health Board to the conclusion that the SOC preferred way forward is option 4. This will be further analysed during the development of the OBC and all short-listed options will be considered as part of full qualitative and quantitative benefits appraisal.

Service Revenue

It has not been possible to cost the service revenue costs at this stage given the tight timescale for the development of the SOC, however there would be increased revenue costs associated with the preferred way forward as it incorporates the introduction of new services i.e. the Polytrauma Ward and the ATMP facilities. Both of these services are commissioned by WHSSC and will be subject to revenue business cases:

Facilities Revenue

The cost pressures in relation to the additional facilities revenue costs will be worked through in detail at the OBC stage. These costs will be a priority and first call against wider corporate efficiency savings and will be reflected in the UHB's IMTP.

ASSURANCE is provided by:

The UHW Infrastructure Sustainability Programme Board and Project Teams governance structure.

RECOMMENDATION

The Board is asked to:

- **APPROVE** the SOC for submission to Welsh Government for All Wales capital funding to allow the development of the OBC.

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. EHIA available



New Block (Academic Avenue) at University Hospital Wales (UHW)

Strategic Outline Case: Executive Summary

May 2019 – Draft v3

Document Information

Status	Final
Date	16 th May 2019
Authors	Adcuris/CVUHB
Circulation	CVUHB Capital and Service Leads

Version	Date Issued	Summary of Change	Document Owner
V1	20 th March 2019	Initial draft of SOC template, initial updates based upon strategic paper	Geoff Walsh
V2	26 th March 2019	Options updated, IMTP references added	Geoff Walsh
V3	16 th May 2019	Final finance information added	Geoff Walsh

1.0 EXECUTIVE SUMMARY

1.1 Introduction

This SOC seeks approval for the Health Board to move into the OBC development phase with a view to developing the SOC preferred way forward - a new block on Academic Avenue at the University Hospital of Wales (UHW). This new block will provide fit for purpose accommodation for the following services:

- Theatres;
- Major Trauma Inpatients;
- Haematology/ Bone Marrow Transplant and Advanced Cell Therapy.

1.2 Strategic Case

1.2.1 The Strategic Context

Cardiff and Vale University Health Board is one of the largest NHS organisations in Wales, responsible for planning and delivering health services for its local population of around 475,000, which represents 15.5% of the country's residents. The Health Board employs approximately 14,500 staff and had an annual budget of £1.4 billion. The Health Board provides approximate 75 distinct tertiary services i.e. those that meet the WHSSC definition of 'services provided in a relatively small number of centres and requiring planning at a population of more than 1 million.

During the development of this SOC the Health Board have considered the relevant national, regional and local strategic drivers for both general health services and those that relate specifically to the clinical services involved.

1.2.2 The Case for Change

The investment objectives for this project are as follows:

Investment Objective 1: Quality and Safety of Services

Services that deliver quality care and meet agreed clinical, quality and safety standards, including:

- Compliance with legislation, regulations and accreditation standards / performance;
- Supports rapid adoption of best practice;
- Clinical effectiveness;
- Improves consistency in clinical practice.

Investment Objective 2: Provide a High Quality Environment

To provide facilities that comply with statutory standards and best practice and enable the Health Board to deliver high quality care.

Investment Objective 3: Access
To ensure that the changing needs and expectations of a growing population are met in line with Health Board clinical strategies and national guidance standards and that the solution does not destabilise other clinical services/developments. Access to services is optimised with: <ul style="list-style-type: none"> Service capacity that will meet demand in a timely way; Services delivered in an appropriate environment.
Investment Objective 4: Effective Use of Resources
To maximise the use of available resource and provide an environment that promotes improved service efficiency through improved productivity and improved patient flows.
Investment Objective 5: Sustainability/Flexibility
To provide a solution that will ensure the reputation of the Health Board and will support the delivery of safe, sustainable and accessible services both in the short and medium term and with built-in resilience to adapt to changing needs.

Table 1: Investment Objectives

1.2.2.1 Current Situation

The existing situation is as follows:

1.2.3 Theatres

Over recent years the Health Board has experienced significant challenges with its theatre estate. In particular episodes of 'black' and 'white' particles being found in the main theatres leading to lengthy periods of theatre closure and remedial environmental work to temporarily resolve the issue; and the complete failure of the two 'temporary' theatres in Cardiff & Vale Orthopaedic Centre (CAVOC) which had been in place for over 15 years.

The current situation is the two CAVOC theatres have been temporarily replaced by a single modular theatre (due to space constraints) and all the theatres in Main Theatres are operational. However, the problems in main theatres are believed to result from the ageing plant in theatres 1-11, which has not been replaced since the original opening of the hospital almost 50 years ago. As a consequence, the underlying issues in main theatres remain and a further occurrence of the "black/white particles" episode is entirely likely. Such an event could have a devastating impact on main theatre activity - which is predominantly emergency, cancer or tertiary (i.e. cardiac, thoracic, renal and neurosurgery) services. Major refurbishment or replacement of theatres 1 – 11 in the Main Theatres suite is therefore long overdue and of critical importance from both a service and infrastructure perspective.

Over the next five years the Health Board anticipates it will need a comprehensive refurbishment/replacement programme of UHW Main theatres, alongside the permanent replacement of the two Orthopaedic theatres at UHL. At present there are only 3 vacant sessions (half-day) per week in UHW Main and 7 sessions in SSSU.

1.2.4 Major Trauma

Patients in Mid and North Wales who suffer major trauma are currently transferred to designated MTCs in England. South and West Wales has a population of 2.2 million and the Welsh Health Boards have planned to develop a network to cover this area, which has a mixed urban and rural geography and some remote rural populations.

As a result of the option appraisal carried out by the South Wales Health Collaborative in June 2015 the University Hospital of Wales has been designated as the Major Trauma Centre as part of this designation there is a requirement for a polytrauma inpatient ward which does not currently exist at UHW.

1.2.5 Haematology / Bone Marrow Transplant

The current Cardiff and Vale Haematology service is spread over six sites and provides secondary services, including treatment of malignant disease, to the population of Cardiff and Vale and a tertiary Haematology service to the six southern Health Boards. It hosts the Haemophilia Comprehensive Care Centre for South Wales. The accommodation consists of:

- Ward B4 Haematology, UHW;
- Haematology Day Centre, UHW;
- Outpatient Facilities.

1.2.6 Advanced Cell Therapy

Advanced cellular therapies are new and emerging medicines with potential uses in treating forms of blindness, cancer, heart failure, liver disease, neurological conditions and rare paediatric diseases. It is anticipated that Cardiff and Vale UHB will be commissioned to deliver CAR-T cell therapies for Welsh patients in 2019 within the haematology service.

In order to provide advanced cellular products to Welsh patients within Wales the haematology as well as other services within Cardiff and Vale UHB will need to have an expansion in their facilities with designated beds collocated within the BMT service and with rapid access to ITU services.

1.2.6.1 Business Needs

The related business needs are as follows:

1.2.7 Theatres

The theatres at UHW have encountered several issues over the last few years:

- In February 2015 unidentified black particles were found in theatre 9;
- Further investigation resulted in black bits being identified in theatre 6, 7, 8, 9 & 10.

In an attempt to resolve these issues, the ductwork was internally cleaned in all above theatres. However, due to turning vanes within ductwork some sections of duct were inaccessible and the ductwork could not be fully cleaned. Furthermore, within the galvanised ductwork system there are fire dampers of a steel construction. These are original (over 40 years old) and were showing signs of breaking down. The cleaning had disturbed the fire damper steelwork and rust particles were being dislodged.

Terminal catchers (course filter) were installed in supply grilles to catch and dislodge debris. Once the terminal catchers were clear of debris it was agreed that fresh catchers would be installed every month and removed media would be monitored. The air to the theatre was increased to take account of the additional resistance. This approach was taken in theatres 7, 8, 9 & 10 and still remains in place.

With the above system theatre 6 was unable to meet the required air change rate for the theatre and a refurbishment of the theatre was undertaken, completed in July 2015. This included repair of flooring, white rock of walls, new ceilings, redecoration, and replacement fan for ventilation system to provide required air. All supply grilles to theatre suite were fitted with manufacturers terminal filters. A similar refurbishment of theatre 11 was completed in October 2017 due to ongoing identification of particles. The refurbishment of theatre 11 also included the renewal of all ductwork and fire dampers back to the plantroom.

The annual validations of theatres 6 to 11 highlighted the following:

- All air handling units are in poor condition and DO NOT meet current HTM compliance as set out in HTM 03.01 Part B;
- Room conditions in theatre 7, 8, 9 & 10 are poor;
- There are continual pressure issues in all theatres.

In addition to the above the following further issues still remain:

- Theatres don't comply with current requirement of 25 air changes;
- Fire dampers are old wired dampers, current legislation requires smoke dampers;
- Fire dampers are deteriorating so terminal catchers are required to prevent debris into theatre these are restricting air flow which increase energy use and require regular replacement;
- Air Handling units are over 20 years old.

1.2.8 Major Trauma

The on-going care and reconstruction section of the South Wales Service Model for Major Trauma sets out the requirements for:

- A dedicated major trauma theatre;
- A defined ward for polytrauma patients;
- A ward environment suitable for people with disability to practice and maintain their activities;
- A nursing team in the ward, who are able to facilitate practice of and independence in functional activities by the patient and undertake the activities with the patient as advised by the rehabilitation team.

The area covered by the major trauma network is the fastest growing population in Wales & the UK with 100,000 more people expected to be living in the area by 2035.

1.2.9 Haematology / Bone Marrow Transplant

The Service is governed by national and international regulatory bodies, including, but not limited to, Human Tissue Authority and Joint Accreditation Committee for ISCT and EMBT (JACIE). The service was inspected in 2013 and 2019. The current inpatient, day care (Haematology Day Centre) and outpatient facilities fail JACIE standards on isolation and patient facilities. Loss of JACIE accreditation would have far-reaching consequences.

1.2.10 Advanced Cell Therapy

There is currently a mandated requirement within the NHS for leukaemia and lymphoma patients to be offered advanced cellular therapies within NICE guidelines. There is an expected significant expansion within this area of drug development predicted for the next few years. Only JACIE accredited facilities will be able to deliver advanced cellular therapies to patients. The only JACIE accredited service within Wales currently resides within Cardiff and Vale UHB within the haematology directorate.

1.2.10.1 Scope

On the basis of this analysis, the potential scope for the scheme is to provide fit for purpose facilities which will deliver theatres, haematology, bone marrow transplant, advanced cell therapy and polytrauma inpatients. This scope will not only meet all statutory requirements and best practice models but will also support improved access to existing services and provide additional services to support current and project demand.

1.2.10.2 Main Benefits

The main benefits of this investment are:

- High quality patient care;
- Reduced risk of airborne cross infection due to replacement of theatre plant;

- Improvements in health and safety (reduced incidents);
- Maintain continuity of services;
- Provide safe and appropriate environments of care for patients and improving the patient experience;
- Compliance with statutory standards;
- Compliance with NHS guidance/best practice;
- Improved environments to enable productivity gains;
- Remove various short life expectancy and inefficient plant;
- Realise revenue benefits of new efficient M&E plant;
- Reduced delays and cancellations maximises use of staff;
- Services continue to be provided to meet patients' needs;
- Meeting the sustainability objectives as set out in SOFW;
- Services provided within the revenue affordability envelope.

1.2.10.3 Main Risks

The main business and service risks associated with the potential scope for this project are:

- Insufficient revenue resources to support the new facilities;
- Clinical quality – failure to ensure that clinical quality is reflected in the plans;
- Changes in demand – the anticipate demand for services is greater or less than has been projected within the case;
- Disruption to service continuity during the works;
- Constraints of existing service and infrastructure;
- Financial Viability – capital cost of works is unaffordable, tenders exceeds budget;
- Changes in strategic context/policy direction;
- Design changes that are over and above the contingency allowances;
- Discovery of latent defects in existing fabric;
- Life-cycle cost (building and engineering maintenance) exceeds budget;
- Failure to proceed – Contractor bankruptcy, development stalls due to lack of capital or failure to achieve business case approval.

1.2.10.4 Constraints and Dependencies

Identified below are the parameters within which the investment must be delivered which have been set at the outset of the project:

- The proposals must be consistent with the Health Board's *Shaping Our Future Wellbeing strategy and long term clinical services plan for acute care*, contributing to the Health Boards pursuit of a more sustainable future for services;
- The scheme must allow full compliance with relevant statutory/mandatory standards and meet the requirements of the various clinical service pathways;

- Physical works will need to be delivered in order to have the least possible impact on service provision;
- Any plans must maintain revenue neutrality unless alternative/new funding streams are clearly identified;
- Project must be delivered through funding from the All Wales Capital Programme.

The project is subject to the following dependencies that will be carefully monitored and managed throughout the lifespan of the scheme:

- Approval from Welsh Government and release of capital from the All Wales Capital Programme.

1.3 Economic Case

1.3.1 The Long List

Within this potential scope, the following options were considered using the options framework:

Option	Finding
1.0 Scope	
Option 1.1 – do nothing – status quo	Discounted
Option 1.2 – the ‘minimum’ scope – A facility that meets minimum statutory requirements with regard to environmental and care quality standards for all current services and sized for current demand	Discounted
Option 1.3 – the ‘intermediate’ scope – A facility that meets statutory requirements and best practice guidance with regard to environmental and care quality standards for all services including the introduction of new polytrauma and advanced cell therapies and sized to meet current demand	Possible
Option 1.4 - ‘maximum’ scope – A facility that meets statutory requirements and best practice guidance with regard to environmental and care quality standards for all services including the introduction of new polytrauma and advanced cell therapies sized to meet future demand	Preferred
2.0 Service Solutions	
Option 2.1: Do minimum (carried forward for comparative purposes only) - all services remain where they are and are refurbished with backlog maintenance addressed (for theatres - plant only)	Discounted
Option 2.2: Haematology, bone marrow transplant and advanced cell therapy are located within a new build on the car park above the existing main hospital entrance and the polytrauma ward would be on a first floor of this building, theatres are fully refurbished	Possible
Option 2.3: Haematology, bone marrow transplant and advanced cell therapy are located within a new build on the car park above the existing main hospital entrance, theatres are fully refurbished and the polytrauma ward is located within a new build along Academic Avenue on stilts at the theatre floor level	Possible
Option 2.4: Haematology and cell therapy are located on the ground floor of a new block along Academic Avenue that is on stilts and so sits at level 1 of the main hospital, polytrauma on the first floor (level 2) and theatres on (level 3)	Preferred

Option	Finding
3.0 Service Delivery	
3.1 In House	Preferred
3.2 Outsource	Discounted
3.3 Strategic Partnership	Discounted
4.0 Implementation	
4.1 Big Bang	Discounted
4.2 Phased	Preferred
5.0 Funding	
Only public funding has been considered as it has been agreed with Welsh Government that this project will be supported	

Table 2: Summary of Inclusions, Exclusions and Possible Options

1.3.2 The Short List

On the basis of this analysis, the recommended short list for further appraisal within any OBC is as follows:

- Option 1: Do minimum (carried forward for comparative purposes only) - all services remain where they are and are refurbished with backlog maintenance addressed;
- Option 2: Haematology, bone marrow transplant and advanced cell therapy are located within a new build on the car park above the existing main hospital entrance and the polytrauma ward would be on a first floor of this building, theatres are fully refurbished;
- Option 3: Haematology, bone marrow transplant and advanced cell therapy are located within a new build on the car park above the existing main hospital entrance, theatres are fully refurbished and the polytrauma ward is located within a new build along Academic Avenue on stilts at the theatre floor level;
- Option 4: Haematology and cell therapy are located on the ground floor of a new block along Academic Avenue that is on stilts and so sits at level 1 of the main hospital, polytrauma on the first floor (level 2) and theatres on (level 3).

1.3.3 Indicative Economic Costs

At this early stage it is not possible to assess in detail the service revenue costs. However, the Health Board has considered the likely impact of the different options with regards to service revenue, and have identified where additional costs either apply to all options or only to individual options. Where there are increased revenue costs due to the introduction of new services these are commissioned by WHSSC and will be subject to revenue business cases.

The indicative costs for the scheme are as follows:

Capital Costs at PUBSEC 250	Option 1	Option 2	Option 3	Option 4
	£000	£000	£000	£000
Works Costs	20,299	35,328	45,462	58,510
Fees	2,918	5,653	7,274	9,362
Non-Works	1,676	1,754	2,141	2,281
Equipment Costs	0	805	1,424	1,925
Planning Contingency	2,490	4,354	5,631	7,207
Subtotal excluding VAT	27,383	47,894	61,932	79,285
VAT @ 20% less reclaimable	4,893	8,448	10,931	13,985
SOC Total Capital Cost	32,276	56,342	72,863	93,270

Table 3: Capital Costing Summary at Approvals PUBSEC Index 250 – (£'000)

The outputs of the economic appraisal are summarised in the table below:

Economic Cost	Option 1	Option 2	Option 3	Option 4
	£000	£000	£000	£000
Net Present Cost (NPC)	28,418	57,395	76,233	96,893
Equivalent Annual Cost (EAC)	1,493	2,188	2,906	3,694
Ranking of Options	1	2	3	4
Ranking of Development Options		1	2	3
EAC Margin Development Options		0	718	1,506
EAC Switch Value		718	(718)	(1,506)
EAC Margin above preferred %			32.8%	68.8%

Table 4: Summary of Economic Appraisal Outputs

On the basis of the economic appraisal undertaken:

- Since at this stage the appraisal only incorporates capital and lifecycle costs, the economic impact is a direct reflection of those cost inputs and Option 2 is clearly preferred.

Option 2 is therefore confirmed as the preferred SOC option from a quantitative appraisal perspective.

There are many non-financial elements that will be fully explored during the development of the OBC. Key issues have been identified as part of the development of the SOC and lead the Health Board to the conclusion that the SOC preferred way forward is option 4. This will be further analysed during the development of the OBC and all short-listed options will be considered as part of full qualitative and quantitative benefits appraisal.

1.3.4 The Preferred Way Forward

Having taken into consideration the above options and outcomes to address the theatre estate issues and other required developments without significantly impeding service provision, the preferred way forward has been identified as option 4.

This preferred way forward will address the current issues and emerging evidence base and will consider extending out from the back of the hospital to create seven theatres, allowing for the reprovision of theatres 6 – 10 and two theatres for decant whilst 1 – 5 are refurbished. The lower floors of this extension (the theatre suite is on level three) would be utilised to address two other significant issues for the UHW site – the reprovision of B4 Haematology (BMT), the accommodation of a new advanced cell therapy ward and the accommodation of a polytrauma ward for the new Major Trauma Centre development. The existing space used for theatres 6 – 10 would then be used to relocate theatre recovery, which itself has not been refurbished or extended since the original opening of the hospital (despite the addition of six additional theatres).

1.4 Commercial Case

1.4.1 Procurement Strategy

The procurement options considered by the Health Board include:

- Traditional tender process;
- Single tender action to an individual contractor;
- Utilising the SCAPE framework;
- NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES) established NHS 'Building for Wales' Framework (Using the Design for Life procurement framework).

In deciding on the most appropriate procurement route, consideration will be made of the following factors:

- The size and complexity of the works;
- A cost effective procurement route;
- Procurement which complies with EU Law (OJEU);
- The timescales and target date for delivery as programmed;
- The level of pre-works engagement with the contractor required under each procurement route;
- The current status of the project with regard to design.

1.4.2 Required Services

The scope of works required for the SOC preferred way forward is the development of the New Block (Academic Avenue) at the University Hospital of Wales (UHW) comprising of Theatres, Polytrauma inpatients, Haematology / Bone Marrow Transplant and Advanced Cell Therapy services.

1.4.3 Potential for Risk Transfer

The general principle is to ensure that risks should be passed to 'the party best able to manage them', subject to value for money (VFM).

1.5 Financial Case

1.5.1 Summary of Financial Appraisal

In line with other centrally funded capital schemes, the Health Board would anticipate that the non-cash implications of the scheme would be funded. That is, WG would provide funding to cover any additional depreciation costs or impairments arising from the scheme.

There would be increased revenue costs associated with the SOC preferred way forward as it incorporates the introduction of new services in new facilities. In terms of the introduction of new services, both of these services are commissioned by WHSSC and will be subject to revenue business cases:

- Polytrauma is part of UHW becoming a major trauma centre; and
- The introduction of advanced therapies is happening across the UK as and when new therapies are appraised by NICE and approved for use (2 indications so far). WHSSC has budgetary provision for welsh patients to access these innovative therapies and the Health Board, in partnership with other NHS organisations, is the recipient of a substantial research award to advance medicine in this area.

Therefore, any additional costs will be subject to a funding stream.

Whilst the refurbishment work takes place, a second recovery area will be provided in the new build. These will be some distance apart and that together with an ability to redirect existing staff (due to critical mass) is likely to lead to additional revenue costs until the project is complete.

The cost pressures in relation to the additional facilities revenue costs will be worked through in detail at the OBC stage. These costs will be a priority and first call against wider corporate efficiency savings and will be reflected in the Health Board's IMTP.

1.5.2 Overall Affordability and Balance Sheet Treatment

All assets will be shown on the Health Board's balance sheet. The asset will be valued on completion and recorded on the balance sheet at that value. Subsequently it will be treated as per the Health Board's capital accounting policy.

1.6 Management Case

1.6.1 Project Management Arrangements

Robust project management arrangements are vital to ensure the implementation of the overall project and that effective control is maintained over the capital scheme.

In managing the project, the Health Board aims to:

- Deliver the project on time and to budget;
- Ensure effective and proactive lines of accountability and responsibility for the project deliverables; and
- Establish user involvement at all stages of the project.

1.6.2 Outline Project Reporting Structure

The following diagram details the management arrangements for the project:

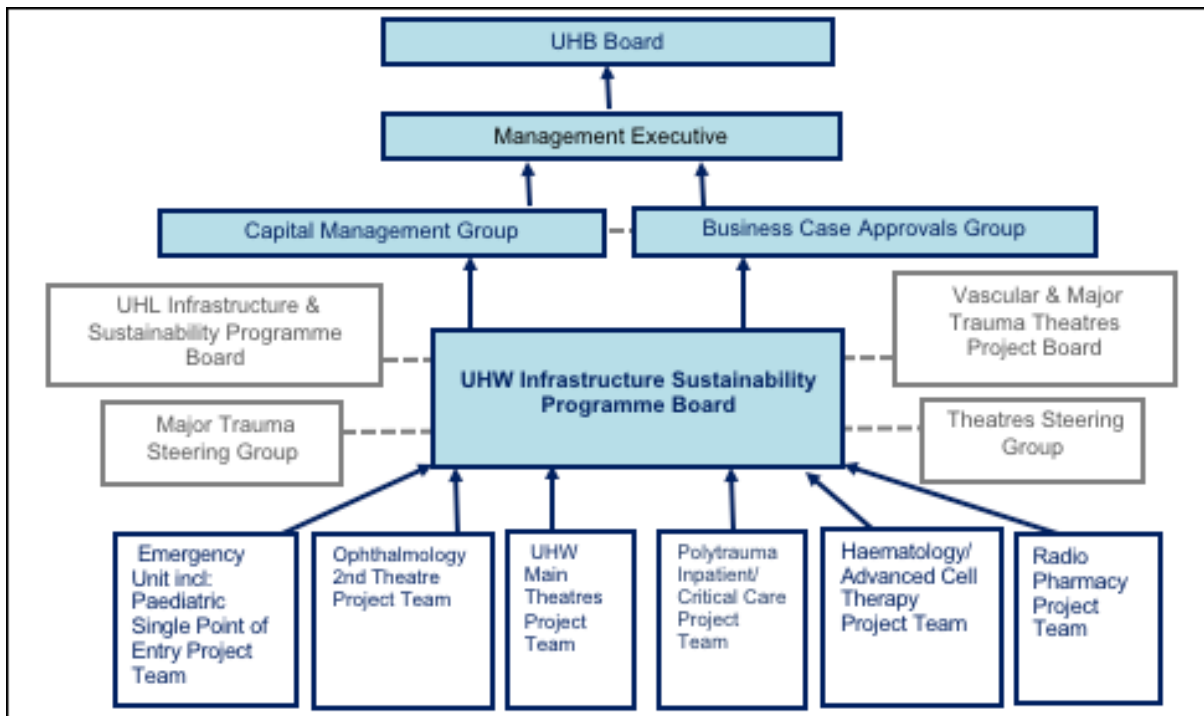


Figure 1: Project Structure

The purpose of the Project Team is to manage and co-ordinate, within the parameters set by the Project Board. The Project Team is responsible for the preparation of the business case for the project, which sets out the case for the proposed service and the capital implications, providing supporting justification in the form of the relevant strategic, economic, commercial, financial and management information required to produce the SOC.

1.6.3 Outline Project Plan

The dates detailed below highlight the proposed key milestones of the project:

Milestone	Target Date
Completion of the Outline Business Case (OBC)	June 2020
Completion of the Full Business Case (FBC)	July 2021
Completion and Handover	May 2023
Operational Commissioning	August 2023

Table 5: Outline Project Plan

1.7 Recommendation

It is recommended that this SOC be approved allowing the Health Board to commence work on the Outline Business Case in order to progress this scheme.

Report Title:	Board Work Plan 2019/20							
Meeting:	Board					Meeting Date:	30.05.2019	
Status:	For Discussion	x	For Assurance	x	For Approval	x	For Information	
Lead Executive:	Director of Corporate Governance							
Report Author (Title):	Director of Corporate Governance							

SITUATION

The draft Annual Plan has been 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.

BACKGROUND

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.

ASSESSMENT

The attached Annual Plan has been developed by the Director of Corporate Governance. It details the items which the Board should review and are items which are detailed within the Board's Scheme of Reservation (decisions reserved for the Board). The Plan also where appropriate details which Committee / Group where the items should be considered prior to presentation to the Board and who the Executive Director lead is.

It should be noted that any Board Work Plan should be flexible and additional items will be added throughout the year.

The following items have not yet got timescales for presentation to the Board against them:

Board Champion Reports – In line with Standing Orders these are due to be presented to the Board on an annual basis. Board Member Champion roles have now been agreed however,

there are specific requirements associated with being a Champion. It is therefore important that individuals are clear on what these requirements are prior to any presentation of such reports. This will be undertaken as a Board Development Session. Then, individuals will be able to report back on how they have fulfilled the role of the 'Champion' and these will be planned into the work plan within appropriate timeframes.

Strategies and Annual Report – In line with Standing Orders there are a number of Strategies and Annual Reports which should be presented to the Board. Discussion needs to take place with the Management Executive to plan these in appropriately as in the past the steer has always been that the UHB has just one strategy which is 'Shaping Our Future Wellbeing'. However, there are some specific strategies which do need Board approval e.g. Estates. Likewise Shaping Our Future Wellbeing will also cover off some of the strategies and need to be cross referenced rather than duplication. Therefore, further discussion is required with the Management Executives regarding approach and timescales.

Areas highlighted in blue – There are no timescales against these items as they would be presented to the Board on an 'as and when' basis but should remain in the plan so the Board are aware of their responsibilities.

ASSURANCE is provided by: review of Standing Orders by the Director of Corporate Governance to ensure all items required to be presented to the Board are detailed within the work plan.

RECOMMENDATION

The Board is asked to:

- Approve the Board Work Plan 2019/20 but noting that it will continue to be populated with timescales for the delivery of:
 - Strategies
 - Annual Reports
 - Board Champion Reports

Shaping our Future Wellbeing Strategic Objectives

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

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

				provide an environment where innovation thrives					
Five Ways of Working (Sustainable Development Principles) considered <i>Please tick as relevant, click here for more information</i>									
Prevention	x	Long term	x	Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:		Yes / No / Not Applicable <i>If “yes” please provide copy of the assessment. This will be linked to the report when published.</i>							

Kind and caring
 Caredig a gofalgar

Respectful
 Dangos parch

Trust and integrity
 Ymddiriedaeth ac uniondeb

Personal responsibility
 Cyfrifoldeb personol

Cardiff and Vale University Health Board - Work Plan 2019-20

A - Approval D - Discussion I - Information	Committee/ Group	Exec Lead	28-Mar	30-May	25-Jul	26-Sep	28-Nov	30-Jan	26-Mar
Agenda Item									
Standing Items									
Patient Story		RW	I	I	I	I	I	I	I
Minutes of the previous meeting		NF	A	A	A	A	A	A	A
Action Log		NF	D	D	D	D	D	D	D
Ratify urgent decisions of the Chair/CEO		NF	A	A	A	A	A	A	A
Chairs Report		MB	D	D	D	D	D	D	D
Chief Executive's Report		LR	D	D	D	D	D	D	D
Quality Report (including IPC reports)	Q,S&E	RW	D	D	D	D	D	D	D
Performance Report (including activity & finance)	S&D, Finance	SH	D	D	D	D	D	D	D
Transformation Report		SH	D	D	D	D	D	D	D
Board Assurance Framework	Audit	NF	D	D	D	D	D	D	D
Corporate Risk Register	Audit	NF			D	D	D	D	D
Director of Corporate Governance Report		NF	D	D	D	D	D	D	D
Minutes of Committees of the Board:									
-Audit	Audit	RC	A	A			A	A	A
-Quality, Safety and Experience	Q,S&E	RW	A	A	A	A	A	A	A
-Strategy and Delivery	S&D	AH	A	A	A	A	A	A	A
- Finance	Finance	RC	A	A	A	A	A	A	A
-Health and Safety	H&S	MD		A	A		A		
- Mental Health	Mental Health	SC	A		A		A		A
- RaTS	RaTS	LR		A					
- Charitable Funds	CF	RW	A		A	A		A	
- IG&IT	IG&IT	SH					A		A
Joint Committee Minutes:									
- EASC	EASC	LR	A	A	A	A	A	A	A
- WHSCC	WHSCC	LR	A	A	A	A	A	A	A
Advisory Groups:									
- Stakeholder Reference Group	SRG	AH	A	A		A	A		
- Local Partnership Forum	LPF	MD	A	A	A	A	A	A	A
- Healthcare Professional Forum	HPF	FJ				A	A	A	A

Board Champion Reports: - Cleaning, Hygiene and Infection - Design - Welsh Language - Older Persons - Violence and Agression - Armed Forces and Veterans - Children, Young People and Maternity - Delayed Transfer of Care - Caldicott Guardian - Healthy Sustainable Wales - Public Patient Involvement - Security Management - Emergency Planning - Fire Safety - Wellbeing of Future Generations Act - Social Services and Wellbeing (Wales) Act - Equality and Human Rights - Health and Safety - Mental Health and Primary Care - Reputation Management and Culture		SE JA SM CJ MD FJ MB & RW SC MeD FK MB & LR AH AH AH CJ SE GB MI CJ MD							
Governance									
Approve Standing Orders, Scheme of Delegation, SFIs	Audit	NF	A						A
Ratify in public failure to comply with SO's	Audit	NF	A	A	A	A	A	A	A
Authorise the use of the seal		NF	A	A	A	A	A	A	A
Approve proposals for action on litigation (as and when required)		NF							
Receive and determine action in relation to Board Member declarations of interests (and when required)	Audit	NF	D						D
Approve the top level organisation structure	ME	LR				A			
Approve corporate policies (as and when required)	ME	NF	A	A	A	A	A	A	A
Appoint and revise Committees of the Board		NF	A						A
Approve the appointment of Executive Directors including Board Secretary (as and when required)	RaTS	MB		A					
Approve TOR for all Committees	All Board Committees	NF	A						A
Appoint, equip, review and where appropriate dismiss the Chair and any members of any Committee, Joint Committee or Group set up by the Board (as and when required)		MB							
Appoint, equip, review and where appropriate dismiss individuals appointed to represent the Board on outside bodies and group (as and when required)		MB							
Approve arrangements relating to responsibilities as a corporate trustee for funds held on trust	CF	NF	A						A
Approve Risk Management Strategy and Plans	Audit	NF			A				
Receive reports from Chairs of Committees of the Board, Groups on performance and action required	All Board Committees	NF	D	D	D	D	D	D	D
Receive reports on performance from external regulators and inspectors e.g. WAO, CHC, HIW which raise an issue or concern impacting on ability to delivery objectives (as and when required)	Audit Q,S&E	RW/NF							
Receive annual opinion from Head of Internal Audit (HoIA) and approve action required	Audit	NF		D					

Receive annual management report from Auditor General for Wales and approve action required	Audit	NF	D						D
Receive WAO Structured Assessment	Audit	NF	D						D
Receive annual opinion on performance against Standards for Health Services in Wales	Q,S&E	RW		D					
Approve Annual Report (including Accountability Report and Performance Report)	Audit	NF		A					
Approve audit and assurance arrangements	Audit	NF						A	
Annual Cycle of Business		NF							A
Board Development Plan		NF							A
Annual consultations summary	Q,S&E, S&D, Audit	NF						A	
AGM Minutes	AGM	NF				A			
Annual Reports of Board Committees	All Board Committees	NF/Chairs	A						A
Annual Quality Statement	Q,S&E	RW		A					A
Financial									
Approve cases for write off of losses	Finance	RC		A	A	A	A	A	A
Approve cases for making special payments above limits of delegation of CEO (as and when required)	Finance	RC							
Approve Medium Term Financial Plan	Finance	RC						A	
Approve budget and financial framework	Finance	RC						A	
Approve Annual Financial Accounts	Finance	RC		A					
Primary Care Contracts (new awards)	S&D	SC							
Approve reduction in significant activity or operation	S&D	RC							
Strategies and Annual Reports									
Approve citizen engagement and involvement strategy	S&D	AH							
Approve partnership and stakeholder engemagent and involement strategies	S&D	AH							
Approve quality and patient safety outcomes strategy	Q,S&E	RW							
Approve Workforce and OD Strategy	S&D	MD							
Approve Estates Strategy	S&D	AH							
Approve IMT Strategy	IT&IG	SH							
Approve Capital Strategy (including investment and disposal plans	S&D	RC/AH							
Approve policies for dealing with complaints and incidents	Q,S&E	RW							
Approve Director of Public Health Annual Report	S&D	FK	A						A
Approve Workforce and OD Annnual Report (including Equality)	S&D	MD							
Approve Health and Safety Annual Report	H&S	MD			A				
Risk Management Strategy	Audit	NF			A				
Mental Health Strategy	MHCLC	SC							
Safeguarding updates and Annual Report	Q,S&E	RW							
Tissue and Organ Donation Annual Report	T&OD	MeD							
Welsh Language Annual Report	S&D	MD							
Research and Development Strategy	R&D	MeD	D						A
Strategic Planning									
Business Cases / capital developments (as appropriate)	BCAG	AH							
Capital Plan	ME	AH		A					
Thoracic Surgery - assurance over provision of cover at MTC	ME	AH		A					
Determine UHBs aims, objectives and priorities	ME	LR							
Approve IMTP	S&D	AH					A		
Approve Population Health Needs assessment and Commissioning Plan	S&D	SH							
Approve development and delivery of patient centres clinical services	S&D	AH/MD							

Approve action required on delivery of strategic objectives	S&D	LR							
Approve reporting arrangements to citizens, partners and stakeholders	S&D	AH							
Civil contingency and business continuity update	S&D	AH							
University Status of Health Board	S&D	AH							
Wellbeing of Future Generations Act	S&D	AH							
SARC	S&D	AH			A				

Report Title:	Committees of the Board Membership & Board Lead and Champion Roles					
Meeting:	Board				Meeting Date:	30.05.2019
Status:	For Discussion		For Assurance		For Approval	x For Information
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Director of Corporate Governance					

SITUATION

At the March 2019 Meeting of the Board, the Committee Terms of Reference for the Committees of the Board were approved. It is important that the Committees of the Board are properly constituted to ensure the right number of Members are appointed to the Committee, that meetings are quorate and that Members with the right specialisms/ experience/interests are also on the right Committee.

In addition to the above in accordance with Standing Order 1.4.11 the Chair will ensure that individual Board Members are designated as lead roles or 'champions' as required by Welsh Ministers or as set out in any statutory or other guidance. It is important to note that no operational responsibilities will be placed upon Independent Members undertaking such roles.

ASSESSMENT

Attached at Appendix 1 is the Committees of the Board Membership. The Chair has agreed with individual Independent Members the changes which are detailed. In addition to this Executive Directors have also been advised where changes have taken place to the Committee they take part in or lead on as an Executive Director.

Attached at Appendix 2 is the schedule of Board Leads and Champions. This was circulated to Board Members prior to the Board to confirm their roles. It is also important to note that as part of the role of a Lead/Champion individuals are required to do an Annual Report to the Board (detailed within Board Work Plan). However, there are specific requirements associated with the individual roles therefore, it is important that a Board Development session is undertaken with Lead/Champions (who require it) prior to any reporting to the Board.

ASSURANCE is provided by: Discussion with the Chair of the Board, Independent Members and Executive Directors.

RECOMMENDATION

The Board is asked to:

- Approve the Membership of the Committees of the Board and specifically approve the changes detailed within the last column of appendix 1.
- Approve the proposed Board Leads and Champions set out in appendix 2.

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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



COMMITTEE MEMBERSHIP 2019

	Committee	Members	Chair	Vice Chair	Exec Lead	Quorum	Compliant / actions to become compliant	Actions to approve at Board
1.	Audit Committee (3 Independent Members)	John Union Dawn Ward Eileen Brandreth (-) Charles Janczewski	John Union	Eileen Brandreth	Bob Chadwick	2 members (one must be Chair of Vice Chair)	Yes	1. Approve Eileen as Vice Chair 2. Remove Charles as Member
2.	Remuneration and Terms of Service Committee (4 Independent Members)	Maria Battle Charles Janczewski John Union John Antoniazzi	Maria Battle	Charles Janczewski	Len Richards	3 members (one must be Chair of Vice Chair)	Yes	1. Approve Charles as Vice Chair
3.	Charitable Funds Committee (6, 3 Independent Members and 3 Executive Director Members)	Akmal Hanuk John Union Sara Mosely Fiona Jenkins Ruth Walker Martin Driscoll	Akmal Hanuk	John Union	Ruth Walker	3 members (one must be Chair of Vice Chair)	Vice Chair and Exec Lead to be confirmed	1. Approve John Union as Vice Chair 2. Approve Ruth Walker as Executive Lead
4.	Finance Committee (3 Independent Members)	John Antoniazzi John Union Charles Janczewski	John Antoniazzi	John Union	Bob Chadwick (Director of Finance)	2 Members (one must be Chair of Vice Chair)	Vice Chair to be confirmed	1. Approve John Union as Vice Chair
5.	Mental Health and Capacity Legislation Committee (4 Independent Members)	Charles Janczewski Eileen Brandreth Sara Mosely (+)Akmal Hanuk	Charles Janczewski	Sara Mosely	Steve Curry (Chief Operating Officer)	2 Members (one must be Chair of Vice Chair)	Further Member to be added	1. Approve Akmal Hanuk as Member 2. Approve Sara Mosely as Vice Chair
6.	Quality, Safety and Experience Committee	Susan Elsmore Dawn Ward Gary Baxter Michael Imperato	Susan Elsmore	Dawn Ward	Ruth Walker (Director of Nursing)	3 Members (one must be Chair or Vice Chair)	1 Member to be removed	1. Remove Akmal Hanuk as Member

	(4 Independent Members)	(-) Akmal Hanuk						
7.	Strategy and Delivery Committee (3 Independent Members)	Charles Janczewski (-)Dawn Ward (-)Gary Baxter Sara Mosely John Antoniazzi	Charles Janczewski	Sara Mosely	Abigail Harris	2 Members (one must be Chair or Vice Chair)	2 Members to be removed	1. Approve Sara Mosely as Vice Chair 2. Remove Dawn Ward and Gary Baxter as Members
8.	Health and Safety Committee (3 Independent Members)	Michael Imperato Akmal Hanuk (+)Dawn Ward (-)Charles Janczewski	Michael Imperato	Akmal Hanuk	Martin Driscoll (Director of Workforce and OD)	2 Members (one must be Chair or Vice Chair)	1 Member to be added	1. Approve Akmal Hanuk as Vice Chair 2. Approve Dawn Ward as Member 3. Remove Charles as Member
9.	IT and IG Committee (3 Independent Members)	Eileen Brandreth Michael Imperato (+) Charles Janczewski	Eileen Brandreth	Michael Imperato	Sharon Hopkins (Deputy CEO/Director of Transformation)	2 Members (one must be Chair or Vice Chair)	1 Member to be added	1. Approve Charles as Member

BOARD LEADS AND CHAMPIONS

The Standing Orders state that the Chair is required to ensure that individual Board Members are designated as lead roles or ‘champions’ as required by Welsh Government or as set out in any statutory or other guidance. In addition to the ones set out by Welsh Government, statute or other guidance the Board has also identified some local areas where an Executive Director or Independent Member Lead is required.

	Requirement / Area of responsibility	Board Level /Executive Lead	Current	Proposed
Champions (specific responsibilities)				
1	Cleaning, Hygiene and Infection Management	Independent Member	Maria Battle	Susan Elsmore
2	Design	Board Member	-	John Antoniazzi
3	Welsh Language Champion	Board Member	Sara Mosely	Sara Mosely
4	Older Persons Champion	Board Member	Susan Elsmore	Charles Janczewski
5	Violence and Aggression Champion	Executive Director	-	Martin Driscoll
6	Armed Forces and Veterans Champion	Executive Director	Maria Battle	Fiona Jenkins
Independent Member and Executive Leads				
7	Lead for Children and Young People and Maternity	Independent Member Executive Director	Maria Battle	Maria Battle Ruth Walker
8	Delayed Transfers of Care Lead	Executive Director	-	Steve Curry
9	Caldicott Guardian	Board Level Clinician	Medical Director	Medical Director (currently Peter Durning)
10	Healthy Sustainable Wales	Board Lead	Sharon Hopkins	Fiona Kinghorn
11	Public Patient Involvement	Independent Member Executive Director	- Len Richards	Maria Battle Len Richards
12	Security Management	Executive Director	Abigail Harris	Abigail Harris
13	Emergency Planning	Executive Director	Abigail Harris	Abigail Harris
14	Fire Safety	Board Member	Abigail Harris	Abigail Harris
15	Wellbeing of Future Generations Act	Board Member	-	Charles Janczewski
16	Social Services and Wellbeing (Wales) Act	Board Member	-	Susan Elsmore
Local Areas Identified				
17.	Equality and Human Rights	Board Member	-	Sara Mosely

18.	Health and Safety	Board Member	-	Michael Imperato
19.	Mental Health and Primary Care	Board Member (Vice Chair is Lead)	Vice Chair	Charles Janczewski
20.	Reputation Management and Culture	Board Member	Sharon Hopkins	Martin Driscoll

Report Title:	Health and Safety Committee Terms of Reference and Work Plan for 2019-20						
Meeting:	Board Meeting				Meeting Date:	30.05.19	
Status:	For Discussion	x	For Assurance	x	For Approval		For Information
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Director of Corporate Governance						

SITUATION

Further to the presentation and approval of the Terms of Reference and Work Plans for Committees of the Board there were two Committees which were outstanding and not included within the report. These were:

- Health and Safety Committee
- Information Governance and Technology Committee

The Terms of Reference for the Health and Safety Committee and associated work plan for 2019/20 are now attached.

The Terms of Reference for the IG and T Committee will be presented to the July Board once the Committee has itself approved the ToR and Work plan for 2019/20. The delay with these is due to the fact that the Committee was previously reporting into the Strategy and Delivery Committee and will now be reporting to the Board therefore, the ToR have required significant amendment to ensure that it is (i) strategic and (ii) in a position to provide assurance to the Board. The newly formed IG and T Committee meets for the first time at the beginning of July where it will sign off the ToR and associated workplan for 2019/20 which will then be reported to the Board.

RECOMMENDATION

In **recommended** that the Board:

- APPROVES the revised committee terms of reference and associated work plan for 2019/20, which are provided at Appendix 1.

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
Equality and Health Impact Assessment Completed:	Not Applicable		



GIG
CYMRU
NHS
WALES

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

Health and Safety Committee

Terms of Reference

**Reviewed by the Health and Safety Committee:
22nd January 2019**

Approved by the Board: 30th May 2019

Health and Safety Committee

Terms of Reference

1. INTRODUCTION

- 1.1 The Cardiff and Vale University Health Board (UHB) Standing Orders provide that: “The Board may and, where directed by the Welsh Government must, appoint Committees or sub 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 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 Health and Safety Committee. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3 The organisation has a statutory obligation by virtue of the Health and Safety at Work Act 1974 to establish and maintain a Health and Safety Committee:
 - “Section 2 sub section 7 : “it shall be the duty of every employer to establish in accordance with Regulations (i) a safety committee having the function of keeping under review measures taken to ensure the health and safety of his employees and such other functions as prescribed”.

2. PURPOSE

- 2.1 The purpose of the Health and Safety Committee (“the Committee”) is to:

Advise and assure the Board and the Accountable Officer on whether effective arrangements are in place to ensure organisational wide compliance of the UHB Health and Safety Policy, approve and monitor delivery against the Health and Safety Priority Improvement Plan and ensure compliance with the relevant Standards for Health Services in Wales.

This will be achieved by encouraging strong leadership in health and safety, championing the importance of a common sense approach to motivate focus on core aims distinguishing between real and trivial issues.

- 2.2 Where appropriate, the Committee will advise the Board and the Accountable Officer on where and how, its Health and Safety management 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 assurance arrangements and processes for the provision of an effective Health and Safety function encompassing:

- Staff Health and Safety
- Premises Health and Safety
- Violence and Aggression (inc. Lone Working and Security Strategy)
- Fire Safety
- Risk Assessment
- Manual Handling
- Health, Welfare, Hazard Substances, Safety Environment
- Patient Health and Safety – Environment Patient Falls, Patient Manual Handling
- Staff healthy lifestyle/health promotion activities
- Staff health and well-being

- 3.2 The Committee will support the Board with regard to its responsibilities for Health and Safety:

- approve and monitor implementation of the Annual Health and Safety Priority Improvement Plan;
- review 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;
- the consideration and approval of policies as determined by the Board.

- 3.3 To achieve this, the Committee's programme of work will be designed to provide assurance that:

- objectives set out in the Health and Safety Priority Improvement Plan are on target for delivery in line with agreed timescales;
- standards are set and monitored in accordance with the relevant Standards for Health Services in Wales
- proactive and reactive Health and Safety plans are in place across the UHB
- policy development and implementation is actively pursued and reviewed
- where appropriate and proportionate, health and safety incident and ill health events are investigated and action taken to mitigate the risk of future harm

- reports and audits from enforcing agencies and internal sources are considered and acted upon
- workforce, health, security and safety issues are effectively managed and monitored via relevant operational groups
- employee health and wellbeing activities are in place in line with the UHB commitment to be a public health practicing organisation and corporate health standards
- employee health and safety competence and participation is promoted
- decisions are based upon valid, accurate, complete and timely data and information

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 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.
- 3.5 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 Chair of the Health and Safety Committee shall have reasonable access to Executive Directors and other relevant senior staff.
- 3.7 The Head of Health and Safety shall have unrestricted access to the chair of the Health and Safety Committee

Sub Committees

- 3.8 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.
- 3.9 There are no formal Sub-Committees of the Health and Safety Committee but the Committee will receive copies of the minutes of the Operational Health and Safety Group, Fire Safety Group, Security and

Personal Safety Strategy Group and the Water Safety Group as part of its assurance framework.

4. MEMBERSHIP

Members

4.1 A minimum of three (3) Members, comprising:

Chair	Independent member of the Board.
Vice Chair	Independent member of the Board.
Members	A minimum of 1 other Independent member of the Board

Attendees

4.2 The following officers to be in attendance:

- Senior Manager Lead
- Director of Corporate Governance
- Director of Workforce and Organisational Development
- Director of Public Health
- Director of Therapies and Health Sciences
- Director of Planning
- Head of Health and Safety
- Director of Capital, Estates and Facilities
- Assistant Director of Patient Safety and Quality
- Chair of Staff Health and Safety Group plus 2 other staff health and safety representatives
- Director, OSHEU, Cardiff University
- Community Health Council representative

Other Directors or nominated deputies should attend from time to time as required by the Committee Chair.

4.3 By invitation:

The Committee Chair may extend invitations to appropriate persons to attend Committee meetings as required from within or outside the organisation who the committee considers should attend, taking account of the matters under consideration at each meeting.

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 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.

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 development for committee members in conjunction with the Director of Workforce and Organisational Development.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least two Independent Members.

Frequency of Meetings

- 5.2 Meetings shall be held no less than 4 times per year 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

- 5.3 The Committee may require 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 organisation, 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'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 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 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 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 and operating arrangements shall be reviewed on an annual basis by the Committee with reference to the Board.

Health and Safety Committee Work Plan 2019 - 20					
A -Approval D- discussion I - Information	Exec Lead	Apr-19	Jul-19	Oct-19	Jan-20
Agenda Item					
Standard Items					
Priority Improvement Plan	MD	D	D	D	D
Fire Enforcement Report	MD	D	D	D	D
Environmental Health Inspector Report	MD	D	D	D	D
Enforcement Agencies Report	MD	D	D	D	D
Waste Management Compliance Report	MD		D		D
Lone worker Devices Report	MD	D		D	
Regulatory and Review Body Tracking Report	MD	D		D	
Risk Register for Health and Safety	MD	D	D	D	D
Standards for Health Services in Wales relevant to Health and Safety	MD				D
Strategies					
Pedestrian Safety Strategy	MD				A
Health and Safety Strategy	MD	A			
Annual Reports					
Health and Safety Annual Report	MD		A		
Fire Safety Annual Report	MD			A	
Policies					
Health and Safety Policy	MD			A	
Latex Allergy Policy	MD				A
Closed Circuit Television Policy	MD				A
Contractor Control Policy	MD		A		
Security Services Policy	MD	A			
Safe working with Electricity Policy	MD				A
Environmental Policy	MD				A
Governance					
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 Health and Safety Committee Annual Report	NF				A
Minutes of Health and Safety Committee Meeting	NF	D	D	D	D
Action log of Health and Safety Committee Meeting	NF	D	D	D	D
Minutes from Other Committees which report into H & S Committee	NF	I	I	I	I

Report Title:	Report of the Director of Corporate Governance/Board Secretary						
Meeting:	Board Meeting				Meeting Date:	30.05.19	
Status:	For Discussion	x	For Assurance	x	For Approval		For Information
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	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. Board Development Programme

As Board Members will be aware I circulated a draft Board Development Programme for their feedback at the end of April. This will be finalised over the next few weeks so that the outcome of Independent Member appraisals can be fed into the final version and will be presented to the July Board for final approval.

2. Standards of Behaviour

Board Members will wish to note that the Standards of Behaviour Policy is being reviewed. It will come to the Board for formal approval in July 2019, following a period of consultation. The Policy was last reviewed in December 2014, and delays in its review contributed to a *Limited Assurance* report in 2018-19. A communication plan is being developed to support the launch of the revised policy.

In tandem with the work on the policy, we have initiated a programme of work to ensure interests, gifts, hospitality and sponsorship are properly declared. The Directorate of Corporate Governance has strengthened its processes and is working with Workforce and OD colleagues to ensure that declarations of interest form a part of induction and the annual appraisal process.

3. Policy on Policies

The UHB's *Policy on Policies* is also being reviewed and will also come to Board for approval in July 2019. This document outlines the process for development, consultation, approval, dissemination, and review of *key organisational documents* such as policies, strategies, procedures and protocols. An initial review of current policy register (there are over 400 documents listed) has identified that many documents are in need of review, with a lack of consistency in the use of the terms policy, guidance, protocol and procedure. An improvement programme is being finalised and will be rolled out in the second quarter of 2019-20.

4. Risk Management

A key priority I have set for my Directorate, to be delivered in 2019-20, is the development and implementation of a strengthened approach to risk management. This work will ensure consistency of approach across the UHB and will further strengthen the Board's understanding

of the UHB's key risks and how they are being managed. As a first step a workshop for Clinical Board's is being arranged for late June, invites will go out the week commencing 27 May 2019. A Corporate Risk Register will be presented to the Board alongside the BAF in July 2019.

As part of this development a Board Workshop was held on 'Risk Appetite' on 25th April where Members considered what its current 'risk appetite' was and where it would like to be in the future. The outcomes of this workshop were reported in the Annual Governance Statement. In addition to this, the Boards Risk Appetite will also form part of the new approach to risk management and be built into the Risk Management Strategy.

5. 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 **one** WHC has been issued since the last Board meeting in held in March:

Welsh Health Circular (WHC) No	Name of WHC	Date Issued	Status	Action Needed By	Category	Overarching Actions Required	Lead Executive
15- 19	The National Influenza Immunisation Programme 2019-2020	16.04.19	Action	Immediate	Public Health	To comply with the Childhood Influenza Vaccination Programme 2019-20	Director of Public Health

The Directorate of Corporate Governance has developed a register of all WHC's issued since 2015. Arrangements are in place to monitor compliance and a report will be brought to each Board meeting.

6. Consultations

The Board will wish to note that the following consultations that relate to the UHB's agenda are taking place:

Welsh Government

Children and Young People's Continuing Care [closes 9 August 2019]

Continuing Care is care provided over an extended period of time to address physical or mental health needs which cannot be met by existing universal or specialist services. The Welsh Government are consulting on this update of the 2012 guidance which is intended to assist local health boards, local authorities and their partners to plan and support children and young people's continuing care needs.

The consultation documents can be accessed via the following link:

[Children and young people's continuing care | GOV.WALES](#)

Measuring social services performance: code of practice [closes 5 August 2019]

The Welsh Government is consulting on what should be included in the code of practice and the supporting technical guidance. This includes:

- how local authorities performance should be measured
- the quality standards that all local authorities should be working towards
- a new performance and improvement framework that local authorities will be required to collect.

The consultation documents can be accessed via the following link: [Measuring social services performance: code of practice | GOV.WALES](#)

General Medical Council (GMC)

Changing how doctors collect and reflect on patient feedback for revalidation - Version for doctors and those who have knowledge of our revalidation requirements [closes on 23 July 2019]

The GMC are consulting on some changes to its guidance for how doctors are required to collect and reflect on patient feedback for their revalidation. The consultation document has been developed for those who have an understanding of the requirements of revalidation. There is a separate version aimed at patients, carers and members of the public which is available on the GMC's website.

The consultation documents can be accessed via the following link: [Consultation on changes to our revalidation requirements for patient feedback - GMC](#)

Nursing and Midwifery Council (NMC)

The NMC are consulting on a new organisational strategy - *Shaping the Future*. [closes end June 2019]

Over the next 12 months the NMC will be working with as many people as possible – the public, people using health and care services, nurses, midwives, nursing associates, partners, and NMC employees – to get their input into our plan for the next five years.

The consultation documents can be accessed via the following link: [Shaping the future](#)

RECOMMENDATION

The Board is asked to:

NOTE the updates provided in this report.

DISCUSS and AGREE whether the Board should be formally responding to any of the consultations detailed at Section 6 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
Equality and Health Impact Assessment Completed:	Not Applicable		

**CONFIRMED MINUTES OF THE AUDIT COMMITTEE
HELD ON TUESDAY 26 FEBRUARY, 2019
CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

Present:

John Union	JU	Chair – Audit
Charles Janczewski	CJ	UHB Vice Chair
Dawn Ward	DW	Independent Member – Trade Union

In attendance:

Anne Beegan	AB	Wales Audit Office
Emily Thompson	ET	Local Counter Fraud Specialist
Ian Virgil	IV	Interim Head of Internal Audit
Mike Usher	MU	Wales Audit Office
Nicola Foreman	NF	Director of Corporate Governance
Nigel Price	NP	Local Counter Fraud Specialist
Robert Chadwick	RC	Director of Finance
Sharon Hopkins	SH	Director of Transformation and Informatics
Simon Cookson	SC	Director of Internal Audit Shared Services
Tom Haslam	TH	Wales Audit Office

Observer:

Mandy Collins	Interim Head of Corporate Governance
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Secretariat:

Glynis Mulford

Apologies:

Steve Curry	SC	Chief Operating Officer
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AC: 19/02/001	WELCOME AND INTRODUCTIONS	ACTION
	The Chair welcomed everyone to the meeting.	
AC: 19/02/002	APOLOGIES FOR ABSENCE	
	Apologies for absence were noted.	
AC: 19/02/003	DECLARATIONS OF INTEREST	
	The Chair invited Members to declare any interests in the proceedings. Charles Janczewski stated that he presided over the WHSSC Quality and Patient Safety Committee.	
AC: 19/02/004	MINUTES OF THE AUDIT COMMITTEE HELD ON 4 DECEMBER 2018	
	Resolved that:	
	Subject to a minor amendment, the Committee received and approved the minutes of the meeting held on 4 December 2018.	

AC: 19/02/005 ACTION LOG FOLLOWING THE LAST MEETING

AC 18/079 – Losses and Special Payments: This item would come forward to the April meeting. It was asked for job titles to be added to the appendices of future reports.

AC 18/072 - Primary Care Planning Update: This would be addressed in the tracking report and in future would have one allocated lead.

18/071 – Medical equipment: Wales Audit Office was asked in the last meeting to review how other Health Boards dealt with inventories of up to £5k. The Committee informed no comparisons could be made as this was not done in all Health Board in Wales. The Chair stated he attended a meeting with the Director of Therapies and Health Sciences who undertook actions around this issue and would liaise with her on this matter.

JU

18/070 - Consultant Job Planning: John Union and John Antoniazzi, the former chair, had met with the Medical Director and this item would be taken forward to the May meeting.

Resolved that:

The Committee received the Action Log from the December meeting.

AC: 19/02/006 CHAIRS ACTION TAKEN SINCE LAST MEETING

No actions have been taken.

AC: 19/02/007 INTERNAL AUDIT PROGRESS REPORT

Mr Ian Virgil, Acting Head of Internal Audit presented an overview of the progress report. The following comments were made:

- Regarding PCIC Interface Incidents – Since submitting papers to Audit Committee a meeting had taken place with the Director of Operations and a way forward had been agreed. This report had now received a rating of reasonable assurance.
- Concerns were raised about delays in management responses. It was explained that some complications had derived and there were personal circumstances with valid reasons but recognised that it had taken time to engage with management. It was suggested if there were issues in the future for the Committee to be made aware in order to take it forward.
- Concern was raised around the number of reports delayed and what support could be given. The delays with other reports was explained but confirmed those internal audits would be completed by the next meeting.
- Wider discussion ensued on the audit plan and timetable. It was explained there was a safety margin and contingency within the plan and the Committee was assured the reports in the plan

would be delivered, assuring a more positive review was envisaged for this year.

- It was raised that as a Committee there needed to be an understanding of how to deal with limited assurance reports in terms of a reasonable turnaround. It was stated that there would be a tracking system put in place of both internal and external reports which would be taken in the first instance through Management Executives and then to the Committee. These would be more robust in the future.
- The Committee was informed that 10 reports had been finalised two with substantial assurance, four reasonable and four limited.
- A total of six limited reports had been presented to date but from the point of view of an opinion forecast it was rated as reasonable assurance for the organisation across the year.
- The Committee had previously agreed to three audits being deferred to next year's plan which can be found in appendix 1 with a description of the reasons why they had been rescheduled.
- The Committee agreed to defer a further five reports and an explanation was presented to the meeting, taking the total deferred to eight.
- A further 46 would be completed for 2018/19. The reports were spread across each domain and thought sufficient to present a balanced review for the year. A draft plan for 2019/20 was underway and would be presented to Management Executives (ME).

Limited Assurance Reports:

1. **Legislative / Regulatory Compliance Report** – This was the second limited assurance report for the Corporate Governance Department. An interim Head of Governance had made progress with this piece of work and the tracker would be presented later on in the meeting. The timescales were tight but considered these achievable. The trackers would need to go through ME. This was a step forward in tracking and ensuring the process was more robust.

In response to there being any consequences of not having adequate processes in place, it was stated some of the follow up reviews were lost in the process and a tracking report would highlight areas that need to be focussed. Licences and accreditation visits was a large piece of work but needed to ensure arrangements were in place. Meetings had been set up with leads to gather information. The Committee was informed this would be a live document for Members to review going forward.

It was stated that it was disappointing to see where the organisation was currently but encouraged to see the work being undertaken around this area.

2. **Information Governance: GDPR Report** – The Director of Transformation gave an overview of where the Health Board was

presently with the new regulation. Concentration had centred on preparation and not on compliance but she was now confident the staff were in place to take defined actions forward and to ensure these would be within the timescales. The Committee was assured that actions for end of February would be completed. In regard to the recommendation to set up a formal group on GDPR, this would be put in for a year. A decision was taken not to set up another group but this work would be undertaken at operational level, stating this had not acquired the traction envisaged. It was acknowledged this needed to be embedded in Clinical Boards and other departments and the action plan supported delivery of this. The work to be undertaken on the website was in progress. Other projects had been identified with the communications team.

It was recognised there was insufficient understanding and awareness of GDPR although the Director of Transformation and Informatics was confident this could be achieved. The model would be pushed down through the Clinical Boards. It was explained that PCIC understood the issues with information flowing into contractor services and had developed a much greater understanding. It was acknowledged there was work to be done around cultural and patient issues within the organisation. Managers were working with PCIC to understand how they had achieved implementing GDPR.

With regards to resources, this was about people needing to organise their thinking and work differently. The ICO expected to see a process and progress that was working towards compliance. The Committee was assured they would be able to deliver on what was being asked for in the recommendations.

- 3. Surgery Clinical Board – Medical Finance Governance Report** – The recommendations had been reviewed and considered management responses and timescales were reasonable. The Chief Operating Officer would provide an update at next meeting. It was noted that actions would be completed by end of March. It was recognised that the report also related to consultant job planning and some of the issues interlink between two reports.

SC

- 4. Medicine Clinical Board – Internal Medicine Follow-up** – It was considered that the decision for follow-up happened too quickly and emphasised the importance for lead executives to liaise with internal audit for timely reports. The Committee was informed of a number of changes within the Clinical Board and through this there had been a loss of knowledge and tracking of initial agreed actions. A new general manager had been put in place and had provided more realistic timescales and actions. This was a big piece of work undertaken and meeting with COO mid-March before meeting at end of April. Although assurance was given that senior nurses were robustly actioning recommendations, it was suggested that the responses should

show a more compassionate element.

PD

It was asked for Peter Durning, Assistant Medical Director to present an update on Job Planning in April.

Resolved that:

- a) The Committee considered the Internal Audit Progress Report, including the findings and conclusions from the finalised individual audit reports.
- b) Considered and approved updates to the Internal Audit Plan.
- c) Agreed to defer five of the reports

AC: 19/02/008 WALES AUDIT OFFICE – AUDIT PLAN 2019

Mike Usher, Wales Audit Office gave an overview of the Audit Plan and went through several key points of the final draft document which would be formalised after the meeting.

Regarding the fee it was stated that any savings would be passed on and this would materialise throughout the year.

Resolved that:

The Committee noted the Wales Audit Plan 2019

AC: 19/02/009 GOVERNANCE IMPROVEMENT PROGRAMME

The Director of Corporate Governance gave a comprehensive presentation on the Governance Improvement Programme. The following comments were made:

- It was stated Corporate Governance did not reflect too well in the Wales Audit Office Structured Assessment and were starting from a low base but work was happening to ensure Corporate Governance was at the heart of the Health Board.
- It was explained that doing things right and safely as an organisation and being compliant led to good quality. Work was being undertaken on putting good foundations in place and as a team to be more engaging and listening.
- It was explained and outlined what the department had achieved to date, what would be currently being undertaken and what would be achieved with future projects. Timeframes would be put against actions and be measured through the Committee to ensure it was delivering against key priorities.

Resolved that:

- (a) The Committee noted the presentation

AC: 19/02/010 ANNUAL REPORT TIMETABLE 2018/2019

This item had been reviewed by Management Executives and the

Director of Corporate Governance had reviewed the manual of accounts.

Resolved that:

- (a) The Committee reviewed the proposed timetable and approach for the Annual Report 2018-19

AC: 19/02/011 WALES AUDIT OFFICE STRUCTURED ASSESSMENT 2018

Tom Haslam, Wales Audit Office (WAO) presented the report and thanked The Director of Corporate Governance and team for their engagement in its production. The following comments were made:

- Some governance arrangements had improved but had concerns around risk management. Improvements on performance monitoring was needed and acknowledged day to day activities and use of resources encountered a wide range of challenges.
- The Committee thanked the WAO for report which was deemed a fairly balanced and accurate report. It was well considered and reflected where we were as a Health Board with improvements that needed to be undertaken. Members were confident that the Director of Corporate Governance would be able to achieve this in undertaking the role. There was a strong desire within the Committee to put things right and ensure recommendations were being addressed.
- Recommendations on exhibit 7 and had been covered in the governance presentation and the report was considered a helpful document.

Resolved that:

- (a) The Committee noted the Wales Audit Office Structured Assessment 2018

AC: 19/02/012 AUDITOR GENERAL ANNUAL REPORT

Mike Usher Wales Audit Office, presented the report, which pulled together the financial and performance audit. The following was highlighted:

- There was insufficient use of the National Fraud Initiative around data matching which may be indicative of fraud. A previous exercise provided 850 activities and only 53% had been reviewed. It was considered there was more that could be done through follow-up.
- In response it was stated that this would be covered by Counter Fraud who were under Shared Services which was out of the Health Board's control. It was highlighted that resource had been placed into tracking high risk matches.

Resolved that:

- (a) The Committee noted the report and
- (b) Recommended the Auditor General Annual Report to the Board

AC: 19/02/013 CLOSURE REPORT: AUDIT OF CARDIFF AND VALE CONTRACTUAL RELATIONSHIPS WITH RKC ASSOCIATES AND ITS OWNER

The Committee was informed that all actions had been completed. It was suggested that this be reviewed by the Committee annually to ensure we stayed compliant. This had been built into the plan.

Resolved that:

- a) Reviewed the attached action plan in relation to UHB's Contractual Relationships with RKC Associates Ltd and its Owner
- b) Recommended closure of the action plan to the Board on 31st March 2019
- c) Received an assurance report from the Director of Corporate Governance on an annual basis to ensure ongoing compliance and sustainability of actions in the future.

AC: 19/02/014 AUDIT COMMITTEE ANNUAL REPORT 2018/2019

Resolved that:

- a) The Committee reviewed the draft Annual Report 2018/19 of the Audit Committee.
- b) Recommended the Annual Report to the Board for approval.

AC: 19/02/015 AUDIT COMMITTEE WORKPLAN 2019/2020

Feedback on the workplan had been received from Wales Audit Office and the Deputy Finance Director. The workplan had been adapted accordingly and would go forward to the Board for sign off.

Resolved that:

- a) The Committee reviewed the Work Plan 2019/20
- b) Approved the Work Plan 2019/20
- c) Recommended approval to the Board of Directors

AC: 19/02/016 AUDIT COMMITTEE TERMS OF REFERENCE 2019/2020

The Terms of Reference was followed up from the previous meeting. There was a change of name of meeting to incorporate a broader title which may help in understanding the role of committee. A vice chair would be placed in position by the next meeting. The Committee was informed that a review of all IMs and Committees would be undertaken at end of financial year.

Resolved that:

- a) Approved the changes to the Terms of Reference for the Audit Committee and
- b) Recommended the changes to the Board for approval.

AC: 19/02/017 COMMITTEE SELF-ASSESSMENT

Resolved that:

- a) The Committee approved the effectiveness review is undertaken and results and action plan reported back to the next meeting of the Committee.

AC: 19/02/018 AUDIT ENQUIRIES TO THOSE CHARGED WITH GOVERNANCE AND MANAGEMENT

The Director of Finance stated this was an annual event with Wales Audit Office and gave a brief overview of the report.

Resolved – that:

- a) The Audit Committee reviewed the draft response to the Wales Audit Office enquiries and
- b) Approved its submission to the Wales Audit office, subject to any agreed changes made by the Audit Committee and any further comments received from the Chief Executive and Chair

AC: 19/02/019 REVIEW OF STANDING ORDERS

The Director of Corporate Governance informed the Committee the Standing Orders were based on the Welsh Government model and was required to review the proposed amendments. Members were asked to note inclusion of schedule 3 and 4. There was a need for the Standing Orders to be updated to ensure compliance. Welsh Government would be updating the manual shortly and would incorporate any modifications made.

These would be placed on the governance webpage.

Resolved that:

- a) The Committee reviewed the proposed amendments to Standing Orders.
- b) Recommended to the Board that it adopts the proposed amendments.
- c) Noted 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 would be included in Schedule 3 and 4 of the

Standing Orders.

- d) Noted work on the Scheme of Reservation and Delegation is ongoing. This would be circulate to Committee members for comment prior to submission to the Board.
- e) Noted that prior to submission to the Board, the Contents page would be updated and the Standing Orders document fully proof read.

Capital Ordering Authorisation Protocol

The Director of Finance informed the Committee that the report was a refresh of longstanding arrangements around the Capital Programme. If there were any queries, would be happy for these to be discussed outside the meeting.

Resolved that:

- The Committee approved the protocol which would govern how the UHB places capital orders and request that the IHB's scheme of delegation is updated to include the Deputy Chief Executive for IM&T expenditure approvals.

AC: 19/02/020 ITEMS FOR NOTING AND INFORMATION

Resolved that:

Items for information were noted

AC: 19/02/021 ITEMS TO BRING TO THE ATTENTION OF THE BOARD / COMMITTEE

There were no items to bring to the attention of the Board / Committee.

AC: 19/02/022 REVIEW OF THE MEETING

- There was agreement that the meeting had been well conducted in terms of pace and focus covering the agenda and the presentations were succinct.
- Regarding Limited Assurance Reports, for people to be appraised on what to do prior to meeting.
- It would have been beneficial to have executive feedback on internal audit reports.
- Challenge was delivered with good responses in trying to address issues presented.

AC: 19/02/023 DATE OF THE NEXT MEETING OF THE COMMITTEE

Tuesday, 23 April 2019, 9.00am – 12.00pm Corporate Meeting Room, Headquarters

**CONFIRMED MINUTES OF QUALITY, SAFETY AND EXPERIENCE
HELD ON 19 FEBRUARY 2019
CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

Present:

Susan Elsmore	SE	Chair
Maria Battle	MB	UHB Chair
Akmal Hanuk	AK	Independent Member – Community
Gary Baxter	GB	Independent Member - University
Dawn Ward	DW	Independent Member – Trade Unions
Michael Imperato	MI	Independent Member – Legal

In Attendance:

Abigail Harris	AH	Executive Director of Planning
Angela Hughes	AH	Assistant Director of Patient Experience
Carol Evans	CE	Assistant Director of Quality & Safety
Caroline Bird	CB	Deputy Chief Operating Officer
Chris Lewis	CL	Deputy Director of Finance
Fiona Kinghorn	FK	Director in Public Health
Fiona Jenkins	FJ	Executive Director of Therapies and Health Sciences
Dr Graham Shortland	GS	Medical Director
Nicole Foreman	NF	Director of Corporate Governance
Ruth Walker	RW	Executive Nurse Director

Secretariat:

Glynis Mulford

Visitors:

Helen Donovan	Senior Nurse – Vale Locality
Kay Jeynes	Director of Nursing – PCIC Clinical Board
Rebecca Aylward	Director of Nursing – Medicine Clinical Board

Observers:

Lowri Evans	Welsh Clinical Leadership Fellows
Thomas Cronarty	Welsh Clinical Leadership Fellows

Apologies:

Robert Chadwick	RC	Director of Finance
Steve Curry	SC	Chief Operating Officer

QSE: 19/02/001	WELCOME AND INTRODUCTIONS The Chair welcomed everyone to the meeting and introduced the two clinical fellows who observed the meeting.	ACTION
QSE: 19/02/002	APOLOGIES FOR ABSENCE Apologies for absence were noted.	

<p>QSE: 19/02/007</p>	<p>PATIENT STORY</p> <p>Helen Donovan, Senior Nurse, Vale Locality and Kay Jeynes, Director of Nursing, PCIC Clinical Board presented ‘Sally’s story’ who was significantly physically disabled due to the rapid onset of MS. Her complex needs were explained and the complicated relationship between all involved. Sally was often non-compliant with her care and treatment. Sally was placed and settled into a care home but had repeatedly asked to go home. The DoLs team were involved and her capacity periodically reviewed. There had been opposing views about this and there was a long process to reach the point of her returning home which was staggered and well supported for the transition. Sally’s placement back home was driven by herself and with a review from the MDT agreed she was able to decide where her care was best met and understood the consequences of non-compliance with her care and treatment. Sally had learnt lessons from not complying with care and treatment and realised she was not helping herself. Since her return home there had been a reduction in weight, her confidence increased and she was looking to the future in doing voluntary work and making new friends. The team were still reviewing the care package and stated continuing health care was difficult.</p> <p>The following comments were made:</p> <ul style="list-style-type: none"> • The Mental Health Capacity and Legislation Committee (MHCLC) noted that concern and care was always taken with the use of DoLs and it was pleasing to see this being undertaken in this case. The team was commended in terms of the story in looking at the Mental Health Act (MHA). • It was acknowledged this has been a difficult journey regarding conversations and the time it takes to implement a care package. The success was not just for Sally but the culture of the organisation. • Regarding Sally’s views on becoming a volunteer in the Health Board, the UHB Chair asked if Helen Donovan would work with Sally to achieve her goal. • The approach was commendable and ties in with the HBs strategic approach. • This was an empowerment and patient rights story that enabled the opinion based on what the patient wanted. • The members applauded the team for their work which reflected the patients work and courage. This was an inspiring story encompassing staff resolve, persistence and motivation. It was suggested this item go forward for a Staff Recognition Award. <p>The Chair commended the team for a very encouraging story and asked for thanks to be conveyed to colleagues.</p> <p>Resolved that:</p> <p>a) The Patient Story be NOTED</p>	<p>HD</p>
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<p>QSE: 19/02/008</p>	<p>PCIC CLINICAL BOARD ASSURANCE REPORT</p> <p>Mrs Kay Jaynes, Director of Nursing, PCIC Clinical Board, presented the report and the following comments made:</p> <ul style="list-style-type: none"> • In response to the Decontamination Group not having a representation from PCIC and the issues around decontamination, the Committee was assured that this was a standard agenda item but absence was due to a number of staff leaving the organisation. Further assurance was given that HIW inspections were undertaken with contractors and there had been no issues with decontamination. The Dental Quality and Safety Group met quarterly and there was a Dental Quality Framework with Welsh Government and no issues had been raised. • Regarding the environment issue with the flooding at Riverside, Independent Member, Dawn Ward, asked if there was anything the Committee could do to assist. In response it was stated that it was on the agenda to improve the premises. Furthermore, risk regulations came to force in 2014 with a Regulation and Inspection Social Care (RISCA) regulation new framework that oversees domiciliary providers and care providers. This formed regulations which everyone had to sign up to by the end of year whether in nursing or residential homes. • Other challenges presented were conversations with providers but not the Health Board and how it would fit in with the new clinical model. In addition, City Hospice and Marie Curie was regulated by different bodies. This was being challenged to be regulated by one. The Head of Governance in Welsh Government wrote to Ruth Walker and implied that they were unable to regulate but had awarded more provision to the City Hospice. Work had been undertaken to unpick some of the issues and a solution was being sought by 2020. In the meantime, all assurance was provided from the tendering process. • The End of Life lead would be organising a peer review within the next few months. The detail had been considered and the committee was assured there was nothing else that could be done. • A comprehensive estates plan had been produced listed by locality. The future of Riverside needed to be determined and there was a regular estates review with PCIC. There was a need to work through what was the long-term plan and would need to consolidate with either an existing facility or to develop a Hub in Riverside. A condition survey had been undertaken for all the buildings. • Also, highlighted was community staff at peak times taking between 1 -1½ hours to get to a patient which is distressing for all involved and needed to be resolved as this was a risk to the organisation. 	
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	<p>Resolved – that:</p> <p>(a) The Committee APPROVED the actions taken by the PCIC Clinical Board</p>	
<p>QSE: 19/02/009</p>	<p>REVISED BOARD ASSURANCE FRAMEWORK – QUALITY, SAFETY AND EXPERIENCE FOCUS</p> <p>Mrs Nicola Foreman, Director of Corporate Governance presented the Board Assurance Framework. The Committee was informed there would be more check and challenge with controls in place and in time it would provide the Committee assurance to feed up to the Board. Currently, there was only one risk on the register for the Committee regarding Safety and Regulatory Compliance and should see this risk come down within six months. It was commented:</p> <ul style="list-style-type: none"> • An Internal Audit report gave a rating of Limited Assurance on regulatory compliance. The Interim Head of Governance was making progress on this work. A presentation would be shown to the Audit Committee explaining where we were in terms of tracking with improvements to internal and external recommendations. The CHC reports were slow in response which was down to administrative processes internally but in future would see things more thoroughly tracked. • In terms of regulatory compliance, all regulations would be reviewed and this area was being worked on with executives. This would be raised with relevant Committees and was an ongoing work in progress. • Cross Independent Membership in Committees would provide assurance and it was agreed to review the tracker at Quality, Safety and Experience Committee. <p>There was wider discussion on the other risks and changes being undertaken which would be addressed by their relevant Committees.</p> <p>Resolved – that:</p> <p>(a) The Committee REVIEWED the risk in relation to safety regulations compliance and NOTED further work would be undertaken in relation to the risk register</p>	
<p>QSE: 19/02/010</p>	<p>GOSPORT INDEPENDENT PANEL REPORT</p> <p>The Executive Nurse Director presented the above report and acknowledged they were not content that all systems and processes required was in place. Therefore, were unable to provide all the assurance it would like but for the Committee to understand where we were with actions to gain the assurance required.</p> <p>Patients affected in Gosport related to drug prescribing and the culture with the inability to challenge process. The Health Board have two community hospitals and as progress was made, updates would be brought to Committee to ensure all issues had been</p>	

	<p>addressed. The following comments were made:</p> <ul style="list-style-type: none"> • A Medical Examiner would be employed in the Bereavement Department. This role should be in place by April of this year. Welsh Government had not classified it as a statutory role. • It had been understood that the function of the medical examiner officer would be under Shared Care Services and patients would have to pay a crematorium fee. There would be one medical examiner for 3000 deaths and the Health Board currently had around 2,400 deaths per year. There would be a need to look at both sites as this could cause unforeseen delays and would be looking at having part time medical examiners and officers in order to provide a timely service across the Organisation. The timetable was very tight and may not be achievable. A Management Executive paper would be presented in the next few weeks to outline the timetable. • In terms of Committee structure this would be reported to HSMB through to Board and the Medical Director was happy to bring an update on the Medical Examiner role in April. • There was a theme around stock control and monitoring of drugs in clinical areas and less of a theme in controlled drugs (CDs). Some drugs were not classified as CDs. It was recognised learning around stock control was difficult and more work was needed in this area. There had been a number of professional conduct disciplinary cases where drugs had been stolen but it was emphasised there was a good system in place. • There had been a shift in certain medicines not being classified as controlled medicines. Oramorph was no longer a controlled drug. • The NMC standards for Medicines Management had been withdrawn and replaced by the Royal College of Pharmaceutical Standards. The Nurse and midwifery Board received formal notification and actions were in place. • The Medical Director as chair of the Medicines Management Group reviewed the medicines code and progress was being made in terms of Standing Operating Procedures to ensure they were up to date and appropriate. <p>Resolved – that:</p> <p>(a) To note the report be NOTED and AGREED that a further assurance report is presented to the June 2019 Committee</p> <p><i>Gary Baxter, Independent Member left the meeting at 11.00am</i></p>	GS
<p>QSE: 19/02/011</p>	<p>COMMITTEE GOVERNANCE</p> <p>Mrs Nicola Foreman, Director of Corporate Governance stated she would be working through all the committee documents for Board. The following comments were made:</p> <p>1. Workplan – This was broadly the same as last year and would be presented as a pack at the end of March Board. There was further discussion around a few amendments for the workplan.</p>	

	<p>Resolved – that:</p> <ul style="list-style-type: none"> a) The Committee REVIEWED the Work Plan 2019/20 b) APPROVED the Work Plan 2019/20 c) RECOMMENDED approval to the Board of Directors <p>2. Terms of Reference: The document would be circulated to Committee members for reviewing and amendments would be undertaken offline with the Chair and Executive Lead.</p> <p>Resolved – that:</p> <ul style="list-style-type: none"> a) The Committee APPROVED the changes to the Terms of Reference for the Quality, Safety and Experience Committee and b) RECOMMENDED the changes to the Board for approval. <p>3. Annual Report: The contents of the paper were explained and that it provided assurance to the Board what should be covered by the Committee. It was emphasised this was also about accountability to the Health Board. It was suggested that items escalated to Board should also be added to the annual report to assure a formal record. The report showed the variety of issues that came to the Committee and was good governance of the subject matter discussed. It was recommended, subject to changes, that the Annual Report go forward to Board for approval. It was proposed for Clinical Boards to undertake an Annual Report.</p> <p>Resolved – that:</p> <ul style="list-style-type: none"> a) The Committee REVIEWED the draft Annual Report 2018/19 of the Quality, Safety and Experience Committee and RECOMMENDED the Annual Report to the Board for approval. <p>4. Effectiveness Review: – Nicola Foreman would facilitate a survey to review the effectiveness of the Committee. The results would be collated, and an action plan put in place which would standardise governance across all the Committees.</p> <p>Resolved – that:</p> <ul style="list-style-type: none"> a) The Committee APPROVED that the attached effectiveness review is undertaken and results and action plan reported back to the next meeting of the Committee. 	NF
QSE: 19/02/012	<p>ASSESSMENT UNIT UNIVERSITY HOSPITAL OF WALES – REPSONSE TO THE COMMUNITY HEALTH COUNCILS CONCERNS</p> <p>Rebecca Aylward, Director of Nursing from the Medicine Clinical</p>	

	<p>Board informed the Committee that concerns were raised by staff and patients around the Assessment Unit (AU) and following the unannounced visit from the Community Health Council (CHC). The Medicine Clinical Board had put in short, medium and long-term actions. Focus had centred on the long-term plan with improvement actions and timescales. Some recommendations had been successfully achieved regarding nutrition and hydration and purchasing seating for patients.</p> <p>It was commented:</p> <ul style="list-style-type: none"> • The footprint work and discussions with the Surgical Clinical Board were important and put in context of Major Trauma Centre and would like feedback and results of them. • Maria Battle highlighted that staff had raised concerns on patient safety visits but the Committee and the Board were not sighted on metrics and cannot see whether improvements had been made. There was a need to see a trajectory of improvement and vision of where this was going to and would ask the Chief Operating Officer to undertake this. • Regarding staff training it was noted there was not a lot of down time as this was a very busy department. It was a challenge to undertake training and needed to be creative and innovative. The e-module around dementia was readily available and was bringing training to the department in order not to take staff from area. • Queries were raised regarding inequalities of service during weekend periods. The CHC review had identified differences of care at weekend but such differences were not recognised by the Medicine Clinical Board nor reflected by a review undertaken by the department. It was confirmed that this would continue to be reviewed. • There was a need to have some assurance that this issue was not only covered by winter funding but needed to sustain the requirements in the plan that go beyond winter. • To look at the physio and OT function to see if an assessment could be undertaken so that patients could be discharged from the area. There was a need to focus on having people working 7 days. • Queries were raised on how the improvement could be sustained as the Improvement Manager role was for six months only. • The improvements made were working closely with the team, putting clear processes in place and a different way of working embedded within the team. • Data on the patient waiting in the AU the longest time and not the median length of time as the variation was extreme. • The Hydration and Nutrition Committee agreed to review the issues raised within the report. • The department was commended for the high level of work. <p>Resolved – that:</p> <p>a) The Committee SUPPORTED the actions that were being</p>	<p>SC</p>
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	taken by MCB in relation to the recommendations made to the CHC	
QSE: 19/02/013	<p>CONCERNS AND CLINICAL NEGLIGENCE CLAIMS</p> <p>Mrs Angela Hughes, Assistant Director of Patient Experience presented an overview of the above report. The following comments were made:</p> <ul style="list-style-type: none"> • The Organisation was comparable to other Health Boards with the proportionality of medical and dental staff who were more exposed regarding the nature of complaints and this raised how they could be supported. • The Medical Director assured the Committee that there was a high level of support with a Joint Concerns meeting which was chaired by the Executive Nurse Director. • Trends and themes would be collated at the meeting and provide high level of support to the clinician who may be concerned or may not be engaged. This would feed into a high level clinical governance team. • Both junior doctor and consultant inductions were undertaken which included sessions on clinical governance and being open and transparent. This should be reviewed and sighted on actions to see whether there were improvements and suggested it go forward to the Strategy and Delivery Committee for monitoring. • Regarding the Stroke and Rehabilitation Centre there had been significant changes in leadership, and it would be helpful to have a plan on how this was being taken forward. This had been going on a long time in terms of governance and consideration should be provided on how the Board and Committee would be sighted on actions. It was agreed that a position paper on the plan on how to take this forward would be brought back to the Committee. • There were similar concerns around ophthalmology with the question of clinical leadership and root cause analysis around the route of insourcing. Concerns were received but improvements had not turned over quickly enough. A report from Ophthalmology would be considered for a future meeting. • The Committee was assured that the complaint regarding the car parking issue was being addressed in terms of the difficulties the elderly and disabled were encountering as they were unable to contact the Car Parking office. A further update was requested for the next meeting. • The Committee was assured in terms of capturing complaints that there was a standard process of capturing the concern of those being affected, how they were categorised, what actions had taken place and improvements undertaken. • There was learning from claims and redress cases. It was recognised that there would be cases litigated for a number of years after the event. • Once there was a breach of duty there was learning to be undertaken and this was to be promoted immediately as it was important not to wait until there was litigation in place. 	<p>FJ</p> <p>SC</p> <p>AH</p>

	<ul style="list-style-type: none"> Welsh Risk Pool (WRP) was changing Breach of Duty, which would be across the whole lifetime of the case. There was a need for staff to be made aware and understand the risk. A whole systems approach was being undertaken. WRP had commented recently that we were ahead of how we approach some of these claims. An assessment looking at the level of robustness and work needed around root cause analysis would be undertaken. It was highlighted regarding clinical negligence claims that there was not only a personal impact but also impact of settlement on the NHS which could take millions out of the healthcare system. Future reporting would try and match the claims with the financial impact. <p>Resolved – that:</p> <ul style="list-style-type: none"> (a) The action was CONSIDERED and AGREED current actions (b) A more detailed report on stroke rehab unit to be brought to a future meeting (c) To provide a report to the Committee to gain better understanding in ophthalmology regarding service improvement activity to a future meeting (d) Car parking be considered in relation to the phone calls and the ability to contact the parking office 	
<p>QSE: 19/02/014</p>	<p>MORTALITY AND HARM</p> <p>Dr Graham Shortland, Medical Director gave an update on Mortality and Harm report which was provided on a six-monthly basis.</p> <p>244.1 - NATIONAL EMERGENCY LAPAROTOMY AUDIT</p> <p>This was a success story for the Health Board. The work undertaken had been difficult but had seen the biggest reduction across the UK and the key decision maker was clinicians being closer to the front door where significant improvement had been achieved with recognised good practice. The following comments were made:</p> <ul style="list-style-type: none"> Members agreed this was a UK exemplar and the First Minister was interested to know how this could be shared across Wales. This was about sustainability and spread across Wales. The team was commended by the Committee for a great piece of work and were informed that this project would go through the HSJ Awards. <p>Resolved – that:</p> <p>The Committee NOTED the assurance provide by the 2018 NELA report and the actions that had been undertaken</p>	

	<p>244.2 - HEART FAILURE SERVICES</p> <p>It was commented:</p> <ul style="list-style-type: none"> • The dedication from staff was noted, highlighting the need for more additional work time. • It would be good to see the work rolled out on heart failure PROMS 2. <p>Resolved – that:</p> <p>The Committee NOTED the assurance provided by the NCEPOD report Failure to Function and the National Heart Failure Audit and the NCEPOD recommendation checklist.</p>	
<p>QSE: 19/02/015</p>	<p>MANAGEMENT OF ENDOSCOPY SURVEILLANCE PATIENTS</p> <p>The Deputy Chief Operating Officer stated that work was ongoing to support this patient group. The overall volume had now decreased and introduced a risk rating and risk stratification for these patients as this reduction was in the higher risk category. Although there was a reverse in trend, in March there would be further reduction by 400 and it was recognised that whilst patients were sitting on the waiting list, processes were in place to mitigate the risks. The following comments were made:</p> <ul style="list-style-type: none"> • Assurance had been received with regular reporting. • In recognising all the improvement work and feedback through LMC it was raised if we were confident that GPs had an acceptable route in in terms of when these patients were expedited. In response it was stated, overall endoscopy was happy that expediting processes were in place. There was also an internal expediting process. • Members commended and thanked the team for the work undertaken recognising this was a huge Q&S patient issue where significant improvements had been seen. <p>Resolved – that:</p> <p>The Committee NOTED the current position and work ongoing in relation to the management of patients overdue their endoscopy surveillance procedure</p>	
<p>QSE: 19/02/016</p>	<p>S16 OMBUDSMAN REPORT</p> <p>A meeting would be held with the Clinical Board this week to go through actions agreed as a briefing was provided at the previous meeting.</p> <p>Resolved – that:</p> <p>(a) The report was NOTED for information</p>	
	<p><i>Maria Battle, Akmal Hanuk left the meeting 11.58am.</i></p>	

QSE: 19/02/017	MINUTES FROM CLINICAL BOARD QUALITY SAFETY AND EXPERIENCE SUB COMMITTEES (2.46) <ul style="list-style-type: none"> • Clinical Diagnostics and Therapeutics: December 2018 • Mental Health: September, October, November 2018 • Primary, Community and Intermediate Care: July, Sept, Nov 2018 • Specialist Services: 9 and 31 Aug, Sept, Oct, Nov 2018 • Medicine: December 2018 • Surgery: November 2018 • Children and Women: June, August, November 2018 • Dental: January 2019 	
	ITEMS TO BRING TO THE ATTENTION OF THE BOARD <ol style="list-style-type: none"> 1. Escalation to the Board regarding community clinics and the impact this was having on patients and staff. 2. For the Board to note that the Committee had asked for further information on SRC and the triangulation of information and actions being undertaken. 3. To understand areas of concern of ophthalmology with culture, leadership and service. 	
QSE: 19/02/018	REVIEW OF MEETING <ol style="list-style-type: none"> 1. Would look at IBabs as some members were having problems. 2. Considerable assurance was received around internal audits and HIW commented on the high quality of the Committee. 3. To review workplan and slim line the list and frequency of some of the reports to lighten the load. 4. New reporting templates were in place and would be reissuing for formality across all the CBs. 	NF
QSE: 19/02/019	ANY OTHER BUSINESS <p>There was no other business to raise.</p>	
QSE: 19/02/020	DATE OF THE NEXT MEETING OF THE COMMITTEE	
	Tuesday, 16 April 2019 at 9.00am, Corporate Meeting Room, Headquarters, UHW	

**CONFIRMED MINUTES OF FINANCE COMMITTEE
HELD ON 27th FEBRUARY 2019
LARGE MEETING ROOM, HQ, UHW**

Present:

John Antoniazzi	JA	Chair, Independent Member –Estates
Charles Janczewski	CJ	Vice Chair (Board)
John Union	JU	Independent Member – Finance
Andrew Gough	AG	Assistant Director of Finance
Caroline Bird	CB	Deputy Chief Operating Officer
Len Richards	LR	Chief Executive
Martin Driscoll	MD	Executive Director of Workforce and Organisational Development
Nicola Foreman	NF	Director of Corporate Governance
Robert Chadwick	RC	Executive Director of Finance
Ruth Walker	RW	Executive Nurse Director
Sharon Hopkins	SH	Deputy Chief Executive

In Attendance:

Lynne Aston	LA	Assistant Director of Finance (Business Partnering for the PCIC, Medicine, Mental Health and Dental Clinical Boards)
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Secretariat:

Paul Emmerson	PE	Finance Manager
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Apologies:

Abigail Harris	AH	Executive Director of Planning
Chris Lewis	CL	Deputy Director of Finance
Maria Battle	MB	UHB Chair
Steve Curry	SC	Chief Operating Officer

FC 19/014	WELCOME AND INTRODUCTIONS	ACTION
	The Chair welcomed everyone to the meeting.	
FC 19/015	APOLOGIES FOR ABSENCE	
	Apologies for absence were noted.	
FC 19/016	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	

FC 19/017	<p>MINUTES OF THE BOARD MEETING HELD ON 30th JANUARY 2019</p> <p>The minutes of the meeting held on 30th January 2019 were reviewed and confirmed to be an accurate record.</p> <p>Resolved – that:</p> <p>The minutes of the meeting held on 30th January 2019 were approved by the Committee as an accurate record.</p>	
FC 19/018	<p>ACTION LOG FOLLOWING THE LAST MEETING</p> <p>FC18/259 – The Nursing Productivity Group to be asked to review the impact of introducing a weekly payroll for payment of bank staff – The Nursing Productivity Group will review the results of the initiative and the results will be reported back to the Finance Committee after the end of June 2019.</p> <p>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.</p> <p>The Executive Nurse Director provided the Committee with an update and indicated that around 100 people initially expressed an interest in the weekly bank payment and that approximately quarter of this number followed up on the initial expression of interest. Around 6 of the 100 people who originally expressed an interest were currently active on the bank</p> <p>Action Incomplete.</p> <p>FC - 19/006 & FC - 19/010– Progress against the £14.9m of corporate and high value opportunities target and the £16.4m recurrent delegated savings targets to be formally be reported to future Finance Committee meetings on a monthly basis. To include a progress report on the Agenda for the Finance Committee meeting of 27th February 2018/19 and to be included as a standing agenda item on future meetings to the end of April 2020.</p> <p>Action Complete.</p> <p>FC - 19/011– 2019/20 Finance Risk Register to be considered by Finance Committee – 2019/20 Risk Register expected to be on the agenda for the Finance Committee meeting of 27th March 2018/19</p> <p>Action Incomplete.</p> <p>Resolved – that:</p> <p>The Finance Committee received the Action Log.</p>	<p>Executive Nurse Director</p> <p>Assistant Director of Finance</p>
FC 19/019	<p>CARDIFF AND VALE OF GLAMORGAN LOINT COMMISSIONING AND POOLED BUDGETS FOR OLDER PEOPLE SERVICES</p> <p>The Assistant Director of Finance (Business Partnering for the PCIC, Medicine, Mental Health and Dental Clinical Boards) summarised</p>	

	<p>UHB performance and compliance in relation to 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.</p> <p>The development and continuing oversight of the pooled budget is progressed through the Cardiff and Vale of Glamorgan Regional Partnership Board (C&VGRPB). However, the decision making responsibilities (i.e. the agreement of the pooled budget and its management) rests with Cardiff County Council, the Vale of Glamorgan Council and Cardiff and Vale University Health Board.</p> <p>During 2017/18 a project team, made up of the service leads and legal and finance representatives from the three partner organisations, developed pooled budget arrangements for the Cardiff and Vale of Glamorgan region.</p> <p>For the 2018/19 financial year, one pooled budget was established across the region with effect from 1st April 2018 with Cardiff Council acting as the host organisation for these arrangements.</p> <p>The pooled budget focuses on care accommodation for older people (over 65), including those whose care is funded by NHS Continuing Health Care (NHS CHC), Funded Nursing Care (FNC) and local authority funded long term care home placements.</p> <p>In addition to the establishment of the pooled budget the Cardiff and Vale region has also progressed the requirement to:</p> <ul style="list-style-type: none"> • Undertake a population needs assessment and market analysis to include the needs of self-funders; • Agree an appropriate integrated market position statement and commissioning strategy; • Agree a common contract and specification (for use between the care home providers and the statutory bodies); • Develop an integrated approach to agreeing fees with providers. • Develop an integrated approach to quality assurance. <p>Each partner remains responsible for its own budget (over and underspends) within the pool negating the need for risk sharing arrangements.</p> <p>It is projected that the UHB will make a contribution estimated at £18.0m to an overall pooled budget of £45.5m in 2018/19.</p> <p>There is an expectation, following amendments to the regulations in March 2019, that there will still be the requirement for a single pooled fund in relation to care homes for older people, established jointly at the regional level, between the health board and all the local authorities within the partnership area.</p> <p>The pooled budget arrangements for the Cardiff and Vale of Glamorgan region have been reviewed, and it is proposed that the</p>	
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	<p>arrangements for a pooled budget for older people care accommodation continue from 1st April 2019 until March 31st 2020. The arrangements will automatically renew going forward every 12 months (unless terminated or varied by any partner) with Cardiff Council to act as the host organisation.</p> <p>The UHB Vice Chair (CJ) noted the absence of risk sharing within the pool and enquired how the potential benefits of joint commissioning were being explored in lieu of risk sharing. In this context the Committee was informed that joint commissioning approaches continued to be discussed in meetings with Cardiff County Council and the Vale of Glamorgan Council.</p> <p>In concluding the Finance Committee was asked to approve the continuation of the current pooled budget arrangements into 2019/20.</p> <p>Resolved – that:</p> <p>The Finance Committee approved the continuation of the current pooled budget arrangements into 2019/20.</p>	
FC 19/020	<p>2019/20 FINANCIAL PLAN</p> <p>The Chief Executive shared a letter from Welsh Government dated 19th February 2019 outlining initial Feedback in response to the UHB's integrated Medium Term Plan (IMTP) 2019-22 submission.</p> <p>The letter recognised the improvements in the UHB's plan and moved on to focus on 3 areas where Welsh Government required further assurance for the plan to meet the criteria for approval.</p> <p>The Chief Executive indicated that the UHB was required to submit a revised plan by 7th March which demonstrated a reduction in the level of risk in relation to:</p> <ul style="list-style-type: none"> • Delivery of the £31.3m savings plans (£9.9m of savings had firm plans at the time of the initial submission). • The Health Board understanding of its underlying deficit and how this will be addressed in UHB plans. • How the UHB will action Welsh Government Guidance in respect of its Research and Development Finance Policy by 1st April 2019. <p>The Executive Director of Finance then presented an update to the committee on the progress made against the delegated savings targets and high value opportunities.</p> <p>At the date of the meeting Clinical Boards had identified £10.2m against the £16.4m delegated savings target. The Committee was the presented with a schedule of the progress against corporate and high value opportunities where plans were in place to deliver £7.6m of the £14.9m savings required in 2019/20. The Executive Director of Finance emphasised to the Committee that further firm plans for</p>	

	<p>£6.2m of delegated savings and £7.3m of corporate and high value opportunities were required for the UHB to meet its planning targets. This was now a weakness in the plan and the Committee was informed that if the UHB did not make progress against the savings targets at pace the UHB would need to slow down its other plans to mitigate against the risk of savings delivery.</p> <p>The Chief Executive indicated that benchmark information flagged that the single largest opportunity to reduce UHB costs was through a reduction in length of stay (LOS) and that the UHB was an outlier in comparison to other benchmarked organizations. In addition to the current plans to reorganise beds and wards that there was scope to further reduce the level of beds and wards within the UHB. In this context the UHB was looking to refine and expedite the decision making process within the UHB following the receipt of an independent report “Organising for Success” which had concluded that structures could be simplified to improve decision making.</p> <p>The Deputy Chief Executive added that evidence indicated that managing the LOS helped reduce the risk of harm to patients and that reducing LOS to the optimum level improved patient outcomes. The Executive Nurse Director supported this view and added that longer LOS increased the risk of bed pressures, infection and immobility and indicated that a change in practice required the UHB to change its approach to the measurement of risk pre and post discharge. In this context the Committee was informed that the Rhydlafer Ward had recently significantly decreased its LOS in part by remodelling the use of therapy services.</p> <p>The Independent Board Member – Finance (JU) asked whether Welsh Government was sighted on the detail behind the UHB savings plans with regard to changes in bed capacity and the Chief Executive confirmed that the broad detail was shared and was a requirement within Financial Returns provided to Welsh Government.</p> <p>In response to a query from Finance Committee Chair (JA) in respect of the level of risk associated with savings delivery the Chief Executive confirmed that all of the Executives were revisiting the corporate and high value opportunities so that further traction could be gained. Furthermore Clinical Boards were being pressed through performance review to establish firm plans to deliver delegated targets with Executive support.</p> <p>The UHB Chair (CJ) recognised the positive approach within the UHB’s plan on both financial and non-financial performance and asked whether the UHB would be able to provide Welsh Government with sufficient assurance to approve the Plan by 7th March. The Chief Executive stressed the progress made by the UHB in bridging the gap in the savings plan since the initial IMPT submission and confirmed that the UHB would formally reply to Welsh Government with the intention of gaining support for the IMTP.</p> <p>The Chief Executive asked the Committee if the 2019/20 Financial</p>	<p>Chief</p>
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	<p>Plan should come back to the next committee meeting and this was agreed</p> <p>Resolved – that:</p> <p>The Finance Committee noted the Welsh Government response to the UHB's IMTP submission and the UHB's plans to provide Welsh Government with further assurance to enable approval of the Plan.</p>	Executive
FC 19/021	<p>FINANCE REPORT AS AT MONTH 10</p> <p>The Assistant Director of Finance presented the UHB's financial performance to month 10 and highlighted that the UHB remained on track to deliver the £9.9m planned deficit and that a full savings programme was in place. The UHB had reported a deficit of £7.982m for the year to date which was made up of a planning deficit of £8.250m (10/12 of the £9.9m planned deficit) and an underspend against the plan of £0.268m following a £0.271m in month surplus against the plan.</p> <p>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 and this remained RAG rated red. The assessed underlying deficit position was £36.3m and this was also RAG rated red along. The forecast year end cash balance had improved from a deficit of £2.418m to a surplus of £1.856m following Welsh Government approval in January of the requested Revenue Working Balance Cash and this was now RAG rated green.</p> <p>A cumulative deficit of £1.892m was reported against income and the Committee was informed that this was primarily due to the continuing shortfall of income in respect of the activity mix in the orthopaedic, haematology, urology and NICU services alongside a fall in the value of claims recovered through the Compensations Recovery Unit (CRU).</p> <p>In total pay budgets improved by £0.568m in month mainly due to seasonal reductions particularly in expenditure. The cumulative pay underspend for the year to date was £1.365m.</p> <p>The UHB Vice Chair (CJ) noted that the UHB continued to incur significant levels of Agency Costs. In response the Executive Nurse Director indicated that the UHB had been successful in restricting the use of off contract agency and now planned to flip from the use of agency to bank staff. This approach had been successful in eliminating the use of non qualified nurse agency staff. The UHB hoped that planned improvements to the system for booking bank shifts including increased use of technology will increase the capacity of the bank. In addition the UHBs recruitment strategy and capacity planning were expected to reduce the demand for agency staff. The Executive Director of Workforce and Organisational Development added that the UHB was also focussing on pockets of high sickness</p>	

	<p>so that absence rates could be improved through compliance with UHB process.</p> <p>The key non pay pressure was is in clinical services and supplies where there was an in month deterioration of £0.183m and the cumulative overspend for the first 10 months of the year was £1.622m. The Assistant Director on Finance added that work was continuing so that this did not continue to be an operational pressure in 2019/20.</p> <p>The overall Clinical Board financial overspend was lower than the forecast profile although it was noted that some Clinical Boards were overshooting forecasts. It was noted that no delegated CIP deficits were being carried forward to 2019/20.</p> <p>The Assistant Director of Finance indicated that the UHB's cumulative PSPP performance deteriorated marginally in month to 95.3% at the end of January.</p> <p>The key concern around the plan was reducing the UHB's underlying deficit.</p> <p>In response to a query from the UHB Vice Chair (CJ) as to whether the UHB had sight of any potential surprises that may impact the financial position in the final 2 months the Executive Director of Finance indicated that the main area of uncertainty related to the financial settlement reached with external bodies.</p> <p>LIMITED ASSURANCE was provided by:</p> <ul style="list-style-type: none"> • The scrutiny of financial performance undertaken by the Finance Committee; • The month 10 position which is broadly on line with the profiled deficit within the draft operational plan. <p>Resolved – that:</p> <p>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;</p> <p>The Finance Committee noted the £7.982m deficit at month 10 which includes a planning deficit of £8.250m and a surplus against plan of £0.268m;</p> <p>The Finance Committee noted the key concern and action being taken to manage risks.</p>	
FC 19/022	<p>COMMITTEE GOVERNANCE</p> <p>Terms Of Reference</p>	

	<p>The Director of Corporate Governance indicated that the UHB’s Standing Orders required Terms of Reference for Committees of the Board to be reviewed on an annual basis. The Committee was presented with an amended Terms of Reference for the Finance Committee where textual changes were highlighted and was asked to review the Terms of Reference prior to submission to the Board for approval.</p> <p>The UHB Vice Chair (CJ) asked for the responsibility to monitor the UHB’s Underlying Deficit to be added to the Committee’s delegated powers. It was also noted that the Deputy Chief Executive should be included on the attendance list.</p> <p>Resolved – that:</p> <p>Subject to the inclusion of the Deputy Chief Executive on the attendance list and the addition of the responsibility to monitor the UHB’s Underlying Deficit to the Committee’s delegated powers.</p> <p>The Finance Committee approved the changes to the Terms of Reference for the Finance Committee.</p> <p>The Finance Committee recommended the changes to the Board for approval.</p> <p>Effectiveness Review</p> <p>The Director of Corporate Governance indicated the intention to relay an effectiveness assessment evaluation to be undertaken by the Finance Committee Members and the Executive Lead of the Finance Committee. The results of the returned evaluation will be analysed by the Director of Corporate Governance with the intention of developing an action plan to improve the Committee’s effectiveness if required. The results and action plan will be reported back to a future meeting of the Finance Committee.</p> <p>Resolved – that:</p> <p>The Finance Committee approved the effectiveness review and the plan to report back the results and action plan to a future meeting of the Committee.</p> <p>Annual Report 2018/19</p> <p>The Committee was presented with a report by the Director of Corporate Governance which outlined the work undertaken by the Committee; Committee attendance; the opinion that the Committee was compliant with its role as set out within the Terms of Reference and that there were no matters that the Committee was aware of at that time which had not been disclosed appropriately.</p> <p>Resolved – that:</p>	
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	<p>The Finance Committee reviewed the draft Annual Report 2018/19 of the Finance Committee.</p> <p>The Finance Committee recommended the Annual Report to the Board for approval.</p> <p>Work Plan 2019/20 – Finance Committee</p> <p>The Director of Corporate Governance indicated that the work plan for the Committee should be reviewed annually prior to presentation to the Board to ensure that all areas within its Terms of Reference are covered within the plan. The work plan for the Finance Committee 2019/20 had been based on the requirements set out within the Finance Committee Terms of Reference which assumes that the Committee meets on a monthly basis.</p> <p>Resolved – that:</p> <p>The Finance Committee reviewed the Work Plan 2019/20.</p> <p>The Finance Committee approved the Work Plan 2019/20.</p> <p>The Finance Committee recommended the Work Plan 2019/20 to the Board of Directors for approval.</p>	
FC19/023	<p>CLINICAL BOARDS IN ESCALATION</p> <p>The Deputy Chief Operating Officer confirmed that there were currently 3 Clinical boards which had 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.</p> <p>Resolved – that:</p> <p>The Finance Committee noted the actions being taken to manage financial performance</p>	
FC19/024	<p>COST REDUCTION PROGRAMME</p> <p>The Director of Finance asked the Finance Committee to note the Cost Reduction Report which included the following key points:</p> <ul style="list-style-type: none"> • At the end of the month £33.448m of schemes had been identified as Green or Amber against the devolved 4% savings target of £33.780m, leaving a gap of £0.332m • £21.838m has been identified against the £25.335m recurrent 3% element of the devolved target. • £11.610m has been identified against the £8.445m non-recurrent 1% element of the devolved target. • As at month 11 £12.918m of cross cutting opportunities had been identified as Green or Amber contributing towards the delivery of the £33.780m devolved CRP target. 	

	<p>Resolved – that:</p> <p>The Finance Committee noted the progress against the £33.780m devolved 2018/19 CRP target and the Cross Cutting contribution.</p> <p>The Finance Committee noted that the £9.266m improvement target had been achieved without any adverse impact on service delivery.</p>	
FC19/025	<p>RISK REGISTER</p> <p>The Assistant Director of Finance presented the 2018/19 Risk Register and asked the Finance Committee to note that no additional risks had been added to the register in month.</p> <p>The Committee was advised that 4 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 where optimum controls were now in place.</p> <p>Resolved – that:</p> <p>The Finance Committee noted the risks highlighted within the risk register.</p> <p>The Finance Committee endorsed the removal of highlighted low level risks from the risk register.</p>	
FC 19/026	<p>ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEES</p> <p>No other items to bring to the main Board.</p>	
FC 19/027	<p>DATE OF THE NEXT MEETING OF THE BOARD</p> <p>Wednesday 27th March; 2.00pm; Large Meeting Room, HQ, UHW</p>	

**CONFIRMED MINUTES OF FINANCE COMMITTEE
HELD ON 27th MARCH 2019
LARGE MEETING ROOM, HQ, UHW**

Present:

John Antoniazzi	JA	Chair, Independent Member –Estates
Charles Janczewski	CJ	Vice Chair (Board)
John Union	JU	Independent Member – Finance
Maria Battle	MB	UHB Chair
Abigail Harris	AH	Executive Director of Planning
Andrew Gough	AG	Assistant Director of Finance
Chris Lewis	CL	Deputy Director of Finance
Len Richards	LR	Chief Executive
Martin Driscoll	MD	Executive Director of Workforce and Organisational Development
Nicola Foreman	NF	Director of Corporate Governance
Robert Chadwick	RC	Executive Director of Finance
Ruth Walker	RW	Executive Nurse Director
Sharon Hopkins	SH	Deputy Chief Executive
Steve Curry	SC	Chief Operating Officer

In Attendance:

Secretariat:

Paul Emmerson	PE	Finance Manager
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Apologies:

Len Richards	LR	Chief Executive
Ruth Walker	RW	Executive Nurse Director

FC 19/028	WELCOME AND INTRODUCTIONS The Chair welcomed everyone to the meeting.	ACTION
FC 19/029	APOLOGIES FOR ABSENCE Apologies for absence were noted.	
FC 19/030	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.	
FC 19/031	<p>MINUTES OF THE BOARD MEETING HELD ON 27th FEBRUARY 2019</p> <p>The minutes of the meeting held on 27th February 2019 were reviewed and confirmed to be an accurate record subject to an amendment to minute FC - 19/020 where the reference to the UHB Chair is to be amended to the UHB Vice Chair.</p> <p>Resolved – that:</p> <p>Subject to an amendment to minute FC - 19/020 where the reference to the UHB Chair is to be amended to the UHB Vice Chair, the minutes of the meeting held on 27th February 2019 were approved by the Committee as an accurate record.</p>	
FC 19/032	<p>ACTION LOG FOLLOWING THE LAST MEETING</p> <p>FC18/259 – The Nursing Productivity Group to be asked to review the impact of introducing a weekly payroll for payment of bank staff – The Nursing Productivity Group will review the results of the initiative and the results will be reported back to the Finance Committee after the end of June 2019.</p> <p>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.</p> <p>The Executive Nurse Director provided the Committee with an update and indicated that around 100 people initially expressed an interest in the weekly bank payment and that approximately quarter of this number followed up on the initial expression of interest. Around 6 of the 100 people who originally expressed an interest were currently active on the bank.</p> <p>Action Incomplete.</p> <p>FC - 19/011– 2019/20 Finance Risk Register to be considered by Finance Committee – 2019/20 Risk Register included on the agenda for the Finance Committee meeting of 27th March 2018/19. Action Complete.</p> <p>FC - 19/020– Progress in gaining Welsh Government approval for the Integrated Medium Term Plan 2019-22 to be reported to the Finance Committee meeting scheduled for 27th March 2018/19 – Integrated Medium Term Plan 2019-22 included on the agenda for the Finance Committee meeting of 27th March 2018/19. Action Complete.</p> <p>Resolved – that:</p> <p>The Finance Committee received the Action Log.</p>	Executive Nurse Director

<p>FC 19/033</p>	<p>INTEGRATED MEDIUM TERM PLAN (IMTP) 2019-22</p> <p>The Director of Finance confirmed to the Committee that following the provision further assurance from the UHB that Welsh Government had now approved the UHB's IMTP. This was a step towards achieving financial balance and in this context the UHB was now required to focus on complying with the plan to deliver 2019/20 targets. The Finance Committee Chair (JA) emphasised that the level of recurrent savings required in the first year of the plan was particularly challenging and the Committee noted that the delivery of recurrent savings in 2019/20 was also key to the execution of 2020/21 and 2021/22 planning objectives.</p> <p>Resolved – that:</p> <p>The Finance Committee noted Welsh Government had approved the UHB's IMTP submission.</p>	
<p>FC 19/034</p>	<p>FINANCE REPORT AS AT MONTH 11</p> <p>The Deputy Director of Finance presented the UHB's financial performance to month 11 and indicated that in month performance was largely in line with the plan. The UHB had reported a deficit of £8.792m for the year to date which was made up of a planning deficit of £9.075m (11/12 of the £9.9m planned deficit) and an underspend against the plan of £0.283m following a £0.015m in month surplus against the plan.</p> <p>The UHB Vice Chair (CJ) asked whether the UHB was likely to report a surplus against the plan at year end and the Deputy Director of Finance informed the Committee that the UHB had already included a number of risks and opportunities in the reported position and expected year end outturn to be delivered in line with the forecast 9.9m deficit.</p> <p>The UHB Chair (MB) noted that the UHB's year end forecast of a £9.9m deficit was a significant improvement on the planned deficit of £29.2m identified within the UHB's initial plan. In this context the Director of Finance confirmed that the improvement followed confirmation of an additional £10m Annual Operating Framework funding and the UHB's decision to accept a £9.3m Financial Improvement Target. The Deputy Director of Finance indicated that the large part of the £9.3m Financial Improvement Target was delivered through non recurrent opportunities.</p> <p>In this context the Director of Finance indicated that the reliance on non recurrent opportunities had limited the improvement in the UHB's underlying deficit and stressed the importance of identifying and implementing recurrent saving programmes at the earliest opportunity.</p> <p>The Deputy Chief Executive concurred that the UHB needed to</p>	

	<p>continue the joint focus on both savings plans to reduce the deficit and daily operational issues if it is to continue to deliver performance improvement.</p> <p>The Deputy Director of Finance moved on to highlight the cumulative underperformance of £2.416m reported against income budgets and the overspend of £2.421m in clinical services and supplies non pay budgets.</p> <p>The UHB Vice Chair confirmed that the attention drawn to pressure points was helpful and asked whether plans were in place to manage the pressures. The Director of Finance indicated that where there were underlying deficits being carried forward to 2019/20 by Clinical Boards that these were relatively small and therefore there was an expectation that pressure points that had developed in 2018/19 would be managed. It was also noted that some of savings schemes identified for 2019/20 focussed on income opportunities and managing stock to control product and price variation.</p> <p>It was noted that overall Clinical Board financial performance at the end of month 11 was £1.2m better than the forecast profile. The Finance Committee Chair (JA) indicated that there was variation in the financial performance of Clinical Boards and asked for clarification of the controls and processes in place to improve financial performance. The Deputy Director of Finance confirmed that the speed of reporting and depth of financial intelligence was good and the Director of Finance indicated that the appropriate framework and structure for performance review was in place. In this context the Executive Team and Clinical Boards were well placed to recognise issues and were able to identify remedial actions at an early stage. The UHB Chair (MB) asked whether the UHB incentivized Clinical Boards to manage their underlying financial position and the Deputy Director of Finance confirmed that Clinical Board underlying position was carried forward to the following year.</p> <p>Finally the Committee was asked to note that the UHB had received a significant amount of additional capital allocations in month which in turn required additional operational attention on spending plans at the end of year to ensure that the UHB maximised the use of its available capital resource.</p> <p>LIMITED ASSURANCE was provided by:</p> <ul style="list-style-type: none">• The scrutiny of financial performance undertaken by the Finance Committee;• The month 11 position which is broadly on line with the profiled deficit within the draft operational plan. <p>Resolved – that:</p> <p>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;</p>	
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	<p>The Finance Committee noted the £8.792m deficit at month 11 which includes a planning deficit of £9.075m and budget underspends of £0.283m;</p> <p>The Finance Committee noted the key concern and action being taken to manage risks.</p>	
FC19/035	<p>CLINICAL BOARDS IN ESCALATION</p> <p>The Chief Operating Officer confirmed that there were currently 3 Clinical boards which had 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 Clinical Board as it was not expected to meet its month 5 forecast although the Clinical Board was currently meeting its revised forecast.</p> <p>The Director of Finance informed the Committee that the next round of performance meetings would focus on 2019/20 and therefore it was unlikely that escalation would be reviewed again before month 3 in the new year.</p> <p>Resolved – that:</p> <p>The Finance Committee noted the actions being taken to manage financial performance</p>	
FC19/036	<p>COST REDUCTION PROGRAMME</p> <p>The Assistant Director of Finance asked the Finance Committee to note the 2019/20 Cost Reduction Report which included the following key points:</p> <ul style="list-style-type: none"> • At 19th March 2019 £13.507m of schemes had been identified as Green or Amber against the devolved 2% savings target of £16.345m, leaving a gap of £2.838m. £11.567m of the identified schemes were recurrent and £1.940m were non recurrent. • Schemes totalling £12.600m had been identified as Green or Amber against the £14.900m corporate and high value opportunities target as at 19th March 2019 leaving a shortfall of £2.300m to be identified. • As at 19th March 2019 £5.058m of cross cutting opportunities had been identified as Green or Amber contributing towards the delivery of the £16.345m devolved CRP target. <p>Resolved – that:</p> <p>The Finance Committee noted the progress against the £31.245m UHB savings requirement for 2019/20.</p>	
FC19/037	RISK REGISTER	

	<p>The Assistant Director of Finance presented the 2018/19 & 2019/20 Risk Registers.</p> <p>In respect of the 2018/19 Risk Register no risks had been added in month and the Committee was advised that 3 risks around the management of budget pressures of £12.8m, management of internal investments within £3.3m envelope and the management of the R&D income reduction had been removed where optimum controls were now in place.</p> <p>The Assistant Director of Finance highlighted to the Committee that 3 of the risks identified on the 2019/20 Risk Register were currently categorized as extreme risks (Red) namely:</p> <ul style="list-style-type: none"> • Reduction in the £36.3m underlying deficit b/f 19/20 to the IMTP planned £4m c/f underlying deficit in 2020/21. • Development and delivery of the 2% delegated recurrent CIP (£16.4m) • Development and delivery of corporately led financial opportunities of £14.9m to achieve year end break even position. <p>Resolved – that:</p> <p>The Finance Committee noted the risks highlighted within the 2018/19 and 2019/20 risk registers.</p> <p>The Finance Committee endorsed the removal of highlighted low level risks from the risk register.</p>	
FC 19/038	<p>ITEMS TO BRING TO THE ATTENTION OF THE BOARD/OTHER COMMITTEES</p> <p>No other items to bring to the main Board.</p>	
FC 19/039	<p>DATE OF THE NEXT MEETING OF THE BOARD</p> <p>Wednesday 24th April; 2.00pm; Large Meeting Room, HQ, UHW</p>	

CONFIRMED MINUTES OF STRATEGY AND DELIVERY COMMITTEE
On 5th MARCH 2019
CORPORATE MEETING ROOM, HEADQUARTERS

Present:

John Antoniazzi	JA	Independent Member - Estates
Charles Janczewski	CJ	Vice Chair and Committee Chair
Dawn Ward	DW	Independent Member - Trade Union

In Attendance:

Julie Cassley	JC	Deputy Director of Workforce & OD
Lee Davies	LD	Operational Planning Director
Nicola Foreman	NF	Director of Corporate Governance
Abigail Harris	AH	Executive Director of Strategic Planning
Sharon Hopkins	SH	Deputy CEO/Director of Transformation
Fiona Kinghorn	FK	Executive Director of Public Health
Robert Chadwick	RC	Executive Director of Finance
Len Richards	LR	Chief Executive Officer

Secretariat:

Sheila Elliot

Apologies:

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
Sara Moseley	SM	Independent Member - Third Sector
Ruth Walker	RW	Executive Nurse Director

SD:05/03/001	WELCOME AND INTRODUCTIONS The Chair welcomed everyone to the meeting.	ACTION
SD:05/03/002	APOLOGIES FOR ABSENCE Apologies for absence were noted.	
SD:05/03/003	DECLARATIONS OF INTEREST Charles Janczewski advised that he was Chair of the Welsh Health Specialist Services Committee's Quality and Patient Safety Committee.	
SD:05/03/004	MINUTES OF THE COMMITTEE MEETING HELD ON 8th JANUARY 2019 It was noted that the meeting of the 8 January had focussed on the Integrated Medium Term Plan (IMTP) and Committee Members agreed that the IMTP would be a regular Committee agenda item. Nicola Foreman, Director of Corporate Governance agreed to update the Committee's Work Plan. Matters Arising The Committee was advised that a letter had been received from Simon Dean, Welsh Government requesting further information and	NF

greater assurance in relation to three key areas of the IMTP; namely the measures to be taken in relation to the delivery of savings; arrangements to address the underlying deficit and the financial arrangements for research. It was confirmed that the Finance Committee of the Board considered the Health Board to be moving forwards positively in these areas and estimated the £12million gap to have been closed by approximately half.

Abigail Harris, Executive Director of Strategic Planning confirmed that she was preparing a response to Simon Dean, and noted that the Welsh Government had been complimentary about the content of the IMTP. She advised that given the level of assurance that the UHB could provide, in respect of the three issues raised, it was expected that the Welsh Government would recommend approval of the IMTP.

The Committee also noted that the Welsh Government had lowered the UHB's intervention status to 'Enhanced Monitoring', and confirmed its pleasure at this progress.

Resolved – that:

- (a) the minutes of the 8 January meeting be approved.
- (b) the IMTP would be a regular item on the Committee's agenda and added to its Work Plan

SD:05/03/005

ACTION LOG FOLLOWING THE LAST MEETING

The Committee Action Log was reviewed and it was noted that six of the items detailed in the action log were on the meeting agenda,

Resolved – that:

- (a) the updates on the Action Log be noted
- (b) The Action set out in Minute 18/048 be closed
- (c) The Action set out in Minute 18/045 be closed
- (d) An audit of Study Leave procedure be added to the Internal Audit Plan (see Action set out in Minute 18/025)

NF

SD:05/03/006

CHAIR'S ACTIONS

Charles Janczewski, Vice Chair and Committee Chair confirmed that Chair's Action had been taken in relation to the approval of the revised Organisational Change Policy. He asked that the Committee ratify this decision.

Resolved – that:

- (a) the approval of the UHB's revised Organisational Change Policy be ratified.
- (b) going forward similar policies should be flagged for taking to the Board

SD:05/03/007

SCRUTINY OF THE CAPITAL PLAN

The Executive Director of Strategic Planning provided the Committee with a verbal update of the Capital Plan highlights. It was noted that:

- The Plan was on course to achieve the objectives set out within it.
- There were two major areas of work that were on-going or commencing soon i.e. Neo-natal work and the relocation of Rookwood Hospital to Llandough. The Neo-natal area was awaiting a new MRI scanner which should be installed by the end of the financial year. The mobile MRI scanner in use at Cwm Taf would be deployed across Wales and the second unit would stay at UHW as it was being heavily used.
- Steps to safeguard Cardiff Royal Infirmary were continuing.
- The Welsh Government had provided discretionary budgets of £1.7m for IT, £1.6m for kit, £3.6m for equipment and £1m for a genomic sequencer. A full update on 'Shaping our Future Wellbeing in the Community' would be provided at the next meeting.
- Good partnership work was taking place particularly with Cardiff Council, for example in relation to the Older Persons Village in Penarth.

Resolved – that:

- (a) the verbal update provided be noted
- (b) a full update on 'Shaping our Future Wellbeing in the Community' would be provided at the next scheduled meeting of the Committee

AH

SD:05/03/008

STAFF SURVEY EMPLOYEE STAKEHOLDER GROUP The Deputy Director of Workforce and OD Reminded the Committee that when it met in November 2018, Members had supported the creation of an Employee Stakeholder Group, to be chaired by the Executive Director of Workforce and Organisational. Development, to consider the outcomes of the Staff Survey and develop an action plan for the UHB. It was confirmed that the Stakeholder group had met twice since November 2018 and that:

- To improve Executive involvement: consideration was being given to whether Executives should attend Corporate Induction; undertake department visits and undertake 'A day in the life...' where Executives experience front line roles
- To improve communication at every level: consideration was being given to the greater and appropriate use of social media be encouraged.
- To address matters related to work related stress / bullying: it was felt that there was a need to gain a greater understanding of the causes of work related stress (by influencing future surveys).
- The need to improve the response rate to future Surveys had been recognised, as it was felt that the survey was far too long and as a result staff were put off from completing it.
- A further update would be provided at the next scheduled meeting.

Resolved – that:

- (a) the report should be noted
- (b) a further update would be put on the agenda for the next scheduled meeting.

JC

SD:05/03/009

UPDATE ON THE WORKFORCE DELIVERY PLAN

The Deputy Director of Workforce and OD delivered a presentation Plan to the Committee. As part of this presentation an update on the following areas was provided:

- Workforce Metrics Update
- Workforce Enablers
 - HR Operations, Mediation Service
 - Nurse Recruitment and Retention
 - Leadership, Talent Management and Succession
 - Apprenticeship Programme

The Deputy Director of Workforce and OD confirmed that:

- Good feedback on the plan had been received from Welsh Government.
- The workforce enablers set out in the paper would assist in improving performance against the work force metrics.
- Further action needed to be taken to support the health and wellbeing of staff to help reduce the level of sickness. It was confirmed that more information would be presented at the next scheduled meeting of the Committee as it was hoped that by the next meeting a deep dive in relation to sickness 'hotspots' and benchmarking against English data should have been completed.
- In relation to formal employee relations cases the Mental Health Directorate appeared to be an outlier, and a further review of the figures and cases was being undertaken. A new Call management system had been introduced in September to manage general HR queries in a more efficient way.
- A new Industrial Injury Procedure implemented in November had resulted in a significant improvement and as a result the backlog of claims has been cleared.
- A new Mediation Service (Consensus) was launched in February and it was hoped that this service would help to stop issues escalating to a formal grievance. Since December Level 1 E-learning training (awareness) had been reduced for employees and made profession specific; stopping repetition and duplication of training and increasing efficiency and productivity and ultimately impacting on patient care / experience.
- A successful UHB wide Recruitment Campaign undertaken in January 2019 had resulted in 71 new starters.
- A senior leader's programme commencing March 2019, with the support of Korn Ferry.

- A team was visiting New Zealand and looking at Canterbury's approach to staff engagement.
- The apprenticeship programme had been launched and the hourly rate has been structured around the living wage. At least one day per week was spent in training but the overall hours would be flexible to suit lifestyles.

Resolved – that:

- (a) the workforce plan be noted.
- (b) a detailed report on sickness absence would be provided at the next scheduled meeting.

JC

SD:05/03/010

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES

The Executive Director of Strategic Planning provided a brief overview of the progress being made in relation to the Shaping our future Wellbeing Strategic Objectives and confirmed that a comprehensive report entitled "Offer of Services that our Citizens are Entitled to Expect" would be presented to the Committee when it met in April.

Resolved – that:

- (a) a comprehensive report entitled "Offer of Services that our Citizens are Entitled to Expect" would be presented to the next scheduled meeting of the Committee.

AH

SD:05/03/011

LEARNING ALLIANCE

The Deputy Chief Executive/Director of Transformation provided an update on progress being made within the Learning Alliance with Canterbury New Zealand. As part of this report the learning conversations, the purpose of the study tour in March and uses the work on, accessible information, Healthpathways and the Alliancing approach as direct learning being applied within the health board were highlighted.

It was noted that:

- a Learning Alliance agreement has been set up with Canterbury New Zealand and Grampian Health Scotland..
- the Medical Director from Canterbury would be visiting the UHB in March and has specifically asked to see and experience the work being done by Community Mental Health Teams, working in partnership with the other agencies and our users.
- the UHB was aiming to adapt and accelerate its plans with full engagement with Local Authority partners.

Resolved – that:

- (a) that the Learning Alliance update be noted

SD:05/03/012

EQUALITY AGENDA

The report was presented by the Equality Manager who highlighted the following key points:

- **Inclusion Project: It was confirmed that by March of 2020 the UHB** will need to have developed its new legally obliged four year Strategic Equality Plan 2020-20-24 Fair Care (SEP) and its accompanying action plan.
- **The UHB is** currently working in partnership with Cardiff and Vale College and Delsion Ltd to look at the effective and measurable impact of an organisational development approach to inclusion at a management level in order to upskill and develop a group of managers around all aspects of inclusion.
- **Stonewall and LGBT+ work: It was highlighted that the UHB** recently fell out of the Stonewall Workplace Equality Index which is used as an effective way to measure our efforts to tackle discrimination and create an inclusive workplace for our lesbian, gay bisexual and trans employees. A task group has been established to implement an action plan which we have already agreed to share with the CEO of the UHB.
- **Learning Disability: The UHB wishes** to increase its recruitment of people with learning disabilities. It is looking to raise awareness and highlight good practice.
- **Welsh Language Standards: The UHB's** work in relation to the Standards will be aligned within the SEP 2020-2024 as will work in relation to the delivery of the UHB's IMTP and compliance with the Well-being of Future Generations (Wales) Act 2015.
- **Innovative Drama: The UHB is** looking to create with the AFTA Thought Theatre Company, a drama-based training showcase that will introduce the inclusion agenda. The aim is to help the UHB enable positive change in the workplace

NF

Resolved – that:

- (a) the report on the Equality Agenda be noted
- (b) the report should be considered by Management Executives before being brought back to the S&D Committee at the end of April 2019.

KW

SD:05/03/013

WELSH LANGUAGE STANDARDS

The Equality Manager introduced the report, and in so doing confirmed that:

- On the 30 November, the Welsh Language Commissioner issued the UHB with its compliance notice, and so over the next 24 months the organisation will be expected to prepare its compliance with these standards by their assigned deadlines.
- The UHB will be required to comply with a large number of the 120 Standards by the end of May 2019, with a second tranche

needing to be in place by November 2019. The compliance schedule was challenging, with significant costs being aligned to a number of the standards, for example standard 7.1a. Further discussions will take place with the Welsh language Commissioner to identify if there were opportunities to develop a more achievable compliance schedule.

Resolved – that:

(a) the Welsh Language Standards update be noted.

SD:05/03/014

KEY ORGANISATIONAL PERFORMANCE INDICATORS

The Operational Planning Director presented the Committee with a high level summary of 2018-19 year to date performance against key operational targets and IMTP delivery profiles. The following points were noted:

- **Unscheduled Care:** The proportion of patients admitted, discharged or transferred within 4 hours rose slightly in January to 84%, this is below both the WG target of 95% and the UHB's IMTP trajectory of 87%. The latest all-Wales performance data available (December 2018) indicates that the UHB is ranked first for compliance with the patients >12 hours care access measure and second for 4 hour waits compliance.
- **Stroke:** The latest available benchmarking data across Wales (December 2018) 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. A summary of the steps being taken by the UHB to improve compliance with the four mandated measures was provided. It was also noted that there was a focus on door to needle times for thrombolysis.
- **Planned Care:** The number of patients waiting over 36 weeks had increased slightly to 984 at the end of January 2019. At the end of January 2019 86.3% of patients had been seen within 26 weeks, this is below both the WG target of 95% and the UHB's IMTP trajectory of 89%. It was noted that there were a number of specialties, such as orthopaedics, where compliance with waiting time targets was an issue. It was confirmed that actions to address this were in place.
- **Diagnostics:** At the end of January 448 patients were waiting over 8 weeks for diagnostics.
- **Cancer:** It was confirmed that compliance against the 31 and 62 day targets was improving slowly, with the compliance rate for the 31 day target being consistently over 90%.
- **Mental Health:** It was noted that compliance against Part 1a of the Mental Health Measure (Assessments) dropped significantly in December 2018 (69%) and January 2019 (56%). The Committee was advised that this drop in performance was felt to be due to a significant increase in referrals during October. It was confirmed that compliance had increased to 91% in February 2019.

Resolved – that:

- (a) the update in relation to key organisational indicators be noted.

SD:05/03/015 COMMITTEE SELF-ASSESSMENT

The Director of Corporate Governance provided the Committee with and overview of the effectiveness assessment to be undertaken by the Members and the Executive Lead of the Strategy and Delivery Committee. It was confirmed that the assessment would be sent out to Members to complete and then the results will be analysed by the Director of Corporate Governance.

Resolved – that:

- (a) The process for self-assessment be approved
- (b) The outcomes of the assessment and resultant action plan be presented at a future Committee meeting.

NF

SD:05/03/016 BOARD ASSURANCE FRAMEWORK: RISKS RELEVANT TO COMMITTEES' TERMS OF REFERENCE

The Director of Corporate Governance introduced the report highlighting that there were six key risks set out within the Board Assurance Framework, and the risks which link to the Strategy and Delivery Committee were:

1. Workforce
2. Sustainable Primary and Community Care
3. Sustainable Culture Change
4. Capital Assets

It was confirmed that at the agenda setting it had been agreed that the Committee would look at one risk per meeting of the Strategy and Delivery Committee and the risk attached for review was Workforce. The Chair confirmed that the role of the Committee was to: review the risk, check that the controls are in place and working and agree any further actions which are required in order to mitigate the risk further. The Committee can then provide further assurance to the Board that the risk is being managed or mitigated as much as possible at the current time.

- The Committee discussed the Workforce risk in detail and Members:
- Agreed that a target risk score of 10 was acceptable.
- Agreed that the current controls needed to be monitored to ensure that the controls were assisting in reducing the 'likelihood' of the risk occurring so that the target risk score was met.
- Noted that previously identified gaps in controls and assurance had been addressed and were now listed as actions that were being taken forward.
- Noted that hotspot areas in relation to workforce gaps were medicine and surgery.

Resolved – that:

- (a) the target risk score set for the Workforce risk was reasonable
- (b) noted the controls, assurance arrangements in place, and the further actions to be taken.

SD:05/03/017

PERFORMANCE MAPPING

The Deputy CEO/Director of Transformation presented the Committee with an overview of the approach for considering performance at the Committee.

- It was confirmed that the approach builds on the discussions with the Board in relation to the development of strategic indicators for the Board itself, and the role of committees in providing assurance on the Welsh Government Delivery Targets.
- It was noted that to this end the delivery targets had been mapped against each of the committee's terms of reference, with 37 being remitted to the S&D Committee.

The Committee confirmed its support for this approach and it was noted that a further overview of the development would be presented at the next meeting of the Committee

The Committee Resolved – that:

- (a) the presentation be noted.
- (b) a further presentation would be delivered at the April meeting.

SH

SD:05/03/018

COMMITTEE WORK PLAN 2019-20

The Director of Corporate Governance introduced the Committee's Work Plan for 2019-20 and confirmed that it was based on the requirements set out within the Strategy and Delivery Committee Terms of Reference. It was noted that:

- It was noted that the work-plan was fluid and would change over the course of the year.
- Transformation, Learning Alliances, regional planning and tertiary partnership working updates would be received at the S&D Committee or at the Board, but not at both.
- The IT & G Committee was to be made a Committee of the Board not reporting into this Committee in the future.

Resolved – that:

- (a) the Work Committee's Plan be approved and recommended to the Board for ratification.
- (b) the Chair discuss the positioning of some of the current responsibilities under the Committee's Terms of Reference with the Chair of the Board.

NF

SD:05/03/019	<p>REVIEW OF COMMITTEE'S TERMS OF REFERENCE</p> <p>The Director of Corporate Governance introduced the report and outlined the changes to the Committee's Terms of Reference that were being recommended. It was confirmed that one key change recommended to Members of the Committee was that its responsibility for the IT&IG Committee be removed, and the IT and IG Committee made a Committee of the Board.</p> <p>Resolved – that:</p> <ul style="list-style-type: none"> (a) the recommended amendments to the Committee's Terms of Reference be accepted and recommended to the Board for formal approval. (b) it should be recommended to the Board that the IT&IG Committee be made a formal committee of the Board. 	NF NF
SD:05/03/020	<p>COMMITTEE'S ANNUAL REPORT</p> <p>The Director of Corporate Governance introduced the Committee's Annual Report confirming that:</p> <ul style="list-style-type: none"> • The report showed the areas considered by this Committee during 2018/19, the attendance rate of members and demonstrates that the Terms of Reference had been met. • The membership of the S&D Committee will be reviewed in due course. <p>Resolved – that:</p> <ul style="list-style-type: none"> (a) the Committee's Annual Report be approved and submitted to the Board for formal ratification. 	NF
SD:05/03/021	<p>EMPLOYMENT POLICIES</p> <p>The Deputy Director of Workforce and OD presented the report on Employment Policies, confirming that it summarised a proposal to rationalise the number of UHB Employment Policies.</p> <p>The Committee reviewed and discussed:</p> <ul style="list-style-type: none"> • The proposal to replace many topic-specific policies with accompanying procedures, with a small number of overarching policies covering: <ul style="list-style-type: none"> • Learning, Education and Development • Health and Wellbeing • Patterns of working (including breaks, redeployment, flexible working, retirement options etc.) • Recruitment • Maternity, Adoption, Paternity and Shared Parental Leave • Equality • The revised NHS Wales Organisational Change Policy, noting Chair's Action had been taken to adopt the revised policy. • The revised Maternity, Adoption, Paternity and Shared Parental 	

Leave Policy.

- The new NHS Wales Menopause Policy

Resolved – that:

- (a) the recommendation to develop a small number of overarching Employment Policies with accompanying Procedures aligned to them be Supported
- (b) the following Policies be Rescinded with effect from when the Procedure is reviewed and approved by the Employment Policy Sub Group
 - (i) Domestic Abuse Policy, Retirement Policy, Redeployment Policy, DBS Policy, Recognition of Prior Learning Policy, Professional Abuse Policy
- (c) the following Policies be Rescinded with immediate effect
 - (i) Pre- and Post-Registration Nurse Placement Policy and Occupational Health Policy
- (d) the following Policies be Re-designated as Procedures with effect from the date the reviewed document is approved by the Employment Policy Sub Group :
 - (i) Payroll Over/Under Payment Policy, Relocation Expenses Policy, Loyalty Award Policy, Working Times Policy, Flexible Working Policy,
- (e) the following Policies be Re-designated as Procedures with immediate effect:
 - (i) Management of Alcohol, Drugs and Substance Misuse Policy and Management of Stress and Mental Health in the Workplace Policy
- (f) Chair's Action taken to adopt the revised NHS Wales Organisational Change Policy (OCP) be Ratified
- (g) the revised NHS Wales Menopause Policy be Adopted
- (h) the revised Maternity, Adoption, Paternity and Shared Parental Leave Policy be Approved

SD:05/03/022

DR DAVID THOMAS DIALYSIS UNIT

The Director of Corporate Governance advised the Committee that a request had been made to name the new dialysis unit the Dr David Thomas Dialysis Unit.

It was confirmed that Management Executive had already confirmed that it was content with this action, and that subject to the views of the Committee the request would be taken to the March Board meeting for approval.

Resolved – that:

- (a) the Committee would give its support to the new dialysis unit being named the David Thomas Dialysis Unit .
- (b) the request should be taken to the March Board meeting for

NF

formal approval.

SD:05/03/023

TRANSFORMATION BID UPDATE

The Deputy Chief Executive/Director of Transformation, confirmed that:

- A second Transformation Fund bid had been submitted to Welsh Government, covering a range of innovative service developments. This second proposal builds on the initial work and is linked closely to Regional Partnership Board priorities, the area plan and SOFW.
- Welsh Government colleagues had requested some additional financial information before considering the proposal at its next meeting in early April.

Resolved – that:

- (a) the Transformation Bid update be noted.

SD:05/03/024

STRATEGIC SERVICE PLANNING UPDATE

The Executive Director of Strategic Planning introduced the Strategy and Planning Flash Report for January 2019, and provided the Committee with a summary of the format and detail. The Committee agreed that the Flash Report provided a useful overview of key strategic issues.

Resolved – that:

- (a) The Strategic Planning update be noted
(b) The Strategy and Planning Flash report should be regularly discussed and reviewed by the Committee

AH

SD:05/03/025

MAJOR CAPITAL BUSINESS CASE GANTT CHART

The Executive Director of Strategic Planning presented the paper and provided an overview of the Major Capital Business Case GANNT Chart. It was agreed that the Chart:

- was helpful and enabled a constant review against pressures, and allowed interim phased changes to occur
- helped to understand the relationship between capital programme and the operational programme.

Resolved – that:

- (a) the update in respect of the Major Capital Business Case GANTT Chart be noted

SD:05/03/026

ANY OTHER BUSINESS

No other items of business were raised.

SD:05/03/027

DATE OF THE NEXT MEETING OF THE BOARD

Tuesday 30 April 2019, 9.30am – 12.00pm Corporate Meeting Room,
Headquarters



GIG
CYMRU
NHS
WALES

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

**CONFIRMED MINUTES OF THE HEALTH AND SAFETY COMMITTEE HELD
AT 9.30am on 22 January 2019 IN THE CORPORATE MEETING ROOM,
HEADQUARTERS, UNIVERSITY HOSPITAL OF WALES (UHW)**

Present:

Michael Imperato
Akmal Hanuk

Independent Member – Legal (Chair)
Independent Member - Local Community

In attendance:

Nicky Bevan	Head of Employee Health and Wellbeing Services (for agenda item HSC: 19/005)
Charles Dalton	Head of Health and Safety
Martin Driscoll	Director of Workforce and OD
Stuart Egan	Staff Lead for Health and Safety
Abigail Harris	Director of Planning
Fiona Jenkins	Director of Therapies and Health Sciences
Fiona Kinghorn	Interim Director of Public Health
Geoff Walsh	Director of Capital, Estates and Facilities
Peter Welsh	Senior Manager Lead for Health and Safety

Apologies:

Carol Evans	Assistant Director of Patient Safety and Quality
Nicola Foreman	Director of Corporate Governance

Secretariat:

Rachael Daniel	Health and Safety Adviser
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PART 1

HSC: 10/001 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

HSC: 19/002 DECLARATIONS OF INTEREST

The Chair invited Committee Members to declare any interest in the proceedings included in the agenda. None were declared.



GIG
CYMRU
NHS
WALES

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

The minutes of the Health and Safety Committee held on the 9th October 2018 were **APPROVED** and **ACCEPTED** as a true record with the exception of the following minor amendments:

- (i) Title of Fiona Kinghorn should read Interim Director of Public Health
- (ii) Abigail Harris, Director of Planning's apologies to be recorded.

The Committee **RECEIVED** the Updated Action Log from the previous meeting.

Mr Imperato welcomed Mrs Nicky Bevan, Head of Employee Health and Wellbeing Services to the meeting.

Mrs Bevan informed the Committee ways to improve access to the service were currently being looked at. There was approximately a two week waiting time from self-referral to resource appointment, with then between 18 – 19 weeks waiting time to see a Counsellor which was below the 26 weeks Welsh Government target. Mrs Bevan explained the purpose of the resource appointment was to establish the appropriate intervention required e.g. self-help, counselling or onward signposting to GP and other specialist services, rather than going straight on to a counselling waiting list and added that approximately 30 – 40% of self-referrals are discharged at the resource appointment stage.

The Head of Health and Safety queried whether there was any fast tracking available for staff showing signs of PTSD. Mrs Bevan confirmed there was with the Health Board being the only one in Wales with a designated PTSD service for employees who have experienced traumatic events at work and is delivered by a specialist Psychologist and is paid for separately but accessed through Occupational Health or the Employee Wellbeing Service.

The Staff Lead for Health and Safety stated that whilst there was a fast track for the excellent physiotherapy service there was not one of stress and was also aware that the number of referrals were increasing with staff having to wait 18 – 19 weeks before starting the recovery process. Mrs Bevan advised fast tracking was being looked at on All Wales basis.

The Director of Capital, Estates and Facilities supported Mr Egan's comments as the waiting time for stress was having an impact on long term sickness with the aim of helping staff to return work. Mrs Bevan stressed that staff are not abandoned for 18 weeks following their 1st face to face meeting and are given a lot of information and self-help guidance.

The Director of Workforce and OD stated every corporate function had a cost reduction target of 14% which inevitably has an impact on services and it difficult to prove whether more investment would reduce sickness levels.

The Independent Member – Local Community queried whether a differentiation was made between work related and home related stress. Mrs Bevan advised it was grouped as work related, non-work related and combination of both and usually the latter was the main cause. Mrs Bevan added targeted interventions were also undertaken i.e. bereavement.

The Committee **NOTED** the update and progress of the Employee Wellbeing Service.

ASSURANCE was provided by:

- Ongoing monitoring of the Employee Wellbeing Services' waiting times in comparison to Welsh Government targets.
- Bi-monthly reporting to the Health and Wellbeing Advisory Group.

HSC: 19/006 REVIEW OF THE COMMITTEE'S TERMS OF REFERENCE

The Health and Safety Adviser advised following discussions at the last meeting the Terms of Reference had been slightly amended to reflect that patient health and safety falls referred predominately to the environment and the clinical implications of patient falls would still be considered by the Quality, Safety and Experience Committee.

Membership had also been discussed and it had been clarified that Executive Directors were mandatory members of the Committee.

The Terms of Reference were **RATIFIED** by the Committee.

HSC: 19/007 OBLIGATORY RESPONSE TO VIOLENCE IN HEALTHCARE

The Senior Manager Lead for Health and Safety informed the Committee this document now replaces the memorandum of understanding and a considerable amount of work had taken place by all parties involved to make it known at an operational level.

The Independent Member – Local Community stated this was very welcome as had recently met with Security Staff who frequently experienced unpleasant verbal abuse and specifically referenced taxi drivers which was unacceptable. Mr Welsh advised it's not just physical abuse that can be taken forward and the Security Officers would be fully supported by the Health Board, they can also record any incidents on their body cameras.

The Interim Director of Public Health advised the majority of taxi drivers are licenced so this can formally be raised.

HSC: 19/008 BOARD ASSURANCE FRAMEWORK (BAF)

The Director of Planning informed the Committee the BAF had been updated and was approved by Management Executive on 21st January 2019 and would now be presented to Board on 31st January 2019.

This was **NOTED** by the Committee

HSC: 19/009 PEDESTRAIN ACCESS SAFETY STRATEGY – PROGRESS UPDATE

The Director of Capital, Estates and Facilities informed the Committee the final draft had now been received. He advised the independent report identified three high risk areas which require a range of footpath, crossing points and management improvements.

- Allensbank Road entrance to the roundabout adjacent to the multi-storey car park.
- Residential Road/Heath Park Way delivery/logistics areas.
- Access from footbridge over A48/Dental car park 6 to Gateway Road.

The report also highlighted that consideration be given to making unofficial paths into permanent footpaths.

The Director of Therapies and Health Sciences queried whether the report just referred to UHW as there would be pedestrian access issues on other sites. The Director of Planning clarified the report only referred to UHW, however any identified areas of concern should be raised with Mr Walsh. Mr Walsh added pedestrian crossing improvements had already been made at UHL. The Staff Health and Safety Lead stated the priority areas raised in the report needed to be confirmed as a lack of visibility on a number of pedestrian crossings was a greater risk than those identified. Mrs Harris suggested any concerns be raised with Mr Walsh outside of the meeting.

The Head of Health and Safety stated that whilst the survey was related to UHW only the approach should be embedded in any new development plans.

The Chair requested the independent report be presented to the next meeting.

ACTION – Mr G Walsh

The contents of the Independent Report was **NOTED** by the Committee.

HSC: 19/010 FIRE SAFETY MANAGEMENT AND COMPLIANCE REPORT

The Director of Capital, Estates and Facilities informed the Committee following receipt of the enforcement notice for Hafan y Coed regular monitoring and proactive action had taken place to prevent further fire incidents, and due to the level of work undertaken by the Clinical Board the

enforcement notice had been lifted by the Fire Service. Mr Walsh paid tribute to the Mental Health Clinical Board and in particular to Darren Shore, Senior Nurse Manager who had undertaken an exceptional job and the Fire Service were greatly reassured by his input.

The report was **CONSIDERED** and **NOTED** by the Committee in relation to the on-going work to meet the requirements of fire enforcement compliance.

ASSURANCE was provided by:

- Identified fire enforcement compliance and safety were being appropriately managed.

**HSC: 19/011 AMENDEMENTS TO SMOKING POLICY
ARRANGMENTS AT HAFAN Y COED MENTAL
HEALTH HOSPITAL TO MEET THE FIRE
ENFORCEMENT NOTICE ISSUED**

The Interim Director of Public Health informed the Committee that following the discussions at the last meeting, she convened a meeting with the Mental Health Clinical Board, Fire Safety, Estates and Health and Safety to discuss controlling the fire safety risks associated with ignition/smoking sources. These discussions included adapting the approach to the smoking ban and revisions of the smoking control.

Given the challenge posed by instituting a complete ban in external mental health grounds, the following actions have been agreed:

- Retaining the smoking ban in areas where it had been successful – older people's wards, low secure wards and neuropsychiatry (50% of all mental health wards)
- Within assessment and potentially rehabilitation wards, a controlled smoking ban be implemented, where patients are allowed restricted access within the adjoining garden areas in Hafan y Coed and Ozzy lighters re in-instated on walls.
- Mental Health Clinical Board and the Public Health team would continue to work together to apply all possible measures around supporting patients to give up smoking, including a strengthening of the approach in community mental health.
- Continued vigilance by staff with regard to room inspections, removing lighters and use of the metal detectors would also be needed.

The above actions were approved by Management Executive and was agreed they would be reviewed in 6 months.

Mrs Kinghorn commended the Mental Health Clinical Board, Fire Safety and Health and Safety Teams for their approach in resolving this challenging issue.

The Director of Planning stated whilst improvements in Hafan y Coed was a positive step forward, a report to Management Executive highlighted there was only limited assurance for fire safety management. It was noted Clinical Boards do not regularly attend the Fire Safety Group and she has written to Steve Curry, Chief Operating Officer advising that attendance to the Fire Safety Group from all Clinical Boards was essential, he in turn would be raising with the Clinical Board's Director of Operations.

The Independent Member – Local Community requested reassurance on the Health Board's overall policy for fire evacuation. Mrs Harris advised there were very clear protocols for fire evacuation but it was difficult to test as don't have a free ward. She added fire training was the only statutory requirement and there had been a significant improvement in fire safety training compliance. Mr Hanuk was reassured by this.

The Committee **NOTED** the revision of the smoking controls within the Mental Health Clinical Board at Hafan y Coed.

HSC: 19/012 ENFORCEMENT AGENCIES CORRESPONDENCE REPORT

The Head of Health and Safety advised there were 3 new issues since the last meeting, these being:

- Hand arm vibration regulatory requirements following the submission of a RIDDOR event within the Dental Clinical Board.
- Cardiff University Category 3 Laboratories.
- Workplace concerns around vehicle and pedestrian risks outside the Dental Hospital.

Mr Dalton reported information was supplied to the HSE in relation to the hand arm vibration RIDDOR and vehicle and pedestrian risks outside Dental Hospital, and based off that information the HSE has advised no further action to be taken.

In relation to the Cardiff University Category 3 Laboratories this is still on-going with a response being prepared by the Capital, Estates and Facilities Service Board. The Director of Therapies and Health Sciences stated the Clinical Diagnostics and Therapeutics Clinical Board should also be involved as they have management responsibilities for laboratories.

ACTION – Mr G Walsh/Mr C Dalton

The report was **RECEIVED** and the Committee **AGREED** that appropriate actions were being pursued to address the issues raised.

ASSURANCE was provided by:

- The continued investigations, actions and monitoring referred to within the report.

HSC: 19/013 CHANGES IN SENTENCING UPDATE

The Head of Health and Safety informed the Committee that whilst previously offences incurred record fines there was now the enhanced likelihood of lengthier custodial sentences.

The report was **NOTED** by the Committee.

ASSURANCE was provided by:

- The Health Board's Health and Safety Policy and Executive management arrangements.

HSC: 19/014 HEALTH AND SAFETY IMPROVEMENT PLAN – EXCEPTION REPORT

The Head of Health and Safety informed the Committee the detailed improvement plan now segregates the milestones from actions.

The Chair requested the co-ordinator leads for the 4 projects attend future meetings to update the Committee on progress made.

ACTION – Mr C Dalton

The improvement plan was **RECEIVED** and **CONSIDERED** by the Committee.

REASONABLE ASSURANCE was provided by:

- The demonstration of progress against each strategic area and highlighting further actions required within set timescales.

HSC: 19/015 HEALTH AND SAFETY RELATED POLICIES SCHEDULE

The updated schedule was received by the Committee. The Health and Safety Adviser informed the Committee the Security Services Policy was being reviewed in line with Personal Safety and Security Strategy Group arrangements and would be brought to the April meeting

ACTION – Mr G Walsh

It was noted a number of policies that had a health and safety inference but were approved by other Committees were out of date. The Director of Planning suggested if a policy did not require any changes it may be appropriate to extend the review date.

The Senior Manager Lead for Health and Safety commented the policy schedule was an excellent way of tracking policies and suggested an extra column be added for comments on position status, this was **AGREED** by the

Committee. The Director of Capital, Estates and Facilities added he found the schedule to be very helpful.

ACTION – Miss R Daniel

The Chair raised a general point for all policies, what happens at the ground level and how do all staff know about them and what their responsibility is. The Head of Health and Safety advised that once a policy has been approved the Operational Health and Safety Group and Clinical Board's Health and Safety Groups would be informed and Clinical Board would then have the responsibility of disseminating through their management structures, however this could not give assurance that all staff had a knowledge/awareness of all policies. Mr Walsh added it was more important for the relevant part of the policy to be given to the right staff. The Director of Therapies and Health Sciences stated that this was broader than just health and safety and would need the involvement of the Communications Team.

Mr Imperato requested Mr Dalton give some thought on how this could be achieved.

ACTION – Mr C Dalton

HSC: 19/016 LATEX ALLERGY POLICY

The Health and Safety Adviser informed the Committee informed the Committee amendments made to the Policy were in relation to managerial changes and policy format.

The policy was **APPROVED** by the Committee.

HSC: 19/017 ENVIRONMENTAL POLICY

The Director of Capital, Estates and Facilities informed the Committee amendments made to the Policy were in relation to managerial changes and policy format.

The policy was **APPROVED** by the Committee.

HSC: 19/018 CLOSED CIRCUIT TELEVISION (CCTV) POLICY

The Director of Capital, Estates and Facilities informed the Committee amendments made to the Policy were in relation to managerial changes and policy format.

The Staff Lead for Health and Safety raised concerns in relation to the number of cameras that were not working as this gives staff a false sense of security. Mr Walsh advised he was not aware of any cameras being out of action and requested Mr Egan provide him with details so that he can raise with the Security Manager.

The policy was **APPROVED** by the Committee.

PART 2

HSC: 19/019 COMMITTEE WORK PROGRAMME FOR 2019/20

The Work Programme for 2019/20 was **RECEIVED** and **NOTED** for information by the Committee.

HSC: 19/020 HEALTH AND SAFETY IMPROVEMENT PLAN (IN DETAIL)

The improvement plan was **RECEIVED** and **NOTED** for information by the Committee.

HSC: 19/021 WASTE MANAGEMENT COMPLIANCE REPORT

The report was **RECEIVED** and **NOTED** for information by the Committee.

HSC: 19/022 ENVIRONMENTAL HEALTH INSPECTION REPORT OF WARD BASED CATERING, UNIVERSITY HOSPITAL OF WALES ON 23RD AUGUST AND WARD BASED CATERING, ROOKWOOD HOSPITAL ON 17TH JULY 2018

The report was **RECEIVED** and **NOTED** for information by the Committee. It was noted that a hygiene rating score of 4 had been achieved.

HSC: 19/023 ENVIRONMENTAL HEALTH INSPECTION REPORT OF WARD BASED CATERING, LANFAIR UNIT, UNIVERSITY HOSPITAL LLANDOUGH ON 16TH OCTOBER 2018

The report was **RECEIVED** and **NOTED** for information by the Committee. It was noted that a hygiene rating score of 4 had been achieved.

HSC: 19/024 OPERATIONAL HEALTH AND SAFETY GROUP MEETING OF AUGUST 2018

The minutes were **RECEIVED** and **NOTED** for information by the Committee.

HSC: 19/025 FIRE SAFETY GROUP MINUTES OF SEPTEMBER 2018

The minutes were **RECEIVED** and **NOTED** for information by the Committee.

HSC: 19/026 WATER SAFETY GROUP MINUTES OF SEPTEMBER 2018

The minutes were **RECEIVED** and **NOTED** for information by the Committee.

HSC: 19/027

**REVIEW OF THE MEETING AND ITEMS TO BRING TO
THE ATTENTION OF THE BOARD OR OTHER
COMMITTEES**

The Chair stated that good constructive points were raised as part of the discussions which will result in a number of challenges for the Head of Health and Safety.

HSC: 19/028

DATE AND TIME OF NEXT MEETING

The next meeting will be held at 9.30am on Tuesday 9th April 2019 in the Corporate Meeting Room, HQ, University Hospital of Wales.

Signed

Date

**UNCONFIRMED 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 unsupportive 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.

**Minutes from the Local Partnership Forum Meeting held on 6 February 2019 at 10am
in the Meeting Room, Executive Headquarters, University Hospital of Wales**

PRESENT:

Mike Jones	Chair of Staff Representatives/UNISON (Co-Chair)
Martin Driscoll	Executive Director of Workforce and OD (Co-Chair)
Steve Curry	Chief Operating Officer
Bill Salter	UNISON
Stave Gauci	UNISON
Stuart Egan	UNISON
Fiona Kinghorn	Executive Director of Public Health
Rebecca Christy	BDA
Dorothy Debrah	BDA
Graham Shortland	Medical Director
Andrew Crook	Head of Workforce Governance
Julie Cassley	Deputy Director of Workforce and OD
Rachel Gidman	Assistant Director of OD
Jason Roberts	Deputy Director of Nursing
Chris Lewis	Deputy Director of Finance
Janice Aspinall	RCN
Pauline Williams	RCN
Rhian Wright	RCN

IN ATTENDANCE:

Abigail Dodwell (observing)	Personal Secretary to DD of Workforce and OD & AD of OD
Colin McMillan	Head of Transport
John McGarrigle	Head of Energy and Performance

APOLOGIES:

Peter Welsh	Senior Manager, UHL and Barry
Dawn Ward	Independent Member – Trade Union
Fiona Salter	RCN
Len Richards	Chief Executive
Abigail Harris	Exec Director of Strategic Planning
Fiona Jenkins	Exec Director of Therapies and Health Sciences
Bob Chadwick	Exec Director of Finance
Ceri Dolan	RCN
Zoe Morgan	CSP
Joe Monks	UNISON

LPF 19/001 WELCOME AND INTRODUCTIONS

Mr Jones welcomed everyone to the meeting and introductions were made.

Congratulations were offered to Mrs Kinghorn on her appointment as Executive Director of Public Health.

LPF 19/002 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

LPF 19/003 DECLARATIONS OF INTEREST

There were no declarations of interest in respect of agenda items.

LPF 19/004 MINUTES OF THE PREVIOUS MEETING

The minutes from 10th of December 2018 were agreed as an accurate record of the meeting.

LPF 19/005 ACTION LOG

The Action Log was noted.

LPF 19/006 OPERATIONAL PRESSURES UPDATE

Mr Curry gave the Forum an update on seasonal pressures and the UHB response and plan. 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. The number of 4 and 12 hour waits and ambulance delays had improved but there had been 553 attendances at the emergency unit on Monday 4th February alone. Mr Curry reminded the Forum that there was traditionally also pressure to improve waiting times for patients at this time of year - three or four years ago they had been almost 7000 people waiting for more than 36 weeks for treatment this had now been reduced to 350 individuals, all of whom required complex care. There had also been significant improvements in diagnostics despite an increase in demand.

Mr Curry emphasised that these improvements were largely due to the staff response to pressures and to the teamwork they demonstrated. He stated that we were establishing ourselves as an organisation which delivered, and this was largely due to the people who gave above and beyond every day. He thanked everyone for their part and asked the staff representatives to share this with their members.

Dr Shortland noted that improved information meant that staff were more aware of the challenges they were due to face and that the organisation was now aspiring to no 12 hour breaches.

Mr Egan raised concerns about the length of time it took to read and report on scans. Mr Curry acknowledged that this was a pinch point and stated that the information and data needed to understand the delays had been requested.

LPF 19/007 INTEGRATED MEDIUM TERM PLAN (IMTP) UPDATE

Mr Curry reminded the forum that the IMTP was a three-year plan for the delivery of services focusing on finance, quality and activity. We have not had an approved plan for the last two years, mainly because it was not financially balanced. This year's IMTP was submitted to

Welsh Government on 31st January and we will know if it has been approved in the coming weeks. We plan to finish 2018/19 with a £9.9 million deficit which would leave us in a better position, especially with our improved performance, to have a plan approved. This will be a key factor in whether or not our escalation status (currently targeted intervention) is reviewed.

LPF 19/008 SUSTAINABLE TRAVEL PLAN

Mr McGarrigle and Mr McMillan were in attendance to talk about the sustainable travel plan and the alternatives available to driving to work. These include:

- The park and ride scheme at UHW which currently has 300 users per day. 85% of these are staff so there are continued efforts to promote the service among patients and visitors.
- Discussions are taking place with Cardiff Bus and the Council about the possibility of implementing a park and ride scheme at UHL
- Public transport including buses and trains, and incorporating these into an 'active commute'
- The cycle to work scheme and Nextbikes
- The pedestrian strategy safer route scheme for walking to work
- A car share scheme which puts people who could travel together in touch

Mr McGarrigle advised that there were also plans to develop a Sustainable Travel Hub on the UHW site in the future. This would include showers, a bus interchange and possibly electric charging.

Mr Jones asked if there was any scope to get additional buses from the Vale to UHL. Mr McMillan explained that there were regular conversations with the Vale Council but we were only in a position to place limited pressure because the services also have to be commercially viable.

Mrs Kinghorn stated that notwithstanding the infrastructure, these are important issues as getting active and air pollution are important aspects of the healthy travel charter.

The importance of wearing cycle helmets when using Nextbikes was noted.

LPF 19/009 DRAFT LPF WORK PROGRAMME 2019/20

The Draft work plan for the Local Partnership Forum for 2019/20 was approved with the following amendments:

- The work taking place to tackle stress (December/February)
- Staff Survey Action Plan (April/June)
- IMTP update to be received in February, not December
- Embedding Prevention paper to be brought forward to August rather than October

Action: Dr Pressley

It was noted that, as always, this plan was indicative and was likely to change as the year progressed.

LPF 19/010 FINANCE REPORT

Mr Lewis provided the forum with highlights from the Finance Report for the period ending 31 December 2018 noting that:

- We have a one-year plan with a £9.9 million deficit
- As well as the duty to have an approved plan, we also have a duty to breakeven over a three-year rolling period. We will be in breach of this duty for 2018/19, and 2019/20 will be an extremely challenging year while we try to achieve this.
- In December there were significant gains made in-month and year to date. This means we are back on plan for month nine and gives assurance to the Board and Welsh Government that we are going to deliver on the £9.9 million deficit.

Mr Salter raised concerns regarding the non-payment of an invoice which could impact directly on patient care in his department. Mr Lewis and Mr Curry both agreed to intervene to rectify this quickly.

LPF 19/011 WORKFORCE KPI REPORT

An updated version of the report dated December 2018 was tabled.

Mr Driscoll noted there had been a slight underspend in the monthly pay bill during the year, though the WTE had increased. The nurse recruitment day held on the 26th of January had attracted a lot of interest with over 50 offers made. During 2019/20 the UHB would be investing in overseas nurse recruitment outside of Europe - a supplier was currently being sought.

A group has been established to examine the staff survey results. Two workshops had been held and there were plans for one more. The group had considered the key themes and agreed where actions were likely to have the biggest impact, including bullying and stress. The results of these discussions would be communicated widely and would be brought back to the LPF.

Fire training was not at an acceptable level (66%) and Mr Driscoll would be taking a lead Exec role to tackle this. Mr Crook advised that the ESR portal had been updated and it was now considerably easier to access mandatory training.

Mr Jones had attended the recruitment day and advised that it had been a very well organised event. He was particularly pleased to see senior nurses present.

Mrs Debrah suggested that one reason for the low PADR rates might be that it was not possible, as far as she was aware, to show on ESR that a meeting to agree competencies with new starters had taken place but that process was not complete. Mrs Gidman explained that it was possible to do this, but she was aware that not all PADR conducted were being recorded on ESR.

Mr Crook advised that from 1 April 2019 pay progression will not be automatic for new starters or promotions.

LPF 19/011 Part 2 - ITEMS FOR INFORMATION

The Local Partnership Forum received and noted the following reports:

- Patient Safety, Quality and Experience Report
- Performance Report
- Employment Policy Subgroup Minutes from 9 January 2019

LPF 19/012 REVIEW OF THE MEETING

There were no specific items to be brought to the attention of the Board.

LPF 19/013 ANY OTHER BUSINESS

There was no other business raised.

LPF 19/014 FUTURE MEETING ARRANGEMENTS

The next meeting would be held on Wednesday, 3 April 2019 at 10 am with a staff representatives pre-meeting at 9 am in the HQ meeting room (n.b. the venue may change subject to move to Woodland House).

**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
13 NOVEMBER 2018 AT THE EASC OFFICES, HEOL BILLINGSLEY,
NANTGARW**

PRESENT

Members

Chris Turner	Independent Chair
Allison Williams (Vice Chair)	Chief Executive, Cwm Taf UHB
Stephen Harrhy	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan UHB
Gary Doherty	Chief Executive, Betsi Cadwaladr UHB
Tracy Myhill	Chief Executive, Abertawe Bro Morgannwg UHB
Carol Shillabeer	Chief Executive, Powys Teaching LHB

In Attendance:

Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust
Sharon Hopkins	Deputy Chief Executive Cardiff and Vale UHB
Karen Miles	Director of Planning and Performance, Hywel Dda UHB
Julian Baker	Director, National Collaborative Commissioning Unit
Shane Mills	National Collaborative Commissioning Unit
Ross Whitehead	Assistant Chief Ambulance Services Commissioner
Ami Jones	Intensivist, Emergency Medical Retrieval and Transfer Service (EMRTS)
Matthew Edwards	EMRTS
Gwenan Roberts	Interim Board Secretary, Host Body

Part 1. PRELIMINARY MATTERS		ACTION
EASC 18/96	<p>WELCOME AND INTRODUCTIONS</p> <p>Chris Turner welcomed Members to the meeting of the Emergency Ambulance Services Committee and those present introduced themselves.</p>	

EASC18/103	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</p> <p>Stephen Harrhy presented a verbal report on one key area of concern which was the continued poor attendance at the EASC Sub groups – this would need to be addressed otherwise the EASC would increasingly need to deal with more operational rather than strategic matters. A review of the sub groups had been planned for the new year and the options would need to be discussed including potentially consolidating activities.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the update and ensure appropriate representation at sub group meetings. 	All
EASC18/104	<p>PROVIDER ISSUES BY EXCEPTION</p> <p>Jason Killens raised issues around activity. Members NOTED that:</p> <ul style="list-style-type: none"> • Red activity had increased by 12% from last year although the performance had reduced • Amber activity had increased by 5.9% and in the last 4 weeks there had been a steep increase in activity • Less conveyance to A&E <p>Jason Killens agreed to provide the data collected to Stephen Harrhy.</p> <p>Discussion took place on the use of community paramedics and the need to include this initiative in the IMTP; discussion had taken place in the Planning, Delivery and Evaluation Group to debate on the models across Wales. The difference between the community paramedic and the advanced paramedic was also discussed. It was NOTED that further work was progressing with a chief pharmacist and the development of patient group directions (PGDs). Members suggested that this could be a discussion paper in a development session in the future although it was recognised that this was an urgent matter.</p> <p>Members RESOLVED to NOTE the update.</p>	Jason Killens
EASC18/105	<p>AMBULANCE QUALITY INDICATORS (AQIs)</p> <p>Ross Whitehead, Deputy Ambulance Services Commissioner presented the quarterly AQI report.</p>	

	<p>Members NOTED:</p> <ul style="list-style-type: none"> • A major difference to the AQIs presented included that information was available by health board area • The user friendly approach (part of Stats Wales) which would allow for trend information • Analysis would show how variation was being dealt with by different areas • The CASC met with the executive team from WAST on a monthly basis to challenge the variation and progress with changes planned • A different approach in line with the work of the Amber review including patients not conveyed and this as work in progress. <p>Members agreed that having additional information and using the learning from the Amber Review was helpful. It was NOTED that the Integrated performance report would also support the work.</p> <p>Members RESOLVED to NOTE the last latest version of the ambulance quality indicators.</p>	
EASC18/106	<p>PUBLICATION OF THE AMBER REVIEW AND DELIVERY OF THE RECOMMENDATIONS</p> <p>The report was presented by Stephen Harrhy and a full discussion was held by Members on the AMBER Review and it was NOTED that a lively debate had been held in the Senedd with interest from the press. The Members were asked to RATIFY the Chair's Action to publish the Review in line with the agreed expectations.</p> <p>The following issues were discussed and NOTED:</p> <ul style="list-style-type: none"> • An action plan would be developed • The team would meet with the Stroke Association as part of the engagement with patient groups and develop an appropriate model of care • Programme of engagement would be developed to co-create and fully describe the model • How winter funding would be prioritised • Ongoing discussions with the Welsh Ambulance Services NHS Trust (WAST) • Work continued to capture the detail by health board site in terms of lost hours • that clarity would be provided on reasonable expectations for patients • lifting cushions (aids) were being provided to ambulance crews and care homes to safely lift patients following falls 	

	<ul style="list-style-type: none"> • the ongoing pilot involving having mental health nurses in the 999 control room • demand and capacity plans were being developed with the WAST • the Cabinet Secretary was keen to start and action the recommendations at pace. <p>Stephen Harrhy explained that further detail was available to support the recommendations which would be shared; key matters would need to be linked back to the Integrated Medium Term Plans to inform the process. Members felt that the data was helpful particularly by site and the team would be meeting with health boards to discuss ways to progress areas of work. This would include handover delays and the work to develop and implement the winter plan. Members discussed the importance of the link to the IMTP and to reflect in the commissioning intentions. Members felt that the opportunities presented by the data within the report would allow for more bespoke work with health boards in the future.</p> <p>In view of the number of recommendations Members felt it would be helpful to highlight a small number of key areas to deliver ensuring a whole systems approach and also to track progress.</p> <p>Stephen Harrhy explained that a tailored report would be provided for all health boards which would be of interest to Board Committees dealing with performance matters as the information would provide locality based information.</p> <p>The Team were thanked for their work to date to deliver the report.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the ongoing actions related to the Amber Review • RATIFY Chair's action to publish the Amber Review report. 	<p>Ross Whitehead/ Shane Mills</p> <p>Stephen Harrhy</p>
EASC18/107	<p>EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS) SERVICE EXPANSION REVIEW</p> <p>Stephen Harrhy presented the EMRTS service expansion review report and Members were requested to discuss and ENDORSE the preferred option.</p>	

	<p>The Service Expansion Review had been prepared following discussions at recent committee meetings, recommendations made in the Welsh Government (WG) Gateway Review (May 2017) and in response to correspondence from the Chief Executive, NHS Wales (dated 14 June 2018).</p> <p>The service had worked with the EMRTS Delivery Assurance Group (DAG) to explore the options and opportunities to extend the service and to prepare a business case for consideration by EASC to provide advice to the Cabinet Secretary. Members NOTED as a key partner, there has been engagement with the Wales Air Ambulance Charity throughout this work.</p> <p>The Chair welcomed Ami Jones & Matt Edwards to give a short presentation on the propose service expansion for EMRTS. Members NOTED the overview of the services provided and the aims for the current service. The rationale for expansion was discussed including the unmet need and highlighted areas where a difference could be made for patients.</p> <p>Members NOTED the ongoing work with Swansea University in terms of quality measures, population health and undertaking complex analysis for survival rates. Questions raised included the pattern change for maternity, neonatal and children's services and the potential impact. The potential of phasing was discussed and learning lessons at each phase of development.</p> <p>Members felt that the presentation had been helpful to clarify some key operational and medical issues. Members felt it was important to move forward in partnership with the Air Ambulance Charity and need to provide the strategic context, mindful of the desire to increase the service across Wales. The aspects of retrieval were key although the actual process would need to be clarified.</p> <p>Following discussion Members felt that expansion should also include work on major trauma and its impact. A detailed business case would be required to ensure all options were fully considered to move ahead. The options for funding were considered and further discussion would need to take place with the Welsh Government officials.</p>	<p>Ami Jones / Matthew Edwards</p>
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	<p>Members discussed the option of the phased approach to the full option of services 24 hours a day over a timescale of the next few years and should align to the three year plan. Members felt in principle that it was important to address the unmet need identified. Other options included having a hybrid approach with other ways of working to provide high quality services for patients across Wales including advanced paramedic practitioners.</p> <p>Members RESOLVED to</p> <ul style="list-style-type: none"> • NOTE the work to date and requested further information to ensure a strategic approach. 	
EASC18/108	<p>FORWARD PLAN OF BUSINESS</p> <p>Members received the forward plan of business.</p>	ALL
EASC18/109	<p>RECEIVE AND ENDORSE THE CHAIRS UPDATES FROM THE ESTABLISHED EASC SUB GROUPS</p> <p>Members RECEIVED and ENDORSED the following updates:</p> <ul style="list-style-type: none"> • Emergency Medical Retrieval and Transport Service Delivery Assurance Group (EMRTS DAG) Chair's Summary 18 June 2018 • Emergency Medical Retrieval and Transport Service Delivery Assurance Group (EMRTS DAG) Action Notes 18 June 2018 • Non-Emergency Patient Transport Services (NEPTS) Commissioning and Delivery Assurance Group (CDAG) Action Notes 25 June 2018 • NEPTS CDAG Action notes 23 July 2018 • NEPTS Chair's Summary 23 April 2018 • Joint Management Assurance Group (JMAG) Action Notes 24 April 2018 • JMAG Action Notes 21 Sept 2018 • Quality & Delivery Framework: Planning, Development & Evaluation Group (PDEG) Action Notes 26 June 2018 EASC 17 Oct 2018 • PDEG Chair's Summary 29 Aug 2018 <p>Members NOTED that good representation was taking place at the NEPTS DAG but Members were struggling to give feedback into organisations.</p>	All

ANY OTHER BUSINESS		
EASC18/110	<p>EASC INTEGRATED MEDIUM TERM PLAN (IMTP)</p> <p>Julian Baker outlined the requirements of the planning framework and sign off by the end of January.</p> <p>A letter had been sent to the Directors of Planning and shared with the Welsh Ambulance Services NHS Trust (WAST) and finance colleagues and shared the process regarding commissioning.</p> <p>Members AGREED that when finalised the Chair would sign the IMTP for submission and this action would be ratified at the meeting on 5 February.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the timescale for the EASC IMTP. 	Chris Turner
DATE AND TIME OF NEXT MEETING		
EASC18/111	A meeting of the Joint Committee would be held at 13:30hrs, on Tuesday 5 February 2018 at the Bowel Screening Wales, Training Room 1, Unit 6, Greenmeadow, Llantrisant, CF72 8XT.	Committee Secretary

Signed
Christopher Turner (Chair)

Date

**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
17 OCTOBER 2018 AT THE EASC OFFICES, HEOL BILLINGSLEY,
NANTGARW**

PRESENT

Members:

Allison Williams (Vice Chair)	Chief Executive, Cwm Taf UHB
Stephen Harrhy	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan UHB

In Attendance:

Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust
Hannah Evans	Director of Transformation, Abertawe Bro Morgannwg UHB
Julian Baker	Director, National Collaborative Commissioning Unit
Shane Mills	National Collaborative Commissioning Unit
Ross Whitehead	Assistant Chief Ambulance Services Commissioner
Stuart Davies	Director of Finance (EASC)
Gwenan Roberts	Interim Board Secretary, Host Body

Part 1. PRELIMINARY MATTERS		ACTION
EASC 18/81	<p>WELCOME AND INTRODUCTIONS</p> <p>Allison Williams (Vice Chair) welcomed Members to the meeting of the Emergency Ambulance Services Committee and those present introduced themselves.</p> <p>Allison Williams explained to all present that due to last minute apologies the Committee was not quorate (as required within the Standing Orders).</p> <p>It was NOTED that the In Committee meeting had received the draft Amber Review Report.</p>	
EASC 18/82	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Carol Shillibeer, Gary Doherty, Len Richards, Robert Williams, Steve Moore, Tracey Cooper and Tracy Myhill.</p>	
EASC 18/83	<p>DECLARATIONS OF INTERESTS</p> <p>There were no additional interests to those already declared.</p>	
EASC 18/84	<p>MINUTES OF THE MEETING HELD ON 10 JULY 2018</p> <p>The minutes were confirmed as an accurate record of the meeting held on 10 July 2018.</p>	
EASC 18/85	<p>ACTION LOG</p> <p>Members received the action log and NOTED that progress with some of the related matters would be considered within the agenda or postponed to the next meeting for further discussion.</p> <p>The Committee RESOLVED to: NOTE the action log.</p>	
EASC 18/86	<p>MATTERS ARISING</p> <p>The following items were discussed:</p> <ul style="list-style-type: none"> • Emergency Medical Retrieval and Transfer Service (EMRTS) discussion to be deferred to the next meeting. It was NOTED that all Health Boards had a key link member of staff working with the service. 	Board Secretary

Part 2. KEY ITEM FOR DISCUSSION		
EASC 18/87	<p>CHAIRS REPORT</p> <p>Members NOTED that the meeting was primarily concerned with the Amber Review. It was anticipated that an announcement would be made regarding the new Independent Chair before the next meeting in November.</p> <p>Members RESOLVED to: NOTE the report.</p>	
EASC 18/88	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT</p> <p>Stephen Harrhy, Chief Ambulance Services Commissioner presented the report.</p> <ul style="list-style-type: none"> • National Quality and Delivery Framework agreement for <ul style="list-style-type: none"> - Emergency Ambulance Services (EMS) - Non-Emergency Patient Transport services (NEPTS) - Emergency Medical Retrieval and Transfer Service (EMRTS) <p>Members NOTED the update and the ongoing work with the new Chief Executive of the Welsh Ambulance Services NHS Trust, Jason Killens. The Frameworks would feature in the Integrated Medium Term Plan (IMTP) and any actions would also take the Amber Review recommendations into account.</p> <ul style="list-style-type: none"> • Strategic Commissioning Intentions Work on the strategic commissioning intentions would take place in line with the development of service plans and the Integrated Medium Term Plan (IMTP); and the recommendations and actions related to the Amber Review. Members NOTED that the Directors of Planning had received information from the EAS Team related to the development of the IMTP which would be discussed in more detail at the next meeting. The overarching assumptions with the commissioning intention and allocation letter would be clarified and Stuart Davies AGREED to discuss with the Directors of Finance regarding the assumptions for EASC. 	<p><i>CASC/ EAST/ Jason Killens</i></p> <p><i>Stuart Davies</i></p>

	<ul style="list-style-type: none"> • National Programme of Unscheduled Care – Members discussed the funding allocated for winter pressures and the connection between WAST and the health boards particularly in relation to community paramedic support. <p>Discussion took place on the role of the Advanced Paramedic Practitioner (APPs) within health boards and how this would provide an opportunity to work more closely with community teams, with GPs and also with the GP out of hours services. Members NOTED that the business case for APPs had been developed and around 20 staff within WAST were qualified although there would be the issue for backfill. The role for community paramedics would also need to be further discussed. Members NOTED that a workforce plan was being developed in WAST and the request from health boards was the need to embed the staff within the GP clusters. It was felt this matter needed further discussion at a future meeting.</p> <p>Members RESOLVED to: NOTE the report.</p>	CASC
EASC 18/89	<p>PROVIDER ISSUES BY EXCEPTION</p> <p>There were none.</p>	
EASC 18/90	<p>AMBULANCE QUALITY INDICATORS (AQI)</p> <p>Members NOTED that the information was now provided by Stats Wales and the data could be used and amended to provide information by health board and NHS Trust area. More work was underway to provide information on a monthly basis.</p> <p>Members RESOLVED to: NOTE the report.</p>	
EASC 18/91	<p>EASC MONTH 6 FINANCE REPORT</p> <p>The report was presented by Stuart Davies. Members NOTED that the information was in line with expectation of achieving breakeven at the end of the financial year. It was NOTED that the allocation funding was pending. Further discussion took place around understanding where the resources were allocated across the 5 steps and the aim to provide information for the investments to the next level within the schedule was welcomed.</p> <p>Members RESOLVED to: NOTE the report.</p>	

EASC 18/92	<p>AMBER REVIEW</p> <p>Members received and NOTED the presentation on the Amber Review.</p> <p>Members AGREED to receive the final version at the next meeting and work through the recommendations and the next steps. Members NOTED the importance of agreeing who would be leading on the actions required and meeting timescales.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the presentation and • AGREED the next steps. 	CASC
EASC 18/93	<p>FORWARD PLAN OF BUSINESS</p> <p>Members received the forward plan of business. Priority areas for the next meeting were AGREED as:</p> <ul style="list-style-type: none"> • EMRTS • Amber Review • Community Paramedics 	ALL
EASC 18/94	<p>RECEIVE AND ENDORSE THE CHAIRS UPDATES FROM THE ESTABLISHED EASC SUB GROUPS</p> <p>Members AGREED to receive at the next meeting.</p>	
DATE AND TIME OF NEXT MEETING		
EASC 18/80	<p>A meeting of the Joint Committee would be held at 13:30hrs, on Wednesday 13 November 2018 at the National Collaborative Commissioning Unit (NCCU), No 1 Charnwood Court, Heol Billingsley, Parc Nantgarw, Cardiff, CF15 7QZ</p>	Committee Secretary

Signed
Allison Williams (Vice Chair)

Date

Report Title:	Audit Committee Report						
Meeting:	UHB Board				Meeting Date:	30 May 2019	
Status:	For Discussion		For Assurance		For Approval		For Information x
Lead Executive:	n/a						
Report Author (Title):	John Union, Chair Audit Committee						

SITUATION

The Audit Committee held its last meeting on 23.04.19 and the following note provides Board with a summary of the key issues discussed at that meeting. Full minutes will be provided to Board in due course.

REPORT

BACKGROUND

This written report is provided to Board by the Chair of the Audit Committee. Reports from the Chair will highlight to Board the key issues discussed pending the Board being provided with the full confirmed minutes of the meeting held by the Audit Committee.

ASSESSMENT

N/A

ASSURANCE is provided by: N/A

RECOMMENDATION

The Board is asked to: note the following update covering the key issues discussed on 23.04.19 pending receipt of the confirmed minutes of the meeting.

Items for Review and Assurance

- 1) Internal Audit (IA) Progress Report. Update provided by IA as at April 2019. Eight (8) reports were provided to Audit Committee (AC) including two rated substantial and six rated as reasonable. None were rated as limited.
- 2) Steve Curry provided the AC with verbal updates in respect of previously provided IA reports in respect of 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. The AC was provided assurance by the verbal presentations and the plans in place to deal with the shortcomings raised.
- 3) Internal Audit – Assignment status schedule year 2018/19. AC agreed that 8 audits be deferred to 2019/20 plan. IA advised the AC that it was expected that a Reasonable Assurance Rating would be provided for the year 2018/19.
- 4) Wales Audit Office (WAO) – provided the AC with their progress report in particular in

connection with regard to the end of year audit which is currently in progress. The AC noted that to date WAO had not identified any significant audit matters.

- 5) The AC was provided with a Post Payment Verification Report covering the period 1/4/18 – 31/3/19. The AC received assurance based on the work carried out during the year and from the full details provided in the report from Scott Lavender.
- 6) The AC was provided with an update regarding the UHB Draft Annual report. Good progress has been made and the AC will be provided with further updates as progress is achieved.
- 7) The AC were provided the UHB current updated Register of Interests and were able to Approve the document as provided.
- 8) The AC were provided with details relating to the UHB Tracking Report and noted progress achieved to date including the suggested approach to presenting the details by way of a dash board approach.

Items for Approval/Ratification.

- 1) The AC approved the Annual Internal Audit Plan 2019/20 and the Internal Audit Charter as updated as April 2019.

Items for Noting and Information.

Full details relating to the eight (8) IA reports were provided to the AC.

John Union
Chair Audit Committee.
2.05.19

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 <i>Please tick as relevant, click here for more information</i>									
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x
Equality and Health Impact Assessment Completed:		Not Applicable <i>If “yes” please provide copy of the assessment. This will be linked to the report when published.</i>							

Kind and caring
 Caredig a gofalgar

Respectful
 Dangos parch

Trust and integrity
 Ymddiriedaeth ac uniondeb

Personal responsibility
 Cyfrifoldeb personol

Report Title:	Quality, Safety and Experience – Chair’s Report							
Meeting:	Board					Meeting Date:	30/05/2019	
Status:	For Discussion		For Assurance	X	For Approval		For Information	
Lead Executive:	Ruth Walker, Director of Nursing							
Report Author (Title):	Susan Elsmore, Chair of Quality, Safety and Experience Committee							

SITUATION

This report provides the Board with an overview of the matters discussed at the Quality, Safety and Experience Committee that took place on 23rd April 2019

REPORT

PATIENT STORY

The Director of Operations for Surgery Clinical Board provided a presentation on ‘Patient knows best’. The presentation covered the need to individualise and improve patient care through the system by placing the patient at the centre of the system. The aim was to provide a single patient record which would reduce duplication of information which patients were currently having to provide.

SURGERY CLINICAL BOARD ASSURANCE REPORT

The Director of Operations for Surgery informed the Committee that the Clinical Board had won the award for the most improved Clinical Board. There were a number of key issues raised by the Clinical Board:

- There was a need to invest in resources in relation to the national database
- There had been some excellent learning from serious incidents.
- There were still challenges in relation to nurse recruitment and retention despite a work plan being in place.
- The PADR rates were low but actions were in place in order to improve this.

The Team have been doing an excellent job and were congratulated for their work.

MENTAL HEALTH CLINICAL BOARD ASSURANCE REPORT

The Director of Operations and Director of Nursing for the Mental Health Clinical Board presented their report to provide assurance to the Committee. There were a number of key issues raised by the Clinical Board including:

- A pilot Band 7 had been appointed to focus upon improving inpatient pathways and ALOS. The pilot was to look at the health and wellbeing of the patient in the round and not just to focus upon the reasons why the patient had been admitted.

- The Nursing Act would be brought to the Board Development session to focus upon whether it was working and having an impact.
- The REACT project which considered the purpose of admission of the patient with an active recovery plan to try and keep the patient at home rather than admit them.

The Clinical Board was commended for their work and actions they were taking to progress.

CHC REPORT : ONE SIMPLE THING – COMMUNICATION IN THE NHS

This was an all Wales report therefore the responses were general and not just for Cardiff and Vale UHB. Communication had been identified as one of the biggest themes in addition to GPs having access to patient information.

ANNUAL QUALITY STATEMENT – FIRST DRAFT

The requirements to submit the report had been brought forward by three months. The AQS reflects what has been provided around patient safety and quality over the past 12 months and is submitted and published as part of the end of year reporting requirements.

POLICIES FOR APPROVAL

The Committee approved the following policies:
Labeling of specimens
Venipuncture for non-clinically qualified research staff.

HEALTH AND CARE STANDARDS ANNUAL AUDIT REPORT

A very engaging video was shown by the Executive Nurse Director which, despite being still under development, demonstrated the results of the audit.

PATIENT SAFETY SOLUTIONS

A high level overview was presented which demonstrated that the Health Board was 93% compliant. The report reflected the enormous amount of work which had been undertaken around compliance which had improved year on year.

PATIENT FALLS

A report was presented which highlighted the main issues around falls. There was an evidence base for falls which enabled risk to be reduced and balance to be improved. There was a message given regarding the importance of older people remaining active and a wider piece of work with Councils regarding this was taking place.

OVERVIEW OF REGULATION 28 REPORT 2018/19

Six Regulation 28 reports had been issued to the Health Board during the last financial year. These are issued by the Coroner when there are concerns which are considered to be high risk.

ENDOSCOPY DECONTAMINATION

A report was given which stated that potentially a number of patients had been contaminated by not washing equipment effectively. There was a great deal of work which had been undertaken to review the patients and the Team were commended by the Committee for this work. A further piece of work would be undertaken to strengthen this area to ensure it didn't happen again.

CANCER PEER REVIEW – THYROID

The Committee were made aware of good practice taking place but were also asked to note where improvements could be made.

HIW – ACTIVITY UPDATE

A thematic review had been carried out and a report had been issued. The recommendations within the report had been reviewed and the Executive Nurse Director reported that she was content with the work being undertaken.

HIW had visited the Mental Health Clinical Board and provided a positive report with no issues highlighted.

COMMITTEE SELF ASSESMENT

The Director of Corporate Governance had undertaken a Committee Self-Assessment of all Committees of the Board. The outcomes of this for Quality, Safety and Effectiveness Committee would be reported to the next meeting in June.

RECOMMENDATION

The Board is asked to:

- **NOTE** the report of the Chair of the Quality, Safety and Experience Committee

Shaping our Future Wellbeing Strategic Objectives

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						provide an environment where innovation thrives	
Five Ways of Working (Sustainable Development Principles) considered <i>Please tick as relevant, click here for more information</i>							
Prevention		Long term		Integration		Collaboration	Involvement
Equality and Health Impact Assessment Completed:		Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>					



Report Title:	STRATEGY AND DELIVERY COMMITTEE KEY ISSUES REPORT				
Meeting:	Board Meeting			Meeting Date:	30 May 2019
Status:	For Discussion		For Assurance	For Approval	For Information
Lead Executive:					
Report Author (Title):	John Antoniazzi, Chair of Finance Committee				

SITUATION

To provide the Board with a summary of key issues discussed at the Finance Committee held on 24th April.

Integrated Medium Term Plan (IMTP) 2019-22

The Committee determined that following Welsh Government approval of the IMTP that there was an expectation that progress against the plan would primarily be scrutinised through the Strategy and Delivery Committee. Performance against the Financial Plan within the IMTP would continue to be monitored through the monthly Finance Report presented to the Finance Committee.

Finance Report as at Month 12

The report updated the Committee on the UHB's provisional financial performance to month 12. The results were provisional as the draft accounts had not yet been finalized and would be subject to External Audit scrutiny.

The Committee was informed that the provisional outturn against the three key performance measures was as follows:

- The UHB's provisional draft year end revenue outturn was a deficit of £9.873m which was £0.027m better than the £9.900m forecast deficit;
- The UHB had remained within its Capital Resource Limit;
- The UHB achieved its creditor payment compliance target of 95%.

It was also highlighted that the UHB had not met its duty under section 175 (1) of the National Health Service (Wales) Act to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years. The Committee was informed that the rolling deficit reported by the UHB over the 3 year period from 2016/17 to 2018/19 was £65.969m.

Cost Reduction Programme and Cross Cutting Theme

The report updated the Committee about the UHB's progress against the £31.245m UHB savings requirement for 2019/20. Recurrent and non recurrent schemes totaling £26.711m had been identified as Green or Amber as at 5th April 2019 leaving a shortfall of £4.534m to be identified. The recurrent impact of schemes was forecast to be £23.665m.

Risk Register

The 2019/20 Finance Risk register was presented to the Committee. It was highlighted that 3 of the risks identified on the 2019/20 Risk Register were categorized as extreme risks (Red) namely:

- Reduction in the £36.3m underlying deficit b/f to 2019/20 to the IMTP planned £4m c/f underlying deficit in 2020/21.
- Development and delivery of the 2% delegated recurrent CIP (£16.4m)
- Development and delivery of corporately led financial opportunities of £14.9m to achieve year end break even position.

Costing And Value Update

A report on Costing and Value was presented to the Committee partly in response to recommendations from the WAO Structured Assessment and an Internal Audit Costing Audit Report. Welsh Health Boards had sourced, procured and implemented a new all-Wales costing system. This system had been used to produce the 2017-18 Welsh Costing Returns (WCRs) and had the ability to cost individual patient pathways. WCRs are a nationally mandated data submission which are submitted to Welsh Government on an annual basis and are used in part to produce all-Wales cost efficiency index. The index ranked Cardiff & Vale UHB in first place for financial efficiency in 2017-18 having been ranked 4th and 3rd out of the 7 health boards in the two previous years. The returns also suggested that the Health Board has some areas for improvement e.g. the indexed length of stay in which Cardiff & Vale UHB was ranked 6th. The limitations in the relatively crude approach to cost comparison were recognized.

The new costing system and WCRs provided data to inform both the national and local costing and value agendas which endeavoured to combine cost, activity and outcome data to assess value in decision-making. It was noted that the UHB currently had limited capacity to progress this workstream and further investment or redeployment would be necessary if the work in this area was prioritised and expanded.

RECOMMENDATION

The Board is asked to:

- **NOTE** this report.

Shaping our Future Wellbeing Strategic Objectives

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Five Ways of Working (Sustainable Development Principles) considered <i>Please tick as relevant, click here for more information</i>			
Prevention		Long term	
		Integration	
		Collaboration	
		Involvement	
Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>		



Report Title:	STRATEGY AND DELIVERY COMMITTEE KEY ISSUES REPORT				
Meeting:	Board Meeting			Meeting Date:	30 May 2019
Status:	For Discussion		For Assurance	For Approval	For Information
Lead Executive:					
Report Author (Title):	Charles Janczewski, Chair of Strategy and Delivery Committee				

SITUATION

To provide the Board with a summary of key issues discussed at the Strategy and Delivery Committee held on 30 April.

Shaping Our Future Wellbeing (SOFW)

The Committee received two papers relating to SOFW:

1) SOFW: In Our Community Programme. The Committee was appraised of:

- The current status of the Programme Business Case
- Progress in developing tranche 1 projects
- Planning work under way for tranche 2 projects

2) SOFW Overview. A review of progress made with the implementation of SOFW overall has been undertaken and shared with the Committee. The review incorporated an assessment of delivery against actions linked to strategic objectives together with an understanding of the overall direction of the strategy to ensure it is still appropriate. It was agreed that the direction of the strategy and its strategic objectives continue to be appropriate for the organization.

Capital Programme Report

The report updated the Committee on the Capital Programme including the major and discretionary capital programmes estate compliance, IM&T and medical equipment status. Recognition was given to the difficulty in managing a large and complex programme of works within a limited resource

Strategic Clinical Services Plan

The Board discussed the clinical service plan at its very recent development day and the Committee received an additional update. The intention at this time is to further develop a high level clinical services plan to a point where more extensive engagement can be undertaken. An action plan describing the next key steps was presented together with an outline of work undertaken to date.

Strategic Alignment

The alignment of SOFW with the national strategy outlined in A Healthier Wales was discussed and the Committee was assured that the health board is taking appropriate action to implement this national strategy. It was pleasing to note that A Healthier Wales is very much aligned to SOFW.

ACTION: It was agreed that this very informative paper should be distributed to all Board members for their information.

Aligned and Integrated Working

The Committee sought and received assurance that service provision, quality, finance and workforce are appropriately aligned and integrated. A worked example of nurse staffing across the organization was used to illustrate that integration and alignment was in place.

Performance Framework

The development of a performance framework that will enable the committee to gain assurance that the UHB is delivering against the achievement of its strategy and service provision was discussed. Of the 63 Wales Performance and Delivery targets, 37 have been mapped to the S&D Committee with a further 5 supporting measures also identified. A more mature approach is being sought to recognize the significant amount of very regular monitoring that takes place against the majority of these measures. Consideration will be given to “exception” reporting where performance is off track or failing to meet planned profiles. Further discussion is planned to explore these suggestions and to ensure that the Committee retains access to overall performance data

Key Organisational Performance Indicators

The Committee discussed the most recent performance delivered and achieved across the main areas of service activity that are closely monitored by Welsh Government (WG). The Committee was pleased to note that the national performance figures provided by WG as at the end of March, positioned the UHB in first position for unscheduled care both for 4 and 12 hour waits. The Committee recognised this achievement but understood that this challenge is ongoing.

ACTION: To advise the Board that the S&D Committee will assume responsibility for the monitoring of CAMHS performance, with particular reference to intervention rates. A baseline presentation will be delivered at the June committee meeting.

Well-being of Future Generations (Wales) Act (WFG)

An update was provided on the implementation of WFG across the UHB. A well-established Steering Group is focusing on successfully embedding the goals and five ways of working outlined within the Act. A flash report and action plan was presented and discussed.

Workforce Metrics

In addition to receiving an update on current performance across the key workforce performance indicators, the Committee was also advised of developments in a new overarching workforce information/KPI framework and People Dashboard.

Staff Survey Employee Stakeholder Group

The final meeting of this group has taken place and an action plan created that was shared with the Committee. The next step is to establish a Staff Survey Steering Group to oversee progress against the actions and this will be chaired by the Executive Director of Workforce. Regular updates will be provided to the Committee.

Maximising Attendance Plan

As part of a deep dive into sickness absence, an update was provided on future plans to create an environment across the UHB where the focus will be on supporting attendance. The Committee was assured that sickness absence is receiving suitable focus and was encouraged to note the planned way forward.

Strategic Equality Objectives – Delivery Plan Framework

The four year Strategic Equality Plan Fair Care 2016-20 (SEP) is now in its last year. The Committee was updated on the priority interventions of the delivery plan and was advised that steady progress had been made during the third year of the current plan with nearly all of the 17 key actions seeing progress or being completed. The forthcoming year will be about sustainability and enhancement as we move to a more inclusive approach for our next 4 year SEP beginning in April 2020.

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 April 2019 meeting the committee reviewed the risk relating to Sustainable Primary and Community Care (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.

Memorandum of Understanding (MOU) between C&V UHB and the Third Sector in Cardiff and the Vale of Glamorgan

The MOU presented to the Committee replaces the former Framework for Working with the Third Sector. The change reflects the “new” partnership arena established via key pieces of legislation and WG policy, in particular the roles of the Regional Partnership Board and the Public Service Boards. The MOU will be reviewed annually.

RECOMMENDATION

The Board is asked to:

- **NOTE** this report.

Shaping our Future Wellbeing Strategic Objectives

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Five Ways of Working (Sustainable Development Principles) considered

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

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

Yes / No / Not Applicable

If “yes” please provide copy of the assessment. This will be linked to the report when published.

Kind and caring
Caredig a gofalgwr

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

Report Title:	Health & Safety Committee Report					
Meeting:	CVUHB Board			Meeting Date:	May 30 2019	
Status:	For Discussion		For Assurance		For Approval	For Information
Lead Executive:						
Report Author (Title):	Michael Imperato, Independent Member – Legal					

SITUATION

To provide Board with key issues from the Health and Safety Committee held on 9 April 2019.

The Health and Safety Committee of the UHB held its last meeting on 9 April 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:

- ARJO reported further on audit of (principally) Manual Handling equipment. Significant progress has been made in updating equipment.
- The Committee considered the Pedestrian access strategy and discussed priorities arising.
- The Committee examined how policies and risk assessments are disseminated through the staffing structure from top to bottom, and awareness of these on wards and the like. Emphasis is being put on managers and their responsibility to ensure staff are aware of such relevant policies/risk assessments and that it is a dynamic process.
- Fire enforcement matters were considered and some particular issues were raised and discussed.
- The controls in respect of independent contractors were considered. The need to demonstrate progress in respect of this is important in the light of HSE enforcement matters.

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	
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.							



Report Title:	Stakeholder Reference Group Report							
Meeting:	UHB Board				Meeting Date:	30 May 2019		
Status:	For Discussion		For Assurance		For Approval		For Information	X
Lead Executive:	Abigail Harris							
Report Author	Richard Thomas, Chair of Stakeholder Reference Group							

SITUATION

The following report provides Board with a summary of the key issues discussed at the Stakeholder Reference Group (SRG) meeting held on 27 March 2019.

REPORT

BACKGROUND

This is a report provided to the Board by the Chair of the UHB SRG.

ASSESSMENT

The SRG considered the following

Adult Thoracic Surgery

The SRG noted that the Community Health Council (CHC) had arranged two public meetings to discuss the mitigating actions aimed at addressing the concerns that had been raised during the public consultation

Sustainable Travel Plan

The UHB had endorsed the Cardiff Public Services Board's Healthy Travel Charter and would publish its own Sustainable Travel Plan, hopefully by the end of 2019. In addition bids had been submitted to the UHB Health Charity seeking funding to pilot a park and ride for the UHL site, a shuttle between UHL and UHW and extending the hours of operation of the UHW Park and Ride service and increasing the frequency during its current operating hours. It was agreed that the draft Sustainable Travel Plan would be brought to the SRG.

Integrated Medium Term Plan (IMTP)

It was noted that UHB had submitted its IMTP to Welsh Government (WG). The Plan indicates a commitment to a balanced financial plan for 2020/21 but this would necessitate circa £30 million savings during 2019/20. WG was seeking further assurances from the UHB that these savings would be achieved. 2019/20 would therefore be particularly challenging for the UHB.

Shaping Our Future Wellbeing Strategy

The UHB's Shaping Our Future Wellbeing Strategy that had been developed following comprehensive engagement with service users and other stakeholders, would reach its mid-way point during 2019/20. It was timely therefore to review the four core principles for change and the ten strategic objectives to ensure they remain appropriate. The SRG discussed the Strategy and made a number of observations. It was noted that it was important to measure outcomes. The SRG was informed that although there are a plethora of indicators many are process rather than outcome measures and the UHB was therefore looking to supplement these. It was agreed that the new measures be presented to a future meeting of the SRG.

'Patient Knows Best'

The SRG received a demonstration of the 'Patient Knows Best' (PKB) portal. The UHB had purchased the software that day. It was informed that there would be a phased roll out commencing with the Gastroenterology and Ear, Nose and Throat specialities. As specialities come on line, initially, a small number of patients would be selected by consultants. Once they are signed up and any issues resolved, several communication routes would be used.

The SRG could see clear benefits to patients but noted that in some cases the only social interaction patients have is with health care professionals. Members were reassured that PKB would not replace personal contact but would be an alternative option for patients. The SRG emphasized that adequate data security mechanisms were essential. The SRG was assured that PKB had successfully undertaken the Health Board's Information Governance process. All data would be encrypted and the data security was at least as good as that of the Health Board. The contract covered the fact that data must not be sold on or shared without consent. The SRG suggested that an online video demonstration on how to use the system would be more helpful than an online user manual.

Brexit

The SRG received an update on the Health Board's preparations for leaving the European Union.

Membership

It was noted that two new members had been nominated to the SRG. Shayne Hembrow and Sam Austin had been nominated to provide a housing and a children and young persons' third sector perspective respectively.

'Shaping Our Future Outpatients'

The UHB had recently given a presentation to the CHC on 'Shaping Our Future Outpatients'. The presentation contained more detail than the presentation which the SRG had received at its meeting in January 2019. The presentation would be sent to SRG members for information

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
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

Report Title:	Local Partnership Forum Report						
Meeting:	UHB Board				Meeting Date:		
Status:	For Discussion		For Assurance		For Approval		For Information x
Lead Executive:	Executive Director of Workforce and OD						
Report Author (Title):	Workforce Governance Manager						

SITUATION

The Local Partnership Forum of the UHB held its last meeting on 4 April 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 Forum received a presentation from Dr Rachael Barlow (Clinical Lead for Prehabilitation and the Enhanced Recovery Programme) on using ‘prehabilitation’ to optimise cancer outcomes. The Forum learned that while many cancer treatments of becoming increasingly sophisticated, there is evidence to show that they can be affected if the general health of the individual is compromised. The Forum supported the work and noted the clear links between it and the UHB Strategy.

- The Equality Manager updated the Forum on work taking place around inclusivity. This is a potential change to the equalities agenda, with more emphasis being placed on including everyone and striving to create an environment where everyone feels respected. The UHB is now in Year 4 of our Strategic Equality Plan, and a new plan will be developed from 2020. The intention is to use this final year to look at the inclusivity of our practices, with a specific project being established around employing disabled staff. The Forum supported this work but noted that there are lots of existing staff with undiagnosed learning difficulties who require additional support as well.
- The Forum received an update on the work of the Staff Survey Response Group. Three meetings have taken place to discuss the results, with staff from all areas and levels involved. Key themes had been identified and suggested actions noted. The next step will be for the action plan to be formalised and volunteers sought to carry out the tasks. It was noted that this piece of work has strong links with the Canterbury and transformation programme.

For Communication:

- The Chief Executive updated the Forum on the following:
 - De-escalation from Targeted Intervention to Enhanced Monitoring
 - Approval of the IMTP
 - Financial situation

Mr Richards noted the important role played on an everyday basis by front line staff and thanked everyone for their efforts in achieving this

For Appraisal:

- LPF received the Finance Report and Workforce KPI Report for February 2019.

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	
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Five Ways of Working (Sustainable Development Principles) considered

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

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





Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board / Trust Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	5 February 2019

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link: [EASC Joint Committee meeting agenda and papers 5 Feb 2019](#)

CHAIRS REPORT

Members **NOTED** that the Chair had met with the Director General of the NHS and with the all Wales Chairs of health boards and NHS Trusts.

CHIEF AMBULANCE SERVICES COMMISSIONERS REPORT

Stephen Harrhy presented an update on the following areas:

- Mental Health staff and the Clinical Desk - Discussions would take place with the Chief Constable of South Wales Police regarding the effectiveness of the clinical desk and how the initiative would work with other emergency services.
- Attendance at Audit Committee – internal audit report on Non Emergency Patient Transport Services (NEPTS)
- Update on emergency medical retrieval and transport services (EMRTS) – the phasing of the ongoing work was discussed and a briefing report would be developed for the Minister (as requested)
- Cross Border and Regional Activity (WAO Report) - as part of IMTP developments, quarter 3/4 (2018/19) this would be discussed further with Powys Health Board.

PROVIDER ISSUES

Jason Killens, CEO of the Welsh Ambulance Services NHS Trust gave an overview of the emerging lessons from the winter plan. Members **NOTED**:

- RED performance was better than last year
- Adverse weather plans worked well – minimal impact
- Good operational performance
- Reduction in handover losses
- Over 20 advanced paramedic practitioners recruited
- Winter schemes were still being implemented with staff for the clinical desk and advanced paramedic practitioners becoming available and having an impact.

AMBULANCE QUALITY INDICATORS

Members **NOTED** the most recently published Ambulance Quality Indicators and received an update on progress with related work to improve and strengthen their presentation and usefulness to Health Boards and Members of the public.

Members **NOTED** plans to hold workshops to help develop a comprehensive integrated performance report from the perspective of the health boards with sufficient detail to be useful and also to describe how the WAST service fits into the unscheduled care system. Members **AGREED** to nominate staff to attend in order that all health boards were well represented.

The key performance information when compared with the previous year showed:

- 999 calls reduced
- Conveyances to hospital reduced
- Lost hours reduced

However, the information was not available on a board by board basis and more granularity would be required to develop a comprehensive report for each health board.

ROLE FUNCTION AND MEMBERSHIP OF SUB GROUPS

The Chief Ambulance Services Commissioner provided an oral update in relation to the role, function and membership of the sub groups of the Committee.

Members were aware of the difficulties for some the sub groups to maintain consistent membership and representation and it was suggested that the sub groups could be streamlined into two groups.

It was suggested that the following sub groups could combine as an overall management group:

- The Quality & Delivery Framework: Planning, Development & Evaluation Group (PDEG) and
- The Joint Management Assurance Group (JMAG)

The aim would be to progress the work of the Committee and provide the necessary governance arrangements as to where decisions could be made. Combining the two groups would help health board staff to attend and to represent their organisations more consistently.

An update would be received at the meeting in May 2019.

EASC INTEGRATED MEDIUM TERM PLAN (IMTP)

The Committee received the Integrated Medium Term Plan for EASC and the report was presented by Stephen Harrhy.

Members **RESOLVED** to:

- **ENDORSE** the EASC element of the IMTP as presented and the Chair's action taken.
- **NOTE** and support the WAST IMTP as received by the Welsh Ambulance Services NHS Trust Board on 29 January 2019 was consistent with the commissioning intentions of the EASC.

AMBER REVIEW IMPLEMENTATION PROGRAMME

Members **NOTED** that work was underway and a small task and finish group had been set up to ensure momentum and pace. Each recommendation had been identified alongside the assurance mechanism and the Committee would provide oversight for the whole programme.

EASC GOVERNANCE UPDATE

Members **NOTED** that Welsh Government officials were working with the Board Secretaries to develop model Standing Orders, this would include for EASC and would be presented to the Committee in due course. Members **AGREED** to provide a nominated deputy for each health board; were aware that the deputies would have delegated voting rights and that all decisions would be subject to a 2/3 majority of voting EASC members present.

Members **received** and **APPROVED** the Risk Register

RECEIVE AND ENDORSE THE CHAIRS UPDATES FROM THE ESTABLISHED EASC SUB GROUPS

Members **RECEIVED** and **ENDORSED** the following updates:

- Emergency Medical Retrieval and Transport Service Delivery Assurance Group (EMRTS DAG) 10 Dec 2018
- Quality & Delivery Framework: Planning, Development & Evaluation Group (PDEG) – Chairs summary 15 Jan 2019.

Key risks and issues/matters of concern and any mitigating actions

- The Committee **NOTED** matters considered within the Risk Register.

Matters requiring Board level consideration and/or approval

-

Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	26 March 2019			