

Board Meeting - 25 March 2021

Thu 25 March 2021, 09:30 - 13:30

Agenda

1. Welcome & Introductions

Charles Janczewski

2. Apologies for Absence

3. Declarations of Interest

4. Minutes of the Board Meeting held on 25th February 2021

Charles Janczewski

 4. Unconfirmed Board Minutes Feb 21 - AF.pdf (13 pages)

5. Action Log – 25th February 2021

Charles Janczewski

 5. Action Log - 25.02.21.pdf (1 pages)

6. Items for Review and Assurance

6.1. Patient Story

Ruth Walker

6.2. Chair's Report & Chair's Action taken since last meeting

Charles Janczewski

 6.2 - Chair's Report & Chair's Action - March 2021.pdf (7 pages)

Saunders Nathan
03/16/2021 16:15:11

6.3.

Chief Executive Report

Len Richards

 6.3 - Chief Executive Board Report - March 2021.pdf (3 pages)

6.4.

Corona Virus Update Report

Len Richards

- Quality and Safety - Ruth Walker / Stuart Walker
- Workforce - Rachel Gidman
- Governance - Nicola Foreman
- Operations - Steve Curry
- Public Health - Fiona Kinghorn

 6.4 - Corona Virus Update Covering Report.pdf (2 pages)

 6.4 - Corona Virus Update Report- Appendix1.pdf (7 pages)

6.5.

Board Assurance Framework

Nicola Foreman

 6.5 - BAF Covering Report -March 2021.pdf (4 pages)

 6.5 - BOARD ASSURANCE FRAMEWORK - March 2021.pdf (26 pages)

6.6.

Patient Safety, Quality and Experience Report

Ruth Walker - Stuart Walker

 6.6 - PATIENT SAFETY QUALITY AND EXPERIENCE REPORT.pdf (21 pages)

6.7.

Performance Report

Steve Curry - Chris Lewis

 6.7 - Performance report March 2021 (Final).pdf (9 pages)

7.

Items for Approval / Ratification

7.1.

Research & Development Strategy 2021-2024

Stuart Walker

 7.1 - R&D Strategy cover report.pdf (3 pages)

 7.1 - R&D Strategy 2021-24 Draft.pdf (15 pages)

7.2.

Hybrid/Trauma Theatre Outline Business Case

Abigail Harris

 7.2 - Development of the HybridMajor Trauma theatres at UHW.pdf (4 pages)

 7.2 - Hybrid and MT Theatres v5 OBC Exec Sum.pdf (25 pages)

7.3.

Genomics Full Business Case

Abigail Harris

- 7.3 GPW FBC Board Paper.pdf (7 pages)
- 7.3 Development of Genomics Partnership Wales.pdf (22 pages)

7.4.

Board Annual Plan

Nicola Foreman

- 7.4 - Board Work Plan 21.22 Covering Report.pdf (2 pages)
- 7.4 - Board Workplan 2021.22.pdf (3 pages)

7.5.

Annual Reports for Board and Committees

Nicola Foreman

- 7.5 - Annual Reports for Committees of the Board.pdf (2 pages)
- 7.5.1 - Annual Report of Audit and Assurance Committee 20.21.pdf (8 pages)
- 7.5.1 - Annual Report of Audit and Assurance Committee - Appendix 1.pdf (1 pages)
- 7.5.1 - Annual Report of Audit and Assurance Committee - Appendix 2.pdf (3 pages)
- 7.5.1 - Annual Report of Audit and Assurance Committee - Appendix 3.pdf (1 pages)
- 7.5.2 - Annual Report of Charitable Funds Committee 20.21.pdf (9 pages)
- 7.5.3 - Annual Report of Finance Committee 20.21.pdf (4 pages)
- 7.5.4 - Annual Report of MHCLC 20.21.pdf (6 pages)
- 7.5.5 - Annual Report of S&D Committee 20.21.pdf (10 pages)
- 7.5.5 - Annual Report of S&D Committee - Appendix 1.pdf (4 pages)
- 7.5.6 - Annual Report Remuneration and Terms of Service Committee 20.21.pdf (3 pages)
- 7.5.7 - Annual Report of QSE Committee 20.21.pdf (8 pages)
- 7.5.8 - Annual Report of Digital & Health Intelligence Committee 20.21.pdf (7 pages)
- 7.5.9 - Annual Report of Health and Safety Committee 20.21.pdf (7 pages)

7.6.

Terms of Reference and Work Plan for all Committees of the Board

Nicola Foreman

- 7.6 - Terms of Reference and Work Plan Covering Report.pdf (3 pages)
- 7.6 - TERMS OF REFERENCE AND WORKPLANS FOR COMMITTEES OF THE BOARDV2.pdf (66 pages)

7.7.

Committee Minutes

Nicola Foreman

7.7.1.

COVID-19 Board Governance Group Minutes – 14th January 2021 & 16th December 2020

Charles Janczewski

- 7.7 - (1)i Minutes of the COVID 19 BGG - 14 January 2021.pdf (8 pages)
- 7.7 - (1)i Minutes of the COVID 19 BGG - 16 December 2020.pdf (6 pages)

7.7.2.

Audit & Assurance Committee – 17th November 2020

John Union

- 7.7 - (2)ii Minutes of the Audit Committee - 17 November 2020.pdf (12 pages)

7.7.3.

Finance Committee – 6th & 27th January 2021

Rhian Thomas

 7.7 - (3)iii Minutes of the Finance Committee - 6 January 2021 - December.pdf (8 pages)

 7.7 - (3)iii Minutes of the Finance Committee - 27 January 2021.pdf (9 pages)

7.7.4.

Quality Safety & Experience – 15th December 2020

Susan Elsmore

 7.7 - (4)iv Minutes of the QSE Committee - 15 Dec 2020.pdf (15 pages)

7.7.5.

Strategy and Delivery Committee – 12th January 2021

Michael Imperato

 7.7 - (5)v Minutes of the S&D Committee - 12 January 2021.pdf (9 pages)

7.7.6.

Mental Health Committee – 20th October 2020

Rachel Gidman

 7.7 - (6)vi Minutes of the MHCL Committee - 20 October 2020.pdf (13 pages)

7.7.7.

Stakeholder Reference Group – 24th November 2020

Abigail Harris

 7.7 - (7)vii Minutes of SRG Meeting - 24 November 2020.pdf (6 pages)

7.7.8.

Digital & Health Intelligence Committee – 10th October 2020

David Edwards

 7.7 - (8)viii Minutes of the Digital & Health Intelligence Committee - 10 October 2020.pdf (7 pages)

7.7.9.

Board Of Trustee – 17th November 2020

Charles Janczewski

 7.7 - (9)ix Minutes of the Board of Trustee Meeting - 17 November 2020.pdf (9 pages)

7.7.10.

Local Partnership Forum – 9th & 16th December 2020

Rachel Gidman

 7.7 - (10)x Minutes of the LPF Forum Meeting - 09 December 2020.pdf (3 pages)

 7.7 - (10)x Minutes of the LPF Forum Meeting - 16 December 2020.pdf (7 pages)

7.7.11.

WHSSC Joint Committee Briefing – 9th March 2021

Nicola Foreman

 7.7 - (11)xi WHSSC 2021.03.09 JC Briefing v1.0.pdf (4 pages)

Items for Noting and Information to Report

8.1.

Smoke Free Regulations

Fiona Kinghorn

8.1 - Smoke-Free Regulations 25.03.2021 FINAL v1.pdf (5 pages)

8.2.

Corporate Risk Register

Nicola Foreman

8.2 Corporate Risk Register Covering Report - March 2021.pdf (3 pages)

8.2 (a) Corporate Risk Register March 2021 - Full.pdf (2 pages)

8.3.

Chair's Reports

Nicola Foreman

8.3.1.

Finance Committee – 27th January 2021 & 24th February

Rhian Thomas

8.3 - (1)i Finance Committee Chairs Report January 2021.pdf (4 pages)

8.3 - (1)i Finance Committee Chairs Report February 2021.pdf (4 pages)

8.3.2.

Audit & Assurance Committee – 9th February 2021

John Union

8.3 - (2)ii Audit Chair's Report - 09 Feb 2021.pdf (5 pages)

8.3.3.

Quality Safety & Experience – 16th February 2021

Susan Elsmore

8.3 - (3)iii QSE Committee Chairs Report - 16 February 2021.pdf (6 pages)

8.3.4.

Strategy and Delivery Committee – 9th March 2021 Verbal

Michael Imperato

8.3.5.

Mental Health Committee – 19th January 2021

Sara Moseley

8.3 - (5)v MHCLC Chairs Report 19th Jan.pdf (5 pages)

8.3.6.

Digital & Health Intelligence Committee – 11th February 2021

David Edwards

8.3 - (6)vi DHIC Chair's Report - 11 Feb 2021.pdf (4 pages)

8.3.7.

Stakeholder Reference Group – 26th January 2021

Abigail Harris

8.3 - (7)vii SRG Chairs Report for UHB Board - 26 January 2021.pdf (3 pages)

8.3.8.

Local Partnership Forum – 12th February 2021

Rachel Gidman

 8.3 - (8)viii LPF Forum Chairs Report for UHB Board - 12 February 2021.pdf (3 pages)

9.

Agenda for Private Meeting:

1. Chief Executive Update
 2. Annual Plan Development
 3. Private Committee Minutes
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10.

Any Other Business

11.

Review of the meeting

Charles Janczewski

12.

Date and time of next meeting: Thursday, 29th April 2021 Via MS Teams

Charles Janczewski

Saunders,Nathan
03/16/2021 16:15:11

Unconfirmed Minutes of the Board Meeting
Held on Thursday, 25th February 2021 at 11:00am – 12:30pm
Via MS Teams Live Event

Present:		
Charles Janczewski	CJ	UHB Chair
Eileen Brandreth	EB	Independent Member - ICT
Steve Curry	SC	Chief Operating Officer
Martin Driscoll	MD	Executive Director of Workforce and Organisational Development
Susan Elsmore	SE	Independent Member – Local Authority
Akmal Hanuk	AH	Independent Member - Community
Abigail Harris	AH	Executive Director of Strategic Planning
Michael Imperato	MI	Interim Vice Chair & Independent Member - Legal
Fiona Jenkins	FJ	Executive Director of Therapies & Health Sciences
Fiona Kinghorn	FK	Executive Director of Public Health
Chris Lewis	CR	Interim Executive Director of Finance
Sara Moseley	SM	Independent Member – Third Sector
Len Richards	LR	Chief Executive Officer
Rhian Thomas	RT	Independent Member – Capital and Estates
John Union	JU	Independent Member - Finance
Ruth Walker	RW	Executive Nurse Director
Stuart Walker	SW	Deputy Chief Executive Officer / Executive Medical Director
In Attendance:		
Stephen Allen	SA	Chief Executive Officer - South Glamorgan Community Health Council
Sir Mansel Aylward		Chair Life Sciences Hub Wales.
Nicola Foreman	NF	Director of Corporate Governance
Malcolm Latham	ML	South Glamorgan Community Health Council
Allan Wardhaugh	AW	Chief Clinical Information Officer
Observers:		
Joanne Brandon	JB	Director of Communications
Rhodri Davies	RD	Audit Wales
Rachel Gidman	RG	Interim Executive Director of Workforce and Organisational Development
Darren Griffiths	DG	Audit Wales
Bryn Harris	BH	IT Project Manager, IM&T
Edward Hunt	EH	Programme Director - Redevelop, Strategic Planning
Victoria Legrys	VL	Programme Director, Major Trauma – Planning
Secretariat		
Raj Khan	RK	Corporate Governance Officer
Apologies:		
Gary Baxter	GB	Independent Member - University
Lance Carver	LC	Director of Social Services, Vale of Glamorgan Council

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UHB	Welcome & Introductions	

21/02/001	The UHB Chair welcomed everyone to the Public Meeting in English and Welsh. He introduced Sir Mansel Aylward, the Chair Life Sciences Hub Wales (CLSHW).	
UHB 21/02/002	Apologies for Absence Apologies for absence were noted from Gary Baxter and Lance Carver.	
UHB 21/02/003	Declarations of Interest The Executive Director of Therapies & Health Sciences (EDTHS) declared an interest as a member of Cwm Taf Morgannwg UHB. The Independent Member – Third Sector (IM-TS) declared an interest as the Director of Mind Cymru. The Independent Member – ICT (IM-ICT) declared an interest as an employee of Cardiff University	
UHB 21/02/004	Minutes of the Board Meeting held on 28th January 2021 The UHB Chair reviewed the minutes with the Board with no further matters arising. The Board resolved that: a) The minutes of the meeting held on 28 th January 2021 were approved as a true and accurate record	
UHB 21/02/005	Action Log – 28th January 2021 The Director of Corporate Governance (DCG) reviewed the action log and presented the updates to the Board. UHB 20/11/010 – Action complete – In regards to rescoring workforce within the BAF. UHB 20/07/010 – Action Complete – In regards to setting up a learning committee via the Patient Safety, Quality & Experience. UHB 20/11/014 – The DCG stated she would follow up the action with the Executive Nurse Director (END) to set a date when the item would come back to the Board. The END stated that she would bring a report on the nurse staffing act in May and advised that the issue was being picked up as part of the IMTP process and asked the Board if this could be tied in with the May presentation. The Board resolved that: a) The action log updates were received and noted.	RW
UHB 21/02/006	Chair's Report & Chair's Action taken since last meeting The UHB Chair wanted to formally offer the Health Board's condolences to Andrew Woolhouse and his family although he was able to pay tribute to Mr Woolhouse at the previous Board, due to deadlines was unable to formally note this. The UHB Chair wanted it recorded that the tragic loss would not go un-noted..	

	The UHB Chair announced that there were 2 new Board members, Mike Jones Independent Member – Trade Union and David Edwards who would become the Independent Member – ICT on the 1st April 2021 replacing Eileen Brandreth. The UHB Chair stated that the remaining report contained Chairs actions and Fixings of Seals and asked the Board to Note the report and approve the Chairs Actions. The Board resolved that: a) the Chair's report was noted; and b) the Chair's Actions undertaken were approved.	
UHB 21/02/007	Chief Executive Report The CEO was pleased to announce that he and the Executive Medical Director (MD) had signed up to a Memorandum of Understanding with BAPIO (British Association Of Physicians Of Indian Origin). He advised that the MoU was agreed to ensure that the Health Board could improve the working lives of physicians of Indian origins and added that the agreement was another example of the work being done with the Health Board's BAME colleagues to make the organisation more inclusive and welcoming to colleagues of all backgrounds. The CEO added that he had identified a piece of work within his lead role around inequalities and diversity and he would share this at a board development day in the future. The CEO also highlighted the success seen in the protected elective surgical unit. He advised that the service was running as a result of Covid and specific green zones through UHW & UHL had been established to protect identified surgeries. He added that an audit had been undertaken which highlighted that a significant amount of surgery taken place over the Covid period. He stated that the team had seen an increase in the ability to see urgent surgical patients over the course of the pandemic and it had also been identified that there had been no cross infection in the green areas. This demonstrated that the IPC procedures adopted had been effective in these areas. The Board resolved that: a) the Chief Executive report be noted	
UHB 21/02/008 Saunders, Nathan 03/16/2021 16:15:11	Corona Virus Update Report Quality & Safety The END highlighted that she had come from an operations meeting where she and the MD had shared in detail to colleagues across the Health Board the outcome of Covid outbreaks within hospital settings. She said that this was an area of great concern at the moment and she highlighted: • there was a spike in cases in January – this has come down but had begun to increase • the END & MD were to talk to all operational colleagues to ensure that all necessary IP&C actions were being taken • The IP&C and operational teams were concentrating on the	

placement of patients, testing of patients and staff, behaviour of staff, allocation of patients in clinical areas and the vaccination of in-patient areas.

The END stated that the teams were concerned about these areas which would remain an ongoing topic of conversation with the Board and the Quality & Safety Committee.

The MD highlighted mortality statistics within the paper for the Board to note.

Workforce

The Interim Executive Director of Workforce and Organisational Development (IEDWOD) reassured the Board that the team had been running a workforce hub 3 times a week with clinical and non clinical staff leads. There were workforce pressures however the teams were working through those. One positive to note was that the team had recruited a healthy amount of Healthcare support workers which had previously been an issue. Allied health professionals had been really flexible by increasing their working to a 7 day week to support the Health Board's response.

The IEDWOD highlighted that it was important to ensure that the Health Board had staffing right and safe for the health system but also that staff havens for the well being of staff had been a priority. In addition to the staff haven opened in the Lakeside wing there were also staff havens in UHL and UHW.

Governance

The DCG stated that this part of the report could be taken as read and wanted to highlight that the UHB Chair and herself would keep the item under constant review and as the Health Board began to exit the second wave it would keep the governance arrangements in place.

Operations

The Chief Operating Officer (COO) shared that at the last Board meeting he described how the Health Board was entering a position of transition from a slow descent from the Covid Wave into a rapidly increasing ascent of Non Covid activity which was how the current position had been panning out. He stated that the increase in Non Covid activity had been significant in the previous week.

At the previous Board meeting the COO advised that there 530 patients occupying beds due to Covid which had reduced to 460 demonstrating that the descent was quite slow in terms of the numbers of occupied beds.

He highlighted that critical care was pressured at the time of the last meeting but had been relieved in Covid terms. It remained pressurised in terms of overall occupancy and the in-patient position was being driven mainly by Healthcare associated infection as community acquired numbers had gone down significantly in terms of admissions.

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The COO added that the field hospital remained open and there were 70 patients situated in the Lakeside Wing.

The COO provided an update on the planned care position reminding the Board that they had ceased elective operating in January and February and were expecting to start operating again in March so this would gradually build up. He added that the teams had maintained all essential services Cancer, operating, etc throughout the period.

The COO provided an update on Mental Health services advising that it continued to be pressurised in terms of demand and capacity and that the shape of the return of activity was particularly challenging. Even though some of the areas were returning to pre-Covid levels, it was the rapid increase in referrals over a short period of time that was challenging adult and child mental health services. He then spoke about primary care services which remained busy. They were seeing non covid activity return quite dramatically, particularly in the previous 2 weeks.

The COO stated that the focus going forward operationally was:

- To work on the advice of the IP&C cells to manage the infection control challenges
- Plan, Track, & Respond to the non-Covid response in demand
- Reinstate elective operating at the pace that they could manage over the following few weeks

Following that teams would move into a more planned recovery which did have a level of uncertainty to it in relation to Covid and Non-Covid activity alongside the Health Board's ability to get back to an efficient operating model under the IP&C restrictions with staff that were very tired. He stated that the team would be working through this and putting in more formal plans to Welsh Government by the end of March.

Public Health

The Executive Director of Public Health (EDPH) confirmed that her update within the report provided statistics in relation to Covid-19. She reminded members that at the last Board meeting she advised that the numbers could change rapidly and that the current statistics were quite stubborn. She advised that at the time of the meeting the statistics were:

- 103.8 for Cardiff per 100k over a 7 day period
- 62.9 for The Vale per 100k over a 7 day period (decreased in this area)
- Positivity in Cardiff 9.7%
- Positivity in The Vale 6.5%
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She stated that the reason for the persistent number of cases was due to reservoirs of infection, of which they were aware that Healthcare environments were one reservoir and Healthcare workers were unfortunately picking up infections at work and spreading infection, which the END had already discussed in terms of management of the

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issue.

The EDPH advised that cases were still being seen within prisons, day care nurseries, etc, and that workplace clusters were reducing significantly. In the mix were also reseviors of infection such as household clusters and cases.

The EPDH informed the Board that the TTP teams were undertaking 14 day backwards tracing to try to identify sources of transmission within the community so that they could make sure appropriate management mechanisms could be put in place. She added that there were a suite of mechanisms in place such to manage outbreaks such as:

- Daily Public Health arena that looks at incoming cases
- Weekly TTP meetings
- Weekly incident management team meetings which feed into Welsh Governemnt
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The EDPH added that TTP was working very well, contact tracing was producing a very high turnaround, testing arenas were also producing a very high 24 hour turnaround both through Public Health and Lighthouse labs.

The EDPH then gave an update on the mass vaccination position stating that it was going well:

- 132k People had been vaccinated (over a 1/3 of the adult population)
- Commitments for the end of January had been met for Health care workers and care home residents and by mid February priority groups 1- 4
- The current percentage uptakes were quite high – over 80% in most categories
- 75-79 year olds & 70-74 year olds – uptake was over 90%
- Teams were now looking to vaccinate 65-69 year olds and all individuals 16-64 with underlying health conditions which included relevant unpaid carers
- Teams were also working on a particular vaccine approach for seldom heard groups and how to enhance BAME community vaccination uptake.

The CEO concluded by adding that there was a lot to be proud of in terms of the organisations response to Covid as had been demonstrated over the previous 12 months but also highlighted within the report. He wanted to highlight that this was probably the most complex time that the Health Board would face during Covid. Whilst improvements were noted he referred to the fact that whilst bed numbers were slowly reducing the Health Board was seeing an increase in the Non Covid work which would need to be managed by tired workforce feeling the effects of the previous 12 months in addition to significant IP&C challenges across the organisation. The CEO mentioned how the COO would be working in a complicated operational arena to bring other services back online as the impact of Covid was reducing whilst having to be aware of the ongoing risk.

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The CEO commented that the Board should not underestimate the operational challenge that was being seen. He felt that some of the pressures and challenges had been normalised in the system which he wanted to avoid as they remained extreme pressures even though being managed effectively.

Independent Member – Local Authority (IM-LA) highlighted within the Board papers pg 33 of 115 in regards to mental health services. She advised that she was aware of work being done with Cardiff Council particularly in low level services where demand was increasing. The IM-LA offered whatever support could be provided through the local authority and advised that from the Cardiff Council's point of view they wanted to look to develop a wrap around service for low level mental health services.

The EDPH added that they had also received guidance on mental health and learning disability the previous day and teams had already vaccinated some of the population in this regard and would continue to work on this.

The UHB Chair offered his thanks to the IM-LA for the offer of support

Independent Member – Community (IM-C) stated that he had personal experience of attending the community events along with medical staff and wanted to convey the communities' gratitude and recognition of the work being done.

He had 2 queries:

1. He queried with the COO whether the formal operational plans that were being considered would be long term or immediate plans; and
2. He queried with the EDPH in terms of the resevoirs of infections within the community whether more rigid/robust steps could be taken to counter complacencies that were being see.

The COO advised that the team were moving into a phase of trying to understand what the short, medium and long term responses were which had been referred to reset and recovery. Whilst the Health Board wanted to return to as much activity as possible and give as much access to services as possible, there was also opportunity to move forward in a way that renewed services and changed the way they were being delivered to provide a better service and provide more access to services. He stated that initial discssusions had been held locally and with Welsh Government regarding what a 6 months period, 6 months - 18 months period, 6 months - 2 year period, and what a 5 year period recovery would look like.

The EDPH responed to the IM-C's query to confirm that the control mechanisms were set out in WG's coronavirus plan. At the time of the meeting the population were in Level 4 restrictions so that all control mechanisms were in place to manage the virus. The next step of the plan would be looked at as rates dropped. She highlighted that when

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	looking at the framework and levels of restrictions there was a big jump from level 4 to level 3 which Welsh Government were looking at prior to advising on a relaxation of any restrictions. She added that on a regional level there were joint enforcement teams to apply enforcement mechanism more locally when they see behaviours that does not follow the rules. There was also a communications programme to engage with specific areas, including BAME communities, to reinforce messaging. All of the work formed part of a picture to try and support the behaviours needed to reduce infection rates. The EDPH added that other arenas such as the resevoir for infections related to the work being undertaken by the END in the Healthcare arena. She mentioned that for other arenas such as prisons and other workplaces, environmental health had regulatory mechanisms that could be used but that they start with an Advise, inform, & support approach then move to the regulatory powers if needed. The END commented that the rules of engagement had not changed and that the population must continue to social distance, wash their hands, and that more work was to be done as it was noticable that those behaviours were slipping. She added that a refreshed campaign was to be sent out to staff where they particularly challenged hearts and minds to encourage staff to challenge one another. She mentioned that there were still facilities available for staff to shower and change uniform before staff go home but some of these things were not happening to the same level as previously. The Board resolved that: a) the COVID-19 Update Report was noted.	
UHB 21/02/009 Saunders,Nathan 03/16/2021 16:15:11	Programme Business Case The UHB Chair highlighted that this was a vitally important piece of work that allowed the Health Board to move forward into a more detailed look into how clinical services were structured, how the estates might look, and how best the Health Board would look after its population. The Executive Director of Strategic Planning (EDSP) stated that this item would look to the future and reflect on the learning and expereince of Covid to ensure that it shaped plans going forward. The EDSP highlighted that the document shared with the Board provided an executive summary and members had also received a draft version of the full version. She added that this was an enormous and complex programme of work which was rooted in the delivery of Shaping our Future Wellbing and how: • The Health Board organises its services in a way that would enable it to deliver against the vision that everyone within Cardiff and Vale would have the best chance of a healthy life • The Health Board would really think about and address Health	

Saunders Nathan 03/16/2021 16:15:11	inequalites - Plans would look to address years of life lost from premature death / disease caused by the lack of a healthy lifestyle The EDSP reminded the Board for the need to secure the infrastructure needed when developing a business case and the team had set themselves an ambitious timeframe to do so. It was highlighted that due to Covid the work had slipped slightly but she gave her gratitude to Ed Hunt - Programme Director - Redevelop, Strategic Planning (PD-RSP) and Grant Thornton who had been the strategic partners on this piece of work as they had been able to deliver the draft PBC in such a short timeframe. The EDSP added that engagement with clinical staff had taken place which was important for the clinical model and the things that would be the key drivers in how it was expected that clinical services would be delivered in future. Despite the pressure that clinical colleagues were under they were able to run 5 engagement workshops, one of which had over 100 attendees. This demonstrated an appetite for people to inform and shape the project. Engagement was also undertaken with a lot of key stakeholders and the plan was not only for the Health Board but for local communities, neighbouring Health Boards, partners across South Wales, etc. The CLSHW endorsed the EDSP comments and added that the Bevan Commission and Life Sciences Hub greatly valued its links with the Health Board. He had personally received feedback from people who had mentioned how well the Health Board had managed the vaccinations and before that the whole system response to Covid. He stated that the Bevan Commission and Life Sciences Hub were already working with the Health Board and he had spoken with their commissioners and members of the Life Science Board to confirm how the organisations must continue to work together and he hoped that in his role as Chair of both organisations he would see a unified approach to tackle not just Covid but future projects, including UHW2.. The PD-RSP shared a presentation with the Board and advised that the team had come to the meeting seeking Board approval of the PBC. He advised that the PBC was executive summary which that was an encapsulation of a 300 page body of work. He highlighted that there were some final edits to be made to the final PBC and it was hoped that this would be finalised and approved for submission for March 1st 2021. Although the project was the UHW 2 Programme it was not too detailed about hospitals, as the focus had been on the service that needed to be delivered and what flowed from that and what estate would be required to deliver this service. Work on the PBC came before Christmas where a number of people from the health board and advisors discussed what they wanted to achieve and arrived at 5 spending objectives. He highlighted 5 themes: - Delivery of high quality care in the right environment.	

- Become and be seen as being a center of excellence.
- To create a system that looks after its staff and provides them with an environment that was worthy of the effort that they put in.
- To be seen as a pioneer trying new ways of treating patients.
- To be fully integrated.

The MD commented that as part of the clinical model development for the PBC the team had the opportunity to bring experts together to think about key areas of how the clinical model should be brought together.

He highlighted 3 key themes:

- Shaping our Future Well being – he stated that plans had to be in line with SOFW and had to be part of the future clinical strategy and all of the sub components of that. In addition there was an absolute need within that for development of UHW & UHL
- Learning Health System – he commented that this related to starting from a position of utilising best evidence based clinical practice and a key component of that was data collection to be used in a continuous improvement process to improve the service being delivered
- Life Sciences – alignment with other key stakeholders as part of a Life Science environment.

The PD-RSP continued the presentation stating that they took the clinical model and strategic objectives and considered the options available. He highlighted the preferred way forward.

- Implementation of a clinical strategy
- Continue with Community programmes
- Ambitious Digital strategy that needed to be put in place
- Signposting full rebuild of UHW & Refurbishment and extension of UHL

He stated that the plan going forward was to be very ambitious and that with the right support the team would be able to get UHW 2 open in Q4 financial year 2027/28. Over the next year they would like to put out strategic outline cases which will be the PBC strategy taken down into a further level of detail with specific deliverables, achievements, and milestones. This would also involve engaging and consulting with the population as to what the plans would be.

The PD-RSP concluded by saying that on 01/03/2021 the team would submit the PBC to Welsh Government and confirm that the HealthBoard would like to proceed with the clinical transformation and put all plans in place to create a strategic outline case by March 2022, to understand what the economic patient outcome opportunity is with a regional life sciences proposition looking at inward investment into the region.

The Chief Executive Officer - South Glamorgan Community Health Council (CEO-CHC) queried whether any assurances could be given

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	that the PBC could be tweaked based upon public feedback following the engagement processes. The EDSP confirmed that assurance could be given and advised that this was a very high level piece of work, based on the principles set out within the strategy and based on initial work that had already begun with soft engagement. She added that the detail of the next stage would be informed by that further engagement. The Board resolved: a) To note that the Executive Summary was an encapsulation of the entire business case b) To note that the Executive Summary and PCB were complete in content terms but would be receive minor amendments to increase impact ready for 1/3/21 submission. Additionally, minor amendments would be made to fill final information gaps and address drafting comments raised through recent review. The exception to this was the cost range for the programme. Those changes would be confirmed in the final draft, currently scheduled for 28/2/21. c) To note that a full PBC draft would be distributed to Board Members which would be complete in content and have final information gaps filled and cost ranges inserted. d) To agree that when the PBC was in its final form, a Chair's action could be provided to approve the final version for sending to Welsh Government on 1/3/21.	
UHB 21/02/010	Audit Wales – Annual Audit Report 2020 Darren Griffiths - Audit Wales (AW) introduced his report stating that the annual report summarised findings of 2020 audit work at the Health Board which had been undertaken to fulfill the auditor generals responsibilities under the Public Audit Wales Act 2004. He mentioned that the report had been checked and verified by the CEO, Interim Director of Finance, and the DCG. In addition it had been considered by the Audit committee in February. Following consideration by the Board AW would make the report available to the public via their website. To conclude he formally thanked the Board and NHS staff for their co-operation throughout what had been a difficult year. The UHB Chair thanked AW for the report and the acknowledgment of the difficulties faced over the previous 12 months. Independent Member – Finance, Chair of the Audit Committee reiterated that the Audit Committee had met in February and fully reviewed and were happy to approve the document and recommend it for approval by the Board. The Board resolved that: a) the Audit Wales – Annual Audit Report 2020 was approved.	

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UHB 21/02/011	SOFCS Engagement Timetable The EDSP stated that her team had been developing an outline shape of the Clinical Services plan which had been considered prior to Covid. Following the onset of Covid the team had reflected on the learning and experience from Covid which had fed into revised plans. She mentioned that the engagement timetable had been shared with the Board in December and that this was a final endorsement of the main document that would inform their engagement material. The EDSP thanked Victoria Legrys, Programme Director and the CHC who had been very helpful in terms of the engagement process. She asked the Board for approval of the overarching core document that formed the basis of engagement and asked the Board members to participate in some of the engagement events to hear first-hand what the local population and communities thought. The Board resolved to: a) Note the contents of the 'Shaping our Future Clinical Services' public engagement document. b) Note that the present version of the document would be re-formatted) c) Note the contents of the updated engagement plan including engagement questions. d) Approve the commencement of public engagement on the 1st March 21 for 7 weeks (subject to translation timescales).	
UHB 21/02/012	Review of the meeting The UHB Chair was happy with the way the meeting was conducted and those in attendance agreed.	
UHB 21/02/013	AOB The UHB Chair shared his thanks to Martin Driscoll Executive Director of Workforce and Organisational Development (EDWOD) prior to his departure from the Health Board in March. The UHB Chair commented that Martin had been a great asset to the Board since joining in 2017 and had made wonderful contributions to the Health Board during that period of time. He stated that the EDWOD's fresh approach had been of immense value to the organisation and that his genuine care, concern, and safety for the well-being of staff had been outstanding. The UHB chair commented that the EDWOD had built a strong team around him which would stand the Health Board moving forward. The UHB Chair also wanted to thank the EDWOD personally for the amount of support he had provided to the UHB Chair on a personal basis and wished him the best in his new role. The CEO echoed the points made by the UHB Chair as he felt that the EDWOD brought a different perspective to workforce development and	

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	culture change adding that he had made a significant difference within the Health Board in such a short amount of time. He stated that it was a joy to work with the EDWOD as part of the executive team and he echoed the point made by the UHB Chair as he had provided the CEO with great personal support as his deputy over and wished him the very best for the future. The EDWOD thanked both the CEO and UHB Chair for the kind words and confirmed that whilst he was looking forward to his new challenge he was leaving with a heavy heart after his time within the Health Board. The UHB Chair also gave his thanks to Chris Lewis for his excellent work stepping up as the Interim Director of Finance over the previous few months. He stated that he had delivered a first class contribution to the Board at a time of uncertainty and played a key role in keeping the Health Board on an even financial keel despite those challenges. He added that he led the finance team very effectively during his term and deservedly received genuine praise from the Welsh Government senior financial team. The CEO echoed the points made by the UHB Chair in regards to the Welsh Government comments which was very well deserved highlighting that the IDF had made a great contribution on the broader financial field in regards to how the system was handling Covid. The CEO said he felt safe with the IDF in charge as he understood the organisation and Welsh Government's finances worked very well. He concluded by saying that the IDF had done a great job over the last few months and would continue to do so. The IDF thanked the CEO and UHB Chair for their comments saying that he had worked for the organisation for the past 35 years and was happy to serve and support it	
UHB 21/02/014	Date and time of next meeting: Thursday, 25th March 2021 at 1.00pm MS Teams	

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ACTION LOG
Following Board Meeting
25th February 2021

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Actions Completed					
Actions In Progress					
UHB 20/11/014	Nurse Staffing Act – Mental Health Nurse Staffing Levels	A further discussion to be had at an Executive level to consider Mental Health Nurse staffing levels for feedback to the Board	27/05/2021	R Walker	To be brought to the May Board meeting
UHB 21/02/005		The End stated that this work will now be picked up as part of the IMTP Process and brought to the May Board			
Actions referred to Committees of the Board/Board Development					
UHB 21/02/007	Chief Executive Report	The CEO stated that he would bring to a future board development session work around inequalities and diversity	TBC	Len Richards	To be taken to a future Board Development session

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Report Title:	Chair's Report to the Board					
Meeting:	Public Board Meeting				Meeting Date:	March 2021
Status:	For Discussion	For Assurance	For Approval	x	For Information	x
Lead Executive:	Chair of the Board					
Report Author	Executive Assistant to Director of Corporate Governance					

Background and current situation

This report includes information on the key activities that have taken place since the last Board Meeting on the 25th February 2021.

It is with sadness that we say farewell this month to one of our Independent Members

Eileen Brandreth

Eileen Brandreth has been an Independent Member for Cardiff and Vale University Health Board for the past eight years. She has been a very much valued member of the Board, having made a significant contribution during this time and will be greatly missed. I would like to thank Eileen and wish her well and all the best for the future.

Appointment of Vice Chair

I am delighted to announce the appointment of Professor Ceri Phillips to the role of Vice Chair of Cardiff and Vale University Health Board with effect from the 1st April 2021.

Ceri brings with him a wealth of experience in the field of Health and Social Care. He is currently Chair of the All Wales Medicines Strategy Group, having been a founder member of the Group. He is an independent member of the Health Education and Improvement Wales Board and has been since its inception, having been a member of the Evans Review that recommended its creation. He was formerly a member of Abertawe Bro Morgannwg University Health Board and the Bevan Commission. He co-authored the publication that initiated the notion of Prudent Healthcare in Wales. He is Emeritus Professor of Health Economics at Swansea University and is an Honorary Professor in Cardiff University School of Medicine.

Michael Imperato

I would like to express my fullest gratitude to Michael Imperato, who, as Interim Vice Chair has provided both myself and the Board with first class support.

Voluntary Services Update

Last March we had to stand down all of our volunteers due to the covid-19 pandemic. Since then we have created new roles, individually risk assessed all of our volunteers and adapted our

recruitment pathway and process into a digital format. We are actively recruiting for the new roles. Current and newly recruited volunteers with score outcomes defined on the Welsh Government Risk Assessment as low risk have been supporting in these new roles:

Hospital Runner - volunteers support the Patient Property Drop Off and Collection Service at UHL and UHW. This service runs Mondays and Fridays at Llandough and Mondays, Wednesdays and Fridays and Heath. Relatives and carers can bring in essential items of clothing or toiletries to the drop off points at the information centres where a volunteer takes it to the ward on their behalf and picks up any soiled items to be taken home to wash.

Covid Meet and Greet – stationed at the hospital entrances, satellite vaccination centres and the mass vaccination centres volunteers welcome and guide members of the public through one way systems, while reassuring and anxious members of the public and informing them of the safety measures in place.

For our volunteers who are unable to return some of them support with the Chatterline. Chatterline volunteers – families and UHB services can make a referral to us for one of our Chatterline volunteers to telephone their loved one who may be isolated and be feeling lonely due to lockdown restrictions.

Statistics

Since October 2020:

- 2, 857 drop offs and collections across University Hospital Llandough and University Hospital of Wales.
- Over 1,500 hours of volunteering
- 40 active volunteers
- 110 volunteers who have been risk assessed and are wanting to come back when guidelines allow
- 60 new recruits currently going through recruitment process to become Hospital Runners and/or meet and greet
- 8 online Inductions delivered to over 100 St Johns Ambulance and Red Cross Volunteers who support at MVC

Feedback from Volunteers

I really enjoyed it! It was a wonderful experience and can't wait for my next shift tomorrow!

Thank you for choosing me to be part of your team

I just wanted to let you know what a lovely day I had today in Llandough. My welcome was perfect and when I was taken down to the vaccination area the warmth of the welcome was just as great. I felt really appreciated and proud of my first day's efforts. So overall an excellent day and thank you to everyone in your office for making me so welcome.

I've really enjoyed the sessions I've done so far and have booked more in.

I really enjoyed it and I loved meeting the team and also the other volunteers. They are all so friendly and I felt very welcomed! Thank you so much for checking in.

Thanks to the whole team for keeping us volunteers well informed during the last few months and for finding a way in which we can volunteer during Covid restrictions

Feedback from staff

Amazing job and integral part of the team

Absolutely amazing. Really friendly to everyone. Takes time to explain what will happen to everyone who comes in. Thank you

It's wonderful to see the volunteers back

Great idea and very much needed for patients and their families (drop off service)

Used the drop off service myself this week. Thank you so much for helping us reach loved ones

This is excellent and will make a positive difference to so many (drop off service)

Volunteer recognition

For Volunteer's week 2020 we thanked all of our volunteers through our social media campaign and everyone received a certificate too. Ethan Prosser won Volunteer of the Year at the staff recognition awards. Ethan volunteered at the library service before Covid, and cannot wait to come back.

Mohan and Meirion received the runner up award for their support volunteering with the substance misuse team. At the end of the year all of our volunteers whether active or on hold received thank you cards.

Volunteers contributed to our Patient Experience Advent Calendar:

<https://padlet.com/helenarobertsonreid/advent2020>

Working in partnership

Each year we work in partnership with Skills and Volunteering Cymru to deliver a mental health project. This year we were unable to do this. Instead, volunteers made and donated 166 Christmas cards which we were able to receive, isolate and deliver to ward in time for Christmas.

"These made such a difference today, patients were showing them off, asking for them to be pinned up and so happy to open them" – East 8

The volunteers also made Christmas face masks which were delivered to Hafan Y Coed for patients being discharged home over Christmas.

"We got the masks and the patients loved them thank you so much" – Cedar Ward, Hafan Y Coed

Mass Vaccination Centres

We have been working with British Red Cross and St Johns Ambulance to increase volunteer support at the vaccination centres. So far we have facilitated 11 online induction sessions for 3rd sector volunteers to support the Health Board, and have in place over 100 combined UHB and Third sector volunteers supporting in a meet and greet capacity at the mass vaccination centres.

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

The common seal of the Health Board has been applied to 1 document since the last meeting of the Board.

Seal No.	Description of documents sealed	Background Information
949	Lease Renewal, Newland St, Barry	Between Cardiff and Vale UHB and the Vale of Glamorgan Council

The following legal documents have been signed since the last meeting of the Board:

Date Signed	Description of Document	Background Information
11.02.2021	Maelfa - Licence to Occupy and Carry out works (Land adjoining Llanedeyrn High School)	Between Cardiff and Vale UHB and The County Council of the City and County of Cardiff.
22.02.2021	Maelfa - Licence to Occupy and Carry out works (Land adjoining Llanedeyrn Drive) (MUGA)	Between Cardiff and Vale UHB and The County Council of the City and County of Cardiff.
26.02.2021	Toys R Us - Indemnity Letter	Between Cardiff and Vale UHB and The County Council of the City and County of Cardiff.

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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.

Chair's Action was taken in relation to:

Chair's Actions						
Date Received	Chair's Action Details	Background Recommendation Approved	Date Approved	IM Approval		Queries Raised by IMs
				IM 1	IM 2	
17.02.21	All Wales E Rostering	Approval of the contract for a consistent approach to E-rostering at a National Level	18.02.21	Approved John Union 18.02.21	Approved Rhian Thomas 18.02.21	No Queries raised
17.02.21	All Wales eye care digitalisation	Approved funding for the replacement of the Ophthalmic Imaging Hardware in readiness for the All Wales Eye Care digitalisation	18.02.21	Approved Michael Imperato 18.02.21	Approved Rhian Thomas 18.02.21	No Queries raised
17.02.21	Relocation of Neuro & Spinal Rehabilitation and Gerontology Services	Proposed contract for work on both UHL and CRI sites to the value of £31.7m	17.02.21	Approved Michael Imperato 17.02.21	Approved Rhian Thomas 17.02.21	No Queries raised
17.02.21	Windows 10 Deployment Programme	Approval to award a contract for Hardware to support the Windows 10 Deployment Programme	17.02.21	Approved Michael Imperato 17.02.21	Approved Rhian Thomas 17.02.21	No Queries raised
25.01.21	MRI Capacity	Uplift the MRI capacity due to pandemic.	11.02.21	Approved CV19BG G: 21/02/11/006	Approved CV19BG G: 21/02/11/006	No Queries raised

01.03.21	UHW2	Programme Business case	01.03.21	Approved John Union 01.03.21	Approved Rhian Thomas 01.03.21	No Queries raised
26.02.21	Lease Vehicles for Alas	Approval award for 4 yr contract on leased vehicles for the ALAS service.	04.03.21	Approved John Union 04.03.21	Approved Rhian Thomas 04.03.21	

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

The COVID-19 Board Governance Group was set up to ensure robust, effective decision making could take place at pace. This has ensured that due process has continued to be followed.

Recommendation:

The Board is recommended to:

- **NOTE** the report
- **APPROVE** the Chair's Actions undertaken.

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	x	Collaboration	x	Involvement	x

Equality and Health Impact Assessment Completed:	Not Applicable

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Report Title:	CHIEF EXECUTIVE'S REPORT					
Meeting:	CARDIFF AND VALE UHB BOARD MEETING				Meeting Date:	25.03.2021
Status:	For Discussion		For Assurance		For Approval	For Information ✓
Lead Executive:	CHIEF EXECUTIVE					
Report Author (Title):	EXECUTIVE ASSISTANT TO THE CHIEF EXECUTIVE					
Background and current situation:						
This is the twentieth written report being presented and, where appropriate, has been informed by updates provided by members of the Executive Team. 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.						
Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:						
All hospital grounds in Cardiff and Vale Health Board Area are now Smoke-Free						
Our hospital grounds are now smoke-free. New laws introduced across Wales on 1 March, build on the smoking ban introduced in 2007 and will protect more people from harmful second-hand smoke and help those trying to quit. Anyone found breaking the law by smoking in the hospital grounds could face a £100 fine. The health board has been instrumental in supporting a smoke-free hospital environment and was the first health board in Wales to introduce a full No Smoking Ban across all hospital sites.						
Video Consultations Enhancing Endoscopy Service						
We have an innovative use of video consultations being piloted by our endoscopy services, which aims to speed up second opinions for endoscopy procedures. The team is using video consultations for consultants to be able to give second opinions on unusual or complex cases immediately, without having to change into scrubs or don PPE. Previously, patients would have had to wait during what can often be uncomfortable procedures for the consultant to attend, or return to hospital for a further procedure where the second opinion wasn't possible. But now, the new use of the NHS Wales Video Consultation service means that consultants can view live feeds of the diagnostic and therapeutic procedures, and discuss cases remotely.						
Shaping Our Future Clinical Services Engagement Events						
The engagement period for our Shaping Our Future Clinical Services has begun. It will run until Monday 19 April 2021.						

We need to rapidly evolve to best serve the needs of the public and ensure that we are able to offer sustainable health services for everyone. To help shape our future clinical services, engagements events are taking place on:

Cardiff South East & Central: 7-9pm, 10th March 2021

The Eastern Vale of Glamorgan: 7-9pm, 22nd March 2021

The Western Vale of Glamorgan: 7-9pm, 24th March 2021

The Central Vale of Glamorgan: 7-9pm, 30th March 2021

Find out more about our proposed transformations here: <https://shapingourfuturewellbeing.com>

Vascular Engagement Events

We have launched an engagement programme into the future of vascular services in South East Wales. This public engagement opportunity will run until **Friday 16 April 2021**.

A number of growing challenges face vascular services in South East Wales, meaning the service cannot be sustained in its current format for the future. The configuration of vascular services across the region has been discussed at length for many years.

Our Health Boards in South East Wales have long standing working relationships, the South East Wales Vascular Network has been formally established to enhance collaboration and identify the best model of care for the future. The network is made up of:

- Aneurin Bevan University Health Board
- Cardiff and Vale University Health Board
- Cwm Taf Morgannwg University Health Board
- Powys Teaching Health Board

A series of engagement events is being hosted each of the provider Health Boards, ours will be held on the following dates:

- **16th March 2021, 7-9pm**
- **18th March 2021, 7-9pm**

Find out more here: <https://cavuhb.nhs.wales/sewalesvascular>

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

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

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Respectful
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Trust and integrity
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Personal responsibility
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Report Title:	Corona Virus Update Report						
Meeting:	Board				Meeting Date:	25.03.21	
Status:	For Discussion		For Assurance	X	For Approval		For Information x
Lead Executive:	Chief Executive Officer						
Report Author (Title):	Director of Corporate Governance						

Background and current situation:

The COVID-19 Update Report was approved by Board in November 2020 as part of the proposed changes to Governance arrangements to ensure appropriate reporting on key areas during the COVID 19 pandemic.

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

The attached COVID-19 Report (Appendix 1) provides an update since the last meeting in February to the Board regarding the pandemic, and covers key activities in the areas of Quality and Safety, Workforce, Governance, Operations and Public Health.

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

Provision of this report as a standing agenda item for Board ensures transparency of reporting around COVID-19 and ensures robust governance during the second wave of the pandemic.

Recommendation:

The Board is asked to:

- Note the attached COVID-19 Update 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	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	x	10. Excel at teaching, research, innovation and improvement and	x

care, in the right place, first time					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		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:		Not Applicable							

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COVID 19 – Update Report covering key activities in relation to • Quality and Safety • Workforce • Governance • Operations • Public Health	Month: March 2021
Quality and Safety	Executive Nurse Director/Executive Medical Director
• Covid outbreak position – at the time of writing there are 8 wards across the UHB managing covid-19 outbreaks (7 at UHW, 1 at UHL). This is a stable and improving position from that reported at the last public Board meeting. As previously advised, the Deputy Executive Nurse Director continues to chair daily Infection Prevention and Control meetings with senior staff to monitor the overall situation. Lakeside Wing additional capacity was opened on the 27.12.20 to the first cohort of patients to support with Covid-19 pressures within the C&V UHB footprint. Further capacity remains available if deemed necessary to utilise. Clinical Boards hold operational meetings to ensure that effective management of the clinical areas is in place. These feed in to the outbreak meetings outlined above. There is a twice weekly UHB-wide Covid-19 Operations meeting, chaired by the Chief Operating Officer. The Executive Nurse Director or her deputy provide information to this meeting to ensure a cohesive approach and good communication is in place. The UHB is complying with routine daily nosocomial reporting arrangements to Welsh Government. • Healthcare Inspectorate Wales (HIW) – announced inspections to the Mass vaccination centres at Splott and at Barry were undertaken on March 1st and 2nd 2021. Although feedback was largely positive there were some immediate assurance issues in relation to vaccine preparation and administration, audit activity, fire risk assessments, security and evacuation. The UHB is required to respond by March 8th 2021. • Investigation of hospital acquired Covid - 19 – the UHB continues to work with colleagues across Wales, Welsh Government and the Delivery Unit to standardise the investigation of hospital acquired Covid – 19, and the application of the Putting Things Right regulations.	
Workforce	Interim Executive Director of Workforce and OD
Workforce Hubs are established for Nursing, Medical, AHP, Facilities and Primary Care brought together through Workforce Steering Group chaired by Interim Director of Workforce & OD three times a week Lakeside Wing (LSW) • Both phases are now complete and the build has been handed over from Darwin to the UHB. The proposal to reduce patient numbers to 50 transfer	

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them to the 50 medical beds on South side of LSW (where the facilities and accommodation is off a higher specification) was delayed due to high patient numbers and the need for capacity on the North side

- All staff groups currently who are required to work in LSW have a green rag rating

Critical Care

- Nursing staff supporting from other areas returned back to substantive posts and managing within CC numbers.

Mass Immunisations

- Registrant availability and capacity remains a challenge. The ops team are working closely with WOD colleagues to look at what workforce is in place against the workforce demand plan to identify the gaps and how those can be addressed.
- LED are reviewing and working in collaboration in designing an accelerated training programme which will increase the amount of staff trained and signed off as competent
- Increased vaccine supply from next week so workforce requirements being reviewed up to and including end of March 2021.
- Workforce team are working closely with the ops team to recruit staff for an additional mass vaccination centre, which will open on the 25th March 2021
- Decreasing demand for testing has enabled some deployment of staff to Mass Imms temporarily. This will be reviewed as part of longer term resilience and planning.

Health and Wellbeing

- Staff-wellbeing being prioritised with a comprehensive full range of initiatives and support in place as well as a new initiative with Remploy to support staff with mental health issues
- 3 Staff Havens now open (LSW, UHW and UHL) with an Aroma nearby
- Employee Wellbeing Service waiting times are low - employees can be seen quickly in all areas
- Further resource has been extended for the trauma pathway , accessible for staff , led by the well-being service
- Wellbeing sessions are being held twice a week to support Managers
- The Health and Wellbeing lead is visiting ward areas to see staff and discuss wellbeing and is working closely with medicine Clinical Board to support staff wellbeing

Recruitment

- **Mass Imms**
 - 3.8wte B6s recruited – Start dates to be confirmed
 - Further advert placed for B6 Shift Lead/Supervisors w/c 01/03 (closing 08/03)
 - B7 Team Lead interviews scheduled for 03 March – outcomes to be confirmed
 - Stability of workforce remains a challenge due to being largely Bank

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- **Registered Staffing**
 - Recruitment going through Nursing Hub, with Workforce Hub processing enrolments.
 - International Nurse Recruitment in place – international supply plentiful, local support mechanism to support new recruits in place. 78 international nurses have joined us to date. A total of 185 have now been commissioned and recruitment offers already made to the majority.
- **Workforce hub**
 - There have been a total of 513 posts requested for urgent recruitment with the Workforce Hub, with 497 offered posts (wte) – a headcount of 887.
 - 120wte temporary facilities staff have been requested - 118 wte (163 people) have been offered.

Other:

- AHPs and pharmacy - flexing staff across the UHB where needed
- Medical & Dental rotas have been changed but a more finessed approach this time to avoid disruption. 45-50 staff have now been moved to overall Mega Rota, with new compliant rotas in place. Feedback positive.
- Temporary enhanced overtime pay incentive scheme for Substantive Registered Nursing staff and HCSW implemented. Discussions are taking place at an All Wales level to decide if this should be extended beyond 31.03.21
- A COVID-19 Learning Report has been produced
- Daily reporting through Clinical Board Absence is down to 6.76% (03.03.21) with a downward trend (reduced from 8% at time of last report). This includes all of non-COVID-19 Sickness, COVID-19 Sickness, Self-Isolation (Able to Work from Home), Self-Isolation (Unable to Work from Home) and Shielding
- Absence rates have been impacted by WG advice on Shielding (which means shielding for Clinically Extremely Vulnerable staff resumed from 22 December – 31 March 2021). Our staff can work but they should work from home. Staff are also being deployed into alternative roles and call handler roles wherever possible.

Governance	Director of Corporate Governance

As the Health Board continues to come through the second wave it is important for Members to note the Governance arrangements which continue to be in place:

- (a) The Board is now meeting in Public on a monthly basis and has done since November 2020. However, the Chair will review this for the start of the new financial year to consider whether it will still be necessary for the Board to meet on a monthly basis.
- (b) The Covid 19 report continues to be reported to each Board under the key headings of Quality, Workforce, Governance, Operational framework and Public Health.

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(c) The Covid Board Governance Group continues to meet and now includes all Independent Members. The Terms of Reference were amended and approved to reflect this. This Group meeting will also be considered by the Chair as to whether it needs to continue moving into the new financial year.

(d) All other Governance arrangements remain the same as the last report to the Board in February 2021.

Operations including Operational Framework

Chief Operating Officer

The revised Covid-19 operating framework previously presented to Board remains in place, with the first principle being to be 'covid ready'. Operations, working in a 4-6 week planning horizon, continue to be guided by a number of key components focused on minimising the different types of harm as set out in the national and local framework. Points of note since the last Board include:

Essential services – urgent and emergency essential services continue to be maintained in all areas, including cancer treatments, urgent and emergency surgery and in unscheduled care.

Unscheduled care – As reported to the Board last month, the second wave has been characterised by a slow reduction in covid bed occupancy from a much higher peak, together with a greater impact from hospital acquired infection. The overall position has improved over recent weeks – with lower covid admissions, occupancy and a reduction in the number of beds lost due to IP&C controls to contain nosocomial spread. As at 8th March 2021, there were 359 covid inpatients across all hospital sites, a reduction of 200 since the last board report but above the highest level seen in the first wave of 277. Lakeside Wing, at the time of writing this report, remains open with 73 inpatients.

Current operational planning remains focused on managing the longer covid lengths of stay while coping with the re-emergence of non-covid demand. In line with the revised operating model, Local Coordinating Centres continue to re-balance hospital bed capacity to reflect changing demand.

The critical care position reflects a similar changing demand picture from covid to non-covid, with the overall number of patients in critical care nearing established capacity levels.

Planned care – With the reduction in covid activity, focus has changed to recommencing elective activity that ceased in January 2021. Release of staff who were redeployed to support the covid response has commenced, including theatre staff from critical care, to allow reinstatement of some elective activity. The scale and duration of the pandemic has had an unprecedented impact on the delivery of planned care services and the Health Board's approach to recovery will need to be significantly different and not one solely based on returning services to normal. This approach will be outlined in the Health Board's 2021/22 Annual Plan.

Cancer care – Cancer care continues to be provided as an essential service. As reported last month, whilst the Health Board has been successful in maintaining treatment activity, referral rates, backlog work and timeliness of treatment is

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resulting in cancer target compliance reducing transiently in the first few months of 2021.

Mental Health services – With demands on Mental Health Services continuing, the Clinical Board is re-assessing pressures on the various points of access to get a whole system view. As reported previously, increased demand along with staff absence contributed to a deterioration in compliance in 28 day access for primary mental health assessment but a recovery plan is underway. Some non-urgent mental health services previously ceased have recently recommenced.

Primary care services remain resilient despite significant pressures. There have been a small number of practices that have been supported by the primary care team within the Health Board but currently no GMS practices reporting high levels of escalation. Dental, optometry and pharmacy are all reporting a green status.

All 60 GP practices have been actively involved in the mass immunisation programme and have been providing vaccines for people aged 80 and over and 75-79. These were undertaken by the 15 January deadline. All 60 practices are currently undertaking vaccines for the 65-69 cohort and these are expected to be completed by 22 March. We are also planning on involving community pharmacy from the beginning of April and the intention is to start with 4 practices. They will be providing support to vaccinate carers and BAME groups.

Public Health

Executive Director of
Public Health

Epidemiology update

Over the past month, following a steep fall in cases in January, cases stabilised around 100 per 100k over 7 days in both Cardiff and the Vale. Rates have fallen gradually to around 70 per 100k in the Vale by the last week of February, but have remained broadly static in Cardiff. Test positivity rates in both areas has fallen significantly since the peak.

Many of our ongoing cases are associated with known reservoirs of infection locally, including in our health and social care system, and known workplace clusters. We have recently had incidents in nursery (childcare) settings, with significant onward spread. Secondary cases, where others in the household become infected after an initial case, are frequent and make up a significant proportion of cases. With additional information from detailed 14 day backward contact tracing, the TTP team is investigating further cases where there is no obvious direct or indirect link to a known cluster of cases, so we can understand better what is behind this transmission.

In mid-February, around 13% of cases in Cardiff and Vale were acquired in a healthcare setting, with a number of ongoing incidents on NHS sites. As vaccination of staff and older and vulnerable people continues to take effect, alongside comprehensive management of infection prevention and control in the hospital setting, we hope to see these cases fall. Care home incidents have declined in both LA areas.

From 22 February routine testing using lateral flow devices has been introduced for a number of staff groups including school staff, care home staff, and some

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healthcare staff. Increasing proactive testing could increase case rates from their current level by identifying asymptomatic individuals with infection, and some historic cases from the second wave over Christmas.

As the rate of Covid cases in the community rose over Christmas, the death rate sadly increased, with a prolonged peak between mid-January and early February. Rates appear to have come down since then but are still above the 5 year average, suggesting excess deaths continue.

New variant strains of Covid-19 with higher transmissibility continue to be a concern, and reinforce the need for communities and workplaces to follow Covid precautions. At the time of writing, the whole of Wales remains under Alert Level 4 lockdown rules, though Foundation Phase pupils returned to school on 22 February, with the possibility of other pupils returning on 15 March.

TTP update

There is capacity in all local testing sites and the majority of results are received within 24 hours. The contact tracing service also continues to operate within capacity and is reaching both new cases and their contacts rapidly. The partnership regional team meet daily during the week to review incident cases and direct action to address any clusters or settings of concern.

Since the last update, the processes for managing returning international travellers have been further developed. From the 15 February 2021, travellers returning from the so called 'Red' Countries have been required to quarantine in hotels at their port of entry. All other travellers from 'Amber' countries are required to quarantine at home and organise their own testing on day 2 and day 8 following return, via a national UK portal. An all Wales team, hosted by Cardiff Council, has been established to monitor and support these travellers; regional support is requested where individual issues arise.

Our partnership communications teams work collaboratively across the region to continually promote 'hands, face, space' messages, along with the cue to access testing if displaying any of the cardinal symptoms.

Vaccination update

To date we have vaccinated 135,139 people in Cardiff and the Vale of Glamorgan which is 33% of our total adult population.

Mass vaccination centres: Splott Mass Vaccination Centre is delivering second doses of the Pfizer Vaccine and we have now given over 11,000 second doses. Pentwyn Mass Vaccination Centre and Barry Mass Vaccination Centres are delivering Oxford AstraZeneca to priority group 6 which are aged 16-64 with underlying health conditions which could become seriously ill from Covid and unpaid carers.

Mobile teams: Our Mobile Teams are contacting housebound patients under 70 to receive their vaccination from lists we have received from GP Practices. We are also working through a plan to use the mobile teams to vaccinate our vulnerable

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communities including those that are homeless and the traveller community. We will update on these groups when we have further details.

GP practices: Our GP Practices are continuing to book in priority group 5 (aged 65-69) to receive their vaccine and have completed 51% of this group so far. Remaining people in this age group should be invited by the middle of March with first doses given by 22 March.

Unpaid Carers, people with Learning Disabilities and Severe Mental illness: We have received confirmation that people with Learning Disabilities and people with severe mental illness will now be included in Group 6, alongside guidance for unpaid carers.

We are currently working to identify the numbers for people with learning disabilities or severe mental illness and are exploring where they will receive their vaccine as we are aware a Mass Vaccination Centre may not be the appropriate setting. We are developing an online form which will be available early next week for people who meet the criteria as a carer to register if they are not picked up via their GP or carers allowance. We will provide a phone number for anyone who would like some assistance to complete the form.

Communications: Currently we are filming with GPs within our Black, Asian and minority ethnic communities to inform people within these groups about the benefits of receiving the vaccine. We have invited the media to each of our Mass Vaccination centres to highlight the progress. Our [website](#) is updated regularly and supported by social media activity.

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Report Title:	Board Assurance Framework (BAF)						
Meeting:	Board				Meeting Date:	25 th March 2021	
Status:	For Discussion		For Assurance	x	For Approval	x	For Information
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Director of Corporate Governance						

Background and current situation:

The Board Assurance Framework provides the Board with information on the key Strategic Risks that could impact on the delivery of the Health Board's Strategy 'Shaping our Future Wellbeing'. It provides information on the controls and assurances in place to manage and/mitigate the risks identified and any further actions which are required.

The BAF for March 2021 currently comprises the following 9 risks:

1. Workforce
2. Financial Sustainability
3. Sustainable Primary and Community Care
4. Patient Safety
5. Sustainable Culture
6. Capital Assets
7. Test, Trace and Protect
8. The risk of inadequate planned care capacity
9. Risk of Delivery of IMTP

This is the BAF for the end of the financial year 20/21 and the risks presented will be taken forward and described within the Annual Governance Statement. For the new financial year the Management Executives will again consider risks to the achievement of our Strategic Objectives. Many of the above risks will be carried forward to the next financial year.

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

The above risks have all been fully reviewed with each Executive Director lead to ensure that the BAF presented is up to date. The BAF includes the controls, assurances and actions the Executive Team are taking to reduce the risks going forward. It also includes which Committees of the Board should be reviewing the individual risks on the BAF in order to provide further assurance to the Board.

Since the last review in January 2021 all risks have remained the same with the exception of :

- Risk that Test Trace and Protect Service and the Mass Vaccination Programme will fail to deliver effectively – this has reduced from a risk score of 15 in January 2021 to 10 in March 2021 and is now at its target risk rating.

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Committees of the Board are now reviewing their risks on the BAF to provide further check and challenge and assurance to the Board when the BAF is presented in full.

The Corporate Risk Register references have also been updated on the BAF to enable the Corporate Risks to be linked to the Strategic Risks of the Health Board.

The Strategic Objectives are mapped to the risks on the BAF so there is clarity which risks impact on the objectives.

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

Risk Management continues to develop at Cardiff and Vale Health Board. Significant progress had been made but actions have been stalled for a number of months due to COVID-19. Work on now moving these actions forward has now restarted and includes the following:

Action	Update
Report the new BAF to the Audit Committee and the Board to ensure key risks to the achievement of objectives are identified.	Complete – Presented to Board on 24 th September and will be reviewed by Audit Committee when it meets in November
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	Complete and ongoing – reported to S&D on 15 th September. BAF risk reviews will also be added to the Committees of the Board going forward routinely.
Assess the organisation's 'Risk Appetite'	Complete and ongoing – A session was held at the Board Development on 29 th October further work is now required to roll out the 'Risk Appetite' across the organization and ensure it is properly embedded in decision making
Review Risk Management and Board Assurance Framework Strategy.	This was approved by the Board initially in July 2019. There is a requirement within Standing Orders to review the Strategy on an annual basis. This will be presented to the Board, alongside the 'Risk Appetite' roll out plan in May 2021.
Development of Risk Management Procedure	Complete – A new procedure has been developed to support the Strategy approved by the Board on 25 th July.
Ensure that the work on the Corporate and Clinical Board Risk Registers is completed within a timely manner and in line with the Risk Management Strategy and Procedure.	Continuing - There will be a phased approach to the development of risk registers within Corporate Directorates and Clinical Boards. This approach will be in line with the Risk Management and Board Assurance Framework Strategy presented to Board. The new Risk and Regulation Officer commenced on 12 th October and has been delivering risk management training within the Clinical Boards.
Corporate Risk Register to be presented to the Private Board July 2020	Complete – The last Corporate Risk Register was presented to the Board in private in March 2020.

	Again, due to COVID-19 work in this area was delayed however, a register is on the agenda for the July 2020 Private Board.
Ensure actions from Internal Audit Review are undertaken in line with timescales agreed	On track - The actions identified by Internal Audit were mainly around consistency of risk registers within the Clinical Board which included risk identification and scoring. Work in this area is on track to commence in September with the roll out of a Training Programme led by the Head of Risk and Regulation. The Internal Audit work is underway in this area.
Move to web based risk reporting	On track: Action due by April 2021. This is being carried out on an 'All Wales basis' and due to COVID 19 there has been some delay in roll out.

Assurance is provided by:

- Discussion with Executive Directors on progress being made against the management and mitigation of risks which they lead upon on the BAF.
- Internal Audit providing 'reasonable' assurance.

Recommendation:

The Board is asked to:

- **Approve** the 9 risks to the delivery of Strategic Objectives detailed on the attached BAF for March 2021.
- **Consider** whether the risk in relation to Test, Trace and Protect and Mass Vaccination should be removed from the BAF and managed as 'business as usual' as it has now achieved its target risk rating.
- **Note** the progress which has been made in relation to the roll out and delivery of effective risk management systems and processes at Cardiff and Vale UHB.

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	x

				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		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:		Not Applicable							



BOARD ASSURANCE FRAMEWORK 2020/21 – MARCH 2021

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	Key Risks Mapped to Delivery of Strategic Objective
1. Reduce health inequalities	- Financial Sustainability - Sustainable Primary and Community Care - Sustainable Cultural Change - Planned Care Capacity - Delivery of IMTP
2. Deliver outcomes that matter	- Sustainable Primary and Community Care - Patient Safety - Sustainable Cultural Change - Financial Sustainability - Delivery of IMTP
3. Ensure that all take responsibility for improving our health and wellbeing	- Sustainable Primary and Community Care - Sustainable Cultural Change - Delivery of IMTP
4. Offer services that deliver the population health our citizens are entitled to expect	- Sustainable Primary and Community Care - Delivery of IMTP - Planned Care Capacity - Workforce - Financial Sustainability - Test, Trace and Protect and Mass Vaccination
5. Have an unplanned care system that provides the right care, in the right place, first time.	- Financial Sustainability - Sustainable Primary and Community Care - Patient Safety - Delivery of IMTP
6. Have a planned care system where demand and capacity are in balance	- Planned Care Capacity - Financial Sustainability - Workforce - Sustainable Primary and Community Care - Delivery of IMTP
7. Reduce harm, waste and variation sustainably so that we live within the resource available	- Patient Safety - Financial Sustainability
8. Be a great place to work and learn	- Workforce - Financial Sustainability - Sustainable Cultural Change
9. Work better together with partners to deliver care and support across care sectors, making best use of people and technology	- Workforce - Financial Sustainability - Sustainable Primary and Community Care - Delivery of IMTP
10. Excel at teaching, research, innovation and improvement.	- Workforce - Financial Sustainability - Sustainable Cultural Change

Key Risks

Risk	Corp Risk Register Ref.	Gross Risk	Net Risk	Change from Jan 21	Target Risk	Context	Executive Lead	Committee
1. Workforce	4,8,13	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.	Deputy CEO & Executive Director of Workforce and OD	Strategy and Delivery Committee
2. Financial Sustainability	22,23,24	25	10	➡	8	Across Wales, Health Boards and Trusts are seeking to manage their financial pressures by driving out inefficiencies, while at the same time looking to derive greater value from their resources through innovative ways of working and practicing prudent healthcare. As well as the NHS, public sector services, the third sector, and the public have significant roles to play to achieve a sustainable health and care system in the future. Covid 19 has had a significant impact on the finances of Healthcare in Wales and the UHB has significant financial pressures to now deal with.	Executive Director of Finance	Finance Committee
3. Sustainable Primary and	9,11	20	15	➡	10	The strategy of "Care closer to home" is built on the	Chief Operating Officer	Strategy and Delivery Committee

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Community Care						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.		
4. Patient Safety	1,5,6,7,12,14,15,16,17,18,19,20,21,25,26,27	25	20		10	Patient safety should be above all else for the Cardiff and Vale University Health Board. Safer patient care includes the identification and management of patient-related risks, reporting and analysis of patient safety incidents, concerns, claims and learning from such then implementing solutions to minimise/mitigate the risk of them recurring.	Executive Nurse Director/ Executive Medical Director /Executive Director for Therapies and Health Science	Quality, Safety and Experience
5. Sustainable Culture Change		16	8		4	In line with UHB's Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to	Executive Director of Workforce and OD	Strategy and Delivery Committee

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						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.		
6. Capital Assets	2,3,15, 16,18	25	20		10	The UHB delivers services through a number of buildings across Cardiff and the Vale of Glamorgan, from health centres to the Tertiary Centre at UHW. All NHS organisations have statutory responsibilities to manage their assets effectively: an up to date estate strategy is evidence of the management of the estate. The IT SOP sets out priorities for the next five years and Medical Equipment is replaced in a timely manner.	Executive Director of Strategic Planning, Deputy Chief Executive, Executive Director of Therapies and Health Science	Finance Committee & Strategy and Delivery Committee
7. Test, Trace and Protect & Mass Vaccination	10	20	10		10	The Welsh Test, Trace, Protect strategy is to enhance health surveillance in the community, undertake effective and extensive contact tracing, and support people to self-isolate where required to do so. The Health Board is also leading on Mass Vaccination.	Executive Director of Public Health	Strategy and Delivery Committee

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8.Planned Care Capacity	7,8,12, 20,27	20	16		12	The impact of COVID 19 has had many consequences to Healthcare and in particular the continuation of the Health Board being able to undertake Planned Care both during the peak of the pandemic and any future peaks. This is due to the need to ensure that there is available capacity should there be a further peak in COVID 19 patients requiring hospital treatment.	Chief Operating Officer	Strategy and Delivery
9.Delivery of IMTP		20	15		10	The Integrated Medium Term Plan is the key planning document for the Health Board setting out the milestones and actions we are taking in the next 1 to 3 years in order to progress Shaping Our Future Wellbeing, our ten-year strategy. It is based on the health needs of our population, delivering quality services and ensuring equitable and timely access to services and sets out how we will deliver our mission Caring for People; Keeping People Well, and vision that a person's chance of leading a healthy life is the same wherever they live and whoever they are.	Executive Director of Strategic Planning	Strategy and Delivery Committee

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1. Workforce – Lead Executive Rachel Gidman

Across Wales there are 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. This has been further exacerbated with COVID 19, winter and the Mass Immunisation Programme.

Risk Date added: 2.7.2020	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. This may be further exacerbated by the demand to simultaneously stretch our workforce capacity to cover Covid-19 pandemic, Mass Immunisation Programme as well as business as usual.		
Cause	Increased vacancies in substantive clinical workforce – to cover MTC specialist skill requirement and CAV 24/7. Winter Wards temporary bed expansion and COVID-19 – temporary bed expansion, community testing, mass vaccine immunisation, high staff absence due to covid-19 , increased demands on step up and step down demand for GP and CRT requirements of the Nurse Staffing Act and BAPM Standards. Ageing workforce Insufficient supply of registered Nurses at UK national level. High nurse turnover in Medicine, Surgery and Specialist Services Clinical Boards Insufficient supply of Doctors in certain specialties at UK national level (e.g., Adult Psychiatry, Anaesthetics, General Medicine, Histopathology, Neurosurgery, GP) Changes to Junior Doctor Training Rotations (Deanery). Brexit. Further extension of Government CMO shielding letters from 22 December – 31 March 2021 Volatile prevalence of COVID-19 within community which does impact our own staff absence levels.		
Impact	Impact on quality of care provided to the population. Inability to meet demands of both pandemic and business as usual. Potentially inadequate levels of staffing. Increase in agency and locum usage and increased workforce costs. Rates above Welsh Government Cap (Medical staff). Low Staff moral and higher sickness absence. Poor attendance at statutory and mandatory Training.		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	Recruitment campaign through social media with strong branding Job of the week, Skype Interviews. Social Media Campaign Open Days Nurse-led leadership embedded within recruitment drive. Values based recruitment. Comprehensive Retention Plan introduced from October 2018 – Internal Career. Development Scheme launched in September for band 5 nurses. Nurse Adaptation Programme commenced October 2018 (in house OSCE programme) – over 75 UK based nurses have qualified to date (100% pass rate). Returners Programme in conjunction with Cardiff University. Student Nurse clinical placement and on-going nurturing of talent. International Nurse Recruitment in place – international supply plentiful, local support mechanism to support new recruits in place – 78 international nurses have joined us to date. A total of 185 have now been commissioned and recruitment offers already made to the majority. . The Framework remains open to us going forward. Medical international recruitment strategies. Programme of talent management and succession planning. Medical Training Initiative (MTI) 2 year placement scheme. Collaboration with Medics to fill hard to fill roles, search and selection methods, CV scanning by speciality.		

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	Link with Welsh Government Campaign <i>Train, Work, Live</i> to attract for Wales - GP, Doctors, Nursing and Therapies . Operationally, the development of Green Zones etc. which help stratify the workforce and maximise availability. Review of staff shielding to maximise home working, track and tracing etc. Central workforce hub meets weekly to meet demand of recruiting temporary workforce. This has now been expanded to co-ordinate all Hubs, chaired by the Executive Director of Workforce & OD. CNS and nursing staff from elective, outpatient and corporate areas being deployed to support urgent need. Ceasing of non-urgent surgery and planned care during January will ensure clinical workforce capacity in place. On-going review of medical rotas to flex and increase medical cover capacity. Appointment of 9 Physician Associates to supplement MDT in a number of Clinical Boards – further commissioning being explored with CB's. Temporary recruitment of medical, nursing and therapy students. Retirement returners – noting positive change to the NMC register being expanded to support temporary workers. New initiatives on-going e.g., working with St Johns Ambulance. Enhanced overtime provisions for substantive nursing and HCSW staff to encourage take up of additional hours.		
Current Assurances	Daily COVID LCC Sitrep incorporates workforce status and escalation requirement – currently green in most areas. Daily absence monitoring undertaken by Clinical Boards and compiled centrally. Workforce metrics reported to COVID-19 Operation Meetings, HSMB and Strategy and Delivery Committee High level temporary recruitment achieved at pace since March 2020 Mass Immunisation Workforce Plan in place to increase recruitment on a phased basis to meet demand. Ratio of registered to non-registered reviewed nationally to ensure HCSW role utilised fully. High conversion rates from media campaign and Open Day (some virtual ongoing). Last summer, student streamlining produced the biggest intake at C&V in Wales due to the way we engage, attract and support students. Nurse vacancy monitoring at meetings with CB's. Trajectory showing next vacancies in nursing. Majority of MTC posts filled successfully and high engagement. As at 31.12.2020 93% substantive posts filled at Bands 5 & 6 (combined). Deep dive monitoring at Clinical Board and operational level being undertaken monthly to ensure nursing capacity. Medical monitoring at Medical Workforce Advisory Group (MWAG) Paediatric Surgery now fully established A & E fully established since February 2019 Medical rotas being monitored by COVID-19 Operations team to ensure flexibility in place (RAG rated system) Medicine 2% gap (98% fully established) - on permanent nursing lowest it's been for 3 years		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15(High)
Gap in Controls	Ability to retain flexible recruitment methods as level of permanent recruitment. resumes and further temporary requirement for COVID-19 and Mass Immunisation remains unpredictable. Further extension of Government CMO shielding letters from 22 December – 31 March 2021. On-going increased absence levels due to staff having COVID-19, however, the trend is now reducing.		
Gap in Assurances			

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Actions	Lead	By when	Update since January 21
1. Internal Nurse Career Development Scheme	RW	Relaunched in April 2020 and continuing	This scheme started in September 2019 but was re-launched in September 2020
2. Nurse recovery plan for Medicine and Surgery as part of financial recovery plan and business case for international recruitment	SC	31/03/21	Complete - Plan in place with 2nd part of International Nurse Recruitment approved. Financial Savings still being monitored and actions include Switch Off Sunday to help manage costs. Some international nurses delayed due to worldwide travel restrictions. Resumed
3. To consider how resources are used going forward in nursing	SC	31/03/2021	Resources being considered alongside bed occupancy plans – action ongoing
4. Local Social Media and Virtual Interview Campaigns to resume to support permanent nurse recruitment	RG	From 31/10/2020	Campaign took place July and October. New social media plan in place. Virtual recruitment on-going to support social distancing with some face to face happening at CB level. International Nursing commissioning extended to total of 185 posts
5. Virtual Recruitment Panels established up to recruit to Consultant posts	SW/RG	From 30.9.2020	On-going permanent recruitment plan in place to ensure posts are not held up during COVID-19
6. Implementation of a new Medical and Dental Bank through a Managed Service	SW/RG	1.4.2021	New initiative currently being procured and implemented to create a Managed Medical and Dental Bank. This will increase supply and improve skills availability through a new bank system; dedicated central team; improved technology and a launched locum recruitment campaign.

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2. Financial Sustainability – Lead Executive Catherine Phillips

Across Wales, Health Boards and Trusts set out plans to manage their financial pressures by driving out inefficiencies, while at the same time looking to derive greater value from their resources through innovative ways of working and practicing Prudent and Value Based Healthcare. The planning process in NHS Wales has been paused this year to allow organisations to focus their attention on managing the COVID 19 pandemic. The costs of which are significant and above previously planned levels. Confirmation has now been received of the level of funds available to support the UHB response to the pandemic. The funding is adequate to meet the additional costs and the UHB is now reporting a year end break even position.

Risk Date added: 7.09.2020	There is a risk that the organisation will not be able to manage the impact of COVID 19 and other operational issues within the financial resources available.		
Cause	The UHB has incurred significant additional costs arising from managing the COVID 19 pandemic, this includes the non-delivery of savings plans. It also has to manage its operational budget. All additional costs need to be managed within the additional resources made available by Welsh Government to manage the pandemic.		
Impact	Unable to deliver a year end balanced financial position. Reputational loss. Increase in the underlying financial position which is dependent upon recurrent funding provided		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	Additional expenditure in Managing COVID 19 is being authorised within the governance structure that has specifically been put in place which is reported to Management Executives on a weekly basis. This aligns with the UHB Scheme of Delegation. The financial position is reviewed by the Finance Committee which meets monthly and reports into the Board. Financial performance is a standing agenda item monthly on Management Executives Meeting.		
Current Assurances	The UHB is now assuming an additional funding to help manage the COVID 19 pandemic in line with Welsh Government Resource assumptions. Based upon this assumed additional funding, the financial forecast is now an in year break even position at year end. The in year reported position at month 10 is an under spend of £0.2m. Financial performance is monitored by the Management Executive. Finance report presented to every Finance Committee Meeting highlighting progress against mitigating financial risks.		
Impact Score: 5	Likelihood Score: 2	Net Risk Score:	10 (high)
Gap in Controls	No gaps currently identified.		
Gap in Assurances	To confirm COVID 19 funding assumptions with Welsh Government in a couple of specific areas. Certainty of COVID 19 expenditure and the management of non COVID 19 operational pressures		
Actions	Lead	By when	Update since November 20
1. Continue to work with Welsh Government to confirm additional funding to manage our response to Covid 19.	CP	31/03/2021	No further updates current status remains
2. To monitor and control additional expenditure and financial performance to ensure that the year-end forecast is within the resources available.	CP	31/03/2021	No further updates current status remains

3. To understand the impact of responding to the Covid 19 pandemic has had on the organisations underlying position and that the costs and consequences are reflected within the 2021/22 plan.		CP	31/03/2021	New action
Impact Score: 4	Likelihood Score:2	Target Risk Score:	8 (High)	

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3. Sustainable Primary and Community Care – Lead Executive Steve Curry

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. Although the underlying actions continue to be progressed it should be acknowledged that the focus has changed due to responding to Covid 19 this will inevitably cause implications for the speed of ongoing action and implementation.

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	Not enough GP capacity to respond to and provide support to complex patients with multiple co-morbidities and typically in the over 75 year age bracket. 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	Long waiting times for patients to access a GP Referrals to hospital because there are no other options Patients turning up in ED because they cannot get the care they need in Primary or Community care. Poor morale of Primary and Community staff leading to poor uptake of innovative solutions Stand offs between Clinical Board and Primary care about what can be safely done in the community Impact reinforces cause by effecting ability to recruit		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	20 (red)
Current Controls	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 Roll out of MSK and MH First Point of Contact Services by Cluster Implement new urgent care Phone First helpline at Primary Care Level (CAV24/7) Implement nationally supported digital supported enablers (Consultant Connect and Attend Anywhere)		
Current Assurances	Improved access and response to GP out of hours service Sustainability and assurance summary developed to RAG rate practices and inform action Three workshops held to develop way forward with engagement of wider GP body in developing future models. Leading to the development of Mental Health and Risk Care Models at scale being implemented. Second peer review of PCOOH Services undertaken with commendations and exemplars referred to in WG reports		

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Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (red)
Gap in Controls	Actively scale up multidisciplinary teams to ensure capacity Achieving scale in developing joint Primary/Secondary Care patient pathways Recruitment strategies to sustain and improve GP availability and develop multidisciplinary solutions		
Gap in Assurances	No gaps currently identified.		
Actions	Lead	By when	Update since January 21
1. Health Pathways – to create a protocol driven of what should and can be done in Primary care/Community care.	SW/JG	31/03/2021	Health pathways launched on 14/02/2019. As at 07/05/2019 32 pathways were live. Pathways will continue to be developed until the end of the financial year. 65 pathways are now active. Chief Operating Officer has met with partners in New Zealand who are rolling it out. This continues to be rolled out.
2. Roll out of Mental Health and MSK MDT's to reduce the primary care burden on GP's	SC	From 28 August 2020	GMS Sustainability Implementation Board continues to see roll out of First Contact MDTs within all 9 clusters being covered for MSK and 7 out of 9 clusters being covered for MH services. However, all 9 clusters have access to an MH service as cross cover arrangements are in place CAV24/7 services implemented as at 5 August 2020 Attend Anywhere digital enabler in 56 of 61 practices as at July 2020 Consultant Connect available to all practices as at July 2020. These actions are continuing and continue to embed into the system.
3. Roll out digital solutions for smart working	DT	31/03/2021	Platform procured- phased roll out plan to be implemented with completion due by end of the financial year. This continues to progress
4. Other digital platforms being considered e.g. Primary Care CAHMS Assessment platform being deployed	SC	31/03/2021	Digital Platform now been agreed for CAHMS. Contract has now been agreed and is currently being rolled out. Digital platform deployed and CAHMS assessment against Part 1 to be reached in Feb/Mar 2020

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			NB Digital platform successful in contributing to CAMHS access targets. Currently under review in terms of the FM New platforms being considered – Attend Anywhere and Consultant Connect
5. Development of recruitment strategies for GP and non GP service solutions	RG	Ongoing	GP Support Unit helps with recruitment and finding GP alternatives action also lined to No 2 above. As an indicator of in hour's resilience GP fill rates for PC out of hour's service have improved leading to a lower escalation status. The focus on a multi-disciplinary solution continues.
6. Develop Health and Social Care Strategies to allow seamless solutions for patients with health and or social needs	AH	Ongoing	These are being developed through the Public Service Board and Transformation work and progressing well
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (high)

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4. Patient Safety - Lead Executives Stuart Walker, Ruth Walker and Fiona Jenkins

Risk	Patient safety may be compromised because of: Future national shortage of COVID treatment capacity (Beds, critical care, drugs, workforce, oxygen, other equipment – ventilators/renal replacement/CPAP) in the event of a further COVID surge Or because the demand on elective services as the Health Board moves to a recovery position after cessation of planned care for the second time Or because of sub-optimal workforce skill mix or staffing ratios, related to reduced availability of specific expert workforce groups, or related to the need to provide care to a larger number of patients in relation to a further COVID surge, alongside increasing demand for non-COVID unscheduled care and urgent scheduled care and winter pressures and activity. Or because patients are choosing not to ask for medical help, despite genuine illness, related to PH messaging and awareness of the COVID crisis Or because patients are contracting COVID 19 whilst in a hospital setting.		
Date added:	March 23.03.2020		
Cause	Patients not able to access the appropriate care because demand is outstripping supply, or patients fail to seek appropriate care in a timely way. Presentation of COVID 19 virus in inpatient settings due to patients presenting who are asymptomatic but are positive		
Impact	Worsening of patient outcomes and experience, higher death rate.		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25
Current Controls	- Plans developed and deployed to optimise internal acute and critical care capacity with external options having been utilised for significant and the building of the lakeside wing. - Internal estates and facilities team deployed to provide infrastructure enhancements to enable internal capacity plan surge capacity available in Lakeside facility - National/local procurement processes for under-supplied resources - Maintaining Training/Education of all staff groups in relation to delivery of care to COVID patients - Use of Spire Hospital as a dedicated facility for urgent cancer work - ongoing - Ongoing training and simulations for staff working in unfamiliar areas. - Recruitment of additional staff - Cancer patients treatment being reviewed and prioritised where appropriate - Restrictive visiting arrangements - Outbreak management plans and delivery		
Current Assurances	- Internal capacity expansion plans commissioned and reviewed regularly at Operational and Strategic Group to ensure right phasing - Operational Group meeting daily to ensure clinical staff remain engaged in managing phased expansion/area utilisation. - Establishment of workforce hubs to ensure that staff are deployed on a competency basis - Review of clinical incidents and complaints continues as business as usual and has been aligned with core business and reviewed at Management Executives - Audit of IPC and Audit outcomes - Reporting of IPC Outbreak meetings into ME - IPC Daily Cell Meeting & Weekly PPE Cell Meeting - Expert and independent advice in outbreak meetings		
Impact Score: 5	Likelihood Score: 4	Net Risk Score:	20
Gap in Controls	Local Authority ability to provide packages of care and challenge around discharge to care homes		
Gap in Assurances	Discharging patients is out of the Health Boards control		

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Actions		Lead	By when	Update since January 21
1. Reconfiguration of COVID/Non-COVID capacity– ongoing process.		Steve Curry	31.03.21	Plan in place which is continually been reviewed in relation to demand and capacity – see separate risk on BAF: the risk of inadequate capacity to manage future COVID 19 peaks and planned work safety
2. Reconfiguration of COVID/Non-COVID workforce skill mix and staffing numbers in light of new pandemic modelling projections		Workforce groups	31.03.21	Discussions continue and staff mix being reviewed in line with action 1 above.
3. Genotype testing which shows whether outbreaks are linked and core case		Ruth Walker	From mid October	Requests now in place being delivered as capacity allows– complete and ongoing
Impact Score: 5	Likelihood Score: 2	Target Risk Score:		10 (High)

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5. Leading Sustainable Culture Change – Lead Executive Rachel Gidman

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	There is a belief within the organisation that the 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	Staff morale may decrease Increase in absenteeism Difficulty in retaining and recruiting staff Potential decrease in staff engagement Transformation of services may not happen due to staff reluctance to drive the change through improvement work. Patient experience ultimately affected. UHB credibility as an employer of choice may decrease		
Impact Score: 4	Likelihood Score: 4	Gross Risk Score:	16 (Extreme)
Current Controls	Values and behaviours Framework in place Task and Finish Group weekly meeting Cardiff and Vale Transformation story and narrative Leadership Development Programme linked in with the launch of the Dragons Heart Institute (DHI) Management Programmes now including a virtual offering. The content will be management skills but will incorporate inclusive management skills Talent management and succession planning cascaded through the UHB Values based recruitment / appraisal Staff survey results and actions taken – led by an Executive (WOD) Patient experience score cards CEO and Executive Director of WOD sponsors for culture and leadership Raising concerns relaunched in October 2018 “Neyber” launched to support staffs financial wellbeing with an emphasis on education Conducted interviews with senior leaders regarding learnings and feedback from Covid 19 Lessons learnt document to be completed by September 30th 2020 looking at the whole system. Discovery learning report completed in the Autumn 2020 Launch in 2021 to coincide with the DHI Proposal for Self care leadership – Recovery for wellbeing and engagement of staff		
Current Assurances	Engagement of staff side through the Local partnership Forum (LPF) Matrix of measurement now in place which will be presented in the form of a highlight report		
Impact Score: 4	Likelihood Score: 2	Net Risk Score:	8 (High)
Gap in Controls			
Gap in Assurances			

Actions	Lead	By when	Update since November 20						
1. Learning from Canterbury Model with a Model Experiential Leadership Programme- Three Programmes have been developed: (i) Acceler8 (ii) Integr8 (iii) Collabor8 (iv) Oper8 (for Directorate Managers or equivalent) Compassionate and inclusive leadership principles will be at the core of all the programmes	MD	01.04.2021	Currently all the leadership programmes are on hold due to the recovery phase of covid. Intensive learning academy bid was successful. Part of the bid incorporates leadership development. The current leadership programmes will be reviewed and incorporated into the DHI offerings Programmes to restart 2021						
2. Showcase	MD	~~31.03.21~~ From Sept 21	Virtual showcase now being considered and linking with the Clinical Service Redesign and exploring catering for bigger numbers Virtual showcase – Engagement for the case for change. The design of the showcase will be aligned with Shaping our clinical services. Approval agreed in ME in Feb 2021. Tender submitted March 2021 Launch of Virtual Showcase Sept 2021						
3. Equality, Diversity and Inclusion Welsh Language Standard being implemented. Inclusion - Nine protected Characteristics	MD	From 14.12.20	Equality Strategy Welsh Language Group is taking place on a bi monthly basis with senior leaders across the organisation who can influence this agenda Two Welsh Language translators now recruited. – complete and fully operational All 9 protected characteristics including Welsh language are sponsored by an Executive and an independent member. An emphasis on engagement, leadership and recruitment with be prioritised in 2021 with an action plan / outcomes to be achieved. The development and dialogue is happening regarding individuals with learning disabilities gaining work experience in a structure approach plan 2022. In collaboration with project Search The successful bid to be a direct employer for KICKSTART a WG initiative to assist 16 – 24 year olds to gain employed work for 6 months. Initiative starts April 2021 Current aging profile for the UHB Feb 2021 (head count) <table><tr><td><=20 yrs</td><td>86</td><td>0.55%</td></tr><tr><td>21-25</td><td>1084</td><td>6.88%</td></tr></table>	<=20 yrs	86	0.55%	21-25	1084	6.88%
<=20 yrs	86	0.55%							
21-25	1084	6.88%							

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4. Proactive Wellbeing intervention	MD	Immediate	A strategic wellbeing Group runs monthly chaired by the interim Executive Director of Workforce . Three new staff haven s are now in place with refreshment facilities close by for staff to gain some rest and head space. A trial for Click and deliver is commencing in UHL with an intent to spread to UHW. This will allow staff to order their refreshments in a timely way closer to the clinical environment. This service need was highlighted by clinicians but is open for all staff. The wellbeing service has recruited wellbeing coordinators to educate and work closer with the operational staff throughout the UHB The wellbeing service / Psychologists and the recovery college are working in collaboration, to ensure they are aligned. A resource pack is available with multi-faceted wellbeing offerings for all staff both internally and sign posting relevant external support. A proposal is being designed about the recovery phase post covid to support staff who are tired and exhausted. This will being looking at self-care elements at different scales.
5. CAV Convention	MD	From 12.11.20	The CAV Convention is clinically-led and is based on the values of the Health Board. It makes it easier for clinicians to do their jobs through rapid and agile change, flexible working, unlocking resources such as budgets and staff, and more productive relationships between staff members with the needs of the patient at the heart of everything. Proposal being presented to Management Executive 12.11.20 – Complete – proposing CAV convention conference in the May 2021 to showcase clinical group progression and to formally launch the CAV convention into the health system.
Impact Score: 4	Likelihood Score: 1	Target Risk Score:	4(Moderate)

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6. Capital Assets (Estates, IT Infrastructure, Medical Devices) – Lead Executive Abigail Harris

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. There have also been a number of recent failures in relation to the estate which means that this risk needs to remain at its current net risk score of 20.

Risk Date added: 12.11.2018	There is a risk that the condition and suitability of the UHB estate, IT infrastructure and Medical Equipment impacts on the delivery of safe, effective and prudent health care for the patients of Cardiff and Vale UHB.		
Cause	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	The health board is not able to always provide services in an optimal way, leading to increased inefficiencies and costs. Service provision is regularly interrupted by estates issues and failures. Patient safety and experience is sometimes adversely impacted. IT infrastructure not upgraded as timely as required increasing operational continuity and increasing cyber security risk Medical equipment replaced in a risk priority where possible, insufficient resource for new equipment or timely replacement		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	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. Statutory compliance estates programme in place – including legionella proactive actions, and time safety management actions. The strategic plan sets out the key actions required in the short, medium and long term to ensure provision of appropriate estates infrastructure. 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. Medical Equipment prioritisation is managed through the Medical Equipment Group		

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Additional discretionary capital £0.5m for IT and £1.0m for equipment which enabled purchasing of equipment urgently needing replacement.				
Business Case performance monitored through Capital Management Group every month and Strategy and Delivery Committee every 2 months.				
Current Assurances	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. The statutory compliance areas are monitored every month in the Capital Management Group to ensure that the key areas of risk are prioritised. 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. Regular reporting on capital programme and risks to Capital Management, Management Executive and Strategy and Delivery Committee IT risk register regularly updated and shared with NWIS. Health Care Standard completed annually Medical equipment risk registers developed and managed by Clinical Boards, reviewed at UHB medical equipment group, health care standard completed annually.			
Impact Score: 5	Likelihood Score: 4	Net Risk Score:	20 (Extreme)	
Gap in Controls	The current annual discretionary capital funding is not enough to cover all of the priorities identified through the risk assessment and IMTP process for the 3 services. In year requirements further impact and require the annual capital programme to be funded by capital to be re-prioritised regularly. Traceability of Medical Equipment The Welsh Government current capital position is very compromised due to COVID 19 expenditure which will impact significantly on the Capital Programme of the UHB.			
Gap in Assurances	The regular statutory compliance surveys identify remedial works that are required urgently, for which there is no discretionary capital funding identified, requiring the annual plan to be re-prioritised, or the contingency fund to be used. Medical equipment is also subject to regulatory requirements, and therefore requires re-prioritisation during the year			
Actions		Lead	By when	Update since January 21
1. Progress implementation on the estates strategic plan		AH/CL	31.03.21	Priorities for Capital Programme included within 2020-2023 IMTP which were prioritised by Management Executive
2. Had to give up discretionary capital £1m allocation reduced to £500k		FJ	31.03.21	Prioritisation of capital managed through capital management group but overall capital position worse than last year. £1m additional capital received from WG with £750k going to Digital and £250k going to Medical Equipment.
3. The Estates Strategy requires review and refresh		AH	30.09.21	New action - This will be presented to S&D Committee prior to approval by the Board in September 2021
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10 (high)	

7. Risk that Test Trace and Protect Service and the Mass Vaccination Programme will fail to deliver effectively in Cardiff and the Vale of Glamorgan - Lead Executive – Fiona Kinghorn

Risk	The Cardiff and Vale Test, Trace and Protect (TTP) Service fails to deliver effective mass population contact tracing and vaccination		
Date added:	18.5.20		
Cause	Delivering TTP Services has been a complex and substantial partnership endeavour, delivered to a challenging timetable; Cardiff Council is hosting the TTP Service and the University Health Board is leading the delivery of mass vaccination. Risks to effective delivery include: 1. Upgrades to the national CRM (Customer Relationship Management) system are not sufficiently timely to support local delivery 2. Failure to maintain sufficient staff (either via redeployment or new appointment) at all levels to meet demand in both TTP and Mass Vaccination (MV) 3. Insufficient telephony/IT equipment to support home working model of TTP 4. Non coordinated working between partner organisations 5. Lack of engagement with the local population and settings in promote compliance with contact tracing, as well as maintain adherence to infection control and preventative advice (including physical distancing, wearing masks and frequent hand washing) 6. Increased demand created by influx of students to the City when universities reopen 7. Increased demand due to co-circulation of flu during the winter months 8. Surveillance system unable to detect local disease activity 9. Insufficient funding to support longer term service delivery 10. Inability to maintain and right size service for an extended period of time (over 1 year). 11. Vaccine delivery: limited supply of vaccine; failure to vaccinate at sufficient scale and/or pace to meet national targets 12. Emergence of a new variant of Covid-19 with increased infectivity and/or reduced effectiveness of vaccination 13. Risk of repeated reintroductions of the virus to the population once restrictions are lifted; particularly from returning international travellers 14. Uncertainty about the likely course of the pandemic and the cumulative effect of a number of factors on the overall case rate e.g. the impact of mass vaccination and easing of restrictions. This means planning future delivery of TTP services is complex, and there is a risk that capacity could be under or over estimated, resulting in the appropriate level of response not being delivered.		
Impact	TTP Services would not run effectively with the result that there would be sub-optimal control of disease activity in Cardiff and the Vale of Glamorgan. This could result in avoidable cases of COVID-19 and an increased R value, meaning that community transmission could escalate, with the consequent risk to population health and demand on health and social care services. It may also necessitate reinstatement of restrictions and controls.		
Impact Score: 5	Likelihood Score: 4	Gross Risk Score: 20	20 (Extreme)
Current Controls <i>Saunders,Nathan 03/16/2021 16:15:11</i>	• Governance structures in place with partnership representation. Strategic and operational boards meet regularly. Work streams identified and leads named. Cardiff and Vale Prevention and Response Plan submitted to Welsh Government. • Cardiff and Vale representatives identified for all key national groups. Links established at a National level with Welsh Government, NWIS and PHW to optimise communication and influence ongoing service design and delivery • Partnership communications plan in place, informed by both national and regional insight work, and taking in to account local population characteristics.		

- Regular, multidisciplinary and multi-agency regional team meetings to review cases and incidents. Regional SOP developed. Proactive engagement with key settings e.g. schools, healthcare settings and universities
- Links established at a National level with Welsh Government, NWIS and PHW to optimise communication and influence service design and digital solution
- In response to local increase in cases a Regional Incident Management Team was established on 22nd September 2020, chaired by the Director of Public Health, which initially met twice weekly and provided advice on the actions to be taken. These have been signed off by a Regional Leadership team and recommendations for national action escalated to Welsh Government. **The Regional IMTs now meet weekly, but their frequency will be reviewed in the week beginning 8th March**
- Regional and local surveillance systems in place and providing timely information to inform the local response at all levels.
- Partner organisations committed to offering staff for at least the first 6 months of contact tracing operational delivery, using a secondment arrangement. Service model based on home working, allowing shielded staff to contribute and increase the pool of available staff. Student workforce identified through links with HEIW and Environmental Health. Significant new recruitment by Cardiff Council has continued, on behalf of the partnership, and has ensured that tracing capacity is able to meet demand.
- Welsh Government has agreed funding to support TTP delivery
- Comprehensive Covid-19 immunisation plan and project team in place. **Three** mass vaccination centres (MVC) **are** operational, offering immunisation to health and social care workers. The licencing of the Oxford Astra Zenica vaccine, with its more routine storage and transportation requirements, allows vaccination to be offered in primary and community care venues; vaccination has **been** offered to JCVI groups 1-4, with current delivery focussing on groups 5, 6 and 7 with plans moving at pace to deliver to groups 8-9 (subject to the availability of sufficient vaccine).
- **Partnership governance mechanisms being used to explore and debate plans for a long term, sustainable approach to TTP service delivery. This will feed in to all Wales discussions being led by Welsh Government.**

Current Assurances	• Strengthened and functioning governance and operational arrangements in place		
Impact Score: 5	Likelihood Score: 2	Net Risk Score: 10	10 (High)
Gap in Controls	• Timely availability of sufficient vaccine to meet national targets • Issues with compliance with Covid-19 prevention measures for a variety of reasons, including 'fatigue', confusion at complexity of messages, as well as some active resistance		
Gap in Assurances	• Longer term funding • Ability to recruit staff at sufficient scale and pace to meet demand • Longer term service delivery model for TTP		
Actions	Lead	By when	Update since January 21
1. Deliver a mass vaccination programme to meet nationally agreed targets	Fiona Kinghorn	31/8/21	In progress and on track
2. Agree long term delivery plan for TTP services	Fiona Kinghorn	31/5/21	New action
Impact Score: 5	Likelihood Score: 2	Target Risk Score: 10	10 (High)

Submitted by: Nathan
 On: 16/02/2021 16:15:11

8. Inadequate Planned Care Capacity - Lead Executive - Steve Curry

The impact of COVID 19 has had many consequences to Healthcare and in particular the continuation of the Health Board being able to undertake Planned Care both during the peak of the pandemic and any future peaks of the pandemic. There has been significant disruption to planned care and disruption to the progress which was being made after the first wave of Covid 19. There has now been a second cessation of elective activity and despite progress been made planned care has been significantly compounded by the second wave. **This is a significant risk for the Health Board which will be fully assessed when the Health Board has clear data available on the impact of the cessation.**

Risk	There is a risk that there will be inadequate capacity due to constraints of being 'covid ready' resulting in reduced access to planned care and potential associated risks		
Date added:			
Cause	Covid pandemic resulting in a cessation of elective activity Our operating models assumes we will remain 'covid ready' resulting in reduced capacity and efficiency		
Impact	A growing waiting list for planned care An ageing waiting list Potential clinical risk associated with delayed access		
Impact Score: 4	Likelihood Score: 5	Gross Risk Score:	20 (Extreme)
Current Controls	Clinical risk assessments by specialty to prioritise access Following risk stratifications where available i.e. Royal College of Surgeons L1 to L4 classifications Development of 'green zones' to provide confidence for low risk operating environments Increase the use of virtual consultation to avoid person to person contact Securing additional capacity within the private sector		
Current Assurances	Growth in 'green zone' activity Surgical audit to provide assurance on outcomes Growth in virtual outpatients activity Growth in diagnostics activity		
Impact Score: 4	Likelihood Score: 4	Net Risk Score:	16 (Extreme)
Gap in Controls	Roll out Health Board-wide risk stratification Maximise use of green pathways whilst balancing risk and outcome Virtual platforms need to be rolled out across the Health Board and clinical teams persuaded to make use Contractual arrangements are still under review – need to negotiate a contract to prolong access		
Gap in Assurances	Able to meet the highest priority caseloads – essential services Surgical audit needs to be supported to continue to provide evidence of safe and effective surgery Digital platforms need to roll out further and clinical engagement needs to result in their use		

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Actions		Lead	By when	Update since November 20
1. Roll out virtual consultation platforms		Information	July onwards	1/3 of outpatient activity now taking place virtually.
2. Establish private sector pathways for in-patients, outpatients and diagnostics		SC	April onwards	Private sector pathways in negotiation to continue beyond the end of the year. There has been a presentation to Management Executives and reflected in Board Reporting
3. Full assessment of risk to be undertaken		SC	May 2021	Assessment will be undertaken when data is available and there is clarity on the overall position.
Impact Score: 4	Likelihood Score: 3	Target Risk Score:		12 (High)

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9. Risk of Delivery of IMTP - Lead Executive – Abigail Harris

The requirement for a three year IMTP remains suspended by Welsh Government due to the Covid 19 pandemic. However, the Health Board are still required to produce an Annual Plan for 21/22 which will reference the last approved IMTP.

Risk	There is a risk that the Health Board will not deliver the objectives set out in the Annual Plan out due to the challenge around recovering the backlog of planned activity (see separate risk), not taking the opportunity to do things differently and the potential risk associated with the Medium Term Financial position all of which could impact upon delivery of the Annual Plan or future IMTP.		
Date added:	April 20		
Cause	The focus of executive and operational efforts is on directing the organisational response creating the operational capacity to meet the immediate acute demand generated by the COVID-19 pandemic.		
Impact	The UHB may not be appropriately prepared to manage the consequences of a protracted and disruptive emergency response particularly in terms of: - workforce (e.g. many will be exhausted and many will have built up leave) - Infrastructure - Planned care - Unplanned care - Financial delivery The benefits of emergency changes may not be adequately captured. There may be learning opportunities missed.		
Impact Score: 5	Likelihood Score: 4	Gross Risk Score:	20
Current Controls	- Welsh Government has suspended the IMTP process and Health Boards are working to quarterly operational plans that reflect the current COVID29 situation and the need to re-establish as much of our non-COVID19 activity as possible, recognising the need to continue to provide services in different ways in light of the service transformation that took place in the emergency response phase and the ongoing requirement for social distancing and infection prevention and control measures. 'Recovery planning' with roadmap presented to Board for discussion on 29th June – planning underway with partners to reflect impact of COVID19 on communities and the need to accelerate delivery of Shaping Our Future Wellbeing and the Area Plan.		
Current Assurances	Annual Plan presented to Board 25.02.21		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15
Gap in Controls	Timeliness of planning requirements for Q3/4 plan issued by WG. Risk of request for multiple overlapping plans – agreement with Local Authority Directors of Social Services – to pull this into one coherent plan with more detailed specific action plans where needed.		
Gap in Assurances	RPB required to sign off Winter Protection Plan – no clear guidance but work progressing in line with framework suggested by WG.		
Actions	Lead	By when	Update since January 21
Monitor implementation of Annual Plan and continue to report through Strategy and Delivery Committee	AH	31/03/22	Development of annual plan completed.
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10

Key:

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

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Report Title:	PATIENT SAFETY QUALITY AND EXPERIENCE REPORT – V7					
Meeting:	Board Meeting			Meeting Date:	25.03.21	
Status:	For Discussion		For Assurance		For Approval	For Information
Lead Executive:	Executive Nurse Director Executive Medical Director					
Report Author (Title):	Assistant Director, Patient Safety and Quality 029 2184 6117 Assistant Director, Patient Experience 029 2184 6108					

Background and current situation:

The purpose of this paper is to present an integrated Quality, Safety and Experience report which covers the period from January to February 2021.

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.

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

Serious Incidents – the number of serious incidents currently being reported is much lower than normal in line with revised Welsh Government reporting requirements.

Covid-19 incidents - Examining data over the course of the second wave demonstrates a peak of Covid-19 related incidents in early January 2021, coinciding with the peak of inpatients with confirmed Covid-19.

Covid-10 outbreak position – the current position is reported in a separate report to Board. The Board should be advised of a concerning increase during January and February 2021, when compared with other organisations in Wales. However a number of robust measures have been put in place and this is now a much improved picture in line with other organisations of

comparable size.

Concerns - In January and February, 1,781, concerns were received. This is a significant increase from 532 received in November and December 2020. This increase reflects the extremely high volume of enquiries the Concerns Team are receiving via the Mass Vaccination enquiry line being hosted within the Department.

Despite the ongoing challenges, the 30-working day performance for this period was 83%, which is a slight increase on November and December.

Clinical Effectiveness Committee

- There appears to be potential data collection issues in relation to the National Asthma and COPD audits – this will be explored further with the relevant teams.
- National Hip Fracture database – there has been an improvement in compliance across many criteria. It was noted that absence of delirium and mobilisation post-surgery was below the national compliance rate and that there had also been a corresponding increase in the number of patients with fractured femur who developed pressure damage. This will be discussed further at the forthcoming Falls and Pressure damage Group meetings.
- Data from the National Prostate Cancer Audit has indicated possible over-treatment of low risk prostate cancer with potential consequent continence risks. This will be explored further with the Clinical Leads for the service.
- National Stroke Audit – the percentage of patients being scanned within 1 hour was 50% during July - September 2020 and access to a Stroke Unit was 32%.

Once for Wales Concerns Management System

- Timescales for the implementation are challenging but it is anticipated that the UHB will move over to the Complaints, PALs, Redress and Claims management modules on 1st April 2021. Implementation of the Incidents module will not be undertaken until at least June 2021.

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

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PATIENT SAFETY QUALITY AND EXPERIENCE REPORT

January – February 2021

Serious Patient Safety Indicators (SIs reportable to the Delivery Unit)

How are we doing?

During January to February 2021, the following Serious Incidents and No Surprises have been reported to Welsh Government:

Serious Incidents		
Clinical Board	Number	Description
Children & Women	1	A patient underwent a surgical gynaecology procedure following a nuclear medicine scan. It was subsequently identified that the surgical procedure may have been incorrectly targeted.
Primary Community & Intermediate Care	1	A prisoner became unwell and required hospital treatment. They were later readmitted and subsequently died.
Surgery	1	A patient suffered a deterioration in eyesight following a delay in treatment caused by equipment failure.
TOTAL	3	

No Surprises		
Clinical Board	Number	Description
Primary Community & Intermediate Care	1	Concerns regarding a private residential home were identified and escalated by a member of staff.
TOTAL	1	

How do we compare to our peers?

Welsh Government (WG) wrote to organisations in NHS Wales on 18th March 2020 to set out SI reporting requirements during the pandemic. They reinstated usual SI reporting requirements in August 2020 and SI reporting rates returned to pre-pandemic levels.

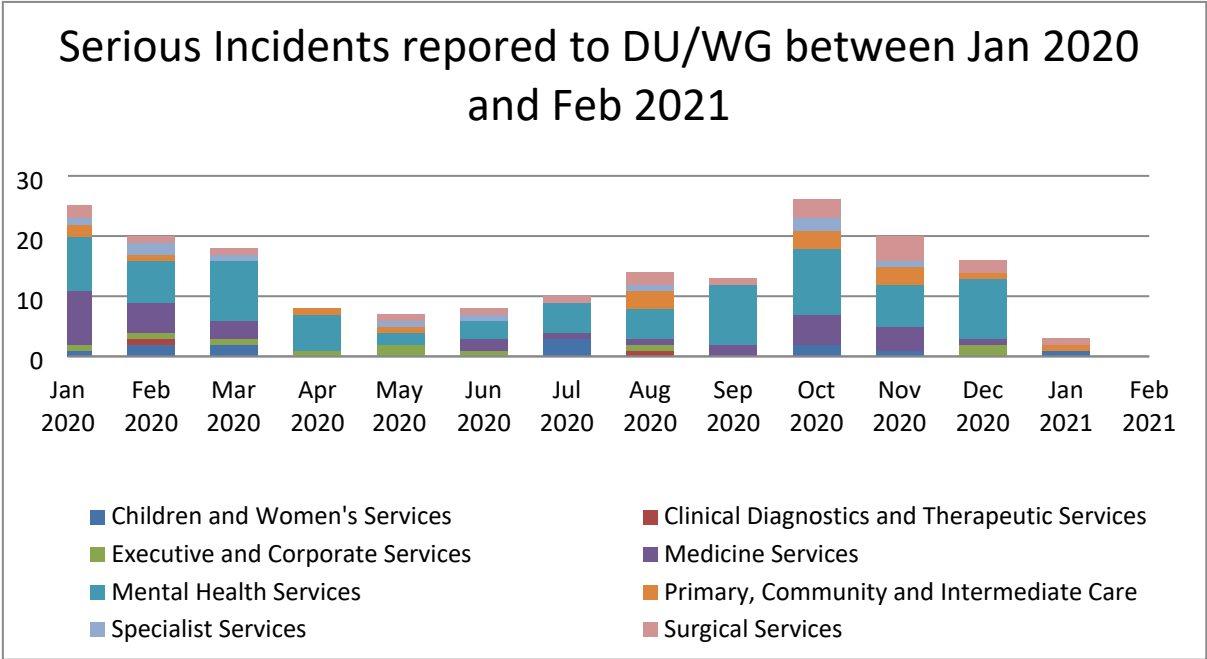
WG has subsequently written to organisations in January 2021 to revise requirements in view of the current Coronavirus situation. From an incidents perspective, they have asked that the following be reported as SIs:

- All Never Events

- Inpatient suicides
- Maternal deaths
- Neonatal deaths
- Homicides
- Incidents of high impact/likely to happen again including child related deaths (for local decision)
- Covid-19 nosocomial transmission. The UHB is participating in All Wales workshops to clarify reporting arrangements and is setting out nosocomial transmission rates for Covid-19 issues via a daily report to G.

They have promoted proportionate investigation with a focus on implementing actions to ensure immediate safety and sharing of the learning identified.

The following graph depicts the number of SIs reported to WG by month between January 2020 and February 2021:



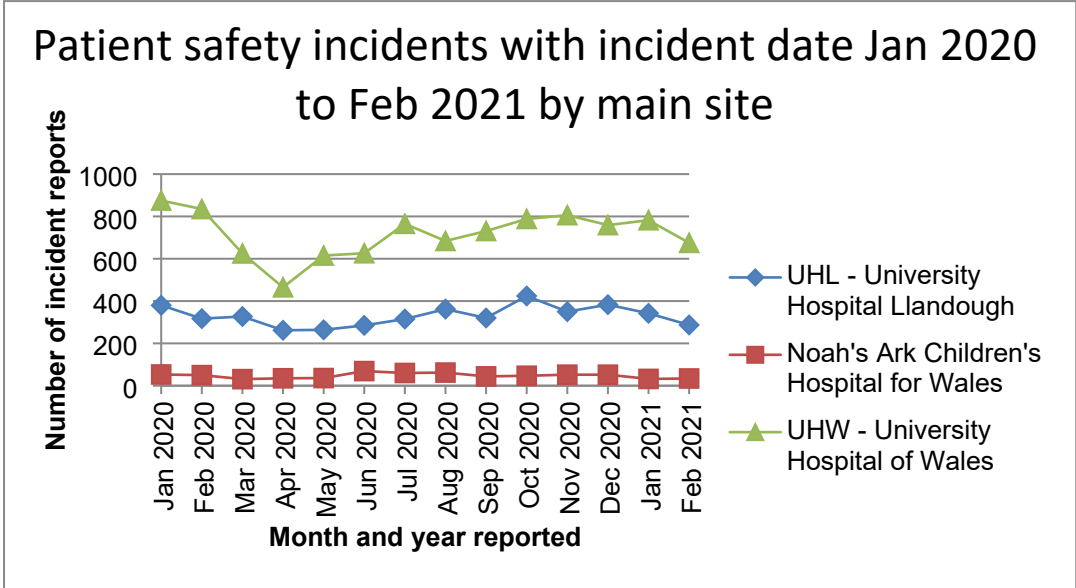
The top three reported categories of Serious Incidents reported overall during this timeframe include:

- Behaviour (including suicide, serious self-harm, absconsion)
- Therapeutic processes/procedures (the Never Events reported in this timeframe were reported under this category)
- Patient accidents/falls

These incidents are all reported to Board meetings and are subject to internal investigation by the Clinical Boards and Her Majesty's Coroner where appropriate.

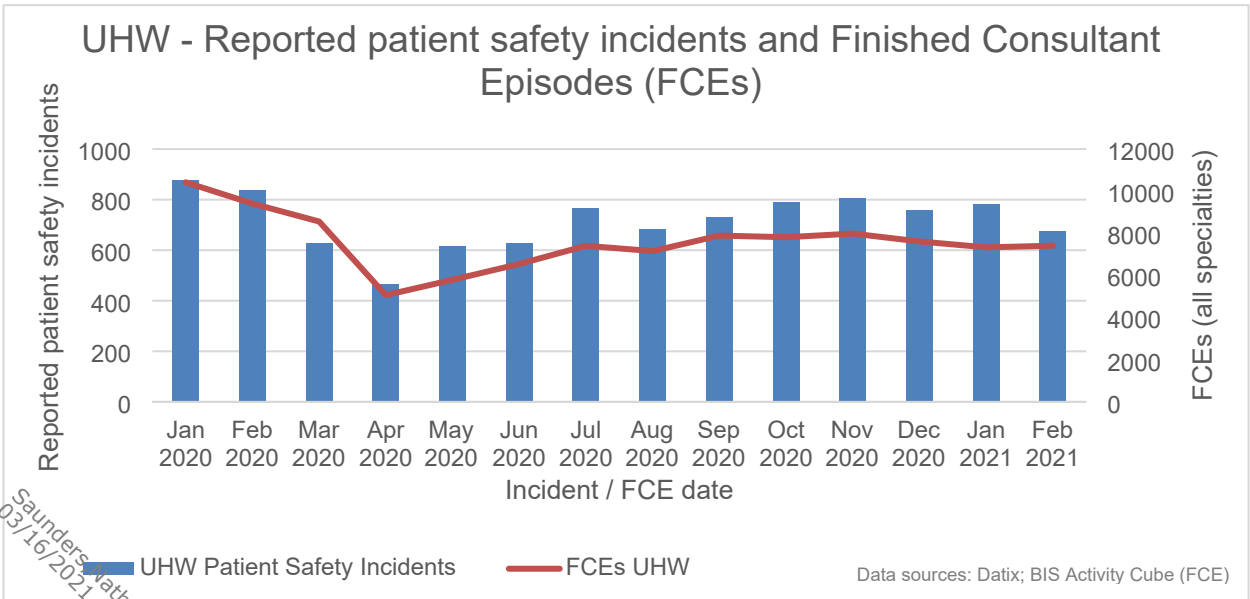
The graph below demonstrates the changes in numbers of patient safety incidents reported over time. On average we have in the region of 9,000 in-patient admissions per month and in

the region of 50,000 out-patients contacts per month. Based on this data, together with a monthly reporting rate of about 1200 patient safety incidents, approximately 2% of patients will experience a patient safety incident. The vast majority of these will be minor and will have no long term effect on the patient.

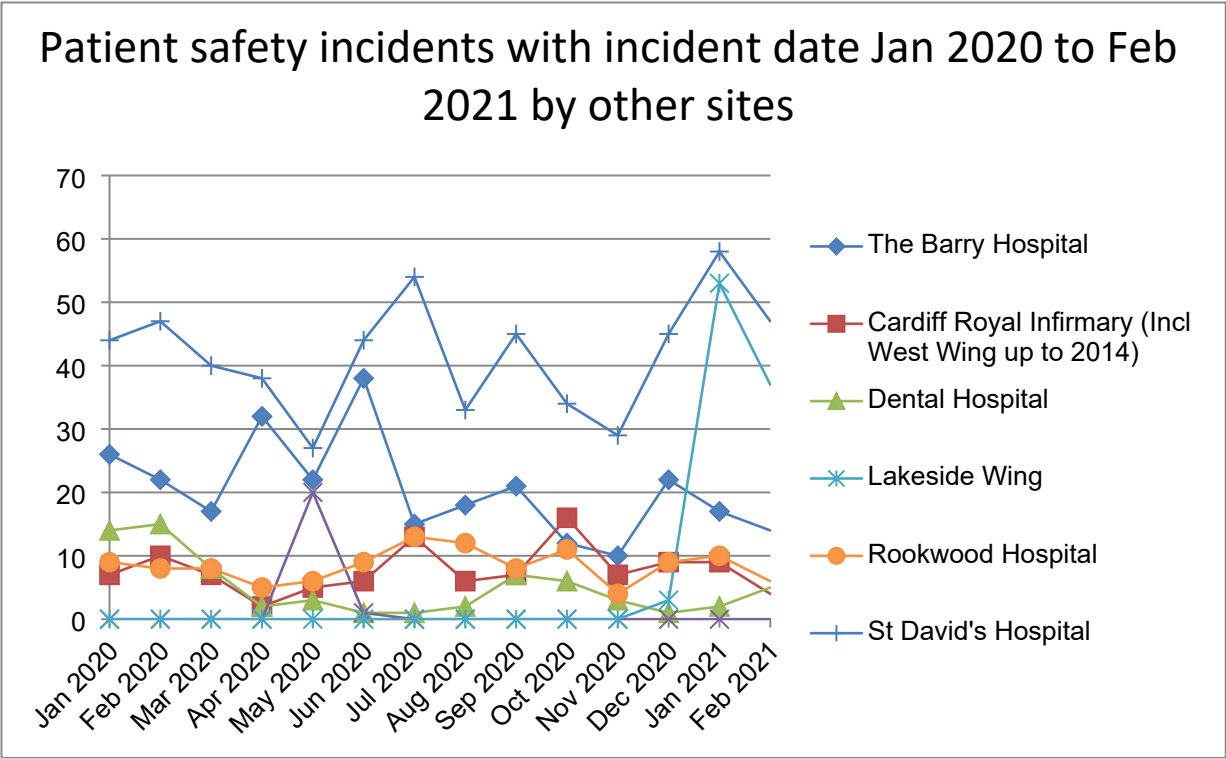


With regards to general incident reporting, it is evident that incident reporting rates fell initially during the pandemic, especially at UHW. However, the profile of incidents being reported and the reporting areas has been largely unchanged and it is believed that reduced clinical activity contributed to the situation. Review of current data suggests that reporting rates are returning to pre-pandemic levels.

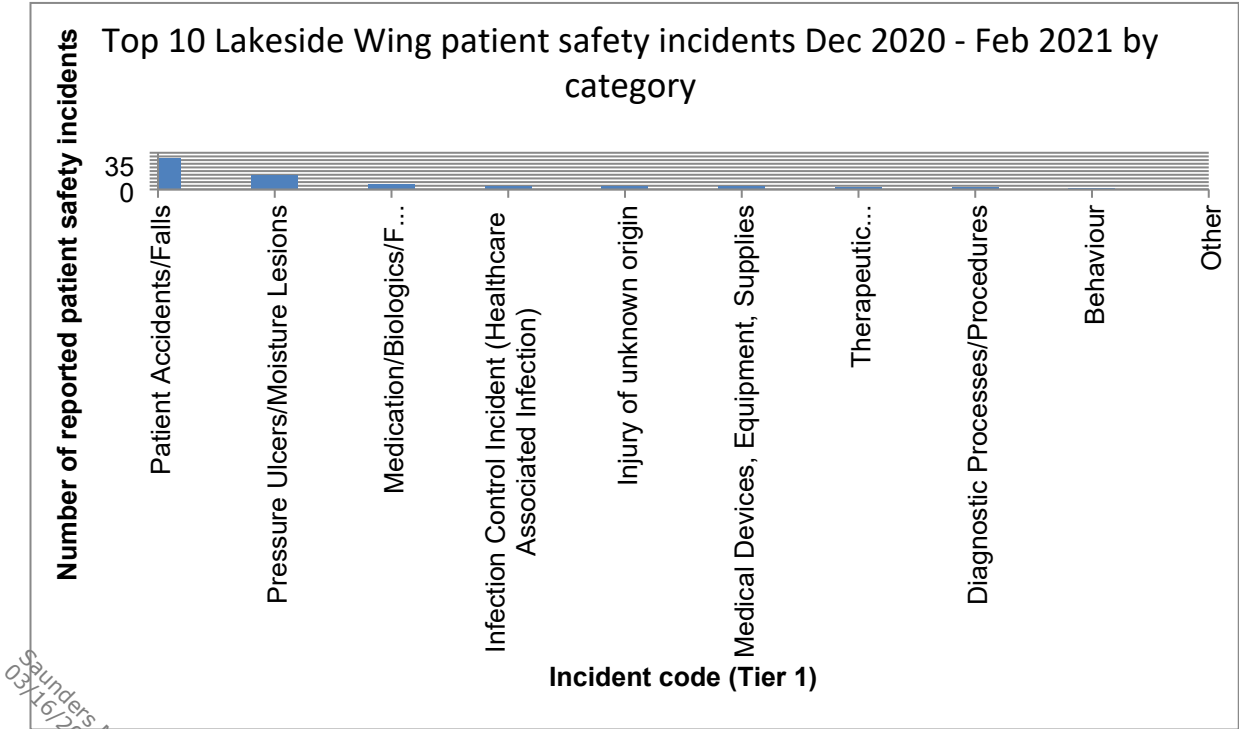
The next graph shows patient safety incidents reported and Finished Consultant Episodes (FCEs) as a measure of activity for the UHW site. Analysis shows a fairly strong positive correlation between FCEs and incidents.



Review of patient safety incident reporting at other sites demonstrates fluctuating reporting rates at The Barry Hospital and St David's Hospital.



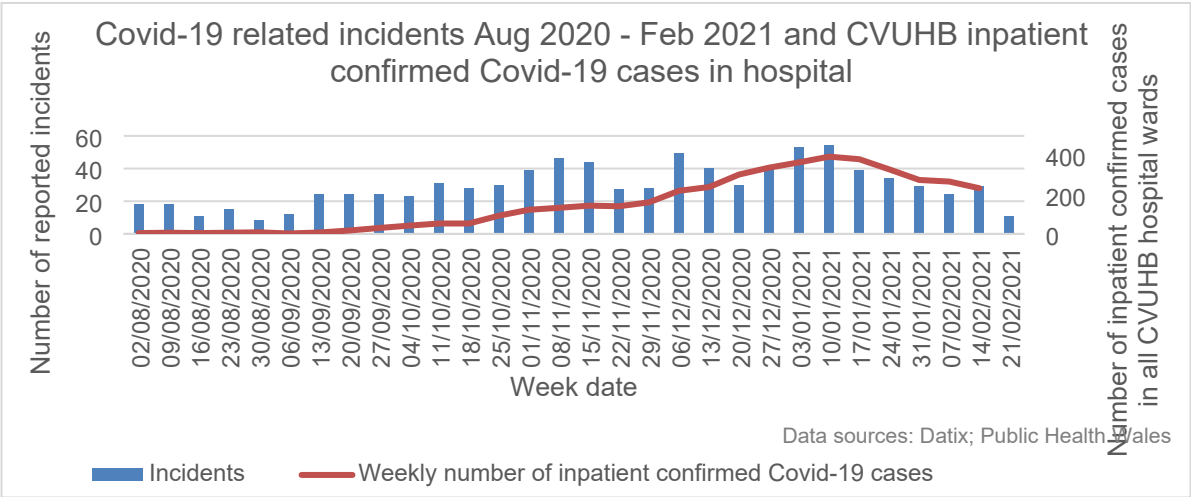
Since the last report to Board, Lakeside Wing has opened to patients. A breakdown of incident types reported within Lakeside Wing is below.



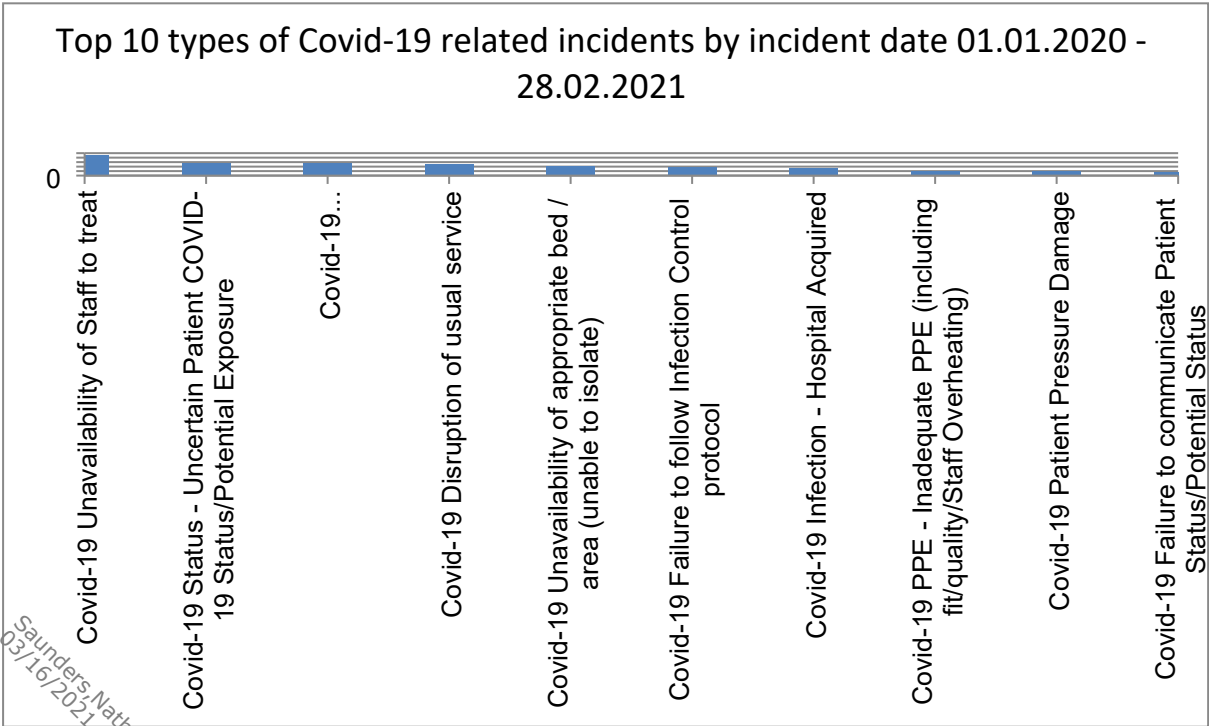
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The Patient Safety team have visited Lakeside Wing to speak with staff and an inspection by the Corporate Professional Nursing Team has also been undertaken to ensure quality and safety of services. Reports have been provided so that any identified improvements can be made. Patients surveyed, reported a very positive experience of care in this area.

The UHB has been capturing incident forms where staff are raising issues in relation to Covid-19. Examining data over the course of the second wave demonstrates a peak of Covid-19 related incidents in early January 2021, coinciding with the peak of inpatients with confirmed Covid-19.



The following graph demonstrates the top 10 categories of Covid related incidents between January 2020 and February 2021:

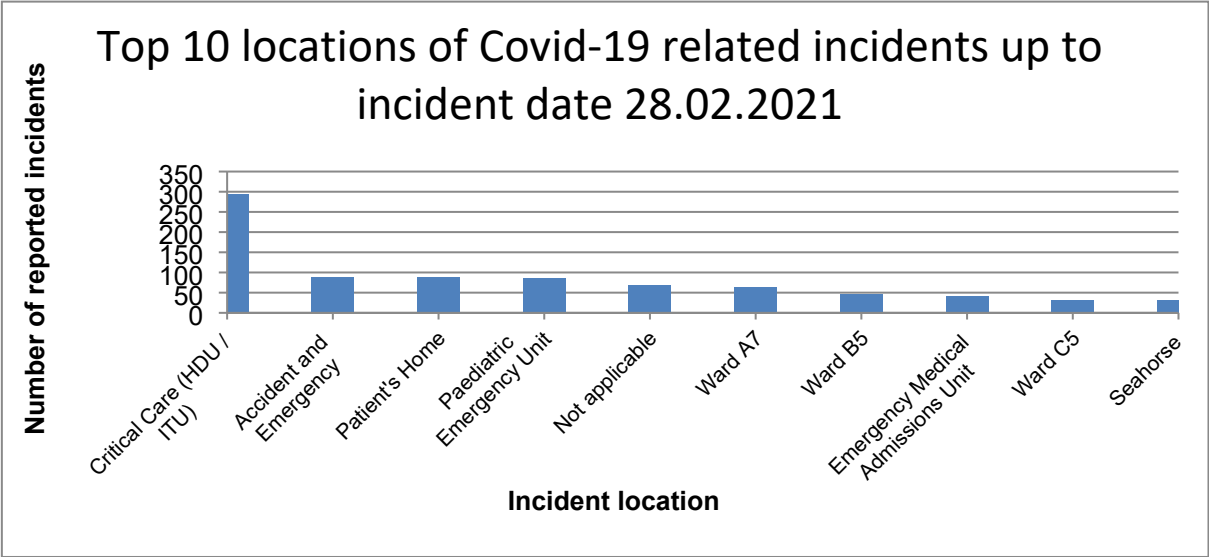


The highest volume of incidents continues to be in the 'Unavailability of staff to treat' category. The majority of the incidents are reported by staff in critical care and the Emergency Unit. Staffing is kept under routine daily monitoring and staff deployed to manage areas of greatest risk.

The second most common incident type is 'Uncertain patient Covid-19 status/Potential exposure'. The majority of these incidents are reported in emergency and assessment units, however incidents have also been reported across a range of ward areas. This information is fed in to the daily IP&C meetings to ensure that any learning is identified and the necessary mitigation put in place (please see section below on hospital acquired COVID for further information).

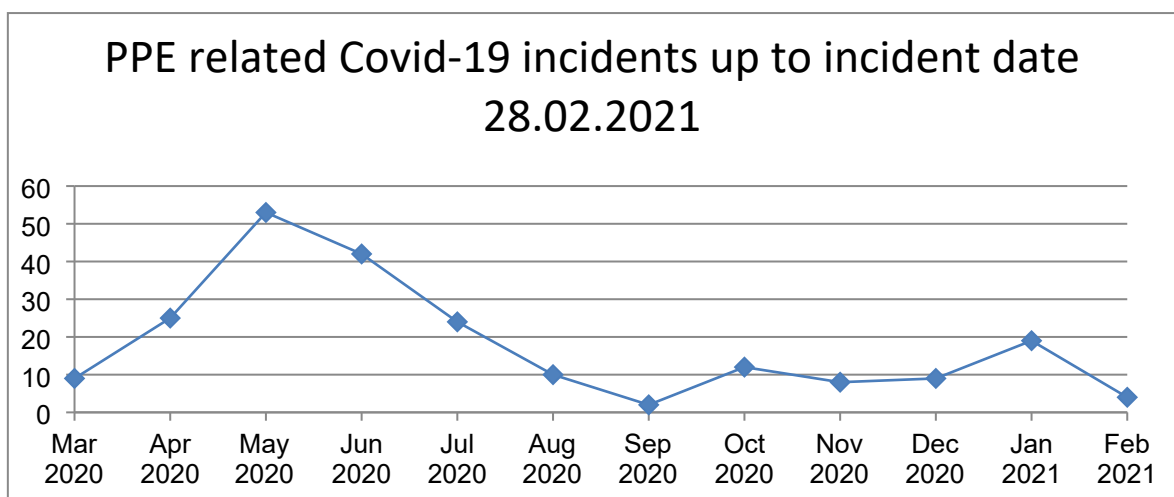
The Patient Safety Team continues to actively contribute to an all Wales working group that has been developing and revising investigation tools and supporting protocols for this process.

The clinical areas most frequently reporting Covid-19 related incidents are set out in the graph on the next page.



In terms of PPE related incidents, the following graph demonstrates continued low volumes of incidents reported despite the current pandemic situation. The number of reported PPE incidents around the time of the second peak of Covid-19 admissions in January 2021 when compared with the first peak in early 2020.

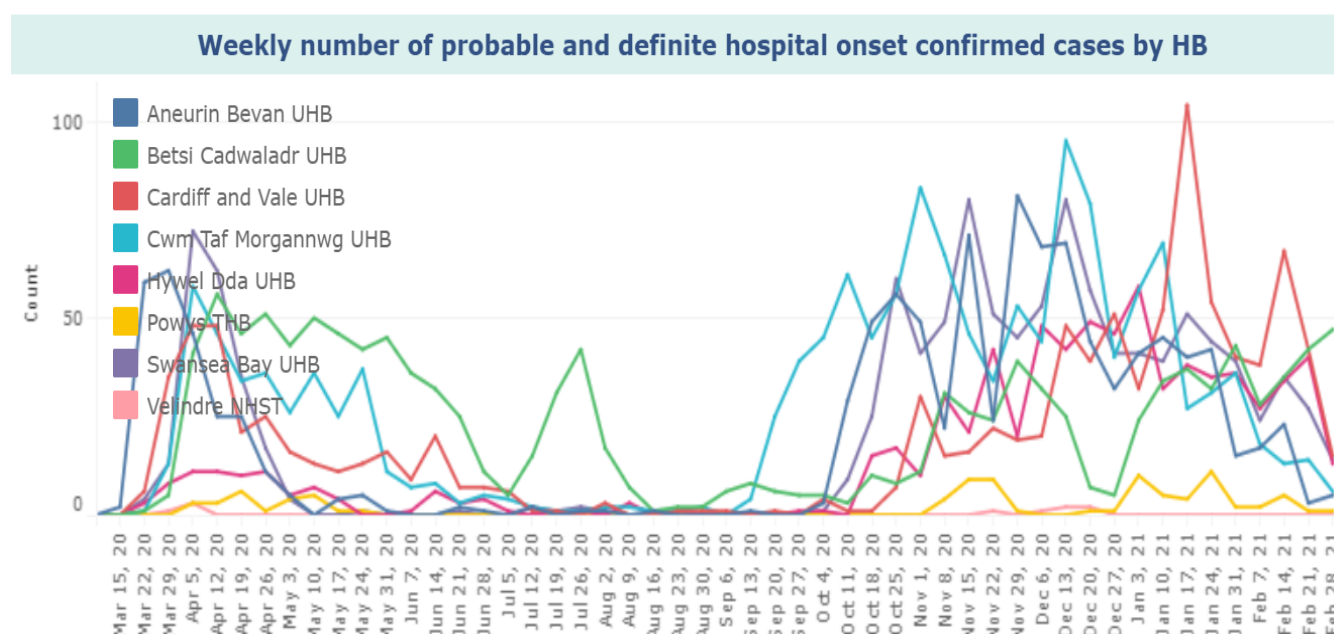
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The Patient Safety Team is working in conjunction with Dr Andrew Carson-Stevens and colleagues from Cardiff University to undertake further analysis of the reported patient safety incidents relating to Covid-19. This builds on the foundations of a productive and valuable working relationship developed during a recent Health Foundation funded research project. This saw the UHB collaborate with Cardiff University and the London School of Hygiene and Tropical Medicine for the Advancing Applied Analytics programme.

Hospital Acquired COVID-19

The number of probable and definite hospital onset confirmed cases during the pandemic is summarised in the diagram below. The Board should note a concerning increase during January and February 2021.



A number of measures have been put in place to address and currently we are seeing a much improved picture. The measures include:

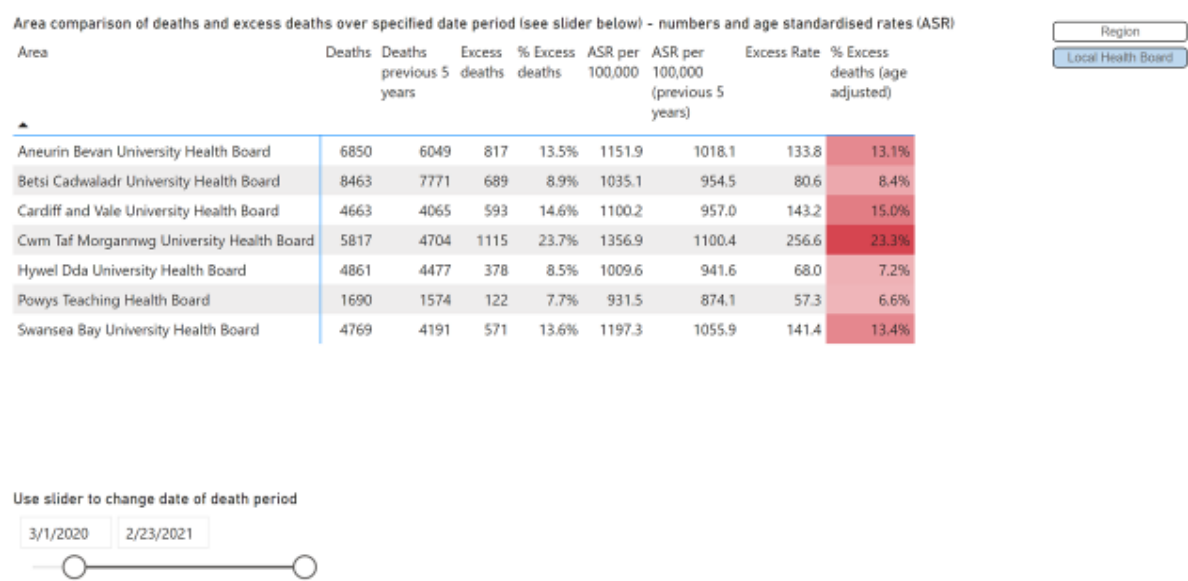
- A continued and refreshed regular communications to staff regarding social distancing, PPE, not coming to work if symptomatic.

- Re-test of patients in amber areas 72 hours after admission then every five days.
- Lateral Flow testing of staff.
- Further work to manage differently the admissions “at risk” and surrounding governance.
- High level of IP&C engagement with Operational teams/Regional Agencies with IP&C Nurses providing weekend support.
- Daily IP&C Cell and fortnightly PPE Cell.
- Increased use of epidemiology resources to support investigations into the source and development of outbreaks.
- Increased visibility of the IP&C Team on all areas, not just affected areas.
- Reviewing learning from investigations and feeding back locally and nationally (Action Plans, Outbreak meetings, CORSEL).
- Work underway to identify an amber area with an unselected medical cohort who haven't had an outbreak in order to review ‘what worked well’.
- Commenced early discussion with the laboratory in planning for the third wave.

We will continue to monitor the situation and to ensure that all robust measures are in place. An organisational joint action plan with the IP&C Team and the Local Coordinating Centers is in place and under continuous review.

Mortality and COVID -19

The excess Mortality rate for organisations in Wales during 2020 is summarised below:



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Area comparison of deaths and excess deaths over specified date period (see slider below) - numbers and age standardised rates (ASR)

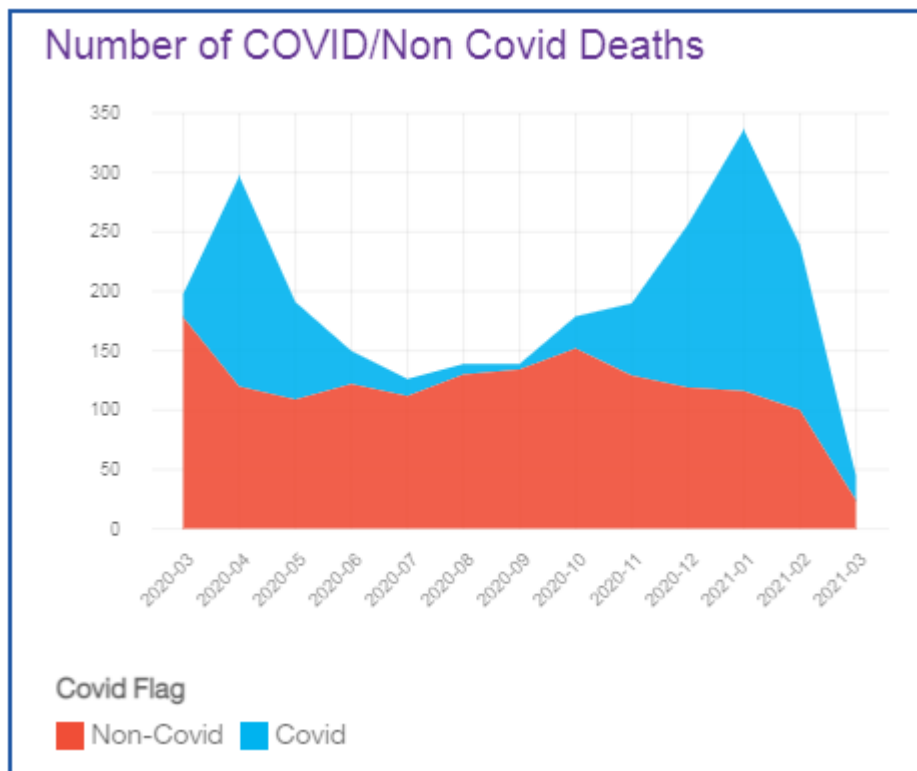
Area	Deaths	Deaths previous 5 years	Excess deaths	% Excess deaths	ASR per 100,000	ASR per 100,000 (previous 5 years)	Excess Rate	% Excess deaths (age adjusted)
EAST	66222	56231	10080	17.9%	1040.7	883.2	157.5	17.8%
EAST MIDLANDS	51680	44422	7301	16.4%	1113.7	955.7	158.0	16.5%
LONDON	62781	48556	14282	29.4%	1076.3	823.9	252.5	30.6%
NORTH EAST	31438	27579	3903	14.2%	1211.5	1060.4	151.0	14.2%
NORTH WEST	82697	70450	12328	17.5%	1207.9	1027.1	180.8	17.6%
SOUTH EAST	93592	80005	13705	17.1%	999.2	853.6	145.5	17.0%
SOUTH WEST	60268	55884	4479	8.0%	947.1	879.6	67.5	7.7%
WALES	37113	32832	4285	13.1%	1116.2	990.5	125.6	12.7%
WEST MIDLANDS	65802	53924	11902	22.1%	1176.1	961.9	214.2	22.3%
YORKSHIRE AND THE HUMBER	58957	51319	7734	15.1%	1149.0	996.9	152.1	15.3%

Use slider to change date of death period

3/1/2020 2/23/2021



The number of Covid19/Non COVID -19 deaths in Cardiff and Vale UHB since March 2020 is summarised in the graph below:



The UHB has appointed a Head of Covid Investigations to oversee the review and investigation of all cases of hospital acquired Covid – 19, as well as deaths of patients who die with a diagnosis of hospital acquired Covid -19.

Medical Examiner

The UHB is working with the Medical Examiner Office (MEO) to develop systems and processes to manage referrals for Level 2 reviews where a possible or actual concern has been highlighted. Previously the UHB reported that there was not a robust process for managing stage two reviews thus the learning loop could not be closed. Since the introduction of the MEO the UHB is establishing a process which includes centralized distribution of referrals and a repository for completed stage two reviews. The Mortality Review Group will receive and discuss emerging themes and trends and agree priorities for action. Since working with the MEO office, 5 cases have been referred on for a Level 2 review. Of these 4 cases involved the deaths of patients who died with COVID -19, but in all cases, the patients were on End of Life pathways and had advanced metastatic cancer.

It has been mandatory to report the % stage 1 mortality reviews undertaken to Welsh Government. The last report will be at the end of April for the month of March after which this will no longer be necessary due to the introduction and expansion of the Medical Examiner service.

Regulation 28 Reports

The UHB has not received any Regulation 28 Prevention of Future Deaths reports from Her Majesty's Coroner in this reporting timeframe.

Inquests continue to be significantly disrupted and postponed due to the pandemic. Cases are being rescheduled by the Coroner in order to bring them to a conclusion.

Outcomes of Internal and External Inspection Processes

Aron White and Rebecca Aylward are presenting a Ward Accreditation/Perfect Ward update to the Nursing Midwifery Board on 17th March 2021.

Patient Experience

Since March 2020, the PET (Patient Experience Team) has worked very differently, utilising a variety of methods to gain patient feedback.

Over the last 12 months, due to COVID-19, our routine paper based survey process has been significantly reduced. We have been undertaking more specific site areas to gain feedback from both in our hospitals and settings such as our Mass Vaccination Centres.

Therefore, our work on bespoke feedback projects has increased. Traditionally, our main method to gain feedback was via a paper based system. This has been adapted to be more electronic

based, whereby patients can complete a survey using their mobile phone, tablet or PC, a link to the survey being accessed from a text, email or QR code. One of the advantages of this over a paper based system, is that reports can be produced much more quickly and in turn feedback passed on to the team/department in 'more or less' real time. An example of the department

adopting this approach has been when collecting feedback following the Prehab2Rehab project nudges.

Links can also be added to electronic tablets allowing the team to survey areas, without the need for pen and paper. An example where we have used this approach has been when surveying the Mass Vaccination Centres.

Currently, we use three software platforms to gather feedback including Survey Monkey, Viewpoint and 'HappyOrNot'. However, the introduction of a new 'All Wales' Civica platform as an All Wales People feedback system will further add to the tools we have available with the added benefit of centralizing many of the processes. The system will be rolled out across Wales from the 1st April 2021 in a phased approach.

In relation to recent/current bespoke studies undertaken, examples include:

- **'Feedback in 5' survey.** Completed by the team via electronic tablet in various areas, such as A7, A6, SSU and Glan Ely (St Davids). As the data is available straight away, the reports are made available to the area the same/following day.
- **MVC (Mass Vaccination Centres) surveys.** This has been carried out in all three Mass Vaccination Centres. These surveys are being undertaken regularly to monitor feedback and identify any improvements that can be made.

Overall, the feedback has been very positive with **98.8%** of respondents (Splott – 97%, Pentwyn – 100%, Barry – 100%) reporting that they were very satisfied with their visit to the Mass Vaccination Centre. Comments left by respondents have also been very positive and examples include:



Prehab2Rehab evaluation survey

- Evaluation survey links have been texted to patients following information 'nudges' from the Prehab2Rehab team. The purpose of the survey is to gain patient feedback on the
- Information nudges sent to patients on the waiting list. On the whole, the information nudges have been well received with **84%** of respondents reporting that they found the information provided with the Mindfulness nudge as being either 'extremely helpful', 'very helpful' or 'somewhat helpful'. A full write-up on the project findings will be available in coming months.

Physiotherapy outpatient forum event.

- This was set up in collaboration with the UHW Physiotherapy Team and invited patients to take part in a virtual 'Town Hall' event via MS Teams. The purpose of the event was to gain feedback from patients on how they think the service should develop. Below is an image of the main meeting invite page, which was based on a 'Padlet' developed by one of the Patient Experience team, which gave full details of the event and how to take part.



Please be aware that this meeting will be recorded and in taking part you consent to the recording being used for further analysis.

<https://padlet.com/physiouhb/CAVforum>

Initial feedback from those participants has been very positive and a write up of the event will be available in coming months.

Creative Art Students

- A new way of undertaking student placement has been developed to support our annual cohort of Creative Therapy Art Students from University of South Wales, who under normal circumstances would be delivering art sessions face-to-face with patients. Two students are now in place delivering virtual sessions and have to date completed their first session each with patients at St David's hospital supported by Mental Health Matters and ward staff.
- As part of this virtual placements the students will be recording some 'legacy' sessions which can be used on our digital devices for patients who wish to undertake an activity during their day.

Mass Vaccination Centre Volunteers

- Volunteer Services Team continue to facilitate inductions for third sector volunteers who will be supporting at the MVC, we will have approximately 120 volunteers supporting across these sites once inductions have been completed. We have received some lovely feedback from staff on how beneficial it is having volunteer support at these sessions "**we couldn't do without them**".

Volunteer comment

- I just wanted to let you know how appreciative the public are of our efforts at the Splott vaccination centre. People often comment on how well organised and easy the process is and what good work we are doing. I pass this on to the NHS staff too as it's

a collaborative effort with them and the Army. Even though we are only doing second vaccinations at Splott, people are still very appreciative and are very glad to be there.

- *We have recently had a lot of medics and NHS workers coming to us as the centre as UHW is closed and they often comment on how efficient it is and that they have heard this from others who have been to us.*

Staff Volunteering Application and Policy

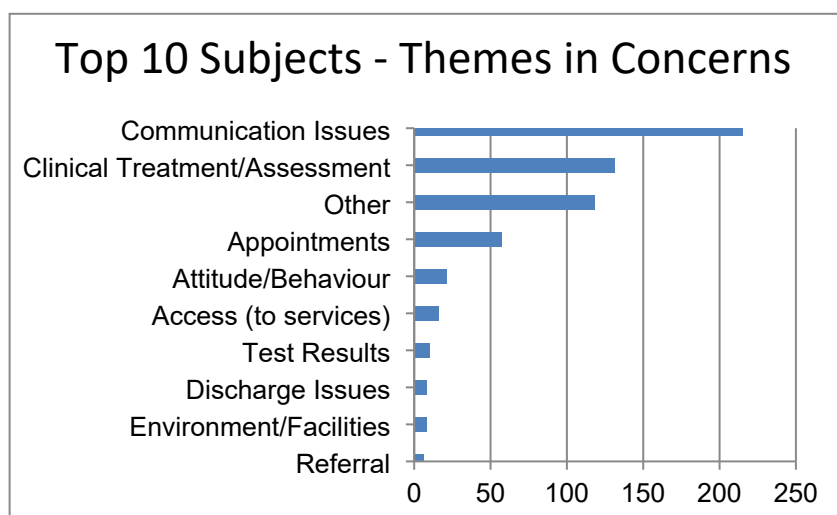
- An addition to the Health Boards Volunteer Policy will now include a section specifically for staff looking to volunteer, this is being developed due to the increased demand from staff wanting to volunteer due to the pandemic this was to ensure we were compliant with governance procedures when recruiting staff to support.

Complaints Management/Redress

In January and February, 1,781, concerns were received, which is a significant increase when compared with 532 received in November and December. This increase reflects the extremely high volume of enquiries the Concerns Team are receiving via the Mass Vaccination enquiry line being hosted within the Department.

It is pleasing to note that, despite the ongoing challenges, the 30-working day performance for this period was 83%, which is a slight increase on November and December.

The Health Board continues to receive a high number of concerns regarding clinical treatment and assessment, however, as demonstrated in the graph below, there has been a rise in concerns regarding communication (in comparison to the last Board report) and this is now the key theme identified, with Concerns regarding Clinical Treatment and assessment being the second highest.

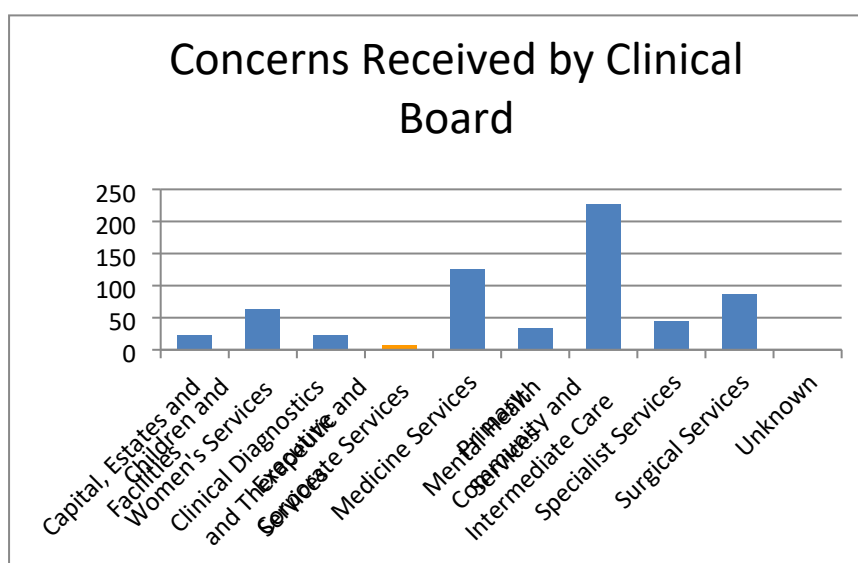


We continue to receive a high number of concerns regarding poor communication, in particular, in relation to lack of information when families are worried about their loved ones, inability to make contact directly to the wards via the telephone and lack of communication regarding discharge arrangements.

The Patient Experience Team continue to support virtual visiting and we have maintained.



This has meant that families/friends are able to provide mobile phones and devices to support communication. We continue to provide nightclothes, clothes and toiletries as well as “lending” devices and helping people to communicate with their loved ones if they require our assistance in any way.



You will note from the graph above that PCIC Clinical Board have seen a significant rise in concerns in comparison to previous Board reports. This is due to the high volume of enquiries in relation to the Mass Vaccination roll out. It should be noted that the table above does not reflect all the concerns received within PCIC as there are a considerable amount that will be logged retrospectively. To date in three weeks over 2,000 enquiries have been received with regards to Mass vaccination and this is approximately 60 telephone calls per day plus e-mails and letters. In the main issues relate to:

- The concurrent vaccination via GP's and MVC's for different age cohorts are causing people to make contact regarding the delays with being vaccinated in different age groups.

- Queries regarding those who are in cohort 6 and clinically extremely vulnerable. Many people feel they should be included but have not been identified in this group.
- Prior to the launch of the unpaid carers form there were many queries; following development of the form carers are contacting us for help in completing the form.

Medicine Clinical Board continue to receive a high number of concerns, in comparison to other Clinical Boards, however this would be expected considering the high level of activity within Medicine Services.

Some Patients are raising concerns relating to delays in follow-up appointments and planned procedures, particularly, in relation to General Surgery/Trauma and Orthopaedics, however, these numbers (86) have noticeably reduced in comparison to concerns received in November and December (126).

Training

We continue to offer training as and when required. A number of bespoke training sessions have been postponed by clinical board staff due to the current demand on clinical services

Benchmarking

Cardiff and Vale UHB's performance for January and February was 83% which exceeds the Welsh Government target of 75%. It is very pleasing to note that Cardiff and Vale UHB's consistent positive performance is recognised and the table below demonstrates that Cardiff and Vale UHB have maintained a positive response time.

Percentage of complaints that have received a final reply (under Reg 24) or an interim replay (under Reg 26) up to and including 30 working days from the date the complaint was first received by the organisation								
LHB	Target	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	12mth Trend	Rank
Wales	75%	69.8%	68.5%	69.8%	58.6%	71.9%		-
AB		70.3%	63.8%	68.4%	58.2%	74.2%		4
BCU		55.2%	63.2%	71.8%	55.2%	76.7%		3
C&V		83.8%	78.4%	74.3%	64.9%	80.9%		2
CTM		50.7%	48.6%	62.6%	53.6%	61.7%		8
HDda		75.1%	72.5%	70.2%	63.5%	64.7%		7
Powys		45.5%	28.2%	35.5%	43.8%	50.0%		9
SB		83.7%	88.6%	81.0%	65.4%	72.8%		5
PHW		100.0%	100.0%					
Velindre		82.6%	81.8%	93.3%	92.9%	100.0%		1
WAST		87.9%	74.2%	58.8%	47.5%	65.0%		6

Note: PHW had no Reg 24 or Reg 26 complaints during Q4 19/20, Q1 20/21 and Q2 20/21.

As mentioned in the previous Board report, one of the aims of the Once for Wales system for concerns management is that benchmarking data will be available. The system is due to be implemented on 1st April for Complaints. Redress cases and Claims.

Once for Wales Concerns Management System.

A Local Implementation Group, chaired by the Assistant Director of Patient Safety and Quality has been established, and is currently meeting monthly, to oversee local implementation of the Once for Wales Concerns Management System across the UHB.

Timescales for the implementation are challenging but it is anticipated that the UHB will move over to the Complaints, PALs, Redress and Claims management modules on 1st April 2021. Implementation of the Incidents module will not be undertaken until at least June 2021. This has been delayed as there are a number of unresolved issues and preparation time is being compressed. The UHB is also awaiting the enhancement to mandate the completion of Service and Location hierarchies down to the 3rd level, which is planned to be completed by 1st June 2021.

Preparation has commenced.

- Perform housekeeping to ensure Legacy data is accurate.
- Identify all 'non-Closed' records.
- Emails DIF2s about open records, and give deadlines for managing to closure
- Create KPIs to inform Implementation Board and Clinical Boards about progress with this task.
- Identify all live records that may need to be re-input/migrated.

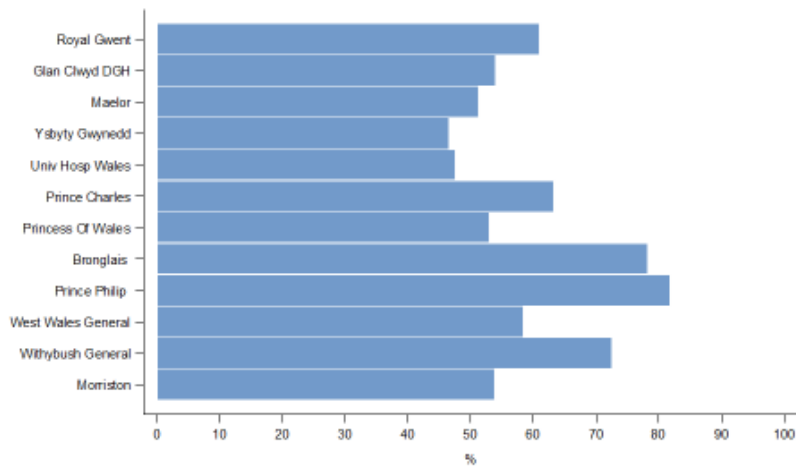
Clinical Effectiveness Committee

The UHB has established a Clinical Effectiveness Committee chaired by the Assistant Medical Director Patient Safety and Quality. At its most recent meeting on 24.02.2021, the following key issues were noted:

- There appear to be potential data collection issues in relation to the National Asthma and COPD audits – this will be explored further with the relevant teams.
- National Hip Fracture database – there has been an improvement in compliance across many criteria. It was noted that absence of delirium and mobilisation post-surgery was below the national compliance rate and that there had also been a corresponding increase in the number of patients with fractured femur who developed pressure damage. Initial exploration of the data has shown a discrepancy between our local data and national data for mobilisation, so this is currently being investigated further. This will be discussed further at the forthcoming Falls and Pressure damage Group meetings.
- Data from the National Prostate Cancer Audit has indicated possible over – treatment of low risk prostate cancer and increase in urinary incontinence following radical prostatectomy. This will be explored further with the Clinical Leads for the service.
- National Stroke Audit – the percentage of patients being scanned within 1 hour was 50% during July- September 2020 and access to a Stroke Unit was 32%.

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Scanned within 1 hour

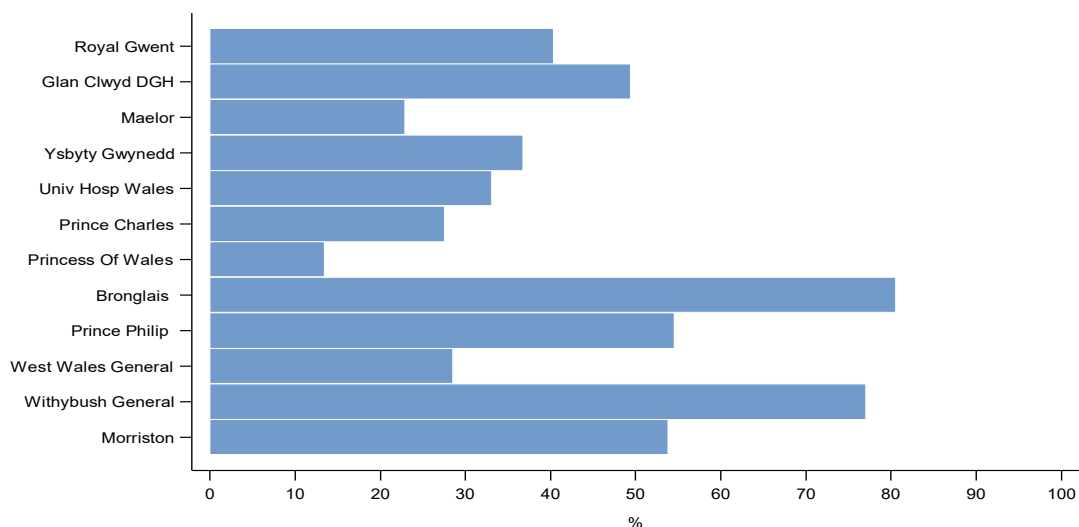


Source: SSNAP Jul-Sep 2020
Patient-centred results at team level for Key Indicator 1.1A

Wales

Saunders Nathan
03/16/2021 16:15:14

Direct to SU within 4 hours



Source: SSNAP Jul-Sep 2020
Patient-centred results at team level for Key Indicator 2.1A

Wales

Access to the Stroke Unit has been affected by Coronavirus outbreaks and balancing the risk of admitting patients in to an outbreak area. It is anticipated that this will improve as the outbreak position continues to improve.

The UHB is currently an outlier in the Early Arthritis National Audit but this relates to a lack of resource within the Clinical Board to ensure complete data submissions. Medicine clinical Board have been requested to identify an appropriate resource so that full participation can be undertaken.

NICE Guidance

We can only give very limited assurance with regard to the up-to-date monitoring of the implementation of new NICE guidance.

Our current process, and allocated resource within the quality assurance team is undergoing review as part of the over-arching redesign of our Quality and Safety functions.

The assurance process is heavily reliant on local teams providing timely and detailed updates - which historically has been difficult to achieve. Due to the pressures of COVID this process has proven even less reliable.

A review of this assurance process has now been undertaken, including benchmarking against other Health Boards, and has demonstrated that the allocated quality assurance team resource is very light, and our IT processes outdated.

A case is being developed outlining the resource that would be required to deliver assurance against NICE implementation within the health board, this will include a dedicated administration resource and the purchase, and UHB-wide introduction, of the AMaT audit tracking and monitoring software.

Saunders Nathan
03/16/2021 16:15:11

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

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>								

Saunders, Nathan
03/16/2021 16:15:14

Report Title:	PERFORMANCE REPORT				
Meeting:	Board Meeting			Meeting Date:	25/03/21
Status:	For Discussion		For Assurance	x For Approval	For Information
Lead Executive:	Chief Operating Officer and Executive Finance Director				
Report Authors (Title):	Information Manager (029 20 745602) & AD Business & Performance (Operations) (029 21 847549)				

Background and current situation:

The impact of Covid-19 continues to be seen across a range of key performance indicators.

The current operational context is outlined in the Operations section of the COVID-19 update report presented to the Board as a separate agenda item.

The indicators reported this month remain those deemed as essential services and / or those that continue to be routinely reported.

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

- Essential services have been maintained in all areas but there has been a further impact on unscheduled care and planned care services in the second covid wave.
- The Single Cancer Pathway came into effect on 1st December 2020. The USC 62-day target and Non-USC 31-day target are no longer reported.
- The scale and duration of the pandemic has had an unprecedented impact on the delivery of services and the Health Board's approach to recovery will need to be significantly different and not one solely based on returning services to normal. This approach will be outlined in the Health Board's 2021/22 Annual Plan.

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

Appendix 1 provides sets out the current performance position for the following areas of performance:

- Unscheduled Care
- Primary Care
- Mental Health Measures
- Cancer
- Elective access – RTT, diagnostics and outpatient follow-ups

Since the first wave of COVID-19, there has been a constant balance of risk made in relation to the extent to which services could continue to operate versus the potential harm from COVID-19. The continued uncertainty regarding future demand and increased level of complexity is such that there remains risk in the system. The balance of risk applied, therefore, since the first wave will

continue, with actions guided by clinical advice, local Executive-led support groups and national guidance.

Appendix 2 provides the Finance report for the Board.

Note: Commentary and assessment on the latest quality and safety indicators is provided in a separate report from the Executive Nurse Director.

Recommendation:

The Board is asked to **NOTE:**

Shaping our Future Wellbeing Strategic Objectives

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

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	X
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	
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	X	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered

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

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Equality and Health Impact Assessment Completed:

Not Applicable

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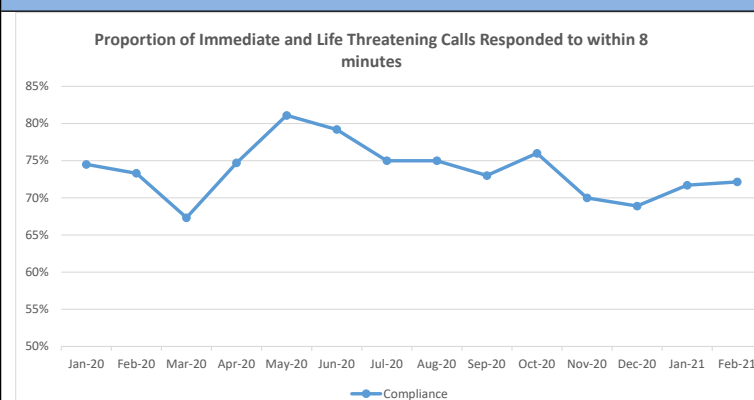
Unscheduled Care

Overview

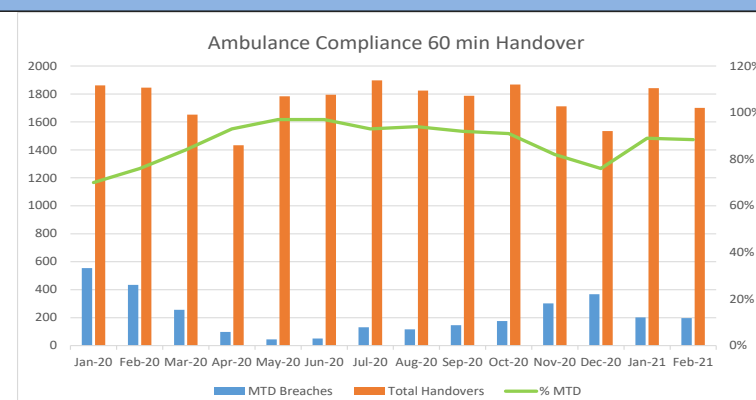
- Emergency Unit attendances have reduced over recent months and were at 60% and 63% of pre-covid levels in January and February 2021.
- 4 hour performance in EU was 78.0% in January (Jan 20 – 80.1%) and 75.5% in February (Feb 20 – 79.9%)
- There were 213 and 288 patients waiting greater than 12 hours in January and February 2021 respectively, compared to 331 and 152 for the same periods last year.
- In January and February 2021 71.7% and 72.2% of red calls were responded to within 8 minutes. This compares with 74.5% and 73.3% in January and February last year.
- Ambulance handover delays reduced in January and February 2021 – to 202 and 197 > 1 hour respectively

Performance

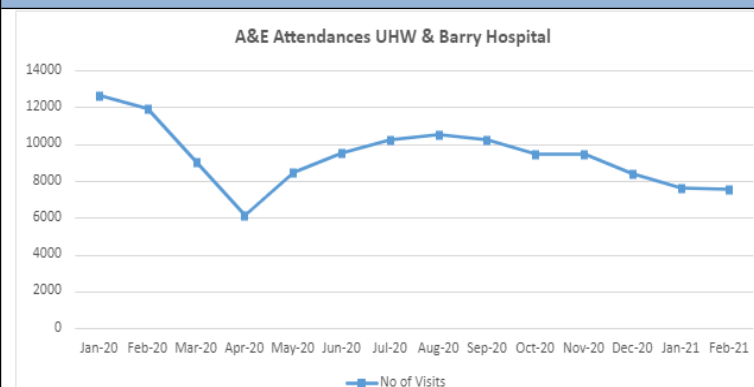
Graph 1: % Red calls responded to within 8 minutes



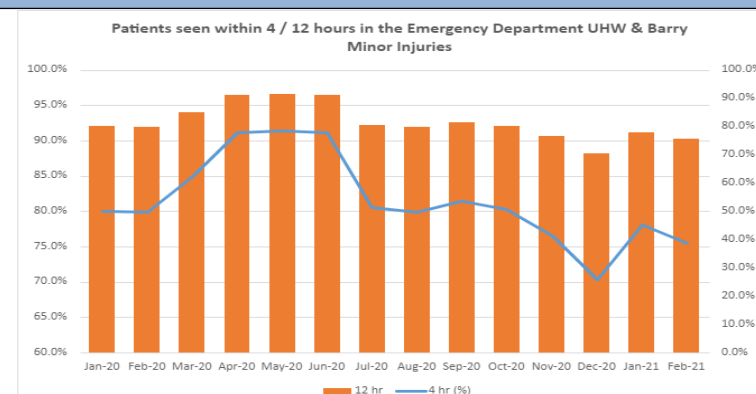
Graph 2: Ambulance handover > 1 hour



Graph 3: A&E Attendances



Graph 4: A&E waits – 4 & 12 hours



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Primary Care

Overview

In relation to General Medical Services (GMS):

- *Sustainability applications*: The UHB currently has zero formal applications or closed practice lists.
- *Contract terminations*: There have been no contract terminations
- *Directly managed GP services*: The UHB presently has no directly managed primary medical care services

In relation to GP Out of Hours (GPOOHs):

- 63% of patients prioritised as 'emergency' requiring a home visit were seen within one hour in January 2021
- 86% of patients prioritised as 'emergency' requiring a primary care centre appointment were seen within one hour in January 2021

Performance

Chart 1: % of GP OOH appointments requiring a home visit provided within 1 hour

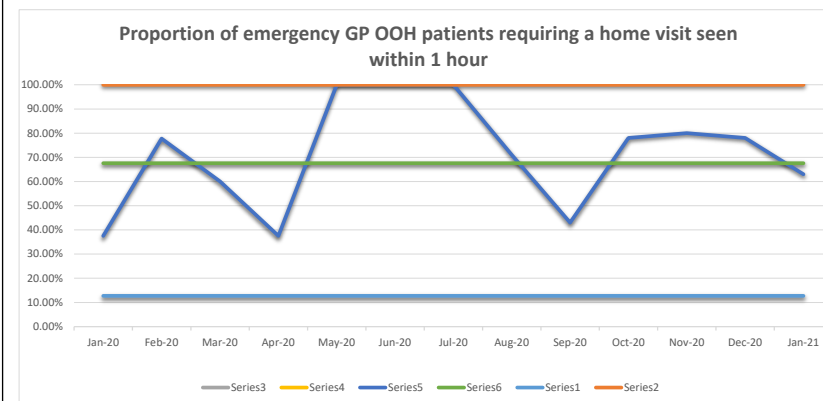
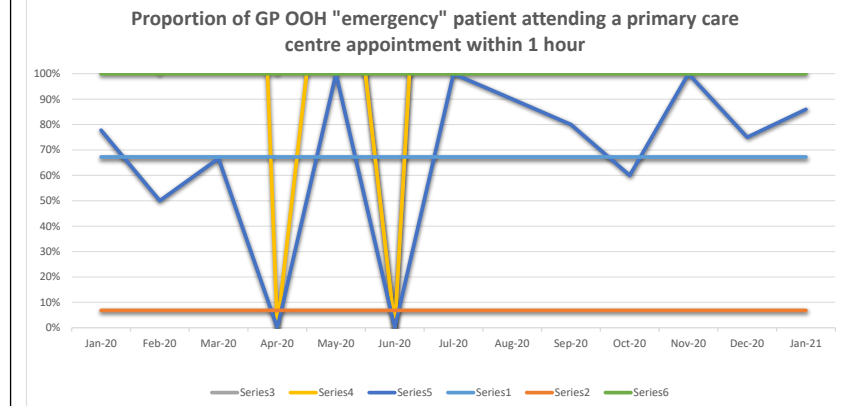


Chart 2: % of GP OOH "emergency" patients attending a primary care center appointment within 1 hour



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Mental Health Measures

Overview

- After a steady increase in total referrals to Nov 20, levels stabilised in January 2021 (1033) and were at similar level to December 2020 (1029)
- Part 1a: The percentage of Mental Health assessments undertaken within 28 days is 12% overall and 11% for CAMHs in January 2021.
- Part 1b: 87% of therapeutic started within 28 days following assessment at the end of January 2021.
- Part 2: 85% of health board residents in receipt of secondary mental health services have a valid care and treatment plan (CTP) as at January 2021
- Part 3: 81% of health board residents were sent their outcome assessment report within 10 days of their assessment in January 2021

Performance

Chart 1: Mental Health Referrals

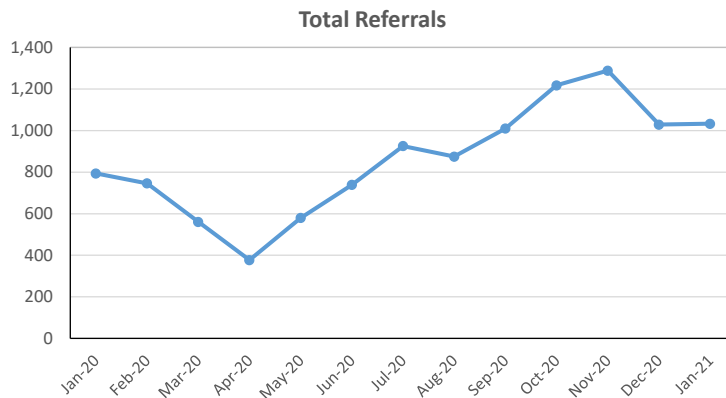


Chart 2: Performance against Mental Health Measures – Part 1a, 1b, 2 and 3

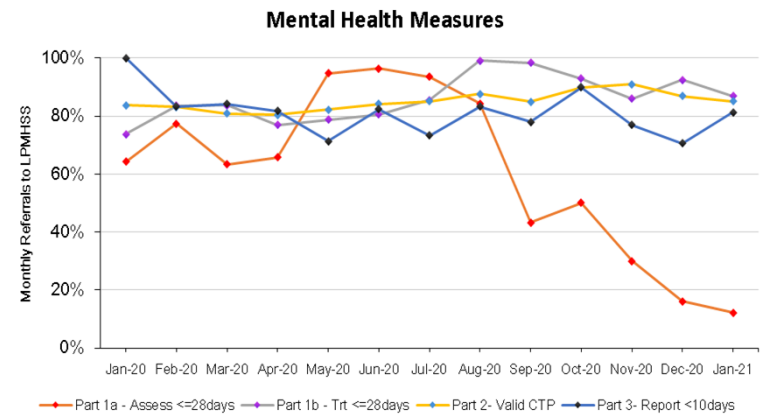
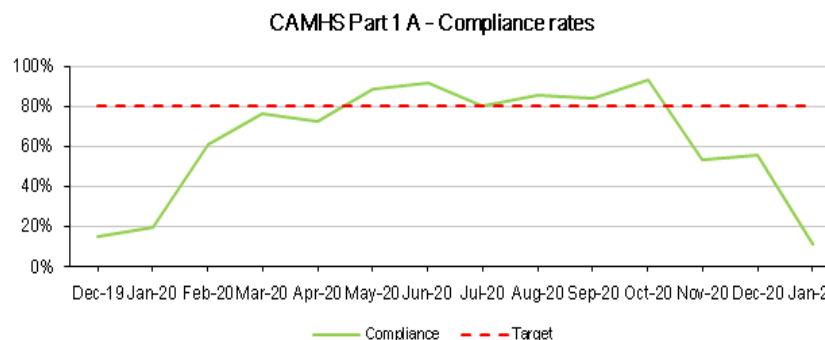


Chart 3: CAMHs Part 1a compliance



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Cancer

Overview

- Referrals for patients with suspected Cancer were broadly at expected levels for December 2020 but below levels seen in previous years in January 2021
- From December 2020, the Health Board in line with the rest of NHS Wales, has moved to reporting the Single Cancer Pathway only.
- 168 patients started first definitive treatment and 57.7% of patients on the Single Cancer Pathway were seen and treated within 62 days of the point of suspicion in in January 2021.

Performance

Chart 1: Cancer referrals

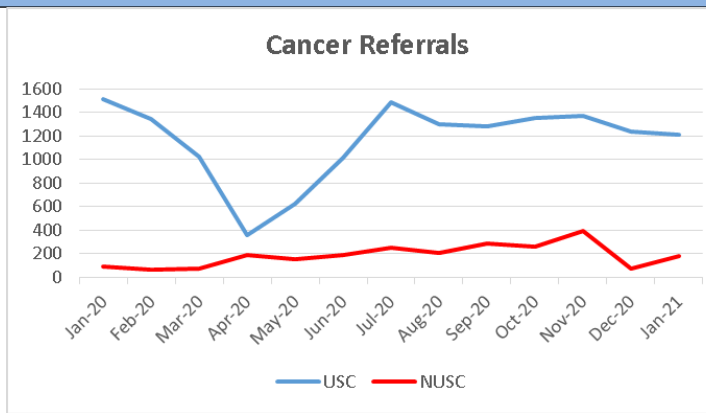
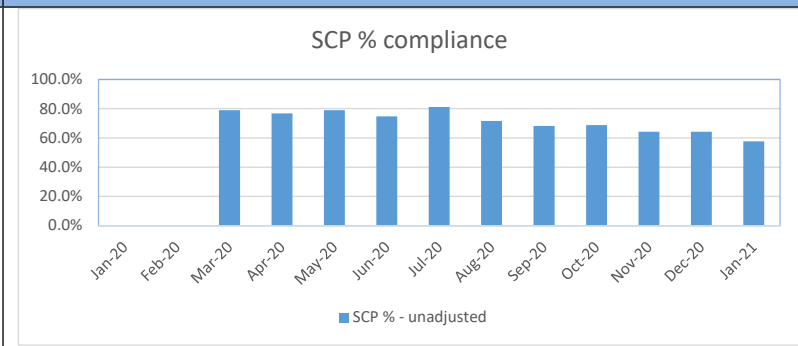


Chart 2: SCP performance



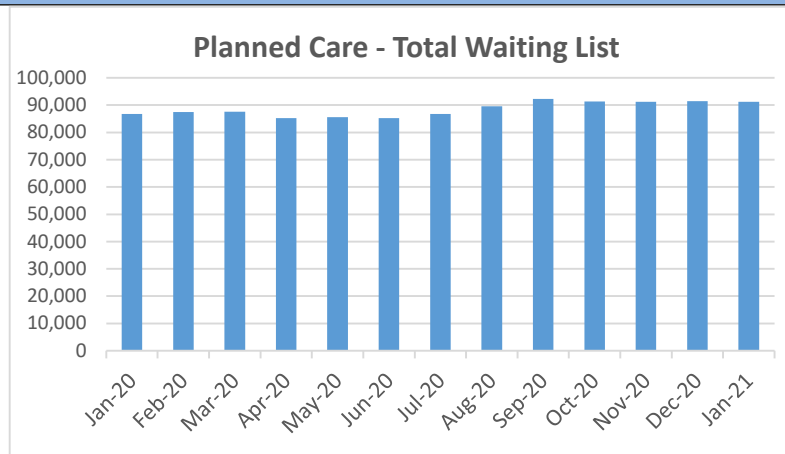
Elective access

Overview

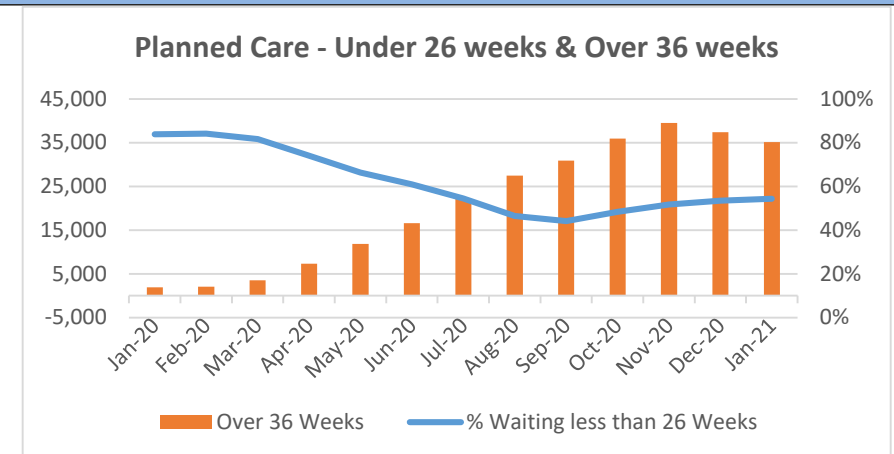
- The overall Referral to Treatment (RTT) waiting list was 91,222 at the end of January 2021, 164 fewer than at the end of December. There were 35,112 patients waiting over 36 weeks for treatment for planned care, 2,322 fewer than at the end of December.
- Patients waiting greater than 8 weeks for a diagnostic test marginally increased in January to 9180.
- The total number of patients waiting for a follow-up appointment was 168,532 at the end of January. The number of Follow Up patients waiting over 100% beyond their target date was 47,265 patients.

Performance

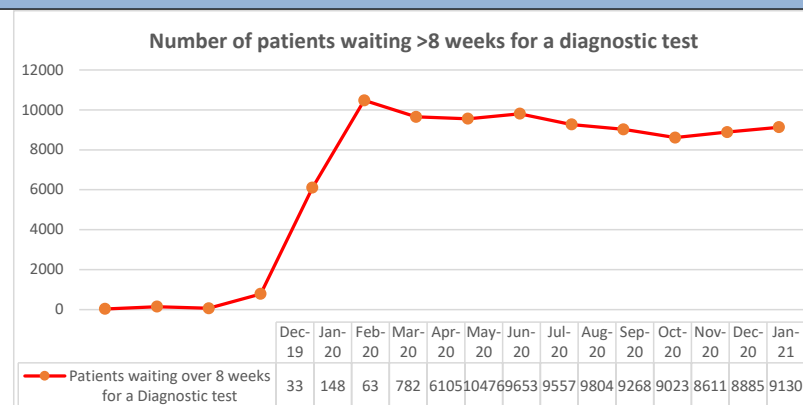
Graph 1: RTT total size of the waiting list



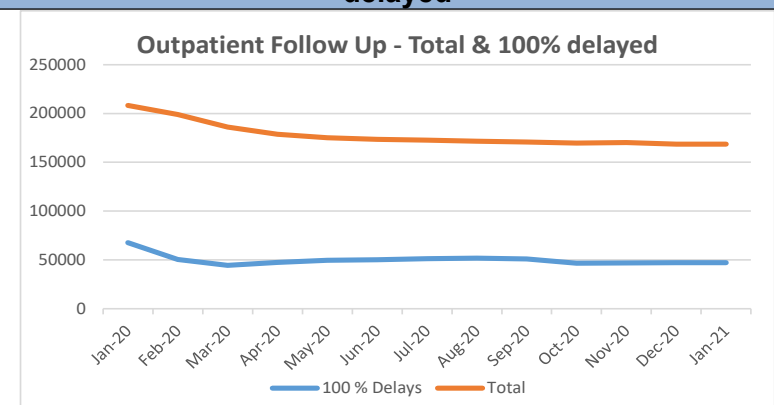
Graph 2: RTT % of patients 26 weeks and number of patients > 36 weeks



Graph 3: Diagnostics > 8 weeks



Graph 4: Outpatient follows ups – Total waiting list and > 100% delayed



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Appendix 2

FINANCE

How are we doing?

The Health Board agreed and submitted its 2020/21 – 2022/23 IMTP to Welsh Government by the end of January 2020 for its consideration. The Welsh Government wrote to the UHB on 19th March 2020 to inform it that whilst it had an approvable plan, it had paused the IMTP process for an indefinite period so that organisations could focus on the challenges of COVID 19.

Welsh Government has set out the resources available to support the COVID 19 response and there is an expectation that NHS bodies will manage within these resources to deliver their original planned position, which for the UHB was a break even position by year end.

At month 11, the UHB is reporting an underspend of £0.502m against this plan. During the 11 months to the end of February 2021 the UHB had net expenditure of £135.826m in managing its response to COVID 19 which is offset by the same amount of Welsh Government COVID 19 funding leaving an operating surplus of £0.502m.

Reported month 11 position

The Welsh Government amended the monthly financial monitoring returns to capture and monitor net costs due to COVID 19 that are over and above LHB plans. The financial position reported to Welsh Government for month 11 is a surplus of £0.502m and this is summarised in the Table below:

Table 1: Financial Performance for the period ended 28th February 2021

The additional COVID 19 expenditure in the 11 months to the end of February 2021 was £138.922m. £54.033m of the additional costs related to the Dragon's Heart Hospital (DHH) and there was also £84.889m of other COVID 19 related additional expenditure.

COVID 19 is also adversely impacting on the UHB savings programme with underachievement of £18.320m against the month 11 target. Further material improvement is not anticipated until the COVID 19 pandemic passes.

Elective and other planned work has been curtailed during this period as part of the UHB response to COVID 19 and this has seen a £19.769m reduction in planned expenditure. The UHB has also seen slippage as a commissioner of £1.647m on its WHSSC commissioning plan due to impact of COVID 19.

The net expenditure due to COVID 19 is £135.826m and this is matched by an equal amount of additional Welsh Government COVID 19 funding. The UHB also has a small operating underspend of £0.502m leading to a net reported surplus at month 11.

Forecast Year End Position

Whilst the UHB expects the non COVID related operational position to remain broadly balanced as the year progresses, the additional costs arising from plans to manage COVID 19 are expected to continue. The full year forecast net expenditure due to COVID 19 at month 11 is £161.179m and this is offset by additional COVID 19 funding of £161.179m as summarised in table 2 below:

Table 2: Full Year Forecast Financial Performance at month 11

The UHB continues to forecast a break even position at year end based upon the resource assumptions set out in the NHS Wales Operating Framework 2020/21 for Q3 and Q4.

Underlying deficit position

The underlying deficit position brought forward from 2019/20 was £11.5m. Delivery of the 2020/21 plan would have reduced this to £4m by the year end. The achievement of this is largely dependent upon delivering the £25.0m 2020/21 recurrent savings schemes. The latest assessment is that this remains at circa £21.3m less than planned and this will increase the underlying deficit to £25.3m. What is unclear at the moment is whether Welsh Government will provide any financial support for this in 2021/22.

Creditor payment compliance

The reported Non-NHS Creditor payment compliance was 96.3% for the 11 months to the end of February and continues to meet the 95% performance target.

Remain within capital resource limit

The UHB had an approved annual capital resource limit of £92.275m as at the 3rd March 2021. Capital expenditure for the first 11 months of the year was £73.906m against a plan of £77.259m. The UHB expects has plans to make good this slippage and the final 2020/21 capital outturn is forecast to be broadly in line with its capital resource limit.

What are the UHB's key areas of risk?

At month 11, following confirmation of additional funding assumptions, the key financial risk is managing the impact of COVID 19 within the additional resources provided and delivering a break even position.

What actions is the UHB taking to improve?

To continue to work with Welsh Government to identify and secure all additional costs of managing COVID 19.

Saunders Nathan
03/10/2021 16:15:11

Report Title:	Research and Development Strategy 2021 - 2024						
Meeting:	Board Meeting				Meeting Date:	25.03.21	
Status:	For Discussion		For Assurance		For Approval	x	For Information
Lead Executive:	Dr Stuart Walker						
Report Author (Title):	Prof Chris Fagan Prof Matthew Wise, Assistant Medical Director, R&D Mrs Jane Jones R+D Manager						

Background and current situation:

The COVID pandemic reinforced our belief that Cardiff and Vale's services need to be evidence based or evidence generating. Our research and innovation team have also developed a culture of continuously questioning if things can be done better, given the rapidly emerging opportunities that artificial intelligence, precision medicine, big data, IT and therapeutic advances all bring.

In that context the revised Research and Development Strategy (attached) highlights our organizational R+D strategy for the next 3 years. It also outlines how the Strategy has been developed, and the roles and responsibilities required at individual organisational levels for its successful delivery.

The Strategy has been led by the Medical Director and developed in full consultation with the R&D Director, Clinical Boards, Clinical Board R&D Leads, the Research Delivery Management Board, the R&D Office senior finance and research and delivery staff representatives.

The Strategy was approved by the Executive Management Board in Jan 2021 as Welsh Government requires an annual review process to ensure the document remains contemporaneous. In addition each Clinical Board will review their individual strategic aims and objectives on an annual basis.

However in addition the strategy has been extensively re-written, after prior presentation to the S+D Committee in 2020, to both incorporate COVID learning, but also to reflect the rapidly developing relationship with Cardiff University, plus the 'Shaping our Future Hospitals' Program Business Case development. It is therefore re-presented to the Board 2 years earlier than planned for further review following approval at the S+D committee in March 2021.

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

The key aims of the strategy are to:

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Maximise patient access to high quality care through participation in safe, ethical research;

Ensure a culture that places research at the core of clinical service and patient care pathway delivery and the prevention, and population health, agendas;

Build research infrastructure and capacity – including the UHW 2 development;

Develop workforce capability and satisfaction by providing a learning environment which actively promotes research;

Enter into strategic collaborations and engagements to enhance joint working across Wales, the UK and internationally.

Ensure that research and innovation, developed in alignment with our key academic stakeholder, Cardiff University, are prominent in our Shaping our Future Hospitals workstream.

- Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):**
1. The strategy sets an ambitious agenda for the future of the UHB R+D function aligned with the developing strategic aspiration of Cardiff University College of Biomedical Science
 2. The Strategy will be delivered via a combination of our Clinical Research Group and Joint Research Office functions
 3. The Strategy also identifies the key role that R+D, alongside a Health Science quarter development, will play in our Shaping our Future Hospitals planning.

- Recommendation:**
1. The Board are asked to note the contents of the re-written strategy, and approve its contents and the direction of travel of our R+D services.

Shaping our Future Wellbeing Strategic Objectives <i>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</i>			
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	x
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>		

Document Title: <i>Research and Development Strategy</i>	1 of 14	Approval Date: dd mmm yyyy
Reference Number: SRT-RD-001		Next Review Date: dd mmm yyyy
Version Number: 1		Date of Publication: dd mmm yyyy
Approved By:		

Cardiff and Vale University Health Board

Research and Development Strategy 2021-2024

“Everything we do clinically must be evidence based or evidence generating”

DRAFT

Saunders, Nathan
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Document Title: <i>Research and Development Strategy</i>	2 of 14	Approval Date: dd mmm yyyy
Reference Number: SRT-RD-001		Next Review Date: dd mmm yyyy
Version Number: 1		Date of Publication: dd mmm yyyy
Approved By:		

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- 2.2 Strategy Approval and Review Mechanism

3.0 National Context

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- 3.2 Delivering on Health and Care Research Wales' (HCRW) Key Indicators and strategic aims
- 3.3 Working with the HCRW Support Centre to realise the 'One Wales' vision

4.0 Local Context

- 4.1 Consistency with C&V UHB's Integrated Medium Term Plan (IMTP)
- 4.2 Core business with R&D embedded in strategic goals
- 4.3 Clinical Board structure and R&D Implementation plans to support the delivery of the R&D Strategy

5.0 C&V UHB Strategic Aims for R&D

- 5.1 Maximise patient access to high quality care through participation in safe, ethical research
- 5.2 Ensure a culture that places research at the core of clinical service delivery and the prevention and population health agenda
- 5.3 Build research infrastructure and capacity
- 5.4 Develop workforce capability and satisfaction by providing a learning environment which actively promotes research
- 5.5 Enter into strategic collaborations and engagements to enhance joint working across Wales, the UK and internationally.

6.0 Roles and Responsibilities

- 6.1 Chief Executive
- 6.2 Medical Director
- 6.3 Assistant Medical Director for Research and Development
- 6.4 Clinical Board Research and Development Leads
- 6.5 Research and Development Office
- 6.6 Research Delivery Team

7.0 C&VUHB's SMART Objectives

8.0 References

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Document Title: <i>Research and Development Strategy</i>	3 of 14	Approval Date: dd mmm yyyy
Reference Number: SRT-RD-001		Next Review Date: dd mmm yyyy
Version Number: 1		Date of Publication: dd mmm yyyy
Approved By:		

1.0 Executive Summary

The last year has been the most difficult in living memory given the Covid pandemic. This led all those working in health care to refocus on what we do, why we do it and how can we do it better with the aim of improving outcomes for patients, supporting our staff and moving forward more efficiently and better prepared for anything that may come our way. The Covid pandemic reinforced our belief that C&V UHB's services need to be evidence based, and research and innovation led with a culture of continuously questioning if things can be done better given the rapidly emerging opportunities that artificial intelligence, precision medicine, big data, IT and therapeutic advances all bring. This is even more important in informing what facilities and services will be required in a re-building of the University Hospital of Wales on the Heath site and elsewhere (UHW2 project). This Strategy sets out clear aims on how Research and Development activities will be supported, promoted and implemented within C&V UHB. It provides strategic direction within the context of local and national developments including the organisation's IMTP, C&V UHB Shaping Our Future Wellbeing Strategy 2015-2025 and the UHW2 project. It is also aligned with C&V UHB's overall aims of empowering the person, home first, delivering outcomes that matter to people, avoiding harm and waste with the objectives of reducing health inequality, taking responsibility for improving health and wellbeing, delivering services to the standards our population expects and having sustainable unplanned and planned care services. This will be achieved by working alongside key partners such as Higher Education Institutes, Welsh Development agencies, local Councils and Social Services to develop a culture that makes C&V UHB a great place to work and learn. This will optimise use of emerging technologies and ultimately lead to excellence in teaching, research and innovation to the benefit of patients. This Strategy closely reflects the aims of the Health and Care Research Wales (HCRW) Strategic Plan (2015-2020) which demonstrates Wales' commitment to creating a dynamic research environment for the health and wealth of the people of Wales. The five strategic aims will be underpinned at Clinical Board level by more detailed R&D Implementation plans.

This document also outlines how the Strategy has been developed, and the roles and responsibilities required at individual organisational levels for its successful delivery.

2.0 Introduction

2.1 How the Strategy has been developed

The Strategy has been led by the Medical Director and developed in full consultation with the R&D Director, Clinical Boards, Clinical Board R&D Leads, the Research Delivery Management Board, the R&D Office senior finance and research and delivery staff representatives.

2.2 Strategy approval and review mechanism

The Strategy was approved by the Executive Management Board in Jan 2021. Welsh Government requires an annual review process to ensure the document

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Document Title: <i>Research and Development Strategy</i>	4 of 14	Approval Date: dd mmm yyyy
Reference Number: SRT-RD-001		Next Review Date: dd mmm yyyy
Version Number: 1		Date of Publication: dd mmm yyyy
Approved By:		

remains contemporaneous. Each Clinical Board will review their individual strategic aims and objectives on an annual basis.

3.0 National Context

3.1 National Funding Structure

The Welsh Government's Research and Development Division sits within the Health and Social Services Group. It leads on strategy, policy, commissioning, funding, contract management and governance of health and social care R&D in Wales.

HCRW is a national, multi-faceted virtual organisation comprising several distinct elements of infrastructure and funding schemes, to support and build capacity in Research and Development. The Support and Delivery Service, which is part of this, includes a Support Centre to provide centralised functions and services at a national level, and local R&D functions via NHS R&D departments at each organisation.

In order to provide a range of local R&D services, each NHS organisation is in receipt of Local Support and Delivery Funding.

The Welsh Government set a national objective to ensure the effective provision of an NHS research infrastructure, to develop research capacity through the appropriate use of R&D allocations, as well as investment of other R&D income that the NHS organisation generates.

HCRW has produced a NHS R&D Finance Policy Template which covers the details and mechanisms necessary for the management, accountability and distribution of NHS research funding and income which is already fully implemented within C&V UHB.

3.2 HCRW strategy

HCRW' vision is for Wales to be internationally recognised for its excellent health and social care research that has a positive impact on the health, wellbeing and prosperity of the people in Wales. An excellent example of this was C&V UHB's contribution to the Recovery Trial as a leading recruitment centre which has altered the outcome of patients with CoVID19.

The Local Support and Delivery Funding is underpinned by the [Delivery Framework - Performance Management of Local Support and Delivery Services 2019/20](#).

The Delivery Framework sets out how the Welsh Government will performance manage the NHS organisations in Wales in relation to R&D, including the use of their local support and delivery funding, performance against national objectives, key indicators and targets. It also sets out the enablers of research aligned to the IMTPs (Integrated Medium Term Plans) of NHS organisations in Wales.

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Version Number: 1		Date of Publication: dd mmm yyyy
Approved By:		

3.3 Working with the HCRW Support Centre to realise the ‘One Wales’ vision

The vision of the Support and Delivery Service is to realise a ‘One Wales Seamless Service’ for supporting and delivering high quality health and social care research. As part of the Support and Delivery Service, C&V UHB needs to be responsive to the ‘One Wales’ aims of increasing opportunities for patients and the public to participate in, and benefit from, safe ethical research, regardless of geographical location. This will enable Industry and Chief Investigators to set-up studies in multiple sites across Wales in a single-access, streamlined and efficient way; whilst attracting and deploying appropriately skilled, qualified and experienced staff in a consistent way across HCRW, embedding shared values and behaviors.

4.0 Local Context

4.1 Consistency with C&V UHB Integrated Medium Term Plan (IMTP)

The Integrated Medium Term Plans (IMTPs) play a fundamental role in the planning and delivery of high quality care to the population of Wales.

The R&D Division of Welsh Government therefore expects each NHS organisation to purposefully support research and, through the IMTP, demonstrate how the patients of Wales will be offered increased opportunities to participate in high quality research within their locality.

The R&D Division of Welsh Government, in its review of IMTPs, will particularly focus on identifying how NHS R&D Directors have aligned themselves and their R&D departments to other parts of the NHS to promote R&D and maximise the potential for the uptake of findings across their organisations, including, as appropriate, primary care.

The core actions identified in C&V UHB IMTP 2019-2022 have been fully integrated into the aims section of this R&D Strategy document.

4.2 Core business with R&D embedded in strategic goals and patient care pathways, including the UHW2 project.

C&V UHB Shaping Our Future Wellbeing Strategy 2015-2025 outlines as part of its ‘Vision of Care’ statement that we will focus on working better together across care sectors, valuing people, harnessing innovation and research to make this a great place for patients and staff. Likewise the UHW2 project allows us a significant opportunity to hardwire R+D into our physical infrastructure. The R&D, innovation and evidence base culture generated within all levels of C&V UHB will be directly applied to the patient care pathway to ensure maximum clinical benefit to those we serve and ensure efficient use of all C&V UHB resources. It will also facilitate the development of the future campus site of UHW2 as a Centre of Health and Wellbeing excellence aligned with Research, Innovation and Transformation.

4.3 Clinical Board structure and R&D Implementation plans to support the delivery of the Strategy

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C&V UHB has a management structure based around 7 Clinical Boards supported by corporate organisational functions. Each Clinical Board has endorsed the overall strategic aims and objectives of the C&V UHB R&D Strategy and have summarised their own individual strategic aims and objectives. Each Clinical Board is required to have an up to date R&D Implementation Plan which underpins how they will meet their strategic aims and objectives. The Clinical Board R&D Implementation Plans will inform discussions at biannual R&D review meetings with the Medical Director, R&D Director and R&D Performance Manager. R&D representation on each Clinical Board 'Board' meeting, with R&D as a standing agenda item, with the presentation of key R&D metrics, would also be considered as good practice. In parallel, each clinical ward will appoint a R&D link practitioner whose role will be to ensure that the clinical pathways being followed are evidence based and to highlight areas of unmet clinical need and research opportunities both to the R&D Delivery team, other staff on the ward and patients.

5.0 C&V UHB R&D Strategic Aims

AIM 1 Maximise patient access to high quality care through participation in safe, ethical research

- Monitor and manage all key indicators set out in the Delivery Framework for Performance management of NHS R&D, promoting Clinical Board ownership of targets relating to increasing numbers of non-commercial and commercial studies and recruitment to them, and the elimination of non-recruiting studies, as well as recruiting to time and target
- Ensure a more refined (probably less risk adverse) risk-based approach to Capacity and Capability, and Sponsorship assessments with the aim of decreasing study set-up times, increasing our patient's access to research opportunities and enhancing our national and international reputation
- Provide support to research teams to navigate the regulatory review processes to help reduce set up times
- Encourage a balanced portfolio of study types to include observational and complex interventional studies
- Bring together R&D, Innovation and Improvement under one Executive led body to ensure maximum synergy from all 3 and provide strategic vision to the UHB Executive Board
- Embrace new and innovative technologies including artificial intelligence, big data and the principles and practices of precision medicine to inform the patient care pathway

AIM 2 Ensure a culture that places research at the core of clinical service and patient care pathway delivery and the prevention, and population health, agendas

- The Executive Board will be provided with R&D reports through the Medical Director

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- Clinical Boards will facilitate a joined up approach between Boards for R&D funding proposals to share costs and associated benefits from revenue
- Directorate and Clinical Board R&D leads together with the R&D office will performance manage ring fenced Directorate R&D budgets
- C&V UHB will consider the full benefits of R&D studies which includes access to novel potentially life-saving therapies which maybe unavailable outside of a study, economies related to drug/device savings or changes in practice. These indirect benefits should be measured.
- The UHB will hold an Annual R&D day to promote research and the message that it is at the core of clinical service delivery
- R&D will feature strongly in the UHB annual report
- R&D Communication through web pages, newsletters, social media and other means will be reviewed and strengthened to improve dissemination and engagement in R&D related issues
- Links between Continuous Service Improvement and the research community will be strengthened to facilitate research into practice initiatives and innovation opportunities, and to strengthen the culture of Research, Innovation and Improvement becoming a core function of daily practice.
- The Clinical Board R&D Lead role will be strengthened through membership of the Research Delivery Management Board
- At the ward level, ensure the R&D link practitioner is fully supported by both R&D resources and ward managers to identify the lack of an evidence base in care pathways and hence identify research opportunities and ensure the implementation plans are successfully delivered
- Deliver a UHB-wide job planning process which supports clinicians and other Health Care Professionals wishing to undertake research and innovation activities
- R&D Director to join Medical Leadership Team.
- R&D Director to become member of HSMB

AIM 3 Build research infrastructure and capacity – including the UHW 2 development

- It is important that within clinical areas investigators are able to both reach their potential and develop further. Within this balanced portfolio C&V should aspire to be a leading centre nationally and internationally in clinical research. This will be driven by current investigators and future clinical academics relying on synergies between HEIs and C&V UHB. It is unlikely that C&V will be able to do this across the research landscape but an obvious area where this can be achieved is unscheduled care.
- As this strategy document represents the next phase of R&D in C&V with a new AMD for R&D, the UHW2 development, and a re-invigorated working relationship with Cardiff University through the Joint Research Office it would be prudent to undertake an external review by the UK Clinical Research Facility Network to include but not be limited to the CRF.

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- The Research Delivery Management Board will approve budgetary allocations to Clinical Boards/Directorates on an annual basis ensuring research infrastructure and capacity continues to be built in alignment with Clinical Board Strategic aims.
- Support services will be invested appropriately, to align with Clinical Board strategic aims
- In partnership with IT develop an infrastructure that aligns with UK strategy and facilitates all aspects of clinical research
- Funding will be identified to support the set-up of a Research Nursing Bank to increase the ability to cover research nurse maternity, sickness and study leave
- Develop delivery staff to work more flexibly and autonomously including consent, prescribing and development of roles such as consultant nurse.
- The Clinical Research Facility will be utilised to prioritise early phase studies and those that require a specialist environment, also carrying out later phase studies, to ensure it operates at maximum capacity with good utilisation of the endoscopy suite. An external review of the CRF will be undertaken by the UKCRF Network.
- Establish research beds within the critical care footprint) for patients at risk of serious toxicities and organ failures from new biologic agents such as CAR-T therapy, which would be unsuitable for the Clinical Research Facility. MHRA phase 1 accreditation will be sought providing a unique selling point, for not only Cardiff, but the UK.
- The physical build capacity of the Clinical Research Facility will be further developed to allow a safe and appropriate environment for the placement of a larger number of studies – with a long term aim (beyond 2024 and thus the scope of this review) to purpose build the facility into UHW2 plans.
- The Children and Young Adult Research Unit will be supported and fully utilised providing further opportunities for children across Wales to participate in clinical studies
- The UHB will support high quality applications for Centre or Unit bids, alone or in collaboration with local HEIs, to major funders
- The UHB will explore a range of possibilities to support investigator-led complex studies (both UHB Sponsored and where the UHB wishes to act as a National Co-ordinating centre) where a Clinical Trials Unit is required
- The UHB will support new investigators where the appointment has been made specifically to boost the UHB R&D agenda
- The UHB will work collaboratively with HEIs to develop clinical academics of the future
- The UHB will support a balanced range of studies, including portfolio and pathway to portfolio that have real potential to be developed into future portfolio studies.
- The UHB will increase commercial income by ensuring it focuses resources on studies and investigators where recruitment targets are realistic, and the study is judged as likely to facilitate future service enhancement.
- The UHB will work proactively to expand commercial activities via direct meetings with global pharmaceutical companies.

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- The Primary Care 'Hub and Spoke' model will be supported through the pilot phase in the UHB to provide more research opportunities for participants in GP practices which are not traditionally research active.

AIM 4 Develop workforce capability and satisfaction by providing a learning environment which actively promotes research

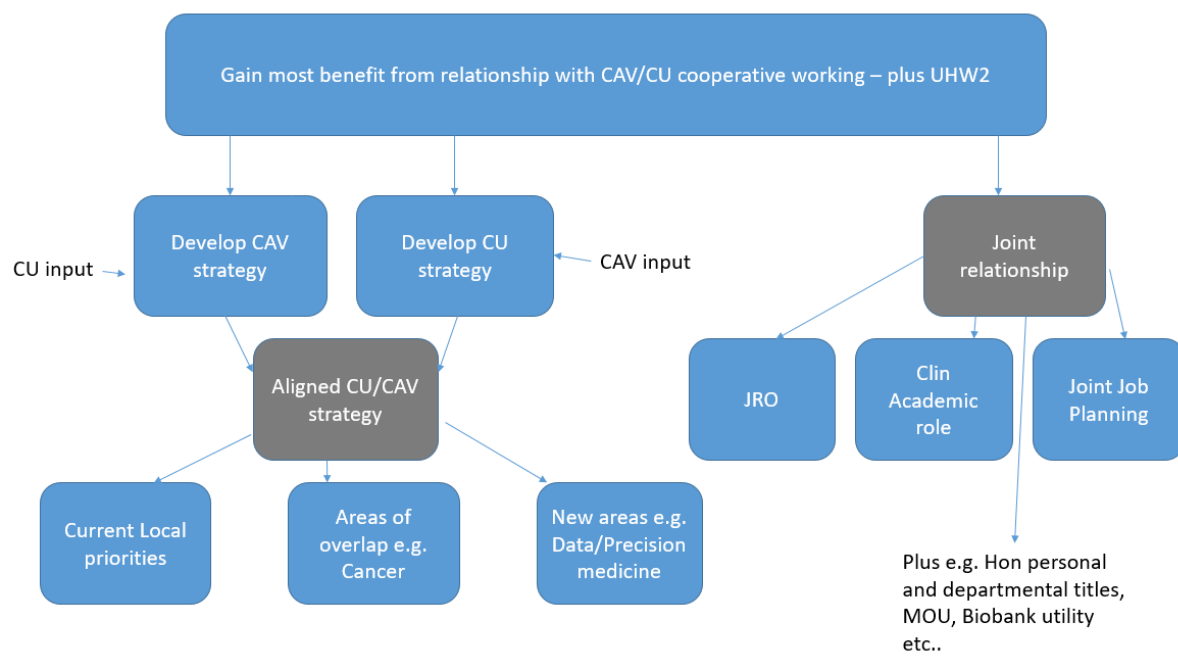
- Providing equal access to structured, high quality training opportunities for all staff involved in research in the UHB. This includes staff working in core research delivery roles, staff supporting research activity in their department and staff carrying out their own research.
- With the Clinical Diagnostics and Therapy Clinical Board develop research opportunities for Health Care Professionals e.g. podiatrists, physiotherapists, dieticians, speech therapists etc.,
- Providing a needs based annual training programme responding to identified research governance trends, regular audit and evaluation of staff training requirements, and in line with the HCRW aims and objectives.
- Providing support and guidance for research staff with their development and career progression, in line with organisational and national standards.
- Providing educational learning opportunities for undergraduate nursing, midwifery and allied health professional students and medical trainees within the UHB that raise awareness of research and clinical trials in the NHS, and the roles research staff have within the wider disciplinary team.
- Providing research teams with a dedicated educational oversight, linked to the Learning, Education and Development Department, ensuing training standards meet local policy and procedure, as well as national and international regulatory requirements.
- Encourage and support non-medical staff to take on the role of Principal Investigator for suitable studies
- Having a point of contact and hub for information sharing for up to date, relevant research specific communication throughout the UHB
- Setting up a small education and training budget to be available for eligible Cardiff and Vale UHB research staff wanting to apply for funding to support short courses, study days and conferences.
- Upskill the existing R&D staff to take on more complex roles including nurse practitioners, physician's assistants, vaccinators and prescribers to enhance research capability
- Provide protected research time within the consultant job plan SPA sessions for research active clinicians
- Actively support through both the Directorate and the RDMB, CVUHB clinicians and other Health Care Professionals to apply for grant funding and HCRW Clinical Research Time Awards

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AIM 5 Enter into strategic collaborations and engagements to enhance joint working across Wales, the UK and internationally.

Although there are many relationships to consider in this area there is a fundamental key workstream of alignment between CAV and Cardiff University that must be considered as a top priority. In that specific regard the development of an aligned CAV/CU strategy and a strong joint organisational relationship are key. It is only with these in place that both organisations will be able to harness the potential opportunities that UHW2 offers for a health and wellbeing campus development, aligned with academic and industry partners:



- C&V UHB will update CVUHB's present research MOU with Cardiff University into a much broader and impactful Research Framework Agreement
- The agreement to establish a Joint Research Office, with a JRO Director and JRO Management Board between C&V UHB and Cardiff University (CU) will be realised to:
 - support the delivery of a shared research strategy, with clear priorities and outcomes;
 - maximise our joint potential in the delivery of research and impact for patients;
 - establish a unified service by bringing together people, processes and systems;
 - create a positive environment for all of our staff to collaborate
 - encourage and support researchers to engage and inform patients and the public;

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- Develop connections which will enable growth in research activity, income and output.
- C&V UHB will work with Cardiff University (and other HEI's) to increase the number of Clinical Academic departments within C&V UHB, with honorary titles and mentoring for research active NHS staff
- C&V UHB will work closely with Cardiff University to widen the research specialisms and increase the number of Clinical Academics and ensure via joint job planning, mutual benefit to both organisations and impacts on the patient care pathway
- C&V UHB will facilitate joint working with CU Biobank under the terms of the Collaborative Material Transfer Agreement
- C&V UHB will work closely with Welsh Government through HCRW Support and Delivery Centre to help realise the One Wales initiative by fully engaging in working groups tasked at looking at the various aspects of this agenda
- C&V UHB will explore the possibility of acting as Sponsor/Joint Sponsor of multicentre European studies
- C&V UHB will be the clinical lead for Wales for the Advanced Therapy Treatment Centre (ATCC) working under the terms of the successful collaborative award from Innovate UK with Swansea, Birmingham and Nottingham, with the aim of enabling pioneering therapies for the people of Wales.
- C&V UHB will continue to develop its relationships with other Higher Education Institutes in Wales e.g. Cardiff Metropolitan University in Sport Medicine and Cardio-Respiratory research, and beyond, and other NHS organisations to maximise potential for joint working and reciprocal beneficial relationships
- C&V UHB will work with all collaborators, stakeholders and experts in new technologies, artificial intelligence and big data to provide strategic R&D, Innovation and Improvement "know how" to ensure a rich environment for future research with an evidence based patient care pathway at the centre of the UHW2 proposal. In this regard there will be a need for CU to have a key stakeholder role in the UHW2 campus development, and PBC/OBC case development.

6.0 Roles and Responsibilities

6.1 Chief Executive

The Chief Executive, as Accountable Officer, is responsible for ensuring C&V UHB delivers on its R&D Strategy and implements effective Research Governance to meet applicable legislative standards. Responsibility for delivery is delegated through the reporting line as defined below.

6.2 Medical Director

The Medical Director is the C&V UHB Executive Lead for R&D, reporting to the Chief Executive on the delivery and implementation of the R&D Strategy and Policy

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6.3 Assistant Medical Director for Research and Development

The Medical Director is supported by an Assistant Medical Director (AMD) with specific responsibility for R&D. The AMD for R&D is required to coordinate strategically all aspects of research delivery within C&V UHB, providing expert advice and support to the Medical Director and Chief Executive. The AMD for R&D will oversee the allocation and management of the R&D Budget and will chair the Research Delivery Management Board.

6.4 Clinical Board Research and Development Leads

Each Clinical Board will appoint a Clinical Board R&D Lead (refer to Job description – JDR-RD-002) who is responsible for attending the Research Delivery Management Board (RDMB) and Research Governance Group (RGG). RDMB is responsible for strategic decisions on the following:

- Management of UHB R&D income streams through Welsh Government (currently called Activity Based Funding), commercial income and grant funding.
- Allocation of Activity Based Funding to Clinical Boards (CB) including support services, Delivery staff, Clinical Research Facility and R&D Office.

The role of the RGG is to oversee the operational management of Research Governance and provide assurance of robust Research Governance arrangements within the UHB.

The Clinical Board R&D lead is also responsible for ensuring there is appropriate input into the C&V UHB R&D Strategy and that this is underpinned by a robust Clinical Board R&D Implementation Plan.

6.5 Joint Research Office

The Joint Research Office (JRO) is headed by the Director of the JRO who works closely with the JRO Manager and reporting to Pro-Vice Chancellor, College of Biomedical and Life Sciences Cardiff University and Medical Director C&V UHB. The JRO will integrate academic and clinically focussed research between C&V UHB and Cardiff University. It will provide the operational support and assurance to C&V UHB that all R&D operates within a framework of effective governance consistent with Wales and UK R&D specific legislation and guidance.

6.6 Research Delivery Team

The Research Delivery team is headed by the Head of Research Delivery –South East Wales, reporting to the AMD (R&D) within the Medical Director's Office. The Research Delivery Team oversees performance in terms of delivering studies to time and target and is responsible for supporting the Medical Director and R&D Director at biannual performance meetings where the Clinical Board Implementation Plans together with overall performance at study level will be discussed.

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7.0 C&VUHB's SMART Objectives

- 7.1** Increase the total number of open and recruiting commercial and non-commercial portfolio studies from 264 in 2018/19 up 10% by 2023 by
- Increasing the number of consultants with protected research time in their job plan
 - Ensuring C&V UHB is well placed to demonstrate additional 'Needs Based Funding' from Welsh Government to enable an increase in numbers of non-medical Delivery staff
 - Partnership working with Cardiff University
- 7.2** Improve recruitment to time and target metrics from the current 51% to 75% in 2023 by
- Regular performance meetings with Clinical Boards and Directorates to address studies that are slow to recruit
 - Ensuring agreed participant targets are realistic at outset and adjusting if they subsequently require change
- 7.3** Reduce time taken from receipt of Local Information Pack to recruitment of first patient from a median of 128 days for non-commercial and 90 days for commercial to 60 days in 2023 by
- Embedding the 'Assess' process as a feasibility step at study set up to agree a realistic start date to work towards with Sponsors, research team and support departments
- 7.4** Increase commercial income from £1.7m in 2018/9 by 20% in 2023 by
- Increasing the number of consultants with protected research time in their job plans
 - Improving communication between the R&D Office and research teams to ensure all legitimate costs are fully recovered
- 7.5** Increase the number of UHB Sponsored studies from 18 in 2018/19 by 30% in 2023 by
- Ensuring a risk based approach to facilitate a rapid approval of low risk projects
 - Signposting staff to utilize the methodological support offered by the Research Design and Conduct Service to enhance quality of grant applications
 - Exploring more collaborative working with Cedar to provide 'trials unit' support to investigators
- 7.6** A Joint Research Office to be physically established by April 2021 with continuing progress towards integration of all relevant functions by 2023 by
- Supporting the JRO Director and Project Manager with relevant work streams (Document control, project tracking, enquiries systems)
 - Fully engaging in workshops to design joint workflows

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7.7 To actively support the UHW2 PBC and OBC development, to ensure that R+D is placed at the core of the Health and Wellbeing campus design by being part of the case development group.

7.8 Clinical Board/Directorate R&D budgets to be appropriately managed in terms of income and expenditure from Welsh Government Activity Based Funding by April 2020, to include Commercial and non-commercial trial income and expenditure by April 2021 measurable by simplified population of monthly spending plans, quarterly returns and annual reports to Welsh Government by

- Close liaison between Finance Manager and Directorate accountants to ensure income and expenditure are accurately recorded through the relevant Directorate costs centres in real time

7.9 Increase the high output of high impact publications and impact cases by

- Measuring baseline outputs for each Directorate by February 2021 and subsequent performance management

7.10 Increase grant income generated by UHB staff by

- Linking staff to the Research Design and Conduct Service to ensure methodological, health economics and statistical support enhances grant applications
- Ensuring UHB staff contributing to grant applications led by other organisations are appropriately costed, working closely with Cardiff University
- Encouraging staff to apply for Research Time Awards from HCRW to fund dedicated time for grant application work up.

Centre for Research and Innovation in Care Science – University of South Wales

A further future aspiration is to explore opportunities for aligned working with the Centre for Research and Innovation in Care Science Based in the University of South Wales. Particular focus on working with the Unit for Development in intellectual Disability (UDID), Genomics Policy Unit (GPU) and the Clinical Technology & Diagnostics Research Unit

Metrics for the Integrated Board Report:

- Number of portfolio adopted and commercial studies
- Percentage of studies recruiting to time and target

A potential future metric under consideration is to define a target for the percentage of C&V UHB patients approached to participate in research.

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8.0 References

NHS R&D Finance Policy Template

<https://www.healthandcareresearch.gov.wales/nhs-randd-funding-policy/>

Delivery Framework – Performance Management of Local Support and Delivery Services 2019/20

https://www.healthandcareresearch.gov.wales/uploads/About/Delivery_Framework-2019-20.pdf

C&V UHB Integrated Medium Term Plan (IMTP)

<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Cardiff%20and%20Vale%20UHB%20IMTP%202019%20to%202022.pdf>

C&V UHB Shaping Our Future Wellbeing Strategy 2015-2025

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

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Report Title:	Development of the Hybrid/Major Trauma theatres at UHW					
Meeting:	CAV UHB Board				Meeting Date:	25 th March 2021
Status:	For Discussion		For Assurance		For Approval	✓ For Information
Lead Executive:	Abi Harris, Executive Director of Strategic Planning					
Report Author (Title):	Alex Evans, Service Planning Project Lead					

Background and current situation:

The attached Outline Business Case (OBC) sets out the rationale for constructing a hybrid theatre and major trauma theatre at UHW and makes the case for a capital investment of £33.538m to be funded from the All Wales Capital Programme.

The Major Trauma Centre (MTC) at UHW was approved by Welsh government in January 2020, and was opened in September 2020, following a delay due to the Covid 19 pandemic. The MTC has been developed based on the assumption that the required dedicated major trauma theatre would be developed as a subsequent phase.

The delivery of a hybrid theatre (a surgical theatre that is also equipped with interventional radiology equipment) has been identified as key to the successful implementation of the network model of vascular surgery across SE Wales and is aligned with the recommendations of the Vascular Society of Great Britain and Ireland for the provision of high quality care. Benefits will include:-

- sustained good clinical outcomes, as a result of increased volumes of procedures in one location;
- significantly increased likelihood of recruitment to consultant posts;
- sustainable on-call rotas; and
- improvement in surgical training.

The preferred option identified through the OBC process is to construct the hybrid theatre, major trauma theatre and associated accommodation, on a podium deck adjacent to the existing main theatres on Adademic Avenue, on the UHW site.

The Board is asked to support the OBC for submission to Welsh Government for approval to progress to the next stage in the business case process – development of the Full Business Case.

Key Issues to bring to the attention of the Programme Board:

OBC

The OBC has been written in accordance with Welsh Government guidance for the development of better business cases. It sets out the strategic context for the development; the case for change, which summarises the business need for the investment and the need for service improvement; consideration of the options available and identification of the preferred option following economic appraisal; the procurement strategy and intended contractual arrangements; capital and revenue costs, funding arrangements and overall affordability of the scheme; management arrangements for the project, including governance, risk management and benefit

realisation.

The OBC Executive Summary is attached to this report. The full OBC is available on request.

Capital and Revenue Costs

The capital costs for the preferred option are shown below. The scheme will be funded through the All Wales Capital Programme.

Capital Costs	£'m
Building/Engineering	21.718
Equipment Costs	11.820
Total Capital Cost/Cost Forms	33.538

The indicative summary revenue costs for the preferred option are shown below:-

Revenue Costs	Baseline £000	Additional Revenue Implications £000
Direct Pay	9,044	0
Direct Non-Pay	7,808	0
Equipment Service/Maintenance		800
Total Direct Costs	16,852	800
Facilities:-		
Business Rates		22
Energy		96
Estates Maintenance		42
Domestic Services		65
Security		4
Waste		5
Total Facilities Costs	762	234
Total additional Revenue Costs		1,034

Notes:-

- the baseline position reflects the costs of the Main Theatre suite at UHW;
- the assessment of depreciation for equipment to follow, once equipment details provided;
- proposed activity limited to the funded MTC business case and the Vascular Network business case, which at this point is not yet final; and
- No realisable financial benefits have been highlighted.

It is assumed that the impairment and recurrent charges for depreciation, shown in the table below, will be funded by Welsh Government.

Assumptions that underpin affordability:-

- Funding is anticipated from WG for additional recurrent capital charges and non-recurrent impairment based on actuals – see table below;
- Approval of vascular revenue business case; and
- It is assumed that there will not be any transition or decant costs.

	£000
WG Impairment	16,269
WG depreciation	1,758

Clinical Assurance

The selection of principal equipment and internal theatres design will be clinically led and be undertaken in two phases.

Phase 1 - three potential suppliers have been identified and will present their proposed equipment solutions to an evaluation panel consisting of agreed multi-disciplinary stakeholder representatives from CAV UHB and across the appropriate health boards. Virtual presentations have been arranged for April 2021, when each potential supplier will demonstrate their proposed equipment solutions and its integration into the workflows for the required clinical applications to be delivered. A preferred supplier will be chosen based on the comprehensive evaluation feedback from the evaluation panel.

Phase 2 – The final proposal will be developed by the preferred supplier and supply chain partner in combination with Getinge. A paper assessment and evaluation of the final proposed solution against its capability and overall effectiveness in delivering the clinical workflows required by the theatres will be undertaken by the evaluation panel. A final confirmatory physical site visit, or appropriate C19 compliant alternative, will be arranged to review the proposed solution for 'sign off' of the solution as fit for purpose by the evaluation panel.

Project Milestones

Milestone	Target Date
Submission of Outline Business Case to Welsh Government	March 2021
WG approval of the OBC	June 2021
Submission of Full Business Case to Welsh Government	December 2021
WG approval of the FBC	April 2022
Start on Site	May 2022
Completion and Handover	December 2023

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

The project is a key component within the overarching acute infrastructure and sustainability programme. While it forms part of the associated programme and project structure, it is a standalone project. The rationale for the provision of the hybrid theatre and major trauma theatre to support both major trauma and vascular surgery has been led by the respective networks and we work closely with them to ensure the proposals will meet their requirements. It should be noted that it is a key supporting project for the MTC, the business case for which was approved on this basis. The project is also key to the implementation of the SE Wales vascular network model.

Capital funding for this project is anticipated to come from the All Wales Capital Programme. At the request of Welsh Government the OBC, which sets out the rationale and capital costs for the theatres, has been developed. Cardiff and Vale UHB has a robust project management structure in place to manage the project.

The revenue business case to support the MTC activity has been approved by WHSSC. A

revenue business case for vascular activity is in development by the network and anticipated to be approved by the appropriate SE Wales health boards in the summer.

The proposals contained in the OBC have been developed in collaboration with appropriate stakeholders. As part of the formal assurance and governance process for the project, the OBC will be presented to relevant groups during March 2021:-

- Acute Infrastructure & Sustainability Programme Board
- Vascular Network Programme Board
- Major Trauma Network Board
- Capital Management Group
- Business Case Approval Group

Recommendation:

The Cardiff and Vale UHB Board is asked to:-

- **NOTE** the contents of the attached OBC; and
- **APPROVE** the OBC for submission to Welsh Government for approval to proceed to development of the Full Business Case.

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 – included as appendix 13 to the OBC



Development of Hybrid/Major Trauma Theatres at University Hospital of Wales

Outline Business Case: Executive Summary

March 2021

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03/16/2021 16:45:11

Document Information

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1.0 INTRODUCTION

This business case seeks the approval for a capital investment of £33.54m to enable the introduction of a hybrid theatre and major trauma theatre at the University Hospital of Wales (UHW). This development will be phase 1 of a new block on Academic Avenue at UHW, with the following further 2 phases:

- Phase 2 – completion of the New Block, including new replacement theatres, Major Trauma Inpatients, Haematology / Bone Marrow Transplant and Advanced Cell Therapy services;
- Phase 3 – refurbish the existing theatres and recovery area.

The Hybrid Theatre, which is a surgical Theatre that is also equipped with interventional radiology equipment, is required to support the implementation of a network model for Vascular Surgery, with arterial surgery and more complex endovascular interventions centralised at University Hospital of Wales (UHW). This network model is in line with the recommendations of the Vascular Society of Great Britain and Ireland for the provision of high quality care. The benefits of the scheme are: sustained good clinical outcomes, as a result of increasing volumes of procedures in one location; significantly increased likelihood of recruitment to consultant posts; sustainable on-call rotas; and an improvement in surgical training.

As a result of the option appraisal carried out by the South Wales Health Collaborative in June 2015 University Hospital of Wales has been designated as the Major Trauma Centre.

Major trauma is the leading cause of death in people under the age of 45 and as such is a serious public health problem. Over a number of years the level of care for these patients has been shown to be poor, with lack of regional organisation and a poor consultant level involvement in decision-making (National Confidential Enquiry into Peri- Operative Deaths(NCEPOD) "Trauma who Cares" 2007, National Audit Office "Major Trauma Care in England 2010"). Many deaths could be prevented with systematic improvements to the delivery of major trauma care.

A key element of a major trauma centre is the provision of a dedicated major trauma theatre and this document covers the Health Board's plans for the creation of this theatre. Other elements required for major trauma services are contained within separate business cases.

2.0 THE STRATEGIC CASE

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 University Health Board (CVUHB) 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. 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.

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.

Vascular disease is the most common precursor to coronary heart disease and heart attack, it also causes stroke by affecting the arteries in the neck. Conditions requiring specialised vascular care include: lower limb ischemia; abdominal aortic aneurism (AAA); stroke prevention (carotid artery intervention); venous access for haemodialysis; suprarenal and thoracic-abdominal aneurysms; thoracic aortic aneurysms; aortic dissections; mesenteric artery disease; renovascular disease; arterial/graft infections; vascular trauma; upper limb occlusions; vascular malformations and carotid body tumours. One of the most common forms of vascular disease is peripheral arterial disease (PAD), which is when the arteries in the legs are affected. It is estimated that 9% of the population suffer from PAD, which causes painful legs when walking, ulceration and amputation.

The exact cause of atherosclerosis is unknown, but several risk factors accelerate the formation of fatty deposits in the arteries:

- Being male;
- Family history of vascular disease, angina, heart attacks or stroke;
- High blood pressure;
- Smoking;
- Diabetes;
- Being overweight;
- High cholesterol levels;
- An unhealthy diet;
- Lack of exercise;
- Stress.

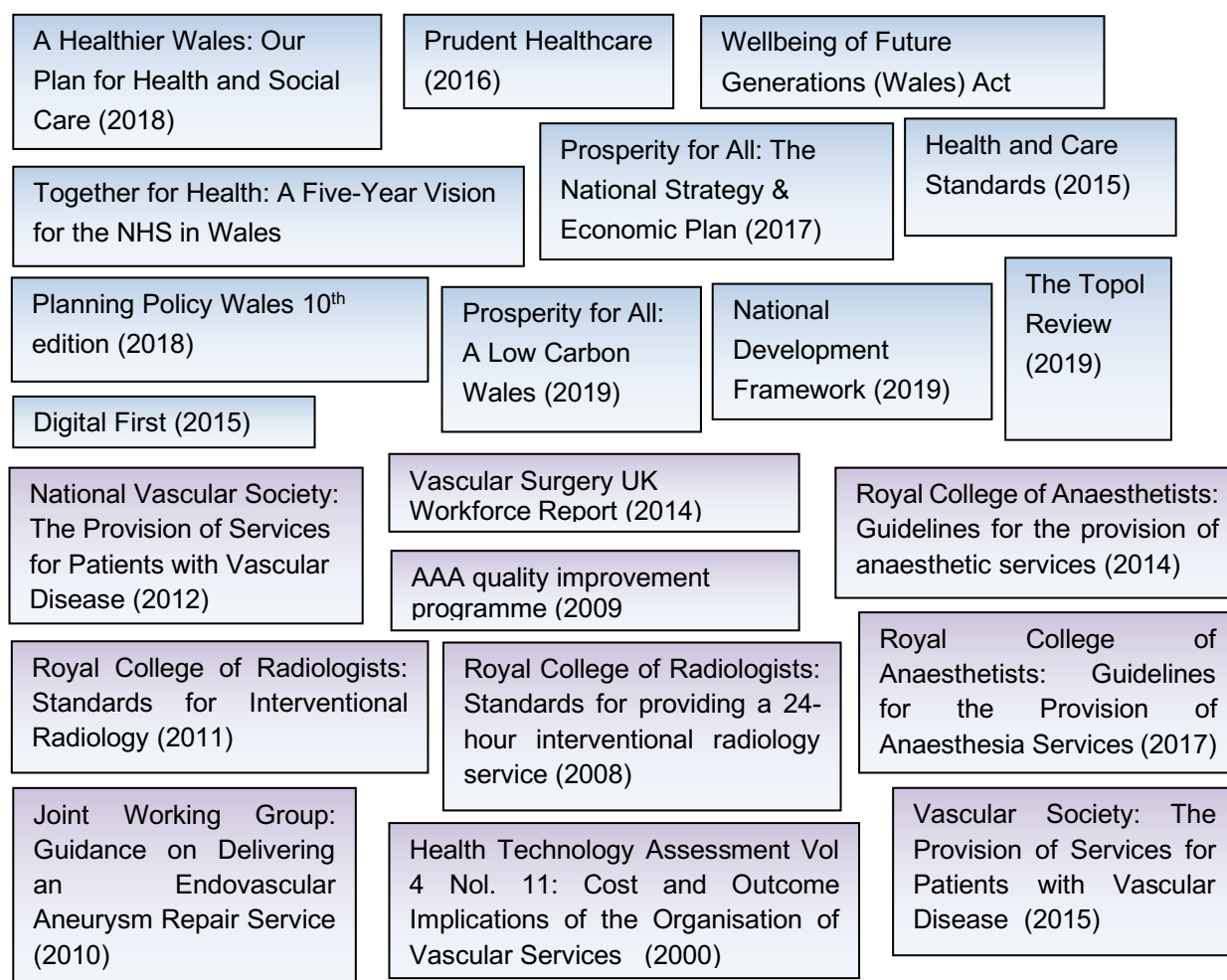
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In common with many other areas of healthcare there is a strong relationship between older age and the incidence of a number of vascular conditions. The prevalence of vascular disease increases with age and as average life expectancy continues to rise, especially in males, the demand for vascular services is likely to rise over time. Regarding health and lifestyle factors, there are clear indications that prevention, screening and early intervention have a clear direct link to the need for non-elective vascular intervention. There are also very marked differences in the outcomes between elective and non-elective aneurysm repair surgery – and this was the key driving factor behind the introduction of AAA screening and quality improvement programmes across the UK.

The Health Board are therefore 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.

2.1.1 Business Strategies

Some of the key Welsh Government and national policies that have shaped this OBC are:



Executive Summary Figure 1: Key Welsh Government and Vascular National Policies

Key to this OBC is the requirement:

“Vascular services need to be organised to allow reasonable elective activity to exist alongside an acceptable consultant emergency on call rota. This should be no more onerous than a 1 in 6, and for large, centralised units may be 1 in 8 or more. Units with fewer than 4 surgeons should no longer be performing arterial surgery and should merge or collaborate in a modern clinical network to achieve 24/7 emergency cover. Such networks should designate a single centre to provide all elective and emergency arterial intervention”

The Vascular Society recommends a service that would allow for all arterial interventions (including non-day case peripheral artery angioplasty and stenting) to take place in a high volume arterial hospital which can provide the following facilities:

- A 24/7 on-site vascular on call rota for vascular emergencies of 1:6 or greater covered by consultant vascular surgeons and interventional radiologists to ensure adequate postoperative care;
- A 24/7 critical care facility with ability to undertake mechanical ventilation and renal support and with 24/7 on-site anaesthetic cover;
- Wards for dedicated vascular patients should be available with single sex cubicles or bays;
- At least one endovascular theatre or theatre specification IR suite is required, preferably with a fixed C arm and a dedicated X-ray table;
- A minimum number of AAA procedures are undertaken. It is recommended that hospitals undertaking fewer than 50 elective AAA interventions per year should not continue to offer these procedures and in fact a minimum of 60 is preferable;
- Hospitals should know their AAA mortality and should seek to validate both national audit and Trust data. They should be able to demonstrate safe practice by aiming for an elective AAA mortality to 3.5% by the end of 2013. Data will be analysed and available by mid 2014 and units with mortality rates for elective AAA repair of 6% or greater should seek external professional review of their care processes;
- An on site vascular laboratory should be available;
- Specialists undertaking aortic intervention should submit all their procedures to the NVD and undertake regular review of their practice and outcomes (morbidity and mortality meetings);
- And that these high volume arterial hospitals may be aligned to NAAASP (based on a minimum population of 800,000), and although they can involve a modern clinical network with a designated arterial hospital, the preferred model of care is a fully centralised single site.

The following major trauma and regional strategies have also shaped this OBC:

- National Programme for Unscheduled Care (2019)
- Major Trauma Services Quality Indicators (2017)
- NICE guideline: Major trauma: assessment and initial management (2016)
- NHS Wales Health Collaborative: Major Trauma Network Development, Standards and Guidance (2015)
- NHS Standard Contract for Major Trauma Service (2013)
- NHS Wales Health Collaborative
- South Wales Health Collaborative Service Model Overview Major Trauma Network

■ South East Wales Vascular Network

Alongside these national and regional policies, relevant local strategies such as the Health Board's *Clinical Services Plan 2019-2029* and *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".

The delivery of the clinical services plan will be phased over the next 10 years, in line with evolving service provision, shaped by wide stakeholder engagement and enabled by continuing development of digital and infrastructure solutions.

The Health Board's long term, prudent and appropriate infrastructure plan aims to ensure that it is able to deliver services in environments which aid healing and recovery, and are fit for purpose, whilst being as adaptable as possible for further future change. The role of University Hospital Llandough will be a centre for rehabilitation, mental health and elective surgery. The Health Board is already making good progress with the Shaping Our Future Wellbeing in our Community programme which will see Cluster Wellbeing Hubs and Locality Health and Wellbeing Centres established in support of the new integrated model for primary and community based services.

The long term vision for the current UHW site is to replace the current hospital to enable the re-provision of University Hospital of Wales (UHW2) within a health park and life sciences quarter in collaboration with Cardiff University and regional partners. The Health Board's vision is that the new hospital will be for: (i) patients from Cardiff and the Vale of Glamorgan needing emergency, high acuity or high intensity care (ii) patients from other Health Boards in the SE and wider South Wales Regions in the Health Board's role as the hub for some regional and supra-regional service provision and (iii) patients from across Wales, in the Health Board's role as the largest provider of tertiary services in the country, requiring highly specialised regional services. It will be built with and have the latest design and technology for the full spectrum of specialities available 24/7 for local, regional, supra-regional and national services.

Other key Health Board strategies and plans taken into consideration within this OBC are:

- Integrated Medium Term Plan (IMTP) 2019 / 2022 - Surgery Clinical Service Board;
- Cardiff and Vale UHB Estates Strategy;
- Cardiff and Vale UHB Delivering Digital: a Five Year Strategy – Building a learning health and care system;
- Cardiff and Vale UHB Operating Theatre Strategy;
- Cardiff and Vale UHB Theatres Development Plan.

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2.2 The Case for Change

2.2.1 Existing Arrangements

2.2.1.1 Vascular Services

UHW currently does not have a hybrid theatre, surgery is undertaken within existing theatres and radiology review is either undertaken with the aid of an image intensifier equipment or, at a later stage, via angiography. Both options are sub-optimal. The hybrid theatre concept is new to the Health Board with all surgery is currently undertaken in theatre facilities across both UHW and UHL, with major and complex vascular surgery undertaken at UHW. The space, adjacencies and quality of existing accommodation does not deliver to the level of expectations of recent clinical developments requiring either transfer of patients or equipment. There is currently no dedicated combined theatre and imaging suite, patients are required to attend the main theatres or the imaging department reducing efficiencies and to the detriment of patient experience and safety.

2.2.1.2 Major Trauma

Major trauma is defined as a life-threatening or potentially life-changing injury. Injuries can occur to a single part of the body or at multiple sites and the best treatment requires a coordinated response from the accident site to hospital care and then rehabilitation. International experience has shown that this is best provided by a coordinated network of hospitals that work together to allow the patient to receive treatment in the most appropriate facility in a safe and timely fashion. The system should be designed to save life and prevent avoidable disability, returning patients to their families, work and education.

Trauma and injuries are common but only 1 in a 1,000 patients who arrive at an A&E department will have major trauma. It is impossible for every hospital to provide comprehensive care for all major injuries and so the network should identify these patients and ensure their rapid and safe transfer to a designated Major Trauma Centre (MTC) that has the facilities to provide comprehensive and definitive care for the patient.

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 University Hospital of Wales has been designated as the Major Trauma Centre as part of this designation there is a requirement for a major trauma theatre which does not currently exist at UHW.

The Health Board has established a major trauma directorate, which since 2016 has been overseeing the development of a cohesive plan for a high quality trauma service for patients. Activities have included establishing major trauma service models, clinical governance,

training, patient experience, pathways and protocols. This is overseen by a clinical lead and deputy lead, trauma manager and two major trauma practitioners.

Patients arrive by road or by air (at a co-located 24-hour lit helipad) and receive treatment in the Emergency Unit. The unit has the following features: a 7-bedded resuscitation room including a dedicated paediatric bay equipped with advanced airway equipment; ultrasound; rapid blood transfusers; and a co-located CT scanner allowing selected patients to be transferred direct to the scanner by the EMRTS. There is a tier of Consultants in Emergency Medicine and Paediatric Emergency Medicine, supported by a multidisciplinary team.

Further radiology is supported by 24-hour access to Interventional Radiology following the centralisation of Vascular Surgery in South East Wales and 24-hours access to MRI scanning. UHW also has two 24-hour emergency theatres and a trauma and orthopaedic theatre. Several surgeons currently have a specific interest in trauma surgery. However, there is no dedicated plastic surgery service.

2.2.2 Business Need

2.2.2.1 Vascular Services

Vascular services are required by a wide population of patients across several disease categories. There are 5 main disease categories that account for the majority of the elective and emergency vascular workload: aortic aneurysm disease; carotid artery disease; peripheral vascular disease; renal disease; and venous disease (principally varicose veins).

In recent years, there has been a technological revolution in vascular surgery with a paradigm shift away from open surgical reconstructive procedures to minimally invasive catheter delivered treatments such as angioplasty and stenting. The delivery of acute and planned vascular surgery interventions is now inextricably linked with Interventional Vascular Radiology (IVR) services, a fact now reflected in the joint training programmes being driven by the Royal Colleges as well as the Vascular Society.

Therefore there is good evidence to support the concentration of specialist vascular services with surgeons doing minimum volumes of activity and the centres having the necessary critical care, radiological and surgical support services.

Vascular surgery is not without risk. In the 2008 VASCUNET report, the UK was reported to have the highest mortality rate following elective AAA repair (7.5%), when compared with European/Australasian countries. This was the catalyst for the Vascular Society to implement a Quality Improvement Programme (QIP) in 2009, whose aim was to halve the elective surgical mortality rate to 3.5% by 2014. This aspiration became even more important following the introduction of the NHS Abdominal Aortic Aneurysm Screening Programme.

There is strong evidence that case volume influences outcomes. The 31 highest volume hospitals (which perform 57% of all elective AAA procedures in the UK) have mortality rates that are under half those seen in the 32 hospitals with the lowest volume of AAA procedures.

The data lends support to the current move towards performing major arterial surgery in larger volume units in order to further optimise outcomes. It is no longer acceptable to provide elective or emergency vascular cover outside a fully centralised service or a formalised modern clinical network with a designated single site for all arterial interventions providing a 24/7 on-site service.

The following table shows the summary activity to be undertaken within the hybrid theatre.

Sub Specialty	Location	
	Theatre	Hybrid
Iliac and Femoral Artery	117.28	117.28
Carotid	80.74	
Open AAA	93.38	
EVAR AAA		86.59
Open TAA	6.15	
TEVAR		14.00
Operations on Vena Cava	3.78	
Other Artery	5.03	28.52
Subclavian Artery	13.23	
Amputations	40.11	
Total Sessions	360	246
Total Weekly Sessions	7.5	5.1

Executive Summary Table 1: Vascular Services Activity

2.2.2.2 Major Trauma

The on-going care and reconstruction section of the South Wales Service Model for Major Trauma sets out the requirements for:

- A defined ward for major trauma 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.

In March 2018, all 6 regional Local Health Boards fully endorsed the recommendations of an independent expert panel review, which indicated that:

- A major trauma network for South and West Wales and South Powys with a clinical governance infrastructure should be quickly developed;
- The adult and children's MTCs should be on the same site;

- The MTC should be at University Hospital of Wales, Cardiff;
- Morriston Hospital should become a large TU and should have a lead role for the major trauma network;
- A clear and realistic timetable for putting the trauma network in place should be set.

It is important to highlight that there has been an increase in major trauma activity in UHW since the establishment of the Emergency Medical Retrieval and Transfer Service (EMRTS) which launched in 2015. Whilst the 1-year evaluation demonstrates that this has helped improved equity and timeliness of access to definitive specialist trauma care with 58% of patients requiring it being transferred directly to specialist care, this change in flow has impacted on the Health Board's services.

An estimated additional 64 patients with major and moderate trauma were predicted to flow to UHW per annum. Since the launch of this new service there has been no investment in critical services such as Emergency Unit, Critical Care, Theatres & ward capacity in relation to the care of seriously injured patients.

		Current	Year 1	Increase	Year 2	Increase
		Predicted Median	Predicted Median	Increase on 2017/18 (Median)	Predicted Median	Increase on 2017/18 (Median)
Theatre time (weekly)	Cases (patients)	7.8	12.6	4.4	13.0	5.2
	Hours operating	26.7	43.7	14.4	43.8	17.2

Executive Summary Table 2: UHB data review April 2019

Modelling suggests that on average an additional 14.4 hours of theatre sessions will be required each week.

2.2.3 Key Service Requirements and Benefits

This OBC defines the scope as to provide fit for purpose facilities which will deliver hybrid theatre provision for vascular and major trauma surgery. 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.

Therefore the proposed scope for this project is the development of a hybrid theatre and a major trauma theatre on the University Hospital of Wales (UHW) site.

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A summary of the investment objectives together with the main benefits associated with each objective is provided below:

Investment Objective	Stakeholder Group	Main Benefits
Investment Objective 1: Quality and Safety of Services	Patients	Non QB - High quality patient care QB – Reduced risk of airborne cross infection due to replacement of theatre plant QB – Improvements in health and safety (reduced incidents)
	Staff	Non QB – Maintain continuity of services QB – Improvements in health and safety (reduced incidents) QB – Staff recruitment and retention will improve as investment in new facilities will help attract and retain high quality professional staff
	Health Community	Non QB – High quality care given to all patients
Investment Objective 2: Provide a high quality physical environment	Patients	Non QB – Provide safe and appropriate environments of care for patients and improving the patient experience Non QB – Maintaining appropriate privacy and dignity
	Staff	Non QB – Provide a safe and appropriate environment for staff and be a better place to work Non QB – Improved clinical morale gained from improved access to modern equipment, technologies and facilities
	Health Community	QB – Improved BREEAM rating QB – Compliance with statutory standards QB – Compliance with NHS guidance/best practice QB – Improved environments to enable productivity gains
Investment Objective 3: Access	Patients	Non QB – provide suitable services and facilities sized to meet demand to ensure improved and optimised treatment pathways QB – Improved waiting times
	Staff	QB – Reduction in the number of theatre lists that overrun due to delays caused by building/plant failure QB – Reduction in the number of theatre lists not available due to theatres not being fit for purpose
	Health Community	QB – Reduced pressures on other facilities and provides appropriate capacity for the population
Investment Objective 4: Effective use of Resources	Patients	QB – Improved waiting times
	Staff	Non CRB – Reduced delays and cancellations maximises use of staff
	Health Community	Non QB - Maximise use of existing accommodation to enable estate rationalisation and improved utilisation

Investment Objective	Stakeholder Group	Main Benefits
Investment Objective 5: Sustainability	Patients	Non QB – Services continue to be provided to meet patients' needs
	Staff	QB - Reduction in vacancy and turnover rates QB - Reduction in staff sickness rates QB - Improved job satisfaction
	Health Community	Non QB – meet the sustainability objectives as set out in SOFW: - Have an unplanned (emergency) care system that provides the right care, in the right place, first time; - Have a planned care system where demand and capacity are in balance; and - Reduce harm, waste and variation sustainably making best use of the resources Non QB - Maximise flexibility of facilities QB – Services provided within the revenue affordability envelope

Executive Summary Table 3: Investment Objectives and Main Benefits

3.0 ECONOMIC CASE

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	
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	Finding
Option 1.4 The '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 Convert A3 Link	Discounted
Option 2.2 Convert area adjacent to theatres (existing animal house)	Discounted
Option 2.3 New build/ remodelling of ground floor (Jubilee Court)	Possible
Option 2.4 On a podium deck adjacent to existing main theatres (Academic Avenue)	Preferred
Option 2.5 On a podium deck adjacent to rear of existing main theatres (Emergency Access Road)	Possible
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	

Executive Summary Table 4: Summary of Inclusions, Exclusions and Possible Options

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:

- Do nothing – carried forward for comparative purposes;
- Option 2.3 New build/ remodelling of ground floor (Jubilee Court);
- Option 2.4 On a podium deck adjacent to existing main theatres (Academic Avenue);
- Option 2.5 On a podium deck adjacent to the rear of existing main theatres (Emergency Access Road).

Please note that for ease of reference, and to ensure compatibility with the financial and economic appendices the shortlisted options have now been renumbered to range from 0 – 3 and in summary are as follows:

- Option 0 Do nothing;
- Option 1 New build/ remodelling of ground floor (Jubilee Court);
- Option 2 On a podium deck adjacent to existing main theatres (Academic Avenue);
- Option 3 On a podium deck adjacent to the rear of existing main theatres (Emergency Access Road).

3.3 Qualitative Benefits Appraisal Key Findings

A workshop event was held at University Hospital of Wales on the 21st November 2019 to evaluate the qualitative benefits associated with each of the shortlisted options.

Benefit scores were allocated on a range of 1-10 (rising scale) for each option and agreed through rigorous discussion by the workshop participants to confirm that the scores were agreed as fair and reasonable. The summary results of this exercise were as follows:

Benefit Criteria	Weighted Scores			
	Option 0	Option 1	Option 2	Option 3
1. Enables the Health Board to deliver high quality patient care within a centre of excellence	14	126	126	126
2. To provide a dedicated major trauma theatre as is required by the major trauma centre specification	0	130	130	130
3. To ensure that the changing needs and expectations of a growing population are met in line with the Health Board's clinical strategy and national guidance standards	11	88	99	88
4. Quality of care is enhanced, in terms of the overall model of care creating seamless service pathways and patient flows	1	108	108	108
5. Provide appropriate inter-departmental adjacencies / co-location of services and minimises patient journeys at UHW	40	40	90	80
6. Maximise flexibility of facilities	6	42	36	36
7. Provide safe and appropriate environments of care for patients and improving the patient experience	10	80	80	80
8. Maintaining appropriate privacy and dignity	18	72	72	72
9. Provide a safe and appropriate environment for staff	16	64	64	64
10. Improved staff morale gained from improved access to modern equipment, technologies and facilities	0	56	56	56
TOTALS	116	806	861	840
RANK (weighted)	4	3	1	2

Executive Summary Table 5: Summary Results of Non-Financial Option Appraisal

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 2 is not the preferred option although there are changes amongst the rankings of the other options.

3.4 Economic Appraisal Key Findings

The principles and assumptions used in this OBC are:

- A 64-year appraisal period with 2020/21 being Year 0 and 2024/25 being the first year of operating in the new facilities;
- Cash flows exclude VAT and have been discounted by 3.5% per annum for years 0 to 30 and by 3% thereafter;
- Price base is 2020/21.

Cost elements incorporated within the economic appraisal are:

- Capital costs excluding VAT at PUBSEC index 250;
- Lifecycle costs using standard NHS asset life profiles;
- Revenue cost projections in line with the Finance Case;
- For Option 0, costs reflect a continuation of current pay, non-pay and FM costs over the appraisal period;
- A revenue assessment of outsourcing likely activity requirements to avoid any capital expenditure would require activity to be assessed at case-mix-level using DoH tariff. There is no suitable alternative in this instance and to facilitate this analysis would require a case-mix estimate, which would be problematic given the infeasibility of the option.

The capital costs (excluding VAT) are summarised in the table below:

Capital Costs at PUBSEC 250	Option 1 £000	Option 2 £000	Option 3 £000
Works Costs	16,090	12,430	8,916
Fees	3,181	2,651	2,025
Non-Works	1,085	735	1,035
Equipment Costs	9,850	9,850	9,850
Planning Contingency	2,815	2,745	2,745
Total Capital exc Optimism Bias in line with OB forms	33,021	28,411	24,571
Optimism Bias	4,164	2,915	2,607
Total Capital Cost for VfM	37,185	31,326	27,178

Executive Summary Table 6: Capital Costing Summary at Approvals PUBSEC Index 250

The economic appraisal outputs are summarised below:

Economic Cost	Option 0	Option 1	Option 2	Option 3
	£000	£000	£000	£000
Net Present Cost (NPC)	471,887	567,029	558,019	552,277
Equivalent Annual Cost (EAC)	17,614	21,165	20,829	20,631
Ranking of Development Options		3	2	1
EAC Margin Development Options		534	198	0
EAC Switch Value		(534)	(198)	198
EAC Margin above preferred %		2.6%	1.0%	

Executive Summary Table 7: Summary of Economic Appraisal Outputs

On the basis of the economic appraisal undertaken, it is noted that:

- The economic cost of each of the development options is relatively similar;
- Option 3 is marginally (1%) preferred over Option 2;
- Option 1 is least preferred by a margin of 2.6%.

Sensitivity testing indicates that for switch values to be triggered sufficient to show Option 2 to be preferred over Option 3, differential cost changes of 9% (capital) or 1% (revenue) would be required. Given the common approach taken to costing, changes at these levels are not thought to be likely.

3.5 Overall Findings – Conclusion

The outputs of the Non-Financial and Economic Appraisals have been combined to assess which option offers the highest benefit/cost ratio.

A summary of the analysis is shown in the table below:

Economic Cost	Option 0	Option 1	Option 2	Option 3
Weighted Non-Financial Score	116	806	861	840
Equivalent Annual Cost (EAC £000)	17,614	21,165	20,829	20,631
Benefit Points per EAC £000	0.0066	0.0381	0.0413	0.0407
Ranking	4	3	1	2
Margin below preferred %	-84.1%	-7.9%	0.0%	-1.5%

Executive Summary Table 8: Summary of Combined Appraisal Outputs

This highlights that:

- Option 0 is clearly least preferred;
- Option 1 is ranked 3rd by a margin of 7.9%;
- Options 2 and 3 show very similar ratios; but
- Option 2 is preferred by a margin of 1.5%.

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Sensitivity tests indicate that for Option 3 to rank above Option 2 would require:

- The non-financial score for Option 2 to fall by 4.1% (to 825, which would be 15 lower than the base score for Option 3); or
- The non-financial score for Option 3 to increase by 1.7% (to 875, which would be 15 higher than the base score for Option 2);
- Changes of this magnitude are considered to be unlikely.

3.6 Preferred Option

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 2.

4.0 COMMERCIAL CASE

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 Limited 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 8 months although the start date for this is dependent on the approvals process.

4.1.1 Equipment Procurement

In light of the ongoing restrictions posed by the COVID pandemic a compromise solution for completing the procurement of the principal equipment has been agreed.

Phase 1	Phase 2
■ Each supplier will be asked to prepare and deliver a 'Virtual' site visit, that both demonstrates their proposed equipment solutions and its integration into the workflows for the required clinical applications to be delivered by the Hybrid Theatre project; ■ The individual components and overall specification for this 'Virtual Site Visit' to be determined by each supplier; ■ After each 'Virtual Site Visit' the Evaluation Team members would complete individual	■ The final proposal would then be developed by the preferred supplier, modular building supplier, principal contractor and the Capital and Estates function in combination with Getinge; ■ The Evaluation Team would then make a paper assessment and evaluation of the final proposed solution against its capability and overall effectiveness in delivering the Clinical Workflows required by the Hybrid Theatre project;

evaluation reports against a set of criteria to be designed, tested and credentialled. From these evaluations, a preferred supplier will be chosen and engaged for the next phase of the project.	A final confirmatory physical site visit, to review the proposed solution will be required for 'sign off' of the solution as fit for purpose by the Evaluation Team.

Executive Summary Table 9: Potential Strategy for Equipment Procurement

4.2 Required Services

The scope of services required is for the project management, cost advice and the design and construction of a hybrid theatre and a major trauma theatre within a new block on a podium deck adjacent to the existing theatres and located on Academic Avenue, UHW.

4.3 Potential for Risk Transfer and Potential Payment Mechanisms

The Health Board have indicated that it will apportion risk 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 10: 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 services will be delivered by the Health Board.

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 Cardiff and Vale University Health Board under the NEC3 Option C Target Cost Contract.

Letters of support for the project have been provided by the following:

- Major Trauma Network;
- Vascular Network.

4.4 Community Benefits and Procurement

The Health Board are working with the Supply Chain Partner as part of the Considerate Construction Strategy to measure the identified benefits extended from this scheme.

5.0 FINANCIAL CASE

5.1 Financial Expenditure

A summary of the capital costs and depreciation for the preferred option is as follows:

Capital Costs	£'m
Building/Engineering	21.718
Equipment costs	11.820
Total Capital Cost/ Cost Forms	33.538

Executive Summary Table 11: Capital Costs for the Preferred Option

	£'000
Impairment	16.269
Reversal of Impairment	0
Depreciation – Building/Engineering	0.069
Depreciation – Equipment	1.689
Total Capital Charges/Depreciation	18.027

Executive Summary Table 12: Summary of Capital Charges and Depreciation

The indicative summary revenue costs for the preferred option (along with the other 3 options for comparison) are shown below:

Revenue Costs	Baseline £000	Additional Revenue Implications			
		Option 0 £000	Option 1 £000	Option 2 £000	Option 3 £000
Direct Pay	9,044	0	205	0	0
Direct Non-Pay	7,808	0	0	0	0
Equipment Service/Maintenance		0	800	800	800
Total Direct Costs	16,852	0	1,005	800	800

Revenue Costs	Baseline	Additional Revenue Implications			
		Option 0	Option 1	Option 2	Option 3
	£000	£000	£000	£000	£000
Facilities:					
Business Rates		0	11	22	22
Energy		0	57	96	96
Estates Maintenance		0	21	42	42
Domestic Service		0	33	65	65
Security		0	2	4	4
Waste		0	3	5	5
Total Facilities Costs	762	0	127	234	234
Total additional revenue Costs		0	1,132	1,034	1,034

Executive Summary Table 13: Revenue Costs for the Preferred Option against the other options

Notes

1. The baseline position reflects the costs of the Main Theatre suite at UHW
2. This assessment depreciation. To follow once equipment details provided
3. Proposed activity limited to the funded MTC Business Case and the Vascular Network Business Case, which at this point is not yet final
4. No realisable financial benefits have been highlighted

5.2 Overall Affordability and Balance Sheet Treatment

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	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m
Capital (Ex VAT) (Per Project cashflow OB5)	0.407	0.524	1.117	9.218	17.145	0.000	0.000
CRL Funding (incl VAT)	0.000	0.000	2.409	10.785	20.344	0.000	0.000
Depreciation	0.000	0.000	0.000	0.000	0.000	1.318	1.758

Executive Summary Table 14: Impact on Income and Expenditure Account

The costs identified reflect the need to provide hybrid theatre capacity for vascular and major trauma service patients and to ensure safe and effective surgical services within fully compliant theatre facilities. 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.

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
WG impairment funding	16.269
WG depreciation funding	1.758

Executive Summary Table 15: Overall Affordability

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.

6.0 MANAGEMENT CASE

6.1 Project Management Arrangements

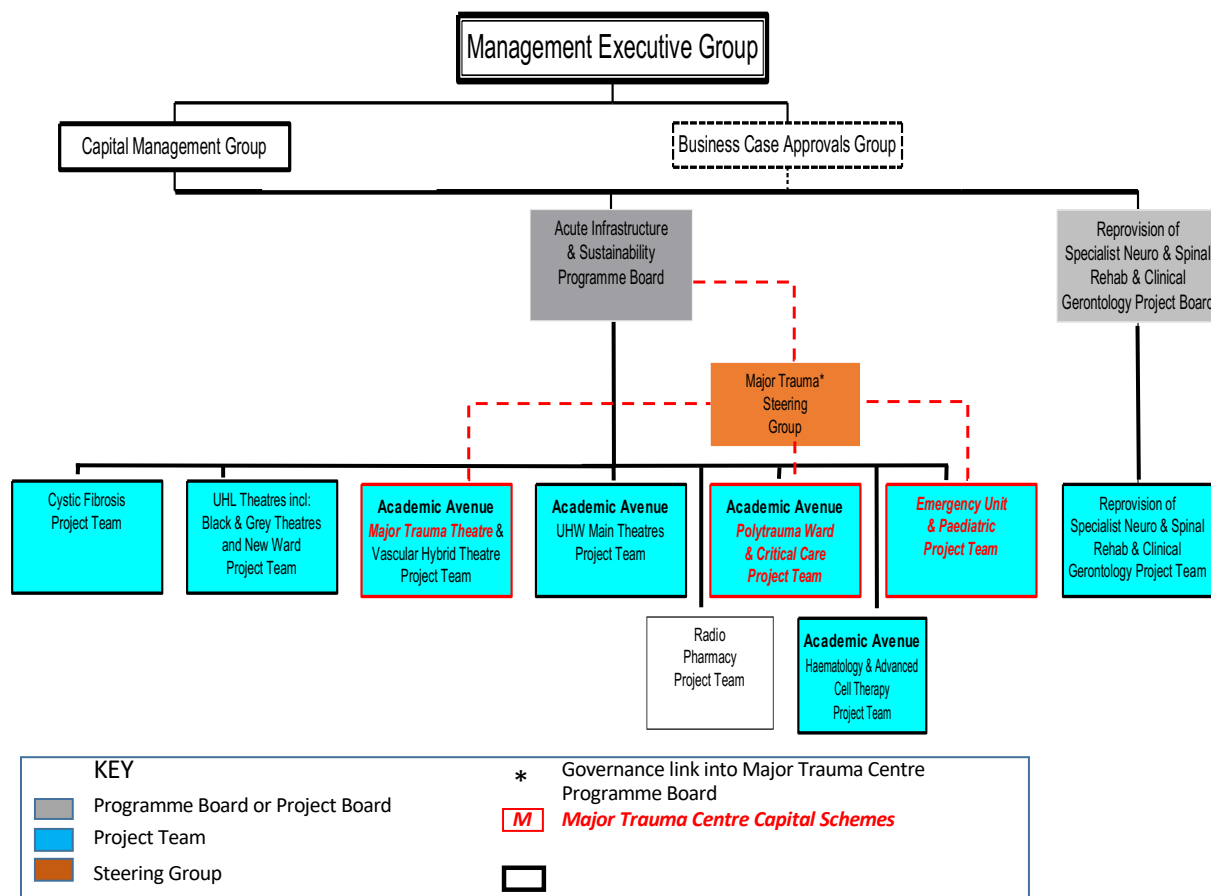
Robust project management arrangements are vital to ensure the implementation of the overall project and that effective control is maintained over the capital scheme.

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.

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The reporting structure for the project is shown as follows:



Executive Summary Figure 2: 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 OBC

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The dates detailed below highlight the proposed key milestones of the project:

Milestone	Target Date
Completion of the Outline Business Case (OBC)	March 2021
WG approval of the OBC	June 2021
Completion of the Full Business Case (FBC)	December 2021
WG approval of the FBC	April 2022
Start on Site	May 2022
Completion and Handover	December 2023

Executive Summary Table 16: Project Plan

6.2 Benefits Realisation and Risk Management

A draft 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. This benefits realisation plan will be finalised during the development of the FBC.

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.

6.2.1.1 Gateway Review Arrangements

Gateway Reviews undertaken across the health service have identified a range of common deficiencies within projects.

The impact of the project has been scored against the risk potential assessment (RPA) and a RPA stage 1 form has been completed.

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.

7.0 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 project will enable the Health Board to deliver hybrid vascular services and meet the requirements for a major trauma centre.

Report Title:	Development of Genomics Partnership Wales – Full Business Case					
Meeting:	Cardiff and Vale UHB Board				Meeting Date:	25/03/2021
Status:	For Discussion		For Assurance		For Approval ✓	For Information
Lead Executive:	Executive Director of Planning					
Report Author (Title):	Director of Capital, Estates & Facilities					

Background and current situation:

This paper sets out a summary of proposals and associated capital and revenue implications for further development of the Genomics for Precision Medicine Strategy through the co-location of the following Genomics Partnership Wales organisations – All Wales Medical Genomics Service (national service hosted by C&VUHB), Wales Gene Park (hosted by Cardiff University) and Pathogen Genomics Unit (part of Microbiology, PHW). It is provided to the Board to agree the submission of the Full Business Case (FBC) to Welsh Government (WG) for £15.3m capital funding to proceed to FBC development. The Executive Summary is attached (and the full FBC is available on request).

The Board is asked to authorise the submission of Development of Genomics Partnership Wales – Full Business Case to Welsh Government.

This business case seeks approval to enable the further development of the Welsh Government's Genomics for Precision Medicine Strategy through Cardiff and Vale UHB providing increased delivery capability for Genomics Partnership Wales' partner services. This will permit the continued and improved provision of genomics services and research from facilities that are safe, fit for purpose and of sufficient size to provide the required capacity for the future. The co-location of these genomics partners will also provide additional benefits to patients and the population of Wales.

This co-location of key Genomics Partnership Wales partners is critical to meeting the vision and aims of the Genomics for Precision Medicine Strategy. Current estates occupied by the partners, especially the laboratory facilities, are not fit for purpose in terms of space available and also lack the flexibility to meet the new service and technological needs. In order for the genomic services to be developed and to continue to guarantee the quality of services delivered, additional space is required to house new equipment, and to accommodate the expanding workforce and the increasing portfolio of new genomics services to improve patient care.

The Genomics Partnership Wales Governance Board has received regular progress reports on the project throughout the development of this scheme.

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

The UHB have recognised the inadequacy of the existing genomics facilities at UHW and are committed to providing a new, fit for purpose building.

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Nathan

- The Welsh Government recognise the advantages of co-locating the key Genomics Partnership Wales partners and highlighted the development of the required business case as a key deliverable from the programme.
- The current facilities for the All Wales Medical Genomics Service at UHW has been expanded with some refurbishment, however the laboratories and location of the service across several buildings poses a serious risk to service delivery and quality.

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

The Genomics for Precision Medicine Strategy was launched by Welsh Government in July 2017. New genetic and genomic technologies have the potential to revolutionise medicine and public health. This strategy sets out the Welsh Government's plan to create a sustainable, internationally competitive environment for genetics and genomics to improve health and healthcare provision for the people of Wales.

The Strategy outlines the key initial actions, as part of a 5-10 year plan that will:

- Develop internationally-recognised medical and public health genomics services in Wales – that are innovative, responsive and well-connected to the major genetics and genomics initiatives that are evolving worldwide;
- Develop internationally-recognised research in genomics and excellent platforms for precision medicine, with All-Wales leadership and coordination and strong links to clinical genetics;
- Be outward-looking, and actively seek out partnerships that can strengthen genomics and precision medicine services and research in Wales, with a focus on those partnerships that will bring the biggest benefits for patients;
- Develop the NHS and research workforce in Wales, in recognition that this investment will have the biggest impact.

The plan aims to make Wales an international leader in precision medicine, with experts working closely together to make genomics and genetics part of everyday medicine. Genomics Partnership Wales was established in 2018 to represent all of the key stakeholders involved in the delivery of the Strategy. Based on the key themes highlighted in the Strategy, the following high level investment objectives were agreed:

Co-production - Demonstrate a commitment to work in an open and transparent manner with patients and the public, using their collective experiences to shape and add value to the work of the Genomics Partnership and future genomics services in Wales

Clinical and Laboratory Services - Develop internationally-recognised medical and public health genomics services with strong collaboration across NHS and academia to ensure equity of access to sector-leading genomics services for the citizens of Wales

Research and Innovation - Create an internationally competitive genomics research environment through investment in genomic research technologies and Precision Medicine platforms, collaborative infrastructures and ambitious training portfolios

Workforce - Nurture an enthused and highly skilled workforce that can serve as ambassadors for genomics within the NHS, ensuring that our services evolve at pace - can increase their throughput whilst remaining reliable, equitable and progressive

Strategic Partnerships - Establish Wales as an outward-looking, collaborative and reputable home for business development, promoting the genomic services in Wales to attract the best partnership opportunities

As part of the Clinical and Laboratory Services theme and investment objective, there is this specific aim: *Genomics Partnership Wales will seek to understand the key dependencies and infrastructure requirements of both human and pathogen genomics services to enable the delivery of excellent patient services in Wales. A business case will be prepared for the urgent short-term accommodation needs for the human genomics laboratory, and long-term accommodation solutions for a genomics laboratory suite, research and clinical services with sufficient capacity for future growth and collaboration*

The co-location of All Wales Medical Genomics Service, Pathogen Genomics Unit and Wales Gene Park is to meet this specific need, and support the broader aims of this transformational strategy.

The impact of not submitting the FBC

The services would be maintained at their current levels in terms of activity and technology, and the implementation of new techniques would not be possible.

The main disadvantages for all partner services would be:

- The existing service issues experienced as a result of lack of laboratory and office space are not resolved;
- Current issues with existing facilities arrangements for AWMGS staff who are spread across various locations at UHW site making efficient and cohesive working very difficult are not resolved;
- The development of national-level services or increased research activities (the laboratory space and facilities arrangements are not fit for purpose) will not be facilitated;
- Current quality (ISO) accreditation of AWMGS and PenGU laboratories could be jeopardised;
- The introduction of new technologies and services would be extremely restricted;
- Services would not meet future demand or patient needs;
- Significant efficiencies in use of genomics technologies and expertise to improve patient care would not be realised;
- The introduction of new laboratory and digital equipment would not be facilitated;
- The aims of an integrated genomics facility outlined in the Genomics for Precision Medicine Strategy would not be met

This is considered phase one of a much wider precision medicine proposal in Wales

Service Scope and Vision

Below describes the services and vision for each of the three partners; co-location in appropriate facilities is required to meet both the aims of the Genomics for Precision Medicine Strategy and each of the individual partner organisations.

All Wales Medical Genomics Service (AWMGS)

The laboratory service receives, analyses and reports approximately 40,000-50,000 samples for genomic analysis per year. Samples are received from Clinical Genetics, cardiology, paediatrics, neurology, antenatal clinics, oncology, and many other disciplines. These samples require specialist analysis with a turnaround of 3 days – 8 weeks and full interpretative advice is given to referring clinicians.

The clinical service receives, triages and assesses approximately 10,000 referrals each year (likely to increase). Referrals are received from primary and secondary care and (occasionally) from patients

themselves. Some referrals are time-critical because they relate to a pregnancy or sick new-born, or because the outcome of genetic investigations is expected to alter patient management (e.g. breast cancer surgery).

The team provide an on-call service during normal working hours to give advice to known patients and other healthcare professionals with genetic/genomic queries. This also involves visits to a ward (most often the neonatal unit) to assess inpatients with a potential genetic condition.

The AWMGS must be able to grow with the demands for the service and have the capacity and capability to deliver the future (many unknown) required services for Welsh patients. This includes the development and delivery of new genomic technologies for introduction into the NHS. The service will need to form partnerships with external stakeholders to enhance the delivery of patient services, utilising staff experience and skills, and the technologies available in Wales.

Pathogen Genomics Unit (PenGU)

PenGU provides a range of genomics services delivered through three main service areas - testing and diagnostics; enhanced outbreak support; surveillance.

To consolidate and enable the above core activity, a number of key business support aspects have been provided including bioinformatics and IT infrastructure development.

The specific services are as follows – Influenza; diagnostics services for HIV resistance; diagnostic services for Mycobacteria; C. difficile; antimicrobial resistance; SARS CoV-2

Public Health Wales will have a genomic-focused health protection and infection prevention control service within 5 years and beyond. To achieve this ambition, the plans are centred on five key objectives that will guide activity and actions over the life of the project, as follows:

- Delivering infectious disease services that are equitable, consistent and reflective of the needs of patients in Wales – fulfilling the prudent healthcare principle to work with patients and healthcare professionals to improve outcomes so that patients have a greater control of their own health.
- Driving an efficient research and innovation base – prioritising support for investigation and research to promote coproduction and cross discipline work
- Initiating economic growth – using NGS to instigate productivity, transform the service and create commercial opportunities
- Facilitating partnership in developing and adopting new approaches in public health – capitalising on existing collaborative work and research strengths to foster collaboration and enhance contributions to future development
- Building capacity, training, educating and developing staff in NGS – developing and investing in staff to build biomathematics, bioinformatics and bench-level capability in the Wales workforce

Wales Gene Park (WGP)

Within the WGP genomics facility a wide variety of research projects are supported across a number of genomic technologies.

The WGP education and engagement team offer a large portfolio of events that have thousands of participants for professional and public engagement and education around genetics and genomics.

WGP's vision is to harness genetics and genomics to advance research, healthcare, education and innovation. The WGP genomics facility strive to continue to provide the best and most cost effective NGS technologies at affordable pricing to researchers within Wales, and to incorporate new genomic

technologies as they become required by healthcare researchers in Wales. A major strength of WGP genomics facility is the ability to capitalise on the multiple types of sequencing instruments within Cardiff to provide affordable NGS and bioinformatics support for the research community within Wales.

The WGP genome editing facility supports researchers to generate new models of disease, expanding provision to include collaborations incorporating genome editing within human IPS cell lines.

The WGP education and engagement facility focus on enhancing awareness and understanding of genetics and genomics, engaging with health and science professionals, schools, colleges and the public.

Key changes to the OBC

Digital costs for high performance computing infrastructure are now included.

Further design work has been completed in patient facing, staff rest, open plan office and laboratory areas.

A summary of the projected capital costs for the preferred option is set out below:

Capital Costs at PUBSEC 250	Partial Refurbishment of CD1
	£000
Works Costs	10,204
Fees	1,787
Non-Works	1,940
Equipment Costs	698
Planning Contingency	1,252
Subtotal	15,881
VAT recovery	(584)
	15,298

The **revenue implications** are being finalised as part of the FBC.

- Funding is anticipated from WG for additional recurrent capital charges based on actuals, as well as a non-recurrent impairment of £10.143m.
- It is assumed that there will not be any material transition or decant costs.
- Based on a 15 year lease, the additional revenue costs are estimated to be **£1.434m** per annum. This amount is after taking account of current revenue costs of £0.153m, which are considered to be releasable from existing estate occupied by Genomics at UHW.
- Consideration will also be given to an option for a 25 year lease. Such an option would change the accounting treatment set out in this section.
- Due to the delay in the implementation of accounting standard IFRS16 until April 2022, the lease costs for the FBC have been reworked taking account of existing accounting standard IAS17.
- Under IAS17, the annual lease cost of £0.600m per annum (£0.500m + VAT), would be classified as an operating lease, with a charge to revenue rather than being capitalised. The full lease charge is therefore reflected in the above revenue costs. However, from April 2022, when IFRS16 applies, the lease would be reclassified as a finance lease and would be capitalised accordingly.

This would give rise to an ongoing capital funding uplift through the Capital Resource Limit from 2022/23.

- Under IAS17, there would also be a need for provisions of £1m in 2021/22 in respect of dilapidations (£0.6m) and the lease VAT (£0.4m).

Key Benefits

A summary of the main benefits is provided below:

- Build reputation as Centre of Excellence for genomics and precision medicine
- Create a united partnership in genomics
- Maximising patient access to genomics services
- Improved strategic fit of services
- Maintaining the clinical quality of services
- Provide sustainable and flexible facilities to meet future needs
- The development of national services to provide support for non-infectious and infectious disease diagnostics
- Introduction of new technologies, equipment and clinical services
- Development of specific, appropriate environment for laboratory services for both clinical and research purposes
- Development of clinical areas which meet patient needs
- Co-location of laboratory and clinical genetics services is essential for the increasing requirement for joint working and interpretation of genomic medicine services
- Improved turnaround times for services
- Reduced waiting lists
- Increased research activities that translate to clinical care
- Equipment being fully utilized and capacity managed across partners
- Increased efficiencies in use of the facilities
- Improvements in adjacencies of staff providing cross working opportunities
- The provision of population-level activities to help tackle health inequalities
- Improved staff retention
- Ability to attract and recruit high calibre staff
- An increase in the number of partnerships established
- A higher level of engagement activities with various parties
- Increased patient involvement in genomics research and service development
- New research studies undertaken
- Increasing workforce can be accommodated

Assurance is provided by:

Consideration and recommendation of the FBC by the Genomics Development Project Team

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Recommendation:

The Board is asked to **approve** the submission of Development of Genomics Partnership Wales – Full Business Case to Welsh Government.

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

Prevention	✓	Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓

Equality and Health Impact Assessment Completed:

Yes. EHIA included as appendix 12 to the FBC





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Cardiff and Vale
University Health Board



Partneriaeth
Genomeg
Cymru
Genomics
Partnership
Wales

Development of Genomics Partnership Wales

Full Business Case: Executive Summary

March 2021 – Draft v2

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1.1 Introduction 4

1.2 Strategic Case 4

1.3 Economic Case 9

1.4 Commercial Case 12

1.5 Financial Case 13

1.6 Management Case 16

1.7 Recommendation 18

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1.1 Introduction

This business case seeks the approval for a capital investment of £15.3m to permit further development of Genomics for Precision Medicine Strategy to enable the Cardiff and Vale University Health Board (CVUHB) to provide increased delivery for the following Genomics Partnership Wales organisations:

All Wales Medical Genomics Service (AWMGS - Clinical and Laboratory)
Pathogen Genomics Unit (PenGU, Microbiology, PHW)
Wales Gene Park (Cardiff University).

Co-location of Genomics Partnership Wales key partners is vital for the successful delivery of the ambitions set out in the Genomics Strategy. Consolidating services will provide greater efficiency; reduce variation and raise standards; create common digital platforms to make it easier to share data and improve diagnosis; and build our clinical and research expertise and knowledge, all of which are essential if Wales is to compete on the UK and international stage. Co-location will also create a critical mass of expertise to attract high-value strategic research and industry partnership opportunities to South Wales, building strong foundations for a Centre of Excellence in Precision Medicine for Wales.

The Outline Business Case (OBC) was approved by Cardiff and Vale University Health Board in December 2020 and is with Welsh Government (WG) and has undergone scrutiny for approval prior to election recess period.

1.2 Strategic Case

1.2.1 The Strategic Context

Throughout the development of this FBC, 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.

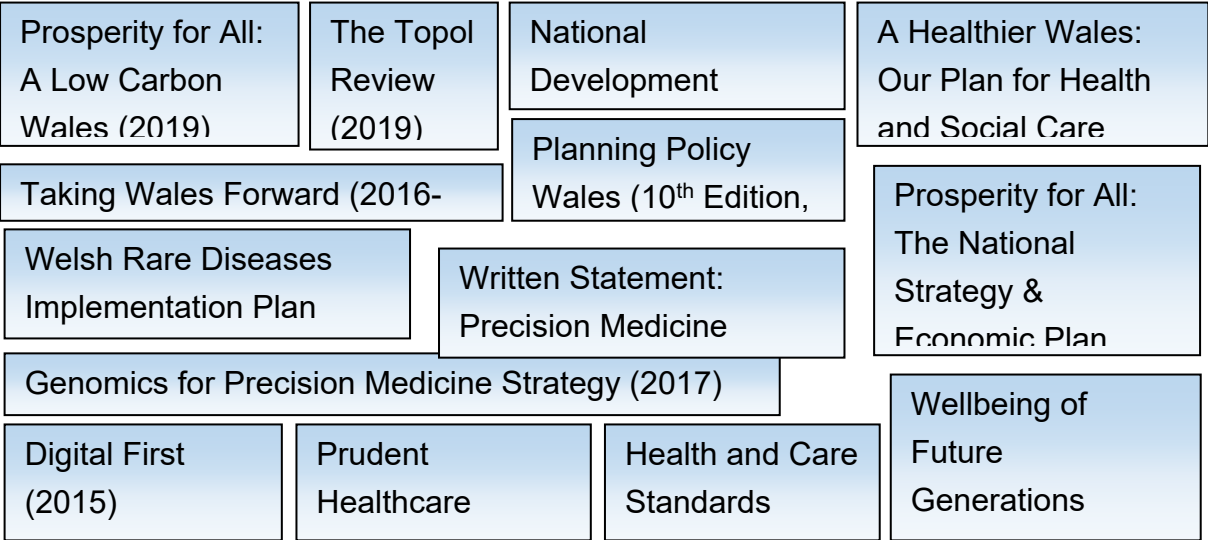
Cardiff and Vale UHB is responsible for planning and delivering health services for its local population of around 485,000, which represents 15.5% of the country's residents. This includes health promotion and public health functions as well as the provision of local primary care services (GP practices, 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.

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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.

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Some of the key Welsh Government policies that have shaped this FBC are:



Executive Summary Figure 1: Overarching National Policies considered within this FBC

Key local strategies taken into consideration within this FBC are:

- Strategic Clinical Services Plan 2019 – 2029;
- Shaping Our Future Wellbeing Strategy (2015 – 2025);
- Integrated Medium Term Plan 2019 / 2022;
- Cardiff and Vale UHB Estates Strategy;
- Cardiff and Vale UHB Delivering Digital: a Five Year Strategy – Building a learning health and care system (July 2020);
- Cardiff and Vale UHB Informatics Strategy (2017/18 – 2019/20).

There are three key partners involved in the development of the proposals within this business case. These are:

- All Wales Medical Genomics Service;
- Pathogen Genomics Unit (PenGU);
- Wales Gene Park.

1.2.2 The Case for Change

1.2.2.1 Service Vision

1.2.2.2 All Wales Medical Genomics Service (AWMGS)

The AWMGS must be able to grow with the demands for the service and have the capacity and capability to deliver the future (many unknown) required services for Welsh patients. This includes the development and delivery of new genomic technologies for introduction into the NHS.

The service will need to form partnerships with external stakeholders to enhance the delivery of patient services, utilising staff experience and skills, and the technologies available in Wales.

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1.2.2.3 *Pathogen Genomics Unit (PenGU)*

Public Health Wales will have a genomic-focused health protection and infection prevention control service within 5 years and beyond. To achieve this ambition, the plans are centred on five key objectives that will guide activity and actions over the life of the project, as follows:

Delivering infectious disease services that are equitable, consistent and reflective of the needs of patients in Wales – fulfilling the prudent healthcare principle to work with patients and healthcare professionals to improve outcomes so that patients have a greater control of their own health.

Driving an efficient research and innovation base – prioritising support for investigation and research to promote coproduction and cross discipline work. Initiating economic growth – using NGS to instigate productivity, transform the service and create commercial opportunities.

Facilitating partnership in developing and adopting new approaches in public health – capitalising on existing collaborative work and research strengths to foster collaboration and enhance contributions to future development

Building capacity, training, educating and developing staff in NGS – developing and investing in staff to build biomathematics, bioinformatics and bench-level capability in the Wales workforce.

1.2.2.4 *Wales Gene Park (WGP)*

To harness genetics and genomics to advance research, healthcare, education and innovation. The WGP genomics facility strive to continue to provide the best and most cost-effective NGS technologies at affordable pricing to researchers within Wales, and to incorporate new genomic technologies as they become required by healthcare researchers in Wales. A major strength of WGP genomics facility is the ability to capitalise on the multiple types of sequencing instruments within Cardiff to provide affordable NGS and bioinformatic support for the research community within Wales.

The WGP genome editing facility supports researchers generate new models of disease, expanding provision to include collaborations incorporating genome editing within human IPS cell lines.

The WGP education and engagement facility focus on enhancing awareness and understanding of genetics and genomics, engaging with health and science professionals, schools, colleges and the public.

1.2.2.5 *Key requirements*

The need for additional space

Current estates occupied by the partners, especially the laboratory facilities, are not fit for purpose in terms of space available and lack of flexibility to meet the new service and technological needs. In order for the genomic services to be sustained and developed at pace, additional space is required to house new equipment, and to

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accommodate the expanding workforce and the increasing portfolio of new genomics services to improve patient care. Services have historically been designed around the limited space available, which results in inefficiencies across the delivery pathways.

The need to improve the quality of services

In order for Wales to compete with the Genomic Medicine Service in England, premises should be developed around the workflow of the laboratories and needs of patients, if we are going to continue to guarantee the quality of services delivered. Some efficiencies will be found through co-locating NHS, Public Health and research laboratories, where the same equipment can be used by multiple organisations. This will benefit all co-located organisations in terms of access to new technologies as they emerge and management of resources to meet changing and at times unpredictable demand (such as virus outbreaks). The NHS and Public Health services need quality laboratories and infrastructure to sustain their UKAS accreditation (ISO 15189).

The need to better integrate research and clinical activity

For the translation of research into clinical practice to be seen as a priority and given the best chance of succeeding, close working on a day-to-day basis is essential. Not only from the perspective of sharing equipment and expertise, but to facilitate discussions between both communities to ensure that areas of clinical priority, also align with research priorities. Where gaps exist, these can then be identified easily and strategically developed.

The need to form a critical mass in order to attract top talent and high-value partnerships

Competing with the likes of Oxford, Cambridge and London to attract high-value, UK-national and international partnerships is very difficult when the skills, expertise and physical footprint is fragmented. Being able to host public as well as professional engagement meetings and events to showcase our work and enable networking with many organisations simultaneously, will undoubtedly position genomics in Wales in a stronger position.

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 takes forward the maximum scope and will include the following services:

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All Wales Medical Genomics Service (AWMGS - Clinical and Laboratory)
Pathogen Genomics Unit (PenGU, Microbiology, PHW)
Wales Gene Park (Cardiff University).

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A summary of the investment objectives together with the main benefits associated with each objective is provided below:

Investment Objective	Main Benefits
Investment Objective 1: An All-Wales state-of-the-art genomic medicine facility that benefits both patients and the wider Welsh population	▪ The development of national-level services to provide support for non-infectious disease diagnostics ▪ Introduction of new technologies and services ▪ Development of specific, appropriate environment for laboratory services for both clinical and research purposes ▪ Development of clinical areas which meet patient needs
Investment Objective 2: An integrated facility to develop both NHS and Public Health genomic services, as well as an environment to grow the genomic research portfolio in Wales	▪ Co-location of laboratory and clinical genetics services is essential for the increasing requirement for joint working and interpretation of genomic medicine services. ▪ Improved turnaround times for services ▪ Reduced waiting lists ▪ Increased research activities that translate to clinical care
Investment Objective 3: A facility that supports the translation of genomic medicine from the bench to the clinic, enabling the rapid evaluation and adoption of new genomic technologies to benefit patients	▪ Introduction of new technologies and services ▪ Provision of new clinical services
Investment Objective 4: Capacity for integrated working from both an equipment and infrastructure, and staff resource perspective	▪ Equipment being fully utilized and capacity managed across partners ▪ Increased efficiencies in use of the facilities ▪ Improvements in adjacencies of staff providing cross working opportunities
Investment Objective 5: A hub to attract top talent to the Welsh genomics workforce, with the facilities to train, develop and retain our staff for the good of the services and citizens of Wales	▪ The provision of population-level activities to help tackle health inequalities ▪ Improved staff retention ▪ Ability to attract and recruit high calibre staff
Investment Objective 6: An outward-facing hub that competes on a global stage, attracting new high-value partnerships to Wales that in turn, expedite the mainstreaming and understanding of genomics for the benefit of our citizens	▪ An increase in the number of partnerships established ▪ A higher level of engagement activities with various parties ▪ Increased patient involvement
Investment Objective 7: Capacity for future growth, to accommodate the advancement of new genomic technologies and workforce expansion	▪ Introduction of new services ▪ New research studies undertaken ▪ Increased workforce being accommodated ▪ New laboratory and digital equipment implemented

Executive Summary Table 1: Investment Objectives and Main Benefits

Patients benefit from co-location in the following ways:

Co-location ensures patients will continue to receive high quality services regardless of projected increase in demand for services and increasing range of services;

Co-location ensures patients can expect more efficient, resilient and robust services than previously possible with existing dispersed resources;

Co-location provides increased opportunities for service innovation to provide better services for patients in future;

Co-location will improve and consolidate the patient experience across all partners

1.3 Economic Case

1.3.1 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	
Option 1.1 – do nothing	Discounted (carried forward for comparative purposes)
Option 1.2 – do ‘minimum’ – provide facilities for the All Wales Medical Genomics Service	Discounted
Option 1.3 – ‘intermediate’ - provide facilities for the All Wales Medical Genomics Service and the Pathogen Genomics Unit	Discounted
Option 1.4 – ‘maximum’ - provide facilities for the All Wales Medical Genomics Service, the Pathogen Genomics Unit and the Wales Gene Park	Preferred
2.0 Service Solutions	
Option 2.1: Refurbish the existing facilities	Discount
Option 2.2: New build on the UHW site	Discount
Option 2.3: New build on the GE site	Possible
Option 2.4: Extensive refurbishment of CD1 on the GE site	Possible
Option 2.5: Partial refurbishment of CD1 on the GE site	Preferred

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Option	Finding
Option 2.6: Refurbishment of CD1 for Pathogen Genomics Unit and the Wales Gene Park and upgrade buildings 19 and 20 for the All Wales Medical Genomics Service	Discount
3.0 Service Delivery	
3.1 In House	Discounted
3.2 Partial Outsource	Discounted
3.3 Strategic Partnership	Preferred
4.0 Implementation	
4.1 Big Bang	Preferred
4.2 Phased	Discounted
5.0 Funding	
5.1 Public Funding	Preferred
5.2 Private Funding	Discounted

Executive Summary Table 2: Summary of Inclusions, Exclusions and Possible Options

1.3.2 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 0	Do nothing				
Option 1	Pathogen Genomics Unit, the Wales Gene Park and the All Wales Medical Genomics Service	New build on the GE site	Strategic Partnership	Big Bang	Public
Option 2	Pathogen Genomics Unit, the Wales Gene Park and the All Wales Medical Genomics Service	Extensive refurbishment of CD1 on the GE site	Strategic Partnership	Big Bang	Public
Option 3	Pathogen Genomics Unit, the Wales Gene Park and the All Wales Medical Genomics Service	Partial refurbishment of CD1 on the GE site	Strategic Partnership	Big Bang	Public

Executive Summary Table 3: Short Listed Options

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1.3.3 Qualitative Benefits Appraisal Key Findings

The evaluation of the qualitative benefits associated with each of the shortlisted options was taken to the Project Team.

Benefit Criteria	Weighted Scores			
	Option 0	Option 1	Option 2	Option 3
1. Build Reputation as Centre of Excellence	14	140	126	112
2. Create a United Partnership in Genomics	12	120	108	96
3. Maximising Patient Access to Genomics services	50	100	90	90
4. Improved Strategic Fit of Services	20	50	50	50
5. Maintaining the Clinical Quality of Services	84	140	126	126
6. Optimising the Quality of Facilities	9	90	81	72
7. Ease of Access to the Site	20	20	20	20
8. Making more effective Use of Resources	45	54	63	72
9. Sustainable in the Long Term	18	48	36	36
10. Providing Flexibility for the Future	7	70	56	49
11. Practicality and Timeliness of Delivery	100	40	60	90
TOTALS	379	872	816	813
RANK (weighted)	4	1	2	3

Executive Summary Table 4: Summary Results of Option Appraisal

1.3.4 Economic Appraisal

Details of the economic appraisal are summarised in the table below:

Economic Cost	Option 0	Option 1	Option 2	Option 3
	£000	£000	£000	£000
Net Present Cost (NPC)	5,651	32,925	34,782	27,113
Equivalent Annual Cost (EAC)	451	2,630	2,779	2,166
Ranking of Options	1	2	4	2
Ranking of Development Options		2	3	1
Margin		-21.4%	-28.2%	
NPC Switch Values		(5,812)	(7,668)	5,812

Executive Summary Table 5: Summary of Economic Appraisal Outputs

On the basis of the economic appraisal undertaken, in terms of the development options, Option 3 is clearly preferred:

Over Option 1 by a margin of 21.4%

Over Option 2 by a margin of 28.2%.

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1.3.5 Combined Economic and Non-Financial Appraisal Scores

The outputs of the Non-Financial and Economic Appraisals have been combined to assess which development option offers the best benefit/cost outcome based on the number of benefit points delivered per EAC £000.

Combined Appraisal	Option 1	Option 2	Option 3
Weighted Non-Financial Scores	872	816	813
EAC Impact of options (£000s)	2,630	2,779	2,166
Benefit Points per EAC £000	0.332	0.294	0.375
Ranking of Development Options	2	3	1
Margin %	-11.7%	-21.8%	

Executive Summary Table 6: Summary of Combined Appraisal Outputs

The output of this option appraisal therefore shows that Option 3 delivers the highest benefit points/EAC outcome (0.375) by margins of:

11.7% over the Option 1 outcome of 0.332; and
21.8% over the Option 2 outcome of 0.294.

Sensitivity testing indicates that the Non-Financial score of Option 1 would have to increase by 13.5% (or the Option 3 score reduce by 12.3%) in order for Option 3 not be preferred.

Option 3 is therefore confirmed as the preferred option.

1.3.6 Preferred Option

The preferred option is the partial refurbishment of the existing CD1 building on the GE site to provide integrated laboratories and support accommodation for:

All Wales Medical Genomics Service (AWMGS - Clinical and Laboratory)
Pathogen Genomics Unit (PenGU, Microbiology, PHW)
Wales Gene Park (Cardiff University).

1.4 Commercial Case

1.4.1 Procurement Strategy

The construction 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) Interserve Construction has been appointed under the framework to develop both the design and construction of the proposed facility.

It is anticipated that the total construction duration will run for 12 months (including enabling works) although the start date for this is dependent on the approvals process.

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1.4.2 Required Services

The scope of services required is for the project management, cost advice and the design and construction of integrated laboratories for the following services, via a refurbishment of the existing CD1 building on the GE site:

All Wales Medical Genomics Service (AWMGS - Clinical and Laboratory)
Pathogen Genomics Unit (PenGU, Microbiology, PHW)
Wales Gene Park (Cardiff University).

1.4.3 Community Benefits and Procurement

The Health Board are working with the Supply Chain Partner as part of the Considerate Construction Strategy to measure the identified benefits extended from this scheme.

1.5 Financial Case

1.5.1 Capital Costs

A summary of the capital costs and impairment for the preferred option is as follows:

	£000
Building/Engineering	14,600
Equipment	698
Total Gross	15,298

Executive Summary Table 7: Capital Costs for the Preferred Option

	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m
DEL Impairment	-	-	-	-
AME Impairment	-	-	£10.143	-
Depreciation – Tenant's Improvements			£0.092	£0.369
Depreciation - Right of Use Asset			£0.500	£0.500
TOTAL	-	-	10.735	0.869

Executive Summary Table 8: Impairment for the Preferred Option

This FBC assumes all capital charges and depreciation will be funded by WG in each of the years as per the above.

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1.5.2 Revenue Costs

Expenditure type	£,000
Business rates	122
Energy	106
Estates maintenance	124
Domestic services	89
Security	12
Waste	16
Digital	206
Lease/rental annul charge excluding VAT – initially a revenue cost	406
Lease/rental VAT	100
Lease interest charge	94
Insurance	14
Service charge	195
Transport costs	9
Total	1,493
Assumed releasable costs	(153)
Net additional Costs	1,340

Executive Summary Table 9: Revenue Costs

Revenue costs related to the building/capital:

	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m
Interest Charge	-	-	0.094	0.088	0.082
Dilapidations Provision	-	0.600	-	-	-
Rent / Rent VAT charge	-	0.400	0.100	0.100	0.100

Executive Summary Table 10: Revenue Costs Related to the Building/Capital. Recurrent costs included in the above table

- Funding is anticipated from WG for additional recurrent capital charges based on actuals, as well as a non-recurrent impairment of £10.143m.
- It is assumed that there will not be any material transition or decant costs.
- Based on a 15 year lease, the additional revenue costs are estimated to be **£1.340m** per annum as detailed above. This amount is after taking account of current revenue costs of £0.153m, which are considered to be releasable from existing estate occupied by Genomics at UHW.
- Consideration will also be given to an option for a 25 year lease. Such an option would change the accounting treatment set out in this section.
- Due to the delay in the implementation of accounting standard IFRS16 until April 2022, the lease costs for the FBC have been reworked taking account of existing accounting standard IAS17.
- Under IAS17, the annual lease cost of £0.600m per annum (£0.500m + VAT), would be classified as an operating lease, with a charge to revenue rather

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than being capitalised. The full lease charge is therefore reflected in the above revenue table. However, from April 2022, when IFRS16 will apply, the lease would be reclassified as a finance lease and capitalised accordingly.

- As a result of IFRS16, from 2022/23 additional cash resource will be required each year to extinguish the finance lease creditor (total rent cost less annual interest and less rent VAT).
- NB: if the signing of the lease was delayed until post 1st April 2022, then the lease would be classed as a finance lease for the full lease term. This would impact on both the revenue and capital figures. A supporting analysis is available if required.
- Under IAS17, there would also be a need for provisions of £1m in 2021/22 in respect of dilapidations (£0.6m) and the lease VAT (£0.4m).

Revenue assumptions:

Business rates are an estimate supplied by the UHB's business rates advisors (Deloitte), so maybe subject to change, either up or down;
 Energy costs have been costed by the UHB's energy team;
 Maintenance, security and waste are calculated on EFPMS(estates and facilities benchmarking system) price per SQM. The other areas are based on actual costs provided by the department however these costs are estimates and further work will need to be undertaken to validate the costs identified by reviewing the new building and its service needs;
 Cleaning costs have been calculated based on current hours cleaned for the current services and pro rata up for the new Genomics site. However, Facilities will need to review the building and the split of clinical to office space to determine the actual cost;
 The lease/rent is £0.500m plus vat and is free for the first year and charges will apply from Year 2;
 Digital cost have been provided by the UHB's IT Department;
 Insurance cost have been provided by GE estates;
 The service charge is included at £3.5 per sq. foot and will be capped at this cost, but will be linked to RPI;
 Assumes VAT is recoverable on the service charge;
 Transport costs assume dovetailing with existing schedules between the UHB and Velindre. Additional costs may be incurred if demand falls outside of this.
 No assessment is currently being made of the potential impact on the SLA with Cardiff University as a result of the University vacating space at UHW due to this development.

1.5.3 Overall Affordability

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:

	£m
Impairment	

	£m
WG impairment funding	10.143
Depreciation – Tenants Improvements WG Strategic Capital charge funding	0.369
Depreciation – Right of Use Asset WG Strategic Capital charge funding	0.500
Provisions for dilapidations and lease rent (2021/22)	1.000
Net additional annual Revenue Costs Funding to be determined following discussions with WG (lease - non interest and VAT element – CRL 2022/23)	1.340

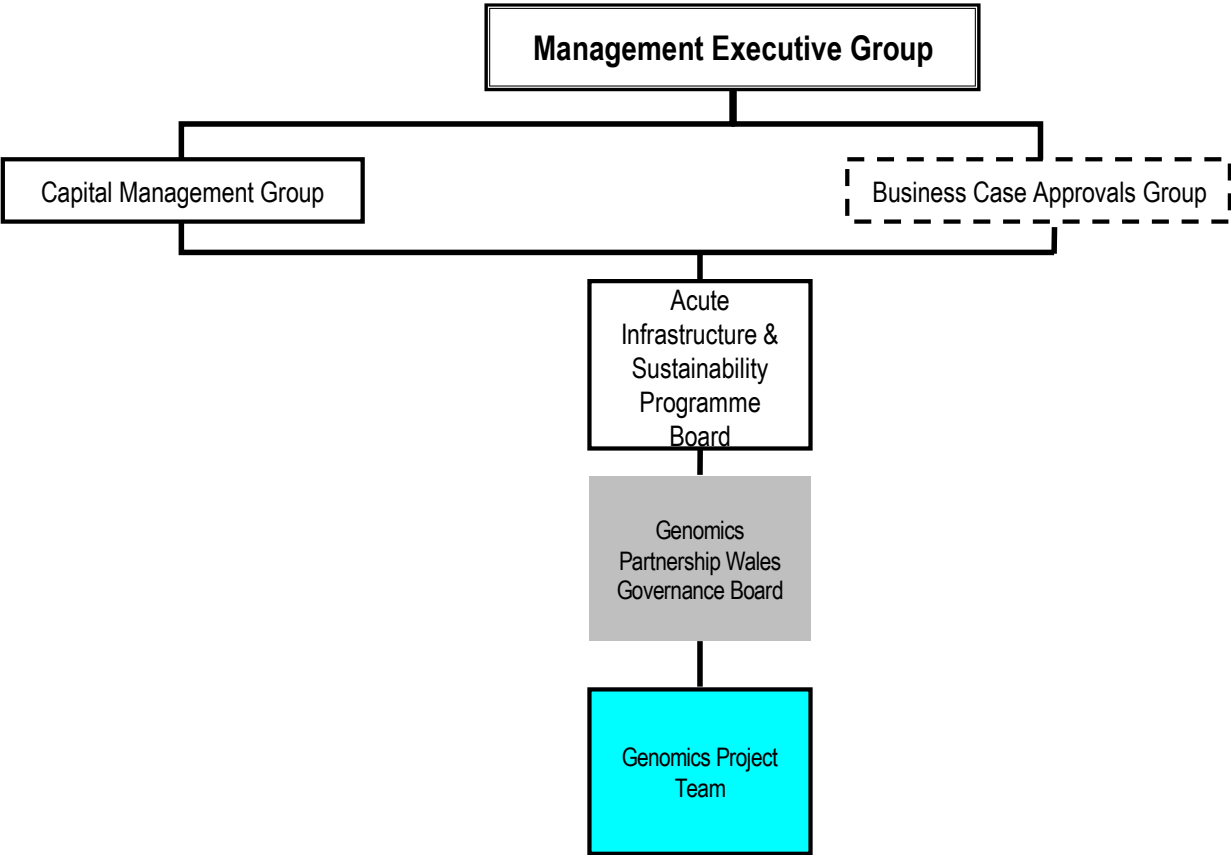
Executive Summary Table 11: Overall Affordability

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Management Case

1.5.4 Project Management Arrangements

The reporting organisation and the reporting structure for the project is shown below:



Executive Summary Figure 2: Project Reporting Structure

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The dates detailed below highlight the proposed key milestones of the project:

Milestone Activity	Date
FBC approval	June 2021
Design completion and commence construction	August 2021
Construction completion	August 2022*
Facility operational	October 2022*

Executive Summary Table 12: Key Milestones

* Subject to dialogue with and co-ordination of Landlord works

1.5.5 Change Management

The initial development of the plans for moving the partners to the new location are in progress and the following principles have been established:

GPW will provide assurance that no patient is going to come to harm as a result of service downtime or delays

The health and safety of staff is paramount in these plans

A 'big bang' approach to the moving of partners is not an option; a phased approach will allow business continuity

Some specific laboratory processes such as sample reception, extraction and culturing will remain at UHW until all other elements have been moved

GPW will use duplicate equipment for transition of services where possible – move one to Coryton and keep one at UHW to run services whilst the newly located equipment is validated. This may result in some reduced capacity during transition but allow continuity of service

The main focus for the timeline of activity will be on revalidation of equipment and services as this is likely to be the longest period of time of the entire move process

GPW acknowledge that there will be some service disruption but main objective is to reduce to a minimum; business continuity will dictate timescales

Sending out of samples to other laboratories would be avoided where possible, but contingency arrangements must be in place which could be activated if problems are encountered

From a clinical perspective, some test results can be delayed and this can be built into the counselling / appointment process with the patient

For the digital elements, all of the new digital infrastructure (including internal and external connectivity) will be installed and validated as an initial step, prior to anything being moved into the building

The movement of servers/clusters that support services (including WREN and CLIMB) will be planned alongside movement of sequencers to reduce service interruption

Where appropriate, flexible working (from home, remotely) can be used by some teams through the move process to allow continuity

Specific project management resource will be employed to manage the move, with both laboratory and digital experience. The high level plans will be developed and precise detail agreed and provided in a clear project plan

Three tiers of physical move support have been identified:

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- Non-specialist (general office furniture and equipment, papers and documents) – will require evidence of compliance in transporting potentially sensitive/patient identifiable data
- Specialist (laboratory-accredited and digital equipment) – for small, more general laboratory equipment, and PCs/printers, etc.
- Highly Specialised (laboratory equipment requiring vendor-approved and accredited moving by specific suppliers)

The move process must be equitable for all partners

1.5.6 Benefits Realisation and 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.

1.5.7 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.

1.6 Recommendation

It is recommended that approval be given for the project to go ahead into the delivery stage.

The preferred option is the construction of integrated laboratories, office and clinical space for the following services, via a refurbishment of the existing CD1 building on the GE site:

All Wales Medical Genomics Service (AWMGS - Clinical and Laboratory)
Pathogen Genomics Unit (PenGU, Microbiology, PHW)
Wales Gene Park (Cardiff University).

The project will enable Health Board to meet the requirements for improving the quality of services and improvements in efficiencies through better workflow and co-location with Public Health and research laboratories and ensure the laboratories continue to meet the UKAS accreditation (ISO 15189).

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Report Title:	Board Annual Plan 2021/22						
Meeting:	Board				Meeting Date:	25th March 2020	
Status:	For Discussion		For Assurance	x	For Approval	x	For Information
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Director of Corporate Governance						

Background and current situation:

Standing Orders states that 'The Board Secretary, on behalf of the Chair, shall produce an Annual Plan of Board Business.

The Board should agree the Annual Plan for the forthcoming year by the end of March, and the plan shall be published on the organisations website.

The Board Annual Plan for 2021/22 is attached at the appendix.

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

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 Annual Plan;
- key risks and areas where scrutiny is required by the full Board; and
- key statutory, national and best practice requirements and reporting arrangements.

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

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.

Board Champion Reports – A report will be presented to the May Board on Board Member Champions. This will be in line with the Welsh Health Circular which means some roles are no longer required and it will also take into account our new Board Members.

Strategies and Annual Reports – In line with Standing Orders there are a number of Strategies

and Annual Reports which should be presented to the Board. 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 create duplication.

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.

Recommendation:

The Board is asked to:

- Approve the Board Work Plan 2021/22 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	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		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.

Cardiff and Vale University Health Board - Work Plan 2021-22

A - Approval D - Discussion I - Information	Committee/ Group	Lead	27-mai	29-jul.	30-sep.	25-nov.	27-jan.	31-mar.
Agenda Item								
Standing Items								
Patient Story		RW	I	I	I	I	I	I
Minutes of the previous meeting		NF	A	A	A	A	A	A
Action Log		NF	D	D	D	D	D	D
Ratify urgent decisions of the Chair/CEO		NF	A	A	A	A	A	A
Chairs Report		CJ	D	D	D	D	D	D
Chief Executive's Report		LR	D	D	D	D	D	D
Integrated Performance report (including quality, finance, activity and workforce)	Q,S&E,S&D, Finance	RW/SW/SC/ CP/RG	D	D	D	D	D	D
Board Assurance Framework	Audit	NF	D	D	D	D	D	D
Corporate Risk Register	Audit	NF	D	D	D	D	D	D
Committee Chair Reports to Board:								
-Audit	Audit	JU	D	D	D	D	D	D
-Quality, Safety and Experience	Q,S&E	SE	D	D	D	D	D	D
-Strategy and Delivery	S&D	MI	D	D	D	D	D	D
- Finance	Finance	RT	D	D	D	D	D	D
-Health and Safety	H&S	AH	D	D	D	D	D	D
- Mental Health	Mental Health	SM		D		D	D	
- RaTS	RaTS	CJ	-	-	-	-	-	-
- Charitable Funds	CF	AH	D		D	D		D
-Digital Health Intelligence Committee	DHIC	DT		D		D		D
-UHW2	UHW2	RT	D		D			D
Minutes of Committees of the Board:								
-Audit	Audit	CP						
-Quality, Safety and Experience	Q,S&E	RW	A	A	A	A	A	A
-Strategy and Delivery	S&D	AH	A	A	A	A	A	A
- Finance	Finance	CP	A	A	A	A	A	A
-Health and Safety	H&S	NF	A	A	A	A	A	A
- Mental Health	Mental Health	SC	A	A		A	A	
- RaTS	RaTS	LR		A		A	A	
- Charitable Funds	CF	RW	-	-	-	-	-	-
-Digital Health Intelligence Committee	DHIC	DT	A		A	A		A
-UHW2	UHW2	AH	A	A		A		A
Joint Committee Minutes:								
- EASC	EASC	LR	A	A	A	A	A	A
- WHSCC	WHSCC	LR	A	A	A	A	A	A
Advisory Groups:								
- Stakeholder Reference Group	SRG	AH	A		A	A		
- Local Partnership Forum	LPF	RG	A	A	A	A	A	A
- Healthcare Professional Forum	HPF	FJ			A	A	A	A

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Board Champion Reports: - Fire Safety - Emergency Planning - Caldicott - Violence and Agression - Infection, prevention and control - Armed Forces and Veterans - Mental Health - Equality - Children and Young People - Putting Things Right - Raising Concerns - Welsh Language - Older Persons								
Governance								
Approve Standing Orders, Scheme of Delegation, SFIs	Audit	NF	A					
Ratify in public failure to comply with SO's	Audit	NF	A	A	A	A	A	A
Authorise the use of the seal		NF	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					
Approve the top level organisation structure	ME	LR			A			
Approve corporate policies (as and when required)	ME	NF	A	A	A	A	A	A
Appoint and revise Committees of the Board		NF						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
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)		CJ						
Appoint, equip, review and where appropriate dismiss individuals appointed to represent the Board on outside bodies and group (as and when required)		CJ						
Approve arrangements relating to responsibilities as a corporate trustee for funds held on trust	CF	NF						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
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 report from Auditor General for Wales and approve action required	Audit	NF					D	
Receive WAO Structured Assessment	Audit	NF						
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					

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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
Financial								
Approve cases for write off of losses	Finance	CP	A	A	A	A	A	A
Approve cases for making special payments above limits of delegation of CEO (as and when required)	Finance	CP						
Approve Medium Term Financial Plan	Finance	CP						A
Approve budget and financial framework	Finance	CP						A
Approve Annual Financial Accounts	Finance	CP	A					
Primary Care Contracts (new awards)	S&D	SC						
Approve reduction in significant activity or operation	S&D	CP						
Strategies and Annual Reports								
Approve citizen, partnership and stakeholder engagement and involvement strategies	S&D	AH						A
Approve quality and patient safety outcomes strategy	Q,S&E	RW/SW					A	
Approve Workforce and OD Strategy	S&D	RG				A		
Approve Estates Strategy	S&D	AH			A			
Approve Digital Health Strategy	IT&IG	AW						A
Approve Capital Strategy (including investment and disposal plans)	S&D	CP/AH						A
Approve policies for dealing with complaints and incidents	Q,S&E	RW						
Approve Director of Public Health Annual Report	S&D	FK					A	
Approve Workforce and OD Annual Report (including Equality)	S&D	RG			A			
Approve Health and Safety Annual Report	H&S	LR		A				
Approve Risk Management Strategy	Audit	NF		A				
Approve Mental Health Strategy	MHCLC	SC				A		
Approve Safeguarding updates and Annual Report	Q,S&E	RW		A				
Approve Tissue and Organ Donation Annual Report	T&OD	SW			A			
Approve Welsh Language Annual Report	S&D	RG				A		
Approve Research and Development Strategy	R&D	SW						A
Strategic Planning								
Business Cases / capital developments (as appropriate)	BCAG	AH						
Capital Plan	ME	AH	A					
Determine UHBs aims, objectives and priorities	ME	LR						A
Approve IMTP	S&D	AH					A	
Approve Population Health Needs assessment and Commissioning Plan	S&D	AH/FK						
Approve development and delivery of patient centred clinical services	S&D	AH/SW						
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	A					
Wellbeing of Future Generations Act	S&D	AH/FK						

Report Title:	Committees of the Board – Annual Reports							
Meeting:	Board					Meeting Date:	25 th March 2020	
Status:	For Discussion		For Assurance	x	For Approval	x	For Information	
Lead Executive:	Director of Corporate Governance							
Report Author (Title):	Director of Corporate Governance							

Background and current situation:

The Board must ensure that the Chairs of all Committees operating on its behalf formally, regularly and on a timely basis report to the Board on their activities.

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

Chairs of Committees report to the Board after each of their meetings in a document called 'Chairs report to the Board'. This is to ensure the Board is aware of discussions at a Committee as soon as possible after the Committee but before the minutes are actually approved by the Board. This provides timely assurance to the Board that the Committee is adhering to its duties set out in its Terms of Reference.

In addition to the regular reporting to the Board Chairs of Committees are required to do an Annual Report to the Board. This report is written by the relevant Corporate Governance Officers for the Committee.

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

Attached at the appendices are Annual Reports for the following Committees of the Board:

- Audit Committee
- Charitable Funds Committee
- Digital Health and Intelligence Committee
- Health and Safety Committee
- Mental Health and Capacity Legislation Committee
- Finance Committee
- Quality, Safety and Experience Committee
- Strategy and Delivery Committee
- Remuneration and Terms of Service Committee (Chairs action taken to approve)

These have all been reviewed by the respective Committees prior to submission to the Board for approval.

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Recommendation:

For Members of the Board to:

- (a) Approve the Annual reports from the Committees of the Board.

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

Prevention		Long term		Integration		Collaboration		Involvement	

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.





GIG
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WALES

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

Annual Report of Audit and Assurance Committee 2020/21

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1.0 INTRODUCTION

In accordance with best practice and good governance, the Audit Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 MEMBERSHIP

The Committee membership is a minimum of three Independent Members one of which must have financial experience and one of whom must be a member of the Quality, Safety and Experience Committee. During the financial year 2020/21 the Committee comprised three Independent Members. In addition to the Membership, the meetings are also attended by the Director of Finance (Lead Executive), Director of Corporate Governance, Head of Internal Audit, Local Counter Fraud Specialist and a Representative of External Auditor (Audit Wales). Other Executive Directors will attend as required by the Committee Chair. The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

The Chair of the Board is not a Member of the Committee but attends at least annually after agreement with the Committee Chair.

3.0 MEETINGS AND ATTENDANCE

The Committee met seven times during the period 1 April 2020 to 31 March 2021. This is in line with its Terms of Reference.

At least two members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

The Audit Committee achieved an attendance rate of 90% (80% is considered to be an acceptable attendance rate) during the period 1st April 2020 to 31st March 2021 as set out below:

	21.04.20	28.05.20	29.06.20	07.07.20	08.09.20	12.11.20	09.02.21	Attendance
John Union (CC)	✓	✓	✓	✓	✓	✓	✓	100%
Eileen Brandreth (VC)	✓	✓	✓	✓	✓	✓	✓	100%
Dawn Ward (I.M. until 31/01/21)	✓	✓	✓	X	✓	✓	X	71%
Total	100%	100%	100%	66%	100%	100%	66%	90%

4.0 TERMS OF REFERENCE AND WORKPLAN

The Terms of Reference and work plan are to be reviewed and approved by the Committee on 09 February 2021 and be approved by the Board on 25th March 2021.

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5.0 WORK UNDERTAKEN

During the financial year 2020/21 the Audit and Assurance Committee reviewed the following key items at its meetings:

PRIVATE AUDIT AND ASSURANCE COMMITTEE

APRIL, MAY, JUNE, JULY, SEPTEMBER, NOVEMBER 2020 & FEBRUARY 2021

Papers presented to the private session of the Audit and Assurance Committee are as follows:

- Counter fraud Progress Report
- Procurement Compliance Report
- Workforce and Organisational Development Compliance Report

PUBLIC AUDIT AND ASSURANCE COMMITTEE – SET AGENDA ITEMS

April 2020 - March 2021

- **Internal Audit Progress and Tracking Report & Internal Audit Plan 2020/21**

Internal Audit Reports were submitted to each of the Audit and Assurance Committee meetings with the exception of 29th June 2020 (which related to the Health Board's accounts). The reports presented provided details relating to outcomes, key findings and conclusions from the finalised Internal Audit assignments and specific detail relating to progress against the Audit Plan and any updates that occurred within the plan.

18 reports presented during the year 12 of which were from the 2019/20 Internal Audit Plan and a further 6 from the 2020/21 plan

From the 2019/20 plan 5 reports received a substantial rating, 7 a reasonable rating. Please refer to **Appendix 3** which provides an overview of internal audit reports presented to the Committee, as well as an overview of Committee matters for the year **Appendix 1 & 2**.

A Draft Internal Audit plan for 2020/21 has been developed following meetings and correspondence with the Health Board's Executive Directors, Chief Executive, and Chairman and also with the Clinical Board Directors of Operations. The draft plan was planned to be submitted to the Management Executive Team for comment. However, due to changes to the focus of the Management Executive Team in the current climate, the draft plan was issued to the Director of Governance for sharing with the Executive Directors where possible.

Following the delay in commencing delivery of the Internal Audit Plan, due to the COVID-19 situation, there were no audits completed in time for presentation to the July Audit Committee meeting.

However, at the time work had commenced on a small number of audits and the outcome of these audits, along with the others planned to be completed within Q2

were reported to the September and November meetings of the Audit and Assurance Committee.

The 20/21 Internal Audit plan was formally approved by the Audit & Assurance Committee at the April 2020 meeting. It was however noted that the content of the plan and the proposed timing of individual audits, would be subject to adjustment to reflect the Health Board's changing risk profile and the availability of key management and staff during the COVID-19 pandemic.

A first round of adjustments to the plan was formally approved by the Audit Committee in July. However, due to the impact of the pandemic to date and the likelihood of continued disruption through the winter, it was anticipated that the current revised plan would not be delivered. It was therefore proposed that a number of additional audits were removed from the plan. These reflected areas of lower risk or where the Health Board had identified that work couldn't progress at that time. Full details of the proposed updated Internal Audit plan were provided within Appendix of the November 2020 meeting.

- **Audit Wales Progress Reports**

The Audit Wales Progress Reports provide the Audit Committee with an update on current and planned Audit Wales work. Accounts and performance audit work are considered, and information is also provided on the Auditor General's wider programme of national value-for-money examinations and the work of Good Practice Exchange (GPX).

July 20 – Audit Wales advised the Committee that they were working very closely with Internal Audit and the Director of Corporate Governance to discuss progress on the Structured Assessment, governance, internal audit and KPMG work to ensure that Audit Wales were not placing additional burdens on the UHB. Audit Wales confirmed they would ensure that their work and the work of Internal Audit was aligned and advice would be taken on board from KPMG when made available. They advised that the governance review of WHSSC was now reinstated, a survey would be sent to Chief Executives and Health Board Chairs, and once those tasks had been completed a draft report would be circulated.

September 20 – Update provided to the Committee with regards to the work undertaken for the Structured Assessment for 2020. It was explained how the approach had been adapted this year to consider governance arrangements, managing financial resources, and operational planning in the context of Covid-19. Audit Wales had worked closely with Internal Audit to coordinate work as much as possible to minimise the burden placed on the UHB and to provide added value from sharing work. This had resulted in a draft report being prepared and issued for consideration with a feedback meeting scheduled for the end of the month.

In regards to TTP a national high level piece of work would be undertaken, which would look at the whole systems governance arrangements, as well as the local Covid-19 response plans. Field work was currently underway and the Executive Director Public Health was also interviewed as part of the process, being the regional

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lead for Cardiff and Vale. Audit Wales aimed to publish the report and its findings by October 2020.

For work in relation to Covid-19 learning and good practice exchange, a learning project was established to share learning during the pandemic and public bodies were encouraged to share information and new ways of working via a dedicated landing page on their website in various output forms such as blogs and articles.

November 20 - key issues from the regular update were reported. Audit Wales highlighted within the report work currently underway and plans for the reports to be submitted to the February meeting. Two of the projects related to local pieces of work:

- Follow-up of previous IM&T recommendations
- Follow-up of operating theatres audit;

The other pieces of work were National pieces of work and mentioned that the Orthopaedic Services – follow-up would come with a supplementary output to set out the local position of each Health Board.

There was also a Follow-up of radiology services, this was an additional piece of work to be taken up locally which AW.

- **Declarations of Interest including Declarations of Interest and sign off in relation to Ysbyty Calon Y Ddraig**

As agreed by the Audit & Assurance Committee an update on Declarations of Interest, Gifts, Hospitality and Sponsorship would be provided to each Audit Committee for information. From the April 2020 Committee meeting the Committee were informed that the back log of forms had been added to the register, so the report was fully up to date which was positive. The Director of Corporate Governance mentioned that due to the current pandemic, all communications regarding declarations of interest had stopped, however the team were still monitoring declarations that were being received, and to date, nothing had been received which raised concern. A further update was provided in July 20 that outlined the end of year position and that Declarations of Gifts, Hospitality & Sponsorship had now moved to Risk & Regulation. The Director of Corporate Governance advised the Committee that communication around declarations would be reinstated and the team would look to see continued development within this area.

In relation to donations received during COVID-19, the Charitable Funds Committee had received a comprehensive list of all donations received to ensure there was appropriate governance around donations received and the Bale Donation was going to be discussed at the Special Board of Trustee meeting at the end of July 2020. From September the number of declarations had been very low compared to the last report where good numbers of declarations had been received throughout the year and progress made on previous years. The reason for the lower numbers were due to the fact that the end of year chasers had not been sent due to Covid-19, this was usually done at the end of April but had been deferred to October, by which time the numbers should start to increase. At that point 109 Declarations had been received for the year

2020/21. Whilst it was accepted that this number would need to improve, assurance was provided to the Committee from the significant increase in returns since September's Committee meeting and the predicted increases expected over the coming months following the implementation of the Risk and Regulation Team's Communications Plan

- **Regulatory Compliance Tracking Report including Ysbyty Calon Y Ddraig**

In January 2019 the organisation received a report on Legislative and Regulatory Compliance which provided a 'limited' assurance rating and made seven recommendations. These recommendations were all accepted by the Director of Corporate Governance. Four of the ratings were classed as high priority and three were rated as medium priority. The purpose of the Regulatory Compliance Tracking report was to provide Members of the Committee with assurance on the implementation of recommendations which had been made by Internal Audit by means of an internal audit recommendation tracking report.

Good progress had been made on the development of a Legislative and Regulatory Tracker and the follow up internal audit report provided an assurance rating of 'reasonable' so there was still some work to be done to ensure that the tracker was fit for purpose in providing assurance to the Audit Committee and the Board.

In April the Director of Corporate Governance confirmed that all trackers were up to date until COVID-19 and advised the Committee that there were no visits ongoing at that time, there were planned visits for June / July, however it was anticipated that these would not take place.

The overall number of outstanding recommendations had increased from 212 individual recommendations to 226 for the period March 2020 to June 2020. However, it could also be demonstrated that some actions were completed during the period.

In July it was reported that a review of all outstanding recommendations had been undertaken since the last meeting of the Audit Committee where the Internal Audit tracker had been presented (March 2020). Each Executive Lead had been sent the recommendations made by Internal Audit which fell within their remits of work. In addition to this the audits undertaken during the financial period 2019/20 had also been added to the tracker and progress reported.

In September 2020 the committee were made aware that work would be undertaken to improve the Regulatory and Legislative Compliance Tracker by the new Risk and Regulation Team which comprised a Head of Risk and Regulation plus two Risk and Regulation Officers. The onset of Covid-19 had temporarily stalled the Risk and Regulation Team's progress but the Committee were advised that the additional capacity secured would, moving forward, mean that there was capacity to further develop the Tracker in addition to supporting the roll out of the Departments Risk Management plans. The tracker continued to be updated throughout the organisation and reported to the Audit Committee at each meeting. Based on the information

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contained within the tracker there had been a further 21 inspections reported since the 3rd March 2020 (including inspections that had taken place prior to the 3rd March but had not previously been reported).

Following onto the November meeting a further 9 inspections had been reported, including inspections that had taken place prior to the Committee but had not previously been reported. Inspections undertaken by the Community Health Council, which had not previously been included in the Regulatory and Legislative Tracker had also been added.

- **Internal Trackers and External Trackers**

The reports and trackers provided Members of the Audit and Assurance Committee with assurance on the implementation of recommendations which had been made by Internal Audit or Audit Wales by means of an internal / external audit recommendation tracking report and were able to view progress and improvements made from the Limited Assurance rating to Reasonable Assurance rating.

- **Losses and Special Payments**

As defined in the Standing Financial Instructions, the Audit and Assurance Committee is required to approve the write off of all losses and special payments within the delegated limits determined by Welsh Government. To assist the Audit and Assurance Committee with this task, the UHB has established a losses and special payments panel, under the chairmanship of the Director of Finance (delegated to The Deputy Director of Finance). This panel meets twice yearly and is tasked with considering the circumstances around all such cases and to make appropriate recommendations to the Committee.

The Panel met on 13 May 2020 and considered the period for the second part of the year. The Assessment section of the report made a number of recommendations. The Committee was advised that losses were included in the financial accounts for final sign off. The Interim Finance Director advised the Committee that there was a big number for Clinical Negligence Claims which related not to cost but the size of the loss. The large figure for ex-gratia payments was highlighted and the £250,000.00 relating to stock right off across areas, the Committee was advised that this figure was £461,000.00 the preceding year so was not out of sync with past years.

The Interim Finance Director informed the committee that as the connected losses were so large, this was not within the delegated authority of the Health Board to approve and therefore it had gone to Welsh Government who had approved the losses. This would therefore come to a future Committee for noting as it related to the new financial year.

On 23rd October 2020 the Interim Finance Director referred to the assessment area of the report that sets out those items which were recommended for write off.

The Interim Director of Finance highlighted 2 items:

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Bad Debt Write-Offs –this item was particularly small for the first 6 months of the year as they had stopped referring to the debt collection agency given the hardship people were feeling during the pandemic, but the process would now restart.

Treforest Flood – by the time the process had been completed there was over £2,000,000 in damages. As this was above the delegated limit of the Audit committee this was sent to Welsh Government for specific approval which was granted.

6.0 REPORTING RESPONSIBILITIES

The Committee has reported to the Board after each of the Audit and Assurance Committee meeting by presenting a summary report of the key discussion items at the Audit Committee. As per the Committee's Terms of Reference the report is presented by the Committee Chair in which he must:

- 1) Report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of Committee minutes and written reports throughout the year;
- 2) Bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;
- 3) Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the UHB.

7.0 OPINION

The Committee is of the opinion that the draft Audit and Assurance Committee Report 2020/21 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

John Union

Committee Chair

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	Apr-20	May-20	Jun-20	Jul-20	Sep-20	Nov-20	Feb-21
Committee Meeting Items	Items for Review and Assurance						
	Internal Audit Progress and Tracking Report	Internal Audit Progress and Tracking Report		Internal Audit Progress and Tracking Report	Internal Audit Progress and Tracking Reports	Internal Audit Progress and Tracking Reports	Internal Audit Progress and Tracking Reports
	Declarations of Interest and Gifts and Hospitality Tracking Report			Audit Wales Update	Audit Wales Update	Audit Wales Update	Audit Wales Update
	Regulatory Compliance Tracking Report				The 2019-20 Audit of Accounts Addendum Report	Annual Structured Assessment Report	Internal Audit Plan to Complete 2020/2021
	Internal Audit Tracking Report				Effectiveness of Counter-Fraud Arrangements Report	Management of Clinical Coding Across Wales	Doing it Differently, Doing it Right? Governance in the NHS During the COVID-19 Crisis
	Audit Wales Tracking Report					10 Opportunities for Planned Care	Follow-up of Operating Theatres
	Review the Risk Management System					The National Fraud Initiative in Wales 2018-20	
						Welsh Community Care Information System	
	Items for Approval / Ratification						
	Review and Approve Annual Internal Audit Plan	Report of the Losses and Special Payments Panel	A Report on the Annual Accounts of the UHB 2019-20	Declarations of Interest and Gifts and Hospitality Tracking Report	Declarations of Interest and Gifts and Hospitality Tracking Report including Declarations of Interest and sign off in relation to Ysbyty Calon Y Ddraig	Declarations of Interest and Gifts and Hospitality Tracking Report	Declarations of Interest and Gifts and Hospitality Tracking Report
			Wales Audit Office ISA 260 Report	Regulatory Compliance Tracking Report	Regulatory Compliance Tracking Report including Ysbyty Calon Y Ddraig	Regulatory Compliance Tracking Report	Regulatory Compliance Tracking Report
			The Head of Internal Audit Annual Report for 2019-20	Internal Audit Tracking Report	Internal Audit Tracking Report	Internal Audit Tracking Report	Internal Audit Tracking Report
			The Counter Fraud Annual Report for 2019-20	Audit Wales Tracking Report	Audit Wales Tracking Report	Audit Wales Tracking Report	Audit Wales Tracking Report
						Review Losses and Special Payments	Final Accounts Timetable And Plans
						Proposed Changes to Governance Arrangements	Review Committee Terms of Reference
							Audit Committee Annual Report
							Annual Work Plan
							Agree Audit Wales 2021 Audit Plan
							Audit Wales Annual Report
	Items for Noting and Information						
	Internal Audit Reports	Internal Audit Reports		Internal Audit Reports	Internal Audit Reports	Internal Audit Reports	Internal Audit Reports
	Annual Audit Plan 2020 – Impact of COVID-19	Good Governance During COVID-19				Business of other Committees and Review of Inter-relationships	
	National Clinical Audit Programme - Impact COVID-18					Self-Assessment of Committee Effectiveness	
						Job Planning Update	

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Audit Committee Annual Summary		
	Internal Audit Progress and Tracking Report	Internal Audit Reports were submitted to each of the Audit and Assurance Committee meetings with the exception of 29th June 2020 (which related to the Health Board accounts). The reports presented provided details relating to outcomes, key findings and conclusions from the finalised internal Audit assignments and specific detail relating to progress against the audit plan and any updates that occurred within the plan. 17 reports reports presented during the year 12 of which were from the 2019/20 Internal Audit Plan and a further 5 from the 2020/21 plan. From the 2019/20 plan 5 reports received a substantial rating, 7 a reasonable rating and three received a Limited rating. (A table at the end of the report shows a link for the list of internal audit reports presented to the Committee - Overview 3 as well as an overview of Committee matters for the year.) Draft Internal Audit plan for 2020/21 has been developed following Meetings and correspondence with the Health Board's Executive Directors, Chief Executive, and Chairman and also with the Clinical Board Directors of Operations. The draft plan was planned to be submitted to the Management Executive Team for comment. However due to the changes to the focus of the Management Executive Team in the current climate, the draft plan was issued to the Director of Governance for sharing with the Executive Directors where possible. Following the delay in commencing delivery of the Internal Audit Plan, due to the COVID-19 situation, there are no audits that have been completed in time for presentation to the July Audit Committee meeting. However at the time commenced work on a small number of audits and. The outcome of these audits, along with the others planned to be completed within Quarter 2 will be reported to the September and November meetings of the Audit and Assurance Committee. The 20/21 Internal Audit plan was formally approved by the Audit & Assurance Committee at the April 20 meeting. It was however noted that the content of the plan and the proposed timing of individual audits, would be subject to adjustment to reflect the Health Board's changing risk profile and the availability of key management and staff during the COVID-19 pandemic. A first round of adjustments to the plan was formally approved by the Audit Committee in July. However, due to the impact of the pandemic to date and the likelihood of continued disruption through the winter, it is anticipated that the current revised plan will not be delivered. It is therefore proposed that a number of additional audits are removed from the plan. These reflect areas of lower risk or where the Health Board has identified that work can't progress at the current time. Full details of the proposed updated Internal Audit plan are provided within Appendix of the November 20 meeting.
	Declarations of Interest and Gifts and Hospitality Tracking Report including Declarations of Interest and sign off in relation to Ysbyty Calon Y Ddraig	As agreed by Audit & Assurance Committee an update on Declarations of Interest, Gifts, Hospitality & Sponsorship would be provided to each Audit Committee for information. From the April 20 Committee meeting the Committee were informed that the back log of forms had been added to the register, so the report was fully up to date which was positive. The DCG added that due to the current pandemic, all communications regarding declarations of interest had stopped, however the team were still monitoring declarations that were being received, and to date, nothing had been received that raised concern. A further update was provided in July 20 that outlined the end of year position and that Declarations of Gifts, Hospitality & Sponsorship had now moved to Risk & Regulation. The DCG advised the Committee that communication around declarations would be reinstated and the team would look to see continued development within this area. In relation to donations received during COVID-19, the Charitable Funds Committee had received a comprehensive list of all donations received to ensure there was appropriate governance around donations received and the Bale Donation was going to be discussed at the Special Board of Trustee meeting at the end of July 2020. From September the current number of declarations were very low compared to the last report where good numbers of DOI had been sent in throughout the year and progress made on previous years. The reason for the lower numbers were due to the fact that the end of year chasers had not been sent due to Covid-19, this was usually done at the end of April but had been deferred to October so by then the numbers should start to increase again through the reporting cycle. To date 109 Declarations have been received for the year 2020/21. Whilst it is accepted that this number will need to improve, assurance should be taken from the significant increase in returns since September's Committee meeting and the predicted increases expected over the coming months following the implementation of the Risk and Regulation Team's Communications Plan
	Regulatory Compliance Tracking Report including Ysbyty Calon Y Ddraig	In January 2019 the organisation received a report on Legislative and Regulatory Compliance which provided a 'limited' assurance rating and made seven recommendations. These recommendations were all accepted by the Director of Corporate Governance. Four of the ratings were classed as high priority and three were rated as medium priority. The purpose of these reports is to provide Members of the Audit Committee with assurance on the implementation of recommendations which have been made by Internal Audit by means of an internal audit recommendation tracking report. Good progress has been made on the development of a Legislative and Regulatory Tracker and the follow up internal audit report provided an assurance rating of 'reasonable' so there is still some work to be done to ensure that the tracker is fit for purpose in providing assurance to the Audit Committee and the Board. In April the DCG confirmed that all trackers were up to date until COVID-19 and advised the Committee that there were no visits ongoing currently, there were planned visits for June / July, however it was anticipated these would not take place. The overall number of outstanding recommendations has increased from 212 individual recommendations to 226 for the period March 2020 to June 2020. This is due to new internal audit recommendations been added for 2019/20 reports and also tracking of recommendations not taking place over the COVID 19 period although a letter was received on 6th July 2020 from HIW which set out how they plan to conduct visits going forward. However, it can also be demonstrated that some actions were completed during this period. In July it was reported that a review of all outstanding recommendations has been undertaken since the last meeting of the Audit Committee where the internal audit tracker was presented (March 2020). Each Executive Lead has been sent the recommendations made by Internal Audit which fall into their remits of work. In addition to this the audits undertaken during the financial period 2019/20 have also been added to the tracker and progress reported. In September the committee was aware that work will be undertaken to improve the Regulatory and Legislative Compliance Tracker by the new Risk and Regulation Team which comprises a Head of Risk and Regulation plus two Risk and Regulation Officers. The onset of Covid-19 has temporarily stalled the Risk and Regulation Team's progress but it is hoped that the additional capacity secured will, moving forward, have the ability to further develop the "Tracker" in addition to supporting the roll out of the departments Risk Management plans. The tracker will continue to be updated throughout the organisation and reported to the Audit Committee on a quarterly basis after been presented to HSMB. Based on the information contained within the tracker there have been a further 21 inspections reported since the 3rd March 2020 (including inspections that had taken place prior to the 3rd March but have not previously been reported). Following onto the November meeting A further 9 inspections have been reported since September's Committee meeting, including inspections that had taken place prior to the Committee but had not previously been reported. Inspections undertaken by the Community Health Council, which have not previously been included in the Regulatory and Legislative Tracker have also been added.
	Internal Audit Tracking Report	The reports and trackers provided Members of the Audit and Assurance Committee with assurance on the implementation of recommendations which have been made by Internal Audit or the Wales Audit Office by means of an internal / external audit recommendation tracking report and were able to view progress and improvements made from the Limited Assurance rating to Reasonable Assurance rating.
	Audit Wales Tracking Report	The reports and trackers provided Members of the Audit and Assurance Committee with assurance on the implementation of recommendations which have been made by Internal Audit or the Wales Audit Office by means of an internal / external audit recommendation tracking report and were able to view progress and improvements made from the Limited Assurance rating to Reasonable Assurance rating.
	Audit Wales Update	The Wales Audit Office provides the Audit Committee with an update on current and planned Audit Wales work. Accounts and performance audit work are considered, and information is also provided on the Auditor General's wider programme of national value-for-money examinations and the work of Good Practice Exchange (GPX). July 20 – Audit Wales advised the Committee that they were working very closely with Internal Audit and the DCG to discuss progress on the structured assessment, governance, internal audit and KPMG work to ensure AW were not placing additional burdens on the UHB. AW confirmed they will ensure that AW and Internal Audit work was aligned and advice would be taken on board from KPMG when made available. They advised that the governance review of WHSSC was now reinstated, a survey would be sent to Chief Executives and Health Board Chairs, and once these had been completed a draft report would be circulated. September 20 – Update provided to the Committee with regards to the work undertaken for the structured assessment for 2020. It was explained how the approach had been adapted this year to consider governance arrangements, managing financial resources, and operational planning in the context of Covid-19. Audit Wales had been working closely with Internal Audit to coordinate work as much as possible to minimise the burden placed on the UHB and provide added value from sharing work. This had resulted in a draft report being prepared and issued for consideration and a feedback meeting would be held at the end of the month. In regards to TTP a national high level piece of work which would look at the whole systems governance arrangements as well as the local Covid-19 response plans. Field work was currently underway and the Executive Director Public Health would also be interviewed as part of the process, being the regional lead for C&V. AW aimed to publish the report and its findings by October. For work in relation to Covid-19 learning and good practice exchange, a learning project had been established to share learning during the pandemic and public bodies were encouraged to share information and new ways of working via a dedicated landing page on their website in various output forms such as blogs, articles, etc. November 20 - key issues from the regular update were reported, AW highlighted within the report work currently underway which they plan to bring reports for to the February meeting and mentioned that two of the projects relate to local pieces of works: • Follow-up of previous IM&T recommendations • Follow-up of operating theatres The other pieces of work are National pieces of work and mentioned that the Orthopaedic Services – follow-up will come with local supplementary output to set out the local position of each Health Board. There is now a Follow-up of radiology services, this is an additional piece of work to be taken up locally which AW is currently scoping that piece of work and yet to determine if they can bring this report to the committee.
	Internal Audit Reports	The purpose of the report is to provide Members of the Audit Committee with assurance on the implementation of recommendations which have been made by Internal Audit by means of an internal audit recommendation tracking report. The internal audit tracking report was first presented to the Audit Committee in September 2019 and approved by the Committee as an appropriate way forward to track the implementation of recommendations made by internal audit. The tracker goes back 3 financial years and shows progress made against recommendations from 17/18 and 18/19. It also show recommendations which have been made during 19/20 - summary table provided in Annual Report of Audit and Assurance Committee
Apr-20	Review the Risk Management System	The DCG advised the Committee that significant progress had been made within Risk Management and there was now a strategy and agreed risk appetite, along with systems in place to manage risks. The DCG explained that consistent scoring was the next phase of work to be undertaken, however this had been paused due to COVID-19. The DCG further explained that there was an expectation that risk registers would be maintained, however scoring would not be reviewed. The DCG advised that for COVID-19, a risk management register had been put in place and risk registers for the four hubs had been developed, the risk registers would be presented at the Board Governance Group and at the Board Meeting at the end of May 2020. Within the six key risks, one had been slightly amended from 'planning recovery' to 'risks to Cardiff & Vale IMTP'
Apr-20	Review and Approve Annual Internal Audit Plan	The Head of Internal Audit explained the audit plan had been produced following discussions with all Executives, UHB Chair and Chief Executive Officer. The HIA further explained that the Committee were being asked to approve the annual plan, but with the acknowledgement that it would need further adjustment and amendment to reflect the emerging risks coming from COVID-19. The HIA added that work was being undertaken with shared services to access potential additional support through agencies to catch up with work required after COVID-19.
Apr-20	Annual Audit Plan 2020 – Impact of COVID-19	Audi Wales advised the Committee that all audit work had been suspended for the time being due to COVID-19, however work was being undertaken to capture learning from the pandemic on an All Wales Level. They confirmed that in terms of accounts, the timetable had been altered to 22nd May – 30th June and the performance report had also been delayed to 31st August which allowed key staff to focus on current challenges. It was also explained that an Audit Committee and Board Meeting would be required either on 26th or 29th June to reflect the time table change. They also explained that FRS 16 –Leases, Change in Accounting Standards had been deferred for one year, into 2021-22 which was very helpful as that would be a significant amount of work for all Health Boards.
Apr-20	National Clinical Audit Programme - Impact COVID-18	Letter from Welsh Government confirming they have been in contact with HQIP and NHS England and all parties have agreed that during the Covid-19 period, all clinical audit data collection should be suspended and analysis and preparation of current reports left to the discretion of the audit providers.
May-20	Report of the Losses and Special Payments Panel	The Deputy Finance Director advised the Committee that the Losses and Special Payments Panel met twice a year and brought its recommendations to the Committee for approval as per the Scheme of Delegation. The Panel met on 13 May 2020 and considered the period for the second part of the year. The Assessment section of the report made a number of recommendations. The Committee was advised that losses were included in the financial accounts for final sign off. The Deputy Finance Director advised the Committee that there was a big number for Clinical Negligence which related not to cost but the size of the loss. The large figure for ex-gratia payments was highlighted and the £250k relating to stock right off across areas, the Committee was advised that this figure was £461k the preceding year so was not out of synch with past years. The Deputy Finance Director informed the committee that as the connected losses were so large, this was not within the delegated authority of the Health Board to approve and therefore it had gone to Welsh Government who had approved the losses so this would come to a future Committee for noting as it related to the new financial year
May-20	Good Governance During COVID-19	The report described the framework put in place initially (the structure resembled Gold Command), and where the Health Board were with Committees that had been cancelled. The Committee was advised that the Health Board were now starting to revert to business as usual and the Chair had asked Committees to look at their terms of references so that we do not fully revert to as we were before. The document would also be attached as part of the Chair's report to the Board to be ratified. The Director of Corporate Governance explained that the structure was constantly under review. The Operational meetings were still convening daily, and taking lessons from what worked well, this was likely to continue. The UHB had kept to the Scheme of Delegation and SFIs so reverting back would not be an issue.
Jun-20	A Report on the Annual Accounts of the UHB 2019-20	The Deputy Director of Finance confirmed the Annual Accounts also formed part of the Accountability Report. The DFD reminded the Committee that the report had previously been reviewed and scrutinised at the meeting held on 28th May 2020. Adjustments to the report were outlined on page 2, however these did not change the impact of the report on the financial position of the UHB.

Jun-20	Wales Audit Office ISA 260 Report	Audit Wales confirmed that the accounts were materially true, fair and prepared with the exception of stock, this was due to AW being unable to attend the stock take for 2019-20 due to COVID-19, therefore, this would not report negatively for the Health Board. AW advised the Committee of two emphasis of matter which were explained as: • Valuation of Land – The Health Board carried out 7 valuations during 2019-20, 4 of which were conducted during COVID-19. AW confirmed it was an emphasis of matter due to the unreliability around valuations due to market uncertainty. • Pension Regulations – This affected all Health bodies with the exception of HEIW. AW confirmed the narrative around this had been agreed with Audit Wales and Welsh Government. AW advised the Committee that the Auditor General intended to certify on the 2nd July 2020 and Welsh Government were expected to lay the accounts on the 3rd July 2020 which would include a press release.
Jun-20	The Head of Internal Audit Annual Report for 2019-20	The Head of Internal Audit introduced the report and confirmed that the Audit Annual Report for 2019-20 had been reviewed and scrutinised during the meeting held on 28th May 2020 and no changes had been made. The DCG confirmed that the Audit Annual Report for 2019-20 had also been presented to Management Executive and was also reflected through the Annual Governance Statement.
Jun-20	The Counter Fraud Annual Report for 2019-20	The Counter Fraud Manager introduced the report and confirmed the following: • The appointment of a Band 4 team member to assist with awareness training going forward; • 59 new investigations and 11 cases brought forward from 2018-19; • Collaborative working was being undertaken with HR colleagues to address identified policy weaknesses; • Self-assessment had been completed, signed off by the Executive Director of Finance (EDF) and submitted within the set deadline to the NHS Counter Fraud Authority on 31st March 2020; • All areas are rated green against areas set by NHS Counter Fraud Authority, this was positive, however it was important to note a challenging year ahead; • Total cost of running a Counter Fraud department for the UHB totalled £91,000.00, however, the UHB had recovered £27,000.00 in costs.
Sep-20	The 2019-20 Audit of Accounts Addendum Report	Audit Wales explained how this report is the final output that comes to Committee each year at the end of September in regards to the audit of the annual accounts. The report was shorter this year which reflected well on overall quality plans and underlying processes. This year only 3 areas were reported compared to 10 last year, indicating a positive outcome where recommendations were taken on board and implemented. The following areas were reported: Area 1 – Level of manual adjustment that sits outside financial ledger This was reported on 2 years ago where the recommendations were partially accepted at the time. The report was similar to how it was two years ago with minor changes. Area 2 – Information which sits outside of the Ledger AW described how some information rightly sat outside the ledger however a lot of the information was complex and inefficient to prepare and audit. The recommendation was just for the Health Board to simplify this information. Area 3 – Premature Party Returns AW advised that last year's recommendations had all been implemented by management as intended which showed a positive outcome and reflected well on the UHB.
Sep-20	Effectiveness of Counter-Fraud Arrangements Report	The national report made 15 recommendations and built on the report from last year which provided a landscape description of arrangements in place to tackle fraud across the Welsh public sector, and highlighted variability in arrangements and found NHS Wales ranked the highest above other public bodies with local and national counter fraud arrangements. This year's National report was a more in depth review of how effective these arrangements were in practice (across all Welsh Public Bodies). Audit Wales advised that Public Bodies in general could do more in the following areas: 1. Strengthening strategic leadership, coordination and oversight for counter-fraud across the Welsh public sector; 2. Increasing counter-fraud capacity and capabilities, especially across local government, and exploring the potential for sharing resources and expertise across public bodies; 3. Getting the right balance between proactive and reactive counter-fraud activities; 4. Improving awareness-raising and staff training in counter-fraud; and 5. Better evaluation of fraud risks and sharing of fraud information, both within and across sectors. AW referred specifically to the last recommendation, aimed at all committees recognising this very wide variation of existing practice across the public sector, albeit NHS Wales is in a better place than others.
Nov-20	Annual Structured Assessment Report	AW mentioned that the work undertaken was in the context of the pandemic and had reshaped and re-focused the work to concentrate in 3 areas in particular • Governance Arrangements; • Managing Financial Resources • Operational Planning AW wanted to thank Board for their full cooperation and assistance whilst undertaking this work, he stated that they were appreciative of the fact that the Health Board was dealing with pressuring challenges at the time and would like to acknowledge Internal Audit work and felt that everyone worked well together to minimize burden on Health Board whilst undertaking the reviews. AW referred to the first section in regards to Governance arrangements. Revised Governance arrangements - were set up quickly and supported responsive decision-making responsive decision-making and effective operational management, but public scrutiny and assurance at Board-level could have been enhanced during the pandemic. They found that Board business was conducted in an open way but there was more scope for more detailed reporting in some areas. The board maintained effective communication with its stakeholders during the pandemic and was stable during period. He added that opportunities to support and enhance development of the Board members could have been pursued in full. Managing financial resources - they found that effective financial controls, monitoring and reporting have been maintained throughout the pandemic and arrangements were put in place to track Covid-19 expenditure. Operational Planning - they found that have been informed by robust data modelling and developed in a timely way and the Health Board responded quickly to ensure sufficient resources were replaced to deliver its planning commitments. AW made 1 recommendation which was to encourage learning from pandemic to strengthen future Governance arrangements
Nov-20	Management of Clinical Coding Across Wales	Audit Wales stated that this was a national report where local work undertaken in 2018/19 and its aim is to highlight the current challenges and opportunities for clinical coding, including the potential to use COVID-19 related changes to working practices to secure new and more sustainable ways of delivering coding work. He said that the report builds on local work undertaken to provide a national picture on the opportunities and challenges, highlighting the fact it is on the agenda for information.
Nov-20	10 Opportunities for Planned Care	Audit Wales stated that this was based on follow up work assessing progress against their 2015 report on waiting times for elective care. He mentioned that they refrained their findings and key messages in the context of Covid-19 to inform the emerging plans for restarting planned care and the wider discussions on what a post COVID-19 NHS needs to look like. In this report we present ten key opportunities & five longer-term opportunities to reset the system and five immediate opportunities to restart the system. He stated that again it was a national report and encouraged Health bodies to consider the report as part of their ongoing planning arrangements for recovery and restarting.
Nov-20	The National Fraud Initiative in Wales 2018-20	Audit Wales stated that this discusses the outcomes achieved since this was last reported on the NFI in Wales in October 2018. It Highlights the importance to maintain robust controls to minimise the risk of fraud during the pandemic. He added that recommendations are provided for Welsh Government as well as local Audit Committee's to consider as well.
Nov-20	Welsh Community Care Information System	Audit Wales stated that this was a national study that examines latest position relating to the implementation and rollout of the Welsh Information System. He highlighted section 2.6 of the report which sets out the Health Boards position. As part of the work they identified that the current version of the information system would not meet the Health Boards requirements and also felt that it would offer less in terms of its functionality and provides a significantly more costly option compared to existing arrangements. UHB Chair commented that this was a good report and highlighted this expensive rollout program which he feels is behind track and hasn't delivered on what was originally planned and is not surprised that C&V haven't signed up but is happy that this is discussed on a public domain to discuss improvements to help all Health Boards. The Interim Director of Finance commented that this would be a cost pressure to the Health Board if taken forward
Nov-20	Review Losses and Special Payments	Required under the Standing Financial Instructions to approve the write offs of Losses And Special Payment. To support it in this process there is a Losses And Special Payments Panel that meet twice a year and last met on 23rd October. He referred to the assessment area of the report that sets out those items which is recommended for write off. The Interim Director of Finance highlighted 2 items: Bad Debt Write-Offs – he mentioned that it was particularly small for the first 6 months of the year as they have stopped referring to the debt collection agency given the hardship people were feeling during the pandemic but are now restarting this process. Trefoest Flood – by the time we had gotten to the end of the process there was over £2.0M in damages. As it is above the delegated limit of the Audit committee this was sent off for Welsh Government for specific approval which has been granted.
Nov-20	Proposed Changes to Governance Arrangements	Recommendations within report pick up outputs from the Audit Wales structured assessment and Internal Audit Work undertaken by the HIA to make the Governance throughout the pandemic more robust. She highlighted the KPMG report which is in the private part of the meeting at the request of KPMG as it was commissioned by Welsh Government as there are recommendations for the Health Board and Welsh Government. Appendix 1 provides a summary of Governance arrangements and proposals to put in place to strengthen the Governance around the pandemic and to also pick up on the recommendations made. Appendix 2 is a template report which is put in place as a result of ensuring we cover off those key areas of: • Quality • Workforce • Governance • Public Health • Operations The DCG mentioned that this will be going to Board as well, as work has been completed. She added that with this report it is to ensure there is no duplication of work. The DCG added that there is revised TORS for the Board Governance Group and have been revised to include all Independent Members where as previously it only included Independent members required for chairs actions but based on Audit Wales recommendations the changes had been implemented.
Nov-20	Business of other Committees and Review of Inter- relationships	The work undertaken by the DCG provided the committee with oversight on What Was In Place, Not In Place, What Had Been Done, & What Had Not Been Done She added that it also provides the committee with assurance that they know what has been completed since 2019-2020 and where we are going to. She stated that the purpose of this review is allow the Audit committee to be able to provide further assurance to the Board that the other committees are in place and are operating effectively, this assurance is provided by ensuring • TORS are in place • Annual report on TORS • Effectiveness review carried out The DCG highlighted that for this year some of these items have slipped due to some committee's being stood down due to Covid-19
Nov-20	Self-Assessment of Committee Effectiveness	The DCG said that this was done last year with most committee and said where we pick up action is where its adequate, needs improvement, or where the response is no. The next step is for the DCG to meet with the chairs of each committee to follow up on these actions and ensure they are completed so when the self-assessment needs to be done the following year actions would have been picked up from the previous assessment.

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Nov-20	Job Planning Update	The Medical Director stated that he wanted to bring this back to the committee as previously they had received limited assurance grading in the previous internal audit for the Job Planning. He mentioned that this was due to come to the February meeting but had made significant progress and wanted to update on progress. He said in terms of the cycles they were going through now was the right time to bring this to the committee with further update in 6 months. The MD highlighted that the job planning component has 2 key work streams: Job Planning Procedure - Relates to the development of the Job Planning Procedure and commented that it is not a guideline as it is a procedure that they need people to do. He added that this is very detailed and provides the answers to all things that are not clarified in the national contracts. He mentioned that they are currently in negotiation with the BMA about this and that they fundamentally agree with most of this. The MD stated that he is unsure if we will get to point where we agree on everything with the BMA and may not be able to jointly put this out but are in agreeance with 90% of it. He said that this answers most of these questions and feel that the current consultant contract is poor, obfuscated, and leaves a lot of room for interpretation, so putting this procedure together allows for an equitable, transparent and fair job planning across the board that enables people to compare how they're being job planned to others. E-Job Planning System (Allocate) – this is currently in wide spread use across the UK but was modified for Welsh use because of the nuances of the Welsh contracts but is in use in other Health Boards. The MD stated that they are in the process of refining this for our local requirements being a core step. He said they had to make a number of decisions needed what they need to pick up as part of this and again agreed decisions with BMA to ensure its in line with the contract. Progress was made in the following areas: • Identification Of Champions • Training People With Its Use • Identification Of Super Users • Number Of Engagement Events • Shifting Of Data Into The System The MD said that they are now in a position where they can go live with the Electronic Job Planning Solution and can start job planning individuals in real life and upload the job plans to the centralized solution.

	Apr-20	May-20	Sep-20	Nov-20	Feb-21
Internal Audit Reports submitted at each meeting	SUBSTANTIAL RATING				
	CD&T Laboratory Turnarounds	UHW Neonatal Development Project	Annual Quality Statement - (2020/21 Plan)	Pre-Employment Checks - (2019/20 Opinion)	Specialist CB – Patient Assessment and Provision of Equipment by ALAS - (2020/21 Plan)
	UHB Core Financial Systems	Service Improvement Programme Team			
	REASONABLE RATING				
	Risk Management	Rookwood Relocation Project	Strategic Planning / IMTP - (2019/20 Opinion)	Surgery CB – Theatres Directorate Sickness Absence Management - (2020/21 Plan)	
		Surgery CB – Enhanced Supervision		Regional Partnership Board - (2020/21 Plan)	
		Infection Prevention & Control		Sustainability Reporting - (2020/21 Plan)	Asbestos Management - (2020/21 Plan)
		Management of Health Board Policies		Management of Serious Incidents	
		Pre-Employment Checks (Draft)		Governance During COVID-19 (Advisory Review) - NOT RATED - (2020/21 Plan)	
		Strategic Planning / IMTP (Draft)			
	LIMITED RATING				
					Mental Health Outpatient Clinic Cancellations - (2020/21 Plan)
	ASSIGNMENTS WITH DELAYED DELIVERY				
	Health & Care Standards		Regional Partnership Board	IM&T Control & Risk Assessment	Compliance with the Nursing Staff Levels Act (Wales) 2016
	Strategic Performance Reporting		Governance During COVID-19 (Advisory Review)	Integrated Health Pathways	Integrated Health Pathways
	Data Quality Performance Reporting		Sustainability Reporting	CD&T CB – Ultrasound Governance	UHW Surge Hospital – Lakeside Wing
	IM&T Backlog		IM&T Control & Risk Assessment		IM&T Control & Risk Assessment
	Medicine Clinical Board QS&E		Asbestos Management		CD&T CB - Ultrasound Governance
	Medicine CB – Internal Medicine Follow-up				Claims Re-imbursement
	Facilities / Estates Service Board Governance				



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Annual Report of the Charitable Funds Committee 2020/21

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1.0 Introduction

In accordance with best practice and good governance, the Charitable Funds Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 Membership

The Committee membership is six Members comprising an Independent Member Chair, Independent Member Vice Chair a further Independent Member and three Executive Directors who are the Executive Nurse Director (Lead Executive), Executive Director of Workforce and OD and the Executive Director of Therapies and Health Science. . In addition to the Membership, the meetings are also attended by the Director of Corporate Governance, the Director of Communications, Arts & Health Charity and the Deputy Finance Director. The Chair of the Board is not a Member of the Committee but attends at least once annually after agreement with the Committee Chair. Other Executive Directors are required to attend on an ad hoc basis.

3.0 Meetings & Attendance

The Committee met six times during the period 1 April 2020 to 31 March 2021, three of which were Special Meetings. This is in line with its Terms of Reference.

The Charitable Funds Committee achieved an attendance rate of **61%** (80% is considered to be an acceptable attendance rate) during the period 1st April 2020 to 31st March 2021 as set out below:

	23/06/2020	08/07/2020	01/09/2020	07/10/2020	03/11/2020	16/03/2021	Attendance
Akmal Hanuk (Chair)	✓	X	✓	✓	✓	✓	83%
John Union (Vice Chair)	X	X	✓	✓	X	✓	50%
Sara Moseley	X	✓	✓	X	X	✓	50%
Total	33%	33%	100%	67%	33%	100%	61%

4.0 Terms of Reference

The Terms of Reference are to be reviewed and approved by the Committee on the 16th March 2021 and are to be approved by the Board on 25th March 2021.

5.0 Work Undertaken

During the financial year 2020/21, the Charitable Funds Committee reviewed the following key items at its meetings:

23rd June 2020 – Special Meeting

- **Presentation on Charity activity during the COVID 19 period**

On the 23rd March 2020 the Health Charity stopped all routine business in relation to running events and fundraising.

Over £950,000.00 in donations had been received from the public in total since 23rd March 2020, the public had given generously to official NHS charities and NHS Charities together, where £143,500.00 had been received.

Three staff havens had been set up and the Health Charity had spent 60 days covering the havens distributing various wellbeing items.

The Health Charity received an increased presence on Social Media from the #spreadthelove campaign and had featured on 5 television news items.

- **Health Charity Donations / Gifts Received**

The Health Charity received a wide range of donations which totalled £952,657.06 and this sum included, but was not limited to:

- Website donations;
- JustGiving donations;
- NHS Charities Together;
- £500,000.00 from Gareth & Emma Bale;
- £20,000.00 from Aaron Ramsay;
- £20,000.00 from Stanley Thomas;
- £14,514.00 from local funeral directors.

The Health Charity expenditure up to June 2020 totalled £33,063.00, this included funding for iPads and tablets to help enable virtual visiting and family contact, scooters for staff at Ysbyty Calon Y Ddriag / Dragons Heart Hospital and staff wellbeing resources at the three staff havens.

8th July 2020 – Special Meeting

- **COVID-19 Income and Expenditure and Options and Process for Spend of Just Giving Fund, NHS Charities Together Fund and Gareth Bale Donation**

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It was agreed that the Health Charity and Communications team would advertise on social media platforms to encourage people to submit an expression of interest for bids, however no bids would be approved or agreed until after the Board of Trustee meeting. The Deputy Finance Director (DFD) advised that due to the current financial position of the Health Charity, the Board of Trustee needed to be aware, prior to any further commitments being made against the Make it Better Fund.

1st September 2020

- **Down To Earth Proposal**

The Orchard Fund was set up following CFC approval in September 2016 and was officially launched in October 2017. The fund does not receive a great deal of financial contribution and to date work had been carried out at minimal cost. The Orchard Committee had identified that more specialist support was now required. The Orchard fulfils objectives 1 and 3 of the Health Charity Strategy and contributes to health and wellbeing.

It was proposed that Down to Earth, a third sector organisation, be requested to provide resources for 15 hours per week, plus travel to progress the project.

The costs were confirmed as:

15 hours per week including travel time and expenses = £1,375 +VAT

6 months = £1,375 x 26 weeks = **£35,750 +VAT**

It was confirmed that advice had been sought from Procurement and that a Single Tender Action would be appropriate due to the amount and due to the organisation's work with Health Boards over the years and level of expertise.

The Committee were advised that the cost would come out of the Orchard Fund and then the team would look at how money could be raised to further support.

- **Health Charity Financial Position update**

A snapshot of the value of the Charity was provided following the first four months of the year.

A net income of £0.563m and market value gains on its investments of £0.352m for the period compared to the March 2020 valuation was reported.

The Committee was advised that a lot more general donations had been received and that there could be an additional £655k coming from the NHS Charities Association.

A gradual increase in investment performance had been seen with a market gain of £352k since the beginning of the year.

£264k had been committed to the Employee Wellbeing Service and there was a question of whether the Committee felt this could be funded by COVID donations to relieve the strain on general reserves.

The Committee were advised that the general reserves included gains on investments and that a second COVID peak could adversely impact on markets which could in turn negatively impact on the general reserves.

- **Benefits and Outcomes from Covid funds & Action Taken**

Donations from NHS Charities Together were outlined and it was advised that they should be spent on, “enhancing the well-being of NHS Staff, volunteers and patients impacted by COVID-19”. A number of suggestions were made on how the money could be spent within the stringent criteria to be applied.

The Committee were advised that a campaign had been launched to encourage bids and in response, around 40 bids had been received with the vast majority being between £500-£25k and none exceeding £25k.

Bids approved included: Engagement with the BAME community and traveller community; Black Lives Matter art project, Orchard at UHL and for equipment to distribute via specialist asylum seeker midwives.

It was confirmed that the Make It Better Panel was the same membership as the Staff Lottery Panel and had previously been approved.

The Make It Better Panel report to this Committee and the Board of Trustee.

- **Charitable Funds Strategy: Implementation Plan & Proposal outcomes**

The Committee was advised that the Strategy was approved by the Trustee. The strategic focus continued to be, “Going above and beyond NHS services for the benefit of patients, staff and communities.” It was acknowledged that the Charity had to shift focus in response to COVID.

The Committee was advised that the aim was to, through the quarterly fundraising report, assess achievement against objectives in relation to bids received and outcomes of benefit. In addition, the Business Unit provided updates in April and December so that the Committee could decide whether the Charity was focusing on the right things, see its performance and identify any gaps.

- **Self-Assessment of Committee Effectiveness**

The Committee noted the results of the Committee Effectiveness Review for 2020 and agreed that the action plan for improvement would be completed by March 2021.

7th October 2020 – Special Meeting.

- **Gareth Bale Fund – Setting Criteria for Proposals**

Cardiff and Vale Health Charity received a personal donation of £500,000 from Gareth and Emma Bale in April 2020. Mr and Mrs Bale expressed their wish for this donation to be spent specifically on the University Hospital of Wales and Covid -19 and requested feedback on how the funds will be utilised. The Committee met to discuss the criteria.

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3rd November 2020

- **Gareth Bale Fund – Proposals**

The Health Charity reviewed 11 bids put forward and **shortlisted** or **rejected** the bid in relation to the Gareth Bale Fund. Some rejected bids were considered to be utilised with other funds if deemed appropriate.

Bid 1 - £31,473 - Safer and Improved Ward Environments for Patients and Staff – UHW – **Rejected**

Bid 2 - £28,332 - Safer and Improved Ward Environments for Patients and Staff – UHL – **Rejected**

Bid 3 - £80,000 – COVID Memorial Garden Spaces at UHL, UHW, CRI, St David's and Barry Hospital - **Rejected**

Bid 4 - £298,453.08 - Conscious Inclusion - **Rejected**

Bid 5 - £300,000 – Proactive Wellbeing support for Staff and Managers - **Shortlisted**

Bid 6 - £43,595.02 - St David's Children Centre Environmental Improvements post Covid - **Rejected**

Bid 7 - £25,000 – Covid-19 Patient Experience Support Project - **Rejected**

Bid 8 - £45,000 – SSSU Changing Room Refurbishment - **Rejected**

Bid 9 – £31,237 - Recovery and Wellbeing College Senior Peer Trainer - **Rejected**

Bid 10 – £590,410 - Keeping Me Well and Recovery from COVID – **Shortlisted with revised bid of £164,000**

Bid 11 £100,000 – Provide a Staff Haven at University Hospital Wales - **Shortlisted**

Summary of Bids

2 out of the 11 bids (Bids 3 and 7) were supported by the Committee but the Bale Family funding would not be used and the bids would be looked at another time.

3 bids were approved for the Bale Family shortlist (Bids 5, 10 and 11). All 3 of those went forward to the Board of Trustee meeting.

It was highlighted to the Committee that in relation to the 3 shortlisted bids, the total cost would be approximately £564,000 and it would be good to see if the figure could be brought down to £500,000 so that the Bale Family could fully fund the 3 bids.

The Committee was advised that the bids would go to the Trustee meeting.

- **Art Programme Fund – Proposals**

Match funding of £59,494 had been agreed which was needed to secure funding from the Arts Council in Wales.

Saunders
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The Arts Fund had Ring Fenced Monies at £70k per annum. £70k was agreed for one year and the Committee were asked to reconsider at a later date for years 2 and 3 – depending on the availability of funds.

The Committee was advised that there was flexibility in the “Make it Better” charitable fund to help support the Arts Programme and provisions could be made from that and dormant funds. It was advised that match funding was important in relation to the budget to develop the arts.

The Committee agreed that funding options should be explored in order for the Arts Programme to continue to benefit the wellbeing of patients, their families and staff.

- **Surgical Clinical Board Application for Endowment Fund Spend**

The Committee approved the spend of £35,646.00 from the Surgical CB Endowment Fund - CURE 9537 to purchase ultrasound equipment.

- **Health Charity Financial Position Update – period ended 30th September 2020**

A report was provided outlining the Health Charity Financial Position was brought and the Committee were advised by the Deputy Director of Finance that the position was strong and was ahead of the previous 2 years at the same point.

- **Benefits and Outcomes from COVID-19 Funds & Action Taken**

The Committee was advised that all money had been allocated except for £40,000 in the over £25,000 allocation.

The Committee was advised that they were eligible to bid for money from ‘NHS charities together’ but the criteria stated that transparency on spend would be required.

The online bid application process was stopped temporarily until new funds were secured.

- **Update of the Health Charity Partnership with the Change Account**

The Committee was advised that the Change Account had ceased operation and there was an ongoing investigation by the Financial Conduct Authority of a company used by Change Account.

The Committee was advised that the priority was to safeguard staff and information around Change Account had been removed from the UHB website.

It was agreed that a further review in six months would be undertaken of the position of the Change Account’s partnership agreement with the Health Charity.

16th March 2021 – To be written following meeting

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- Health Charity Financial Position Update
- Art Programmes Funding Review
- COVID monies income/expenditure
- Food Sense Wales – Update
- Legacies Update & next steps

- **Staff Benefits Group Update**

On three occasions the Committee were provided with a report which outlined the work undertaken by the Staff Benefits Group

Nathaniel Car Dealership - The Committee was advised that meetings between SBG representatives and Nathaniel's had resumed post-Covid cancellations and would be held monthly going forward.

Nathaniel's had supported CVUHB during Covid-19 with the loan of 12 vehicles for use by out of hour's services and covid test transportation across hospital sites. It was extended and was phased out gradually by December 2020.

A Memorandum of Understanding between Nathaniel's and the Health Charity was produced by Governance for consideration and agreement at the September meeting of the SBG. A secondary agreement was agreed by Nathaniel's and CVUHB in re: the temporary provision of vehicles and drivers to support CVUHB staff, in the event of adverse weather.

- **Staff Lottery Bid Panel Report**

On three occasions the Committee were provided a report from the Staff Lottery Bid Panel. The Committee were encouraged to note the significant increase in bids which resulted in positive staff morale. The Committee were also pleased to note that Cardiff & Vale University Health Board (UHB) were leading in this area with other Health Boards approaching the UHB to find out what makes the Cardiff & Vale Staff Lottery so successful.

- **Horatio's Garden**

The Committee were provided with a detailed report outlining a timeframe on Horatio's Garden and the total costs to date.

- **Committee Annual Report 2020/21**

The Committee reviewed and recommended the Committee Annual Report to the Board for approval.

- **Committee Terms of Reference 2020/21**

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The Committee reviewed and recommended the Committee Terms of Reference to the Board for approval.

- **Committee Work Plan 2020/21**

The Committee reviewed, approved and recommended the Committee Work Plan to the Board for approval.

6.0 Reporting Responsibilities

The Committee has reported to the Board after each of the Charitable Funds Committee meetings by presenting a summary report of the key discussion items at the Charitable Funds Committee. The report is presented by the Chair of the Charitable Funds Committee.

7.0 Opinion

The Committee is of the opinion that the draft Charitable Funds Committee Report 2020/21 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Akmal Hanuk

Committee Chair

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Annual Report of the Finance Committee 2020/21

Saunders Nathan
03/16/2021 16:15:11

1.0 INTRODUCTION

In accordance with best practice and good governance, the Finance Committee produces an Annual Report to the Board setting out how the Committee has met it's Terms of Reference during the financial year.

2.0 MEMBERSHIP

The Committee membership is a minimum of three Independent Members, one of which is the Independent Member – Finance. During the financial year 2020/21 the Committee comprised of three Independent Members. In addition to the Membership, the meetings are also attended by the Executive Director of Finance (Executive Lead for the Committee), Chief Executive, Deputy Chief Executive, Chief Operating Officer, Executive Director of Workforce and Organisational Development, Executive Director of Strategy and Engagement, Executive Director of Nursing ,Director of Corporate Governance, Deputy Director of Finance and Assistant Director of Finance. Other Executive Directors are required to attend on an ad hoc basis.

3.0 MEETINGS AND ATTENDANCE

The Committee is scheduled to meet 13 times during the period from 1st April 2020 to 31st March 2021. This is in line with its Terms of Reference. The Finance Committee achieved an attendance rate of 94% (80% is considered to be an acceptable attendance rate) during the period 1st April 2020 to 24th February 2021 as set out below:

Members	29th April 2020	27th May 2020	24th June 2020	29th July 2020	26th August 2020	23rd Sept. 2020	28th Oct. 2020	25th Nov. 2020	6th Jan. 2021	27th Jan. 2021	24th Feb. 2021	17th March 2021 *	24th March 2021	Attendance Rate to Feb. 2021
Dr Rhian Thomas (Committee Chair from May 2020)*	Yes	Yes	Yes	Yes	Yes	Apols.	Yes	Yes	Yes	Yes	Yes	n/a	n/a	91%
John Union (Independent Member - Finance)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	n/a	n/a	100%
Charles Janczewski (UHB Board Chair)	Yes	Yes	Yes	Apols.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	n/a	n/a	91%
Overall Attendance to February 2020 (based on 3 Independent members)	100%	100%	100%	67%	100%	67%	100%	67%	100%	100%	100%			94%

* The Meeting of 29th April 2020 was chaired by the Independent Member - Finance

* The Meeting of 17th March 2021 is an additional meeting open to all Board members to discuss the direction of the 2021/22 Financial Plan.

Saunders Nathan
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4.0 TERMS OF REFERENCE

The Terms of Reference were reviewed and approved by the Committee on 24th February 2021 and are recommended for approval at the Board on 25th March 2021.

5.0 WORK UNDERTAKEN

During the financial year 2020/21, the following standing items were considered and reviewed at each Finance Committee:

- Finance Report for previous month
- Finance Risk Register

An extract from the Monthly Finance Monitoring Returns submitted to Welsh Government is also noted at each Committee Meeting.

In addition the following items were discussed at Finance Committee meetings:

July 2020

- NHS Wales organisations £470m debt written-off to help prepare for COVID-19 recovery

September 2020

- Value Based Healthcare and its use in decision making at Cardiff & Vale UHB

October 2020

- COVID 19 Financial Allocations

November 2020

- Committee Effectiveness Review 2019-20 Results and Actions

December 2020 (meeting held January 6th 2021)

- Financial Plan 2021/22

January 2021

- Financial Plan 2021/22
- 2021/22 Workplan

February 2021

Saunders Nathaniel
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- Terms of Reference
- Finance Committee Work Plan
- Financial Plan 2021/22

6.0 REPORTING RESPONSIBILITIES

The Committee has reported to each Board meeting by presenting a summary report of the key discussion items at the Finance Committee. The report is presented by the Chair of the Finance Committee. In addition the finance dashboard which is reviewed at Committee meetings is included within the Performance Report which is submitted to each Board meeting.

7.0 OPINION

The Committee is of the opinion that the Finance Committee Report 2020/21 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Dr Rhian Thomas

Committee Chair

Saunders, Nathan
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Annual Report of Mental Health, Capacity and Legislation Committee 2020/21

Saunders, Nathan
03/16/2021 16:15:11

1.0 INTRODUCTION

In accordance with best practice and good governance, the Mental Health, Capacity and Legislation Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 MEMBERSHIP

The Committee membership is a minimum of four Independent Members. During the financial year 2020/21 the Committee comprised four Independent Members. In addition to the Membership, the meetings are also attended by the Chief Operating Officer (Executive Lead for the Committee) and the Director of Corporate Governance. The Chair of the Board is not a Member of the Committee but attends at least annually after agreement with the Committee Chair. Other Executive Directors are required to attend on an ad hoc basis.

3.0 MEETINGS AND ATTENDANCE

The Committee met three times during the period 1 April 2020 to 31 March 2021. This is in line with its Terms of Reference. The Mental Health, Capacity and Legislation Committee achieved an attendance rate of 100% (80% is considered to be an acceptable attendance rate) during the period 1st April 2020 to 31st March 2021 as set out below:

	21.07.20	20.10.20	19.01.21	Attendance
Eileen Brandreth	✓	✓	✓	100%
Akmal Hanuk	✓	✓	✓	100%
Michael Imperato	✓	✓	✓	100%
Sara Moseley	✓	✓	✓	100%
Total	100%	100%	100%	100%

4.0 TERMS OF REFERENCE

The Terms of Reference were reviewed and approved by the Committee on 19th January 2021 and are to be approved by the Board on 25 March 2021.

5.0 WORK UNDERTAKEN

During the financial year 2020/21 the Mental Health, Capacity and Legislation Committee reviewed the following key items at its meetings:

PRIVATE MENTAL HEALTH, CAPACITY AND LEGISLATION COMMITTEE

There were no private meetings held during the reporting year of 2019/20.

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PUBLIC MENTAL HEALTH, CAPACITY AND LEGISLATION COMMITTEE – SET AGENDA ITEMS

April 2020 - March 2021

PATIENT STORY

The Patient Stories presented are as below:

1. In October 2020 a service user shared the story of their experiences using the Mental Health Services.
2. For January 2021 – **Patient Story information to be added following January 19th Meeting.**

MENTAL CAPACITY ACT

At each meeting the Committee was provided with updates on the Mental Capacity Act 2005 (MCA) which has been in force for over 12 years and covers people aged 16 years and over. It was amended to include the Deprivation of Liberty Safeguards (DoLS), which came into force in April 2009.

Members of the Committee were also informed of the work undertaken by the Independent Mental Capacity Advocate (IMCA) highlighting the number of referrals made and areas of concern / service issues. The IMCA Procedure had been slightly revised which was approved by the Vulnerable Adult risk management working group.

• Deprivation of Liberty Safeguards (DoLS)

Updates were also provided on the Deprivation of Liberty Safeguards (DoLS) in regard to compliance. The Cardiff and the Vale DOLS / MCA team operate the Supervisory Body responsibilities of the Deprivation of Liberty Safeguards on behalf of Cardiff & Vale UHB, Cardiff City Council and the Vale of Glamorgan Council, through a Partnership Management Board consisting of senior representatives of each Supervisory Body.

At the October 2020 meeting the Committee was provided with updates on new legislation that will see Liberty Protection Safeguards replace DoLS with effect from April 2022.

MENTAL HEALTH ACT

• Mental Health Act Monitoring Report

The report, which was shared at each meeting, provided the Committee with further information relating to wider issues of the Mental Health Act. Any exceptions highlighted in the Mental Health Act Monitoring report were intended to raise the Committee's awareness of matters relating to the functions of hospital managers and give assurance that the care and treatment of patients detained by Cardiff and Vale University Health Board and those subject to a community treatment order are only as the Act allows. In July 2020 the Committee was provided with an update on the number of people detained. The figures had risen slightly due to the ongoing COVID-19 pandemic

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- **Child and Adolescent Mental Health Service**

In October 2020 the Committee was advised of care and treatment plan trends which incorporated the pressures of the COVID-19 pandemic and were provided with assurance on the parts of the Mental Health Measure applicable to children and young people (those aged <18). A report provided further assurance that compliance against 28 day referral to assessment had been achieved and sustained since May. In August, the service achieved its compliance target for the first time in 16 months and the position was sustained in September. The service continues to monitor their capacity for the delivery of interventions.

MENTAL HEALTH MEASURE

- **Mental Health Monitoring Report**

The UHB Mental Health Measure performance is reported to and monitored by the Welsh Government on a monthly basis, with reports back to the UHB Performance Monitoring Committee.

The Mental Health (Wales) Measure 2010 (the Measure), is a National Assembly for Wales law that has similar legal status to an Act of Parliament. The Measure introduced a number of important changes to the assessment and treatment of people with mental health problems in Wales. Parts 1 to 4 of the Measure set the main legislative requirements relating to Mental Health service provision and are supported by subordinate legislation and guidance. Parts 1 to 4 of the measures relate as follows:

- Part 1a – 28 day referral to assessment compliance target of 80%
- Part 1b – 28 day assessment to intervention compliance target of 80%
- Part 2 – Care and Treatment Planning Within Secondary Mental Health Services
- Part 3 - Right to request an assessment by self –referral
- Part 4 – Advocacy – standard to have access to an IMHA within 5 working days

The committee was also presented with a report on the parts of the mental health measure application to children and young people under the age of 18.

- **Care and Treatment Plans**

Part 2 of the Mental Health (Wales) Measure 2010 (the Measure) places a statutory duty on Local Mental Health Partners to ensure that all patients who are accepted into secondary mental health services have a written care and treatment plan (CTP) that is developed and overseen by an appointed care coordinator.

In January 2021 the Committee was presented with an update report for the Mental Health Measure Monitoring Reporting including Care and Treatment Plans.

An update was provided at each meeting outlining issues, concerns and solutions.

- **Policies / Procedures**

1 policy and 2 procedures were approved by the Committee as follows:

1. July 2020 - Joint Section 117, Mental Health Act, 1983, Policy and Procedure
2. October 2020 - The Independent Mental Capacity Advocacy procedure

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3. October 2020 - The Lasting Power of Attorney (LPA) and Court Appointed Deputy (CAD) procedure

- **Committee Governance**

Reports submitted to the Committee for review and approval:

1. Committee Self-Assessment: an overview of the findings arising from the self-assessment
2. Committee Annual Report 2020/21
3. Committee Terms of Reference
4. Committee work plan

Also presented to the Committee were the minutes from the:

1. Hospital Managers Power of Discharge Minutes
2. Mental Health Legislation and Governance Group Minutes
3. Annual Review of Comments Raised by Members of Power of Discharge

DEVELOPMENT SESSIONS

During 2020/21, the Mental Health Capacity Legislation Committee hosted three training and development sessions.

The purpose of these sessions was to train committee members and increase their understanding of the legislation that the Committee would be scrutinising. It was agreed and it was agreed by members that training would be given to new members to the committee as and when required.

2nd September 2020

- At the September 2020 Development Session an Introduction to the Mental Health Act 1980 presentation was shared.

2nd December 2020

- At the December 2020 Development Session presentations were shared on the Mental Capacity Act 2005 (including Deprivation of Liberty Safeguarding procedures) and the Mental Health (Wales) Measure 2010.

13th January 2021

- At the January 2021 Development Session the committee's Terms of Reference, its primary role and function were reviewed alongside the role of patient involvement in the committee moving forward.

6.0 REPORTING RESPONSIBILITIES

The Committee has reported to the Board after each of the Mental Health, Capacity and Legislation Committee meetings by presenting a summary report of the key discussion items at the Mental Health, Capacity and Legislation Committee. The report is presented by the Chair of the Mental Health, Capacity and Legislation Committee.

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7.0 OPINION

The Committee is of the opinion that the draft Mental Health, Capacity and Legislation Committee Report 2020/21 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

SARA MOSELEY

Interim Committee Chair

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03/16/2021 16:15:11



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Annual Report of The Strategy & Delivery Committee 2020/21

Saunders, Nathan
03/16/2021 16:15:11

1.0 Introduction

In accordance with best practice and good governance, the Strategy & Delivery Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 Membership

The Committee membership is a minimum of three Independent Members of the Board. In addition to the Membership, the meetings are also attended by the Chief Executive, Executive Director of Strategic Planning, Chief Operating Officer, Executive Director of Workforce and Development, Executive Nurse Director or nominated deputy, Executive Director of Finance or nominated deputy, Executive Director of Public Health or nominated deputy, & Director of Corporate Governance. Other Executive Directors are required to attend on an ad hoc basis. The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise

3.0 Meetings & Attendance

The Committee met five times during the period 1 April 2020 to 31 March 2021. This is in line with its Terms of Reference.

At least two members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

The Strategy & Delivery Committee achieved an attendance rate of 90% (80% is considered to be an acceptable attendance rate) during the period 1st April 2020 to 31st March 2021 as set out below:

	12.05.20	14.07.20	15.09.20	10.11.20	12.01.21	09.03.21	Attendance
Charles Janczewski & Michael Imperato (CC)	Cancelled due to Covid	✓	✓	✓	✓	✓	100%
Sara Mosely (VC)	Cancelled due to Covid	✓	X	✓	✓	✓	80%
Prof. Gary Baxter	Cancelled due to Covid	X	✓	✓	✓	✓	80%
Dr. Rhian Thomas	Cancelled due to Covid	✓	✓	✓	✓	✓	100%
Total	N/A	75%	75%	100%	100%	100%	90%

4.0 Terms Of Reference And Workplan

The Terms of Reference and work plan are to be reviewed and approved by the Committee on 09th March 2021 and be approved by the Board on 25th March 2021.

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5.0 Work Undertaken

As Set out in the Committee Terms of Reference the role and responsibilities of the Committee are divided into four categories as shown below:

- A. Strategy
- B. Delivery Plans
- C. Performance
- D. Other Responsibilities

During the financial year 2020/21, the Strategy & Delivery Committee reviewed the following key items at its meetings as set out below.

In addition to the routine business of the Committee, which is set out below, the Committee also had more detailed reviews in the following key areas:

- Elective Surgery
- Primary Care
- Mental Health

These detailed reviews included presentations from key staff and enabled the Committee Members to gain an in depth understanding of the work undertaken in these areas. The Committee will also be considering Recovery after Covid 19 at its meeting in May 21.

Private Strategy & Delivery Committee

July, September, November 2020 & January, March 2021

Papers presented to the private session of the Strategy & Delivery Committee are as follows:

- Suspension Report
- Brexit Implications and Preparedness

PUBLIC STRATEGY & DELIVERY COMMITTEE – SET AGENDA ITEMS

Key Organisational Performance Indicators

At all meetings, the Committee discussed and noted the year to date performance indicators for 2020-21 against key operational Welsh Government performance targets and delivery profiles as set out in the Health Boards Integrated Medium Term Plan.

On the 14th July The Deputy Chief Operating Officer (DCOO) confirmed that throughout COVID-19, work was clinically led, based on clinical prioritisation. The DCOO confirmed it was unknown when Welsh Government would expect the UHB to return to normal measures. The Committee Chair recognised the work undertaken and advised the Committee that the UHB was in a very good position heading into March, prior to COVID-19, and the UHB needed to ensure that it does its best to re-introduce services to patients.

Saunders-Nelson
03/10/20 16:15:11

On the 15th September The Chief Operating Officer (COO) highlighted that the waiting list position for planned care continued to age. Since the dip in unscheduled care attendances from April, it had increased by 3000 per month and there was an increase in mental health activity from 300 to 900 referrals. He then spoke about the second lens which was "Age"; analysis showed that while the waiting lists were static up to June and starting to increase, waiting times had significantly deteriorated across the board and had been impacted by Covid.

The "Stage of Pathway" was then discussed i.e. what patients on a waiting list were actually waiting for:

- Outpatients – represented 60% of the waiting list – the biggest and growing problem
- Inpatients and diagnostics – represented a 1/3 of the waiting list.

There were positive outcomes in cancer with 1500 referrals back in July, the single cancer pathway was back at 81% and the number of cancer treatments were back to 170 a month. He advised that they had been working under an operating model of being in a Covid ready state and that the relaxation of reporting and targets was still in place. The DCOO provided a presentation and spoke about the scale of the challenge faced in terms of Referral to Treatment (RTT) and waiting list times. This was only one of the components in terms of risk and there were higher categories in outpatient follow ups. The risks found were not based off prioritisation, neither were they systematic showing a crude measurement between urgent and non-urgent risks. The COO summarised that there were 280,000 patients in total, whilst our waiting lists remained largely static to June, they were starting to grow plus waiting times had deteriorated. There were 50,000 patients on RTT pathway at outpatient stage plus 174,000 outpatient follow-ups.

On the 10th November The COO highlighted 2 areas of the report:

- Mental Health Performance

The COO advised that Mental Health performance had significantly deteriorated with 43% of assessments being undertaken within 28 days down from 84% previously.

This was a product of 2 things:

- 1) An increase in volume of referrals which was expected (to some extent) – There had been almost 1000 referrals that month.
- 2) A redesign which took place during COVID as a needs must task. This provided counselling services through Primary Care and there was little distinction between the need for counselling services – two thirds of the referrals did not warrant a full counselling intervention.

The COO advised that nobody was waiting for more than 30 days with patients gaining access within 48 hours.

- Cancer Performance

The COO advised that the UHB was moving to a single cancer measure pathway which would be formalized on 1st December.

Saunders, Nathan
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A rationale for the deterioration was provided, in that cancer breaching occurred at the point of treatment and the following actions had been taken:

- 1) Through GP colleagues, referrals were back to where they were before.
- 2) Treatment levels were back to pre-covid levels by August.

Over the follow months, varying performance would be seen as a result of treating the buildup over COVID and that it would take a few months for the headline performance to recover.

On the 12th January the COO stated that there were a number of challenges in performance, the most dominating factor being the prevailing Covid challenge. Unscheduled care was being continually challenged due to Covid and pressure continued to rise in that area throughout the end of the previous year particularly during the Christmas & New Year. In the days preceding the meeting there had been some respite partly due to some reconfigurations made by the Health Board and partly due to a slightly slower admission rate across region. He highlighted that they had opened surge capacity at the lakeside wing and confirmed that 50 of 400 beds were being used from the 27th December 2020.

The COO informed the committee on the impact on planned care highlighting the:

- Rising 36 week breach position
- Fall in 26 week compliance
- Overall waiting list – waiting list growth has decreased slightly in the previous month by 1000 against a 92,000 figure.

In regards to the Key Organisational Performance Indicators, what was reflected during the September and November meetings were high level strategic brainstorming discussions looking at Planned Care in September and Primary Care in November with the intention to continue these Brainstorms in the March meeting on Mental Health.

Workforce Key Performance Indicators

The Committee discussed and noted the Workforce Key Performance Indicators during each meeting throughout 2020-21 with the exception of 14th July 2020.

On the 15th September the Executive Director of Workforce and Organisational Development (EDWOD) advised how the impact of Covid had resulted in higher headcount numbers due to extra recruitment drive. In turn this had increased employment costs, which also could be attributed to staff doing more overtime. Absence levels were at 10% which was lower than had been budgeted for but this had decreased to 5% as expected, even with the impact of Covid. Formal training had decreased due to no classroom training. Corporate inductions, were able to go ahead and training had resumed with social distancing measures.

On the 10th November the EDWOD advised the Committee that 2020 told a story of COVID-19. In relation to staff absence a peak was seen but had started to reduce. Interestingly, the recruitment peaked and there were around 550 more people working

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for the UHB in medical, nursing and general areas compared to the previous year. There were still challenges to face around meeting winter and covid pressures, and a weekly taskforce was put in place to discuss issues. An alternative solution for training was needed otherwise there would be a difficult situation in 12 months' time with compliance. The EDWOD advised that training could be undertaken remotely.

56.1% of frontline staff had received their flu vaccination, at the same time the previous year it was 15.7% and the aim was for a 75% uptake. The intention was to conclude the flu vaccination before the mass covid vaccination plan started.

On the 12th January the EDWOD stated that the current position provided the perfect storm in regards to workforce as wave 1 delivered a new challenge but in wave 2 the Health Board had a tired workforce in addition to new Covid and winter pressures plus additional vaccination work. This meant that the Health Board's workforce resource was being spread very thin. He confirmed that the Health Board had tried to keep services going as long as they possibly could but had to make the decision near the Christmas and New Year period to close some down due to workforce issues. He added that Rachel Gidman would be running a daily co-ordination team to ensure that the Health Boards work force resources were in the right place at the right time which was a real challenge but would be continued for the following 3 months.

14th July 2020

Ensuring that Service, Quality, Finance & Workforce are aligned and integrated

The Director of Transformation & Informatics (DTI) and Programme Director – Dragons Heart Hospital (PD-DHH) shared a presentation and confirmed the following:

- The Mission was to bring 2500 beds into the Health System within 4 four weeks;
- Purpose was clear, partnership was exceptional, phasing worked well and Welsh Government Support was fantastic;
- The tent within the Bowl of the Principality Stadium was one of the largest in Europe;
- Mott Mcdonald were contracted as they were very familiar with the Stadium;
- At the early development stages the Minister visited, assurance was received in relation to the cost of the development during the build from open conversations with the Chief Executive Officer (CEO) and Welsh Government;
- Within 4 weeks, the team delivered 335 beds, two weeks later the surge hospital was officially opened by HRH Prince of Wales.

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

Integrated Medium Term Plan (IMTP) - Update on Home First – PCIC

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The Deputy Director of Planning (DDP) advised the Committee in relation to funding sustainability, the team were looking at slippage from the ICF programme to be rolled forward to fund capacity for the following year in addition to looking at other exit strategies and were working with Local Authorities and Third Sector. The DDP advised that the UHB had invested in screen and prevention within the Community and the benefits of this would be monitored.

Other Significant Plans (a) Research & Development - (b) Tertiary Services Update (c) Primary Care Out of Hours Peer Review – Action Plan

A - The Executive Medical Director (EMD) advised that the UHB were UK Level Leaders in Research during the COVID-19 Pandemic, there was an exceptional research based performance which was recognised at 10 Downing Street. The EMD also advised the Committee that significant progress had been made with the Joint Research Office within Cardiff University and a date of October 2020 had been suggested for opening.

B - The Consultant Cardiologist (CtC) and Corporate Planning Manager (CPM) shared a presentation on Tertiary Services which highlighted the following:

- Tertiary Services was not included in Shaping our Future Wellbeing (SOFW) Strategy, therefore the team designed a strategy which aligned with SOFW;
- The team carried out a baseline assessment to identify areas and services provided;
- Risk assessment undertaken identified three domains, Quality & Patient Safety, Sustainability and Delivery & Performance;
- Internal & External engagement had been undertaken;
- SWOT analysis had been undertaken which identified two main themes:
"Create a Clear and cohesive identity for the Health Board as a provider of tertiary services for patients residing within each of its catchment areas"
"To identify and address the tensions that currently exist between secondary and tertiary services at both a clinical, operational and strategic level"
- Vision statement was explained as 'World Class Specialised Healthcare for Wales

C - The Director of Operations - PCIC (DO-PCIC) shared a report on a Primary Care out of Hours Peer Review and confirmed the following:

- The Key decision was how the UHB delivered an Out of Hours Service (OOH) at 3 bases with a recommendation to close the base at University Hospital of Wales (UHW);
- A decision was made to close the OOH at UHW;
- Successful multidisciplinary work had been undertaken which included Mental Health and Mental Illness, this work was being continued;
- Progress had been made on the action plan, despite COVID-19;
- The Regional Dental Service was due to be progressed during July 2020.

Board Assurance Framework – Workforce

The Director of Corporate Governance (DCG) introduced the report and advised the Committee that the Board Assurance Framework would be broadened to include wellbeing and inequality, therefore it would be amended prior to submission to Board to reflect this.

15th September 2020

Integrated Medium Term Plan (IMTP) - Avoiding waste, harm and variation

The Executive Nurse Director (END) reminded the Committee that the aim of this item was to bring together performance, money and quality and demonstrate how we were impacting all those agendas at the same time. The report was based on the Quality Patient Experience Framework, Health and Care Standards and the key deliverables in the IMTP that focused on the Quality and Safety agenda.

Board Assurance Framework – Sustainable Primary and Community Care

The DCG highlighted that she had looked into the work that the Committee had undertaken in terms of Sustainable Primary and Community Care throughout the year which was detailed in her report. She advised that the work undertaken would impact on the mitigation and management of risk which was also listed on the Board Assurance Framework being presented to Board.

The COO added that the risks identified were part of longer term challenges. Their approach in terms of primary care strategy was still based around the framework of SOFW, National Primary Care Strategy, Issues of Sustainability, improving access, and aligning ourselves to new ways of working i.e. Canterbury.

Other Significant Plans - (a) Infrastructure and estates

The Executive Director of Strategic Planning (EDSP) confirmed that this was a regular update in relation to the capital programme in terms of the overarching schemes, what the risks were, and any changes to the programme.

The EDSP highlighted that there were many competing priorities with the capital programme. The Executive team had close oversight over this and balanced decisions about a particular risk verses the risk of slowing down and not delivering the work programme associated with statutory compliance.

Developing a Performance Framework Update

The Director of Digital Healthcare Intelligence (DDHI) discussed the key points around the Performance Management Framework and advised that it should be considered in principle as the relationship with Welsh Government (WG) was changing and therefore it was not yet clear what measures and performance targets we would be measured against as a result of Covid.

The DDHI stated that the report outlined the purpose of the Performance Management Framework, what it set out to achieve and the scope of the Framework.

10th November 2020

Board Assurance Framework – Sustainable Culture Change

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The DCG advised that the BAF had been updated for the Board meeting at end of November. The EDWOD was invited to comment and advised the Committee that work was still progressing behind the scenes but due to COVID not as fast as he had wished. The DCG advised that the overall score was 8 which was still high on the BAF.

Social Care and Well Being Act – Partnership with Local Authorities & RPB Update

The EDSP advised the Committee that WG were not expecting to return to a “pre-covid world” and recognized that there were challenges the UHB would have to face, especially the economic impact on the more deprived communities, she advised that this included how we treated the planet and take serious action to reduce our carbon footprint and become a carbon neutral organisation.

The EDSP advised that we should press ahead with all of the items in the plan, however it would prove challenging in January/February and difficult decisions would have to be made if we did not secure the funding.

Performance Framework Dashboard Update

The DDHI advised that a dashboard would be brought to January’s meeting.

12th January 2021

Strategy & Delivery Dashboard

The DDHI shared a presentation highlighting the initial work undertaken on the dashboard indicators and added that there was some correlation between this and work and the work being done with executive directors which was being led by the DCG.

He added that the Dashboard remained a work in progress which he hoped would be completed in the following weeks.

Capital Plan Update

The EDSP highlighted that they had received significant investment for capital allocation to manage related to all the Covid schemes/work. She also provided her thanks to the Capital estates team as they had done an extraordinary job in responding to the needs of Covid, working rapidly to provide green zones.

She also shared the following business cases for approval:

- Business Case for Electrical Engineering infrastructure in Llandough
- Genomics outline business case being finalized for February Board.

She stated that her team had a number of schemes at the Outline Business Case (OBC) stage which were with Welsh Government or were at Strategic Outline Case stage waiting for an OBC to be complete.

Employment Policies for Approval - Equality, Inclusion and Human Rights Policy

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The Equalities Manager (EM) share a new Equality, Inclusion and Human Rights policy for approval. The policy replaced the previous Equality, Diversity, & Human Rights Policy. It takes account in recognising Socio-Economic Duties and Welsh Language standards. He added that the new strategic equality plan enforced the Health Board's ongoing commitment to inclusion.

Staff Well Being Plans

The ADWOD highlighted that she had received feedback that staff felt exhausted which had been exacerbated by the pandemic. She reinforced that the Health Board put caring for people and keeping well at the forefront of everything it does, not just the population but staff as well.

Her paper was drafted to reinforce how the Health Board was pro-actively introducing intervention at different stages for staff. She also spoke about a strategic wellbeing group that was chaired by the EDWOD.

The EDWOD added that a Staff haven which was supported by the Gareth Bale fund was ready and would be available for staff to use from the following week.

Appendix 1 provides an overview of the matters discussed by the Committee for the year 2020-2021.

6.0 Reporting Responsibilities

The Committee has reported to the Board after each of the Strategy & Delivery Committee meeting by presenting a summary report of the key discussion items at the Strategy & Delivery Committee. As per the Committee's Terms of Reference the report is presented by the Committee Chair in which he must:

1. report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of committee minutes and written reports throughout the year;
2. bring to the Board's specific attention any significant matters under consideration by the Committee;
3. ensure appropriate escalation arrangements are in place to alert the UHB Chair, or Chairs of other relevant committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

7.0 Opinion

The Committee is of the opinion that the draft Strategy & Delivery Committee Report 2020/21 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Michael Imperato
Committee Chair

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	14.07.20	15.09.20	10.11.20	12.01.21	09.03.21
Committee Meeting Items	Items for Review and Assurance				
	Ensuring that service provision, quality, finance and workforce elements are aligned and integrated – Dragons Heart Hospital Example	Strategic Equality Plan	CAMHS Update a) Neurodevelopmental Situation b) Early Intervention Position c) Appointment of Clinical Posts	Tertiary Services Planning Update	Mental Health Strategy Presentation to include Adult, Children and Neurodevelopmental.
	Integrated Medium Term Plan (IMTP) (a) Update on Home First – PCIC	Update on CAHMS Strategy	Strategy - Shaping Our Future Wellbeing a) Existing Strategy, commitments & forward look b) Primary Care Development Strategy	Strategy & Delivery Dashboard	Partnership Planning update to include: (i) Work of the Regional Partnership Board (ii) White Paper on Social Services
	Service Delivery Plan 2020-21 - Quarter 2 Update	Influenza Vaccination Update 2019/20 and plans for 2020/21	Planning : General Planning Update to include (a) Q3-4 Plan (b) Winter Protection Plan	Capital Plan Update	Strategy & Delivery Dashboard Demo
	Other Significant Plans (a) Research & Development (b) Tertiary Services Update inc Presentation (c) Primary Care Out of Hours Peer Review – Action Plan	Annual Update on Childhood Immunisation Uptake	Performance Reports (a) Organisation Key Performance Indicators (b) Workforce Key Performance Indicators	Performance Reports (a) Organisation Key Performance Indicators (b) Workforce Key Performance Indicators	Performance Reports (a) Organisation Key Performance Indicators (b) Workforce Key Performance Indicators
	Performance Reports (a) Organisation Key Performance Indicators (b) Workforce Key Performance	Move More, Eat Well Plan	Board Assurance Framework (a) Sustainable Culture Change		Board Assurance Framework (a) Capital Assets
		Integrated Medium Term Plan (IMTP) (a) Avoiding waste, harm and variation (b) Outcomes that matter to people	Social Care and Well Being Act – Partnership with Local Authorities & RPB Update		
		Board Assurance Framework (a) Sustainable Primary and Community Care			
		Other Significant Plans (a) Infrastructure and estates			
		Performance Reports (a) Organisation Key Performance Indicators (b) Workforce Key Performance			
	Items for Approval / Ratification				
	Board Assurance Framework (a) Workforce	Developing a Performance Framework Update	Performance Framework Dashboard Update	Employment Policies for Approval (a) Equality, Inclusion and Human Rights Policy	Employment Policies for Approval (a) Job Planning Procedure
				Update of Healthy Eating Standards for Hospital Restaurant and Retail Outlets	Research & Delivery Strategy 2021-2024
					Terms of Reference
					Work Plan 2021-22
					Committee Annual Report
	Items for Noting and Information				
	Report outlining deferred agenda items due to COVID-19 pandemic	Committee Effectiveness Review	Leadership Engagement	Service Change Update	Shaping our Future Wellbeing Ten Year Strategy Delivery Programme including key milestones and metrics
		Regional Partnership Board		Staff Well Being Plans	People & Culture
		Changes in Nursing and Midwifery Education			

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15.09.20	Developing a Performance Framework Update	The DDHI discussed the key points around the Performance Management Framework and advised that it should be considered in principle as the relationship with Welsh Government (WG) was changing and therefore it was not yet clear what measures and performance targets we would be measured against as a result of Covid. DDHI stated that the report outlined the purpose of the Performance Management Framework, what it set out to achieve and the scope of the Framework. He referred to section 2 of the report which highlighted the need to support key frameworks which underpin the performance of the Health Board such as Shaping Our Future Well Being, Integrated Medium Term Plan (IMTP), Clinical Board/Corporate Directorate plans, Operational Plans and Strategies. The DDHI also mentioned that the document, which had been published by WG to enable reporting against the Delivery Framework Reporting Guidance 2020/21, was not currently being used in full given the situation we were in. Section 4 referred to measuring success within the Framework. With regards to internal reviews, the Board and Committees were reviewing performance across the board from individual level up to Clinical Board level performance and with external reviews around service specifications, quality standards, monitoring arrangements and reporting requirements. There was also a role for audit in terms of internal/external audits and any clinical audit plans. DDHI advised that all staff have the responsibility to promote a culture of high performance and that the role of the Board is set out, as well as the roles of the CEO and Executive Directors. He added that there was a clear role for Clinical Boards and that the role of the HSMB could be one of reviewing how performance is managed right across the individual and collective Clinical Boards. The DDHI concluded with the Escalation and Assurance process and described how information should flow from the individual right up to the Board and that accountability comes from Board level down to the individual. The UHB Chair thanked the DDHI for his report and wanted to know how the Committees of the Board in particular could give assurance to the Board in the delivery of performance. The Committees now had a clearer remit to manage and oversee performance on behalf of the Board, but there were only two instances of Committees engaging with the performance of Clinical Boards at present, the Finance Committee and QSE Committee and therefore we would need to look at how this information could be fed through. The UHB Chair expressed that his main concern was that if we were allocating different areas of responsibilities to different Committee's then it would have to be co-ordinated to ensure that the correct information was supporting the data coming through and that the Board gets the necessary assurance.
10.11.20	Performance Framework Dashboard Update	The DDHI advised that a dashboard would be brought to January's meeting. The Committee were advised that incorporation of the strategic measures was one of the challenges. At present, it showed one measure with the Executive Director of Strategic Planning (EDSP) as the lead. As there were now 15 measures, it was about how these were included.
12.01.21	Strategy & Delivery Dashboard	Director of Digital Health Intelligence (DDHI) led the presentation by highlighting on slide 1 that this shows the initial work regarding the dashboard indicators that were being worked on and added that there is some correlation of this and work being done with exec directors led by the Director of Corporate Governance (DCG) in terms of high level performance. The DDHI wanted to remind members that the dashboard is determining the more detailed indicators for this committee. Slide 2 – The DDHI presented how the portal homepage that will appear on the system Slide 3 – The DDHI provided a helicopter view that has and will be produced, show what they will be doing. On the slide the DDHI presented 15 targets and stated that the idea is to show them as RAG rated determining the status whether they are on or off target. Slide 4 – He provided example of detailed trends that sit behind the summary. Slide 5 – Showing outpatient DNA results across the health board, the DDHI highlighted the ability to filter through to clinical board level to get a more detailed on some of these things. Slide 6 – This shows Chronic conditions, he mentioned by clicking on the box will show the real time trends under each area. Slide 7 – The DDHI stated how this shows how it provides a to click through to provide more detail within that summary page Slide 8 – the DDHI illustrated by clicking on this will show the utilization detail He stated that this is a work in progress and looking to complete in a few weeks, the DDHI wanted to bring this back in the March meeting to provide a live demo The UHB Chair thanked the DDHI for providing this update and said it was exciting to see it emerging from the work put in by the team and hopes it will give committee help in scrutinizing areas that it needs to be looking into. The UHB Chair queried how will members have access to this data either just at committee meetings or as and when. The DDHI stated that that it will be in whatever form is preferable, he added that it can be made available to anyone that needs it also being made available to members of the committee to look at this at any time online.
09.03.21	Strategy & Delivery Dashboard Demo	Meeting yet to commence at the time of writing the report, will be updated post committee approval
Other Significant Plans		
14.07.20	Other Significant Plans (a) Research & Development Services Update inc Presentation (b) Tertiary (c) Primary Care Out of Hours Peer Review – Action Plan	A - The Executive Medical Director (EMD) advised that the UHB were UK Level Leaders in Research during the COVID-19 Pandemic, there was an exceptional research based performance which was recognised at 10 Downing Street. The R&D team had strong connections between Medical Directors, Clinical Board Directors, Research & Development teams and Cardiff University, this good relationship enabled the success of Research & Development throughout COVID-19. The IM-TS explained it was exciting that the team could deliver this during real time which was a testament to the strong relationships built and queried if this could be captured and shape the future direction of research & development. In response, the EMD advised some positive changes had already been implemented i.e. 24/7 research staff available for emergencies. The EMD advised there had been a fantastic response from pharmacy in relation to turning around studies. The EMD informed the Committee that the governance framework was very different for COVID so this would need to be addressed when the UHB returned to normal business. The EMD advised the Committee that significant progress had been made with the Joint Research Office within Cardiff University and a date of October 2020 had been suggested for opening. B - The Consultant Cardiologist (CtC) and Corporate Planning Manager (CPM) introduced the presentation and confirmed the following: • Tertiary Services was not included in Shaping our Future Wellbeing (SOFW) Strategy, therefore the team designed a strategy which aligned with SOFW; • The team carried out a baseline assessment to identify areas and services provided; • Risk assessment undertaken identified three domains, Quality & Patient Safety, Sustainability and Delivery & Performance; • Internal & External engagement had been undertaken; • SWOT analysis had been undertaken which identified two main themes: "Create a Clear and cohesive identity for the Health Board as a provider of tertiary services for patients residing within each of its catchment areas" "To identify and address the tensions that currently exist between secondary and tertiary services at both a clinical, operational and strategic level" • Vision statement was explained as 'World Class Specialised Healthcare for Wales C - The Director of Operations - PCIC (DO-PCIC) introduced the report and confirmed the following: • Timeframes included in the report were proposed by the National Peer Review team; • Key decision was how the UHB delivered an Out of Hours Service (OOH) at 3 bases with a recommendation to close the base at University Hospital of Wales (UHW); • Decision made to close the OOH at UHW; • Successful multidisciplinary work had been undertaken which included Mental Health and Mental Illness, this work was being continued; • Progress had been made on the action plan, despite COVID-19; • Regional Dental Service was due to be progressed during July 2020. The CC commented on the major progress made with the CAV247 Out of Hours service which was a significant part of the UHB service to patients.
15.09.20	Other Significant Plans (a) Infrastructure and estates	The EDSP confirmed that this was a regular update in relation to the capital programme in terms of the overarching schemes, what the risks were, and any changes to the programme. The CC was happy for the report to be taken as read and invited questions from members. The Independent Member – Estates questioned meeting the statutory obligations and mandatory obligations, what the differences were and risks faced. The EDSP responded that some are statutory and laid out in legislation i.e. being regulated by the Human Tissue Authority and statutory requirements around medical gasses. The mandatory ones did not necessarily have the same legal framework around them but were things we should still be doing. The EDSP highlighted that there were many competing priorities with the capital programme. The Executive team had close oversight over this and balanced decisions about a particular risk verses the risk of slowing down and not delivering the work programme associated with statutory compliance.
Employment Policies for Approval		
12.01.21	Employment Policies for Approval (a) Equality, Inclusion and Human Rights Policy	The Equalities Manager (EM) stated that his new policy replaces the previous Equality, Diversity, & Human Rights Policy. It takes account in recognising Socio-Economic Duties and Welsh Language standards. He said that the new strategic equality plan I about enforces our ongoing commitment to inclusion, which also takes account into recent events i.e. BLM, Covid-19, etc. The EM said that underlining all of this is about making staff feel valued & appreciated as work undertaken by the CEO and the EM they realized that staff have joined the organization because of the NHS policies.
09.03.21	Employment Policies for Approval (a) Job Planning Procedure	Meeting yet to commence at the time of writing the report, will be updated post committee approval
Agenda Items		
14.07.20	Service Delivery Plan 2020-21 - Quarter 2 Update	The CC advised the Committee that the timescales set by Welsh Government had been difficult in terms of Executive and Board to submit admissions, the plan would be submitted to Welsh Government for final review and Board would look to approve this at the end of July 2020. The CC added the Committee needed to ensure progress was monitored. The DDP informed the Committee the UHB had an approved IMTP and monitoring was currently suspended due to COVID-19. Welsh Government had requested an interim plan on a quarterly basis. The plan included a strong focus on track, trace and protect which the EDPH was leading on. The IM-CE asked in relation to improvements in R&D Preparedness and Pharmacy Set Up times, how the UHB could sustain these and take them forward. The CC advised that Executive colleagues were looking at how the UHB captures the benefits and improvements made during COVID-19 and how they can be sustained, Board Development may be a good opportunity to discuss this further. The Executive Director of Workforce & Organisational Development (EDWOD) added the Health & Wellbeing Group addressed the immediate need during COVID-19 and were now looking at plans to support the workforce in the coming months, in addition to how the UHB could bring people back into work, currently the UHB had 1500 – 1600 employees at home shielding or isolating. The All Wales Group had looked at how the UHB could protect BAME colleagues during COVID-19 as much as possible as they would potentially be more affected. The IM-CE asked for an update on the status on UHW2. In response, the DDP advised the team would be working towards finishing the full business case to submit to Welsh Government by early 2021.
14.07.20	Report outlining deferred agenda items due to COVID-19 pandemic	The Director of Corporate Governance (DCG) introduced the report and confirmed it outlined items that had been deferred due to COVID-19. The DCG asked that report authors adhere to the agreed new dates included within the report
15.09.20	Update on CAHMS Strategy	The Director of Operations – Children & Women (DOCW) advised the Committee that the specialist CAMHS service, that was with Cwm Taf 18 months ago, was now firmly patriated. Significant work was undertaken prior to lockdown to deal with a backlog of cases and deliver performance against the Part 1 WG target, the service had met the 80% Part 1 target consistently since May 2020, against a backdrop of 0% compliance 12 months previously, it now sits at 80-95%. The services adapted and made use of tele/video communications although there was a reduction in referrals in April and May at 80% of the pre-Covid rates. Although it was more straightforward to do an assessment via tele/video communications, providing treatment was more difficult so whilst assessment performance had increased, treatment performance had decreased. The DOCW summarised delivery against performance targets: 1. Primary Mental Health • there were no longer young people waiting for long periods for assessment or intervention 2. Specialist CAMHS • service remained non-compliant against the referral to assessment target of 28 days • on transfer from Cwm Taf the waiting list was approximately 180 patients with a >12 week wait. This was reduced to 85 with an >8 week a year later, however Covid impacted on this meaning the waiting list for assessment currently stands at 130 with a >12 week wait • the service was currently running with a waiting list for treatment: this stands at 74 patients waiting for >24 weeks –this is significant during this time patients and families were not at school. Next Period Actions: • Improve performance and waiting times for Specialist CAMHS services • Fully operational SPOA with clinical posts in place • Finalise School/Locality Offer and agree with partners
15.09.20	Influenza Vaccination Update 2019/20 and plans for 2020/21	The Executive Director Public Health (EDPH) highlighted that influenza vaccinations was one of the more important healthcare programmes that the UHB had and along with the Flu programme, would run alongside mass Covid vaccination, so was particularly important this year. The report provided a detailed status update on flu vaccinations: • Good progress was being made with patients over 65 and amongst frontline staff • Consistently exceeded national targets in frontline staff with flu uptake 63.5% last season • Primary school aged children numbers are increasing on a yearly basis since 2017 • Uptake in clinical risk groups under 65 has been a continuing challenge on a UK wide basis with other contributing factors i.e. people with asthma downplaying their actual flu symptoms with asthma symptoms. The EDPH added that the flu programme was always important as part of the winter plans as there was a range of key priorities that the programme included: • Increasing uptake amongst all risk groups, particularly those aged 65 or over with cardiovascular, respiratory, kidney or liver disease, diabetes and adults who are morbidly obese • Significantly increasing flu vaccine uptake in 2 and 3 year olds, and older children aged 11 to 17 years in clinical risk groups (delivered through Primary Care) • Maximising uptake in primary school children • Maximising uptake in health care staff with direct patient contact • Significantly increasing uptake in care home staff and staff providing domiciliary care. The EDPH further added that we had a more mobile population and higher levels than other areas of Wales of people from BAME communities which sometimes made it more challenging to increase vaccination uptake.

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15.09.20	Annual Update on Childhood Immunisation Uptake	The EDPH advised that during the Covid period, vaccination continued as an essential service although there was a decrease in uptake, normal levels were now returning. She highlighted uptake of most childhood vaccinations had increased in recent years with an increase in uptake of MMR for preschool children. Covid-19 had impacted on timeliness of the vaccination update. The EDPH highlighted some challenges in the available data systems, for example the Primary Care data system does not talk to the Child Health data system for vaccinations which still needed work on a national level. The Action plan priorities for 2020/21 in relation to childhood immunisations had been agreed by the Immunisation Steering Group in light of the Covid-19 pandemic and were pending approval by the Children and Women and PCIC Clinical Boards. These were: • An annual data cleansing and performance cycle for childhood immunisations (particularly at age 1, pre-school, and teenage). This will include an annual data cleansing process to ensure accuracy of data held on the Child Health Information System. • Improvements in the IT systems used by Primary Care and Child Health for documenting immunisations to improve efficiency and accuracy of data. • A regular cycle of escalation which identifies and supports Primary Care with low immunisation uptake to put in place evidence-based interventions. • Dissemination of quarterly Primary Care and cluster uptake profiles, which identify trends and compares C&V with national averages, together with follow-up discussions with localities, clusters and Community Directors to focus action. • Implementation of the Measles Elimination Action Plan for Wales to increase uptake of MMR across age groups. • Delivery of a communications package to raise awareness and provide evidence-based information. The UHB Chair commented that these were very important areas of work and voiced his support for the programme
15.09.20	Move More, Eat Well Plan	The EDPH advised that this was launched late with the particular focus on workplaces, communities and healthy travel. They were now also looking to implement in schools where appropriate depending on the Covid-19 situation. It was highlighted that there was a question on how to support older people who did not have digital access and a guide was now available digitally and via a hard copy. It was a stay well whilst staying at home guide. This was accessible via council hubs, independent living housing scheme, Vale 50 plus forum etc. The EDPH added that it was a push to keep people healthy within the context of Covid and that good work was being done to include older people.
15.09.20	Committee Effectiveness Review	The UHB Chair queried that the action called for a more robust agenda setting but feels it could be a more deeper than just the agenda setting. He mentioned how the COO highlighted that we should deal with the work planning rather than the agenda setting to avoid time pressures towards the end of the period and feels that work plans should be included. The DCG agreed that out of the 18 questions asked that this area requires more work around the work plan.
15.09.20	Regional Partnership Board	The CC stated that he would like to be more informed regarding the RPB as it fed into strategic and delivery issues. The EDSP agreed to meet with the CC. The Committee was asked to note that there was now a further year of ICF & Transformation funding and work was in process around the range of initiatives available.
15.09.20	Changes in Nursing and Midwifery Education	The CC asked the Committee to note the contents of the paper. The UHB thanked the END for the work involved
10.11.20	CAMHS Update a) Neurodevelopmental Situation Early Intervention Position Appointment of Clinical Posts b) c)	A - The Director of Operations – Children & Women (DOCW) presented an update on Neurodevelopmental Assessment services for children. The Committee were advised that the figures mainly represented children with ADHD and Autism spectrum disorder and that the service seeks to work with these patients with the target set at 80% of patients to be seen and assessed within 26 weeks of referral. A local decision was made in May 2019 to stop seeing new patient referrals due to a backlog of high risk review patients and this had created growing waiting lists in both volume and the length of the wait. In terms of referral demand, before March 2020, 83 referrals per month were being received as far back as January 2017, however since COVID-19 this had decreased to 19 referrals per month. There were currently 741 patients waiting to be seen. Based on the figures, and taking an average of around 59 referrals per month, the waiting list volumes would increase by 30% by December 2021. There had been a significant transformation across Wales, however this area had been slower than others and the team had reviewed waiting lists and analysed the data to enable them to stratify based on age and risk. Lockdown had perpetuated the waiting list problem and the Committee was advised to challenge anyone who stated that they were back on track with waiting lists because a children's assessment involved an 18 hour assessment which had not been accomplished during COVID-19. The Committee were informed that the teams had managed to review all cases on the current waiting list during lockdown and the DOCW demonstrated the benefit of moving away from a doctor only model. The DOCW advised the Committee that he was not in a position to give assurance that neurodevelopment would be fixed because a piece of work lasting between 12 to 18 months was needed. The DOCW advised that performance management at a Clinical Board level was required. B - The DOCW advised the Committee that he was not able to provide an update at this time. C - The DOCW advised the Committee that the clinical posts had been recruited to.
10.11.20	Strategy - Shaping Our Future Wellbeing a) Existing Strategy, commitments & forward look b) Primary Care Development Strategy	A - In 2015 the Shaping our Future Wellbeing Ten Year Strategy Delivery Programme was published and the UHB was now at the midway point. Since 2015, a lot had happened and a midpoint review was performed in March 2020 which would be sent to Committee Members. The EDSP presented what had been learnt over the last 6 months whilst responding to COVID-19 and how to set about an accelerated programme. The Director of Transformation's (DOT) team with the help of Q5 provided the project management at the Dragon's Heart Hospital. The EDSP commented that the UHB was good at starting things but not quite so good at being explicit at what change was going to take place and Q5 had done a piece of work around this and the 8 stage principles. The EDSP presented to the Committee – Establishing 'what 2025 means'. The EDSP noted that there was an extensive performance dashboard available but a series of bellwether measures for the 10 to 15 key indicators was absent. The EDSP advised that feedback around virtual consultations had been very positive. Canterbury District Health Board had been able to reduce their average bed days by doing more in the community. The EDSP advised the Committee that there could be some push back with some saying, "that's a hospital measure" in relation to reducing average length of stay in hospitals. The EDSP provided the example of how the Mental Health service had increased resources in the community which in turn had reduced bed stays and posed the question of what the picture could look like if 50% of our resources were spent in the community. The EDSP outlined the strategic priority programmes that sat above the line and needed to be driven executively, and advised the Committee that this could not be done without significant partners, the two Local Authorities and the University. The EDSP also advised that there needed to be engagement of wider RPB partners such as care homes and the third sector and noted that the UHB could not deliver the strategy without these partnerships. It was highlighted that there had to be learning from COVID-19 and that the giving of responsibility and accountability to individuals was essential. The EDSP presented the projects that sat below the line which were equally important. The EDSP advised that the current task was to continue working with the DDHI, his team and use Q5 support to populate the baseline and enable the knowledge of how this could be used as a strategic measure. The Chief Operating Officer (COO) advised that over the last couple of years, the term "system shift" had been used quite a few times and the UHB had invested two million pounds in primary care. In addition, a sophisticated piece of work was being done on the outcomes framework to track back to what outcomes matter to people. The COO continued that the direction of travel was to empower frontline clinical teams to design and own these outcomes and design solutions. Project management support, transformation expertise and science around these was needed but the focus should be around the clinical team. There was also a strong voice for service user involvement. B - The Operational Planning Director (OPD) advised the Committee that many of the objectives set out emphasised a rebalancing of the system from hospital to community and primary care and that there had been a shift towards prevention and healthier populations. The OPD advised that in the context of the primary care strategy, knowing how to connect the immediate challenges to move forward on that broader strategic direction was needed. The OPD advised that the role of the MDT was to broaden which in turn brought sustainability within Primary Care so that they could devote more cause to other areas. The COO advised that to move it forward practically as a roadmap, consideration needed to be focused on the rebalancing out of hospital services. The COO presented how the plan could look and data that showed it would not start from a standstill. The COO advised that Clinical leads had been very forthcoming and that there had been no disagreement to the plans. Pathway leads needed to be identified, public engagement arranged and alignment with year to come plans and beyond. The COO advised that contract reform would need to be considered.
10.11.20	Planning : General Planning Update to include (a) Q3-4 Plan (b) Winter Protection Plan	A - The EDSP advised that the Plan was going to the next Board meeting for formal ratification. The financial aspect of the Plan was in a positive position and feedback was good. The EDSP advised that the Plan has had no formal sign off by the WG in the new planning regime but a letter of endorsement had been received from WG. B - The EDSP advised that the Plan was going to the next Board for formal ratification
10.11.20	Leadership Engagement	The EDWOD advised that an interactive review of the UHB had been scheduled following on from an Amplify event supported by the UHB in 2019 but that this had not been done due to COVID. A remote option was now being explored, however the finances were challenging. A training and leadership programme had been launched for staff which provided the potential to move onto greater opportunities in not just our health board but others. The Talent Management and Succession Planning work at Executive level supported the UHB in being able to provide HEIW with considered and timely nominations for 'Talentsbury'. 18 people were identified who had the capability of fitting into that space. This was not something the NHS had broadly done before but by identifying talent it formally helped to see the gaps that needed filling. He added that this was a range of work that came together over time and allowed development of individuals in the UHB in the right way so for example, when a new senior manager was needed, the capability for that was in place.
12.01.21	Tertiary Services Planning Update	The Executive Director of Strategic Planning (EDSP) reminded members that from action log that this work was part of the work program which the committee wanted regular updates. The EDSP highlighted two points from her update, the first in relation to Upper GI, Esophageal, & Gastric Cancer where members were updated in the previous report that they have been working with Swansea Bay UHB on how to develop a permanent solution to the sovereignty of the service across C&V and Swansea Bay UHB. She told members that the Royal College provided their observation in needing to improve the sustainability of the service in which they have a program in place to work that through. However they needed to take urgent action as a single handed consultant based in Morriston has not been available for work, therefore they have been working with Swansea Bay to help them deliver this service with and for them resulting in C&V consultants/clinical colleagues are needed to undertake NDT's, visiting for outpatients, as well as patients coming to C&V for surgery from Swansea Bay. She told the committee that they are briefing the CHC on this position and made aware that a paper is going to the January Board regarding this and the plan to go on and engage around Upper GI Cancer. The second point the EDSP wanted to highlight was during the initial emergency response to the pandemic this work was put to side briefly however she was now pleased to say this is being picked up again with very good progress being made and mentioned how helpful it was to have a program director who works across C&V and Swansea Bay UHB. The UHB Chair thanked the EDSP for the update and queried the whether the partnership agreement with Swansea Bay UHB picks up on all the areas that the EDSP had reference and if it provides the option to expand on the services. The EDSP responded in saying that they had formalized a memorandum which was ratified by Management Exec. She stated that within the memorandum it includes a set of principles on how services would be added to a list in terms of it being fragile, she added that the intention would be to have a description of future service models for all the specialist/tertiary services but in terms of taking things in a priority order they are looking at the services that are most vulnerable from a sustainability point of view first.
12.01.21	Update of Healthy Eating Standards for Hospital Restaurant and Retail Outlets	The Executive Director of Public Health (EDPH) stated that we as a Health Board are an outlier in Wales on work done from 2015 on this where we have minimum standards in the restaurant and retail standards where 75% of the food and drink would be healthier options. The EDPH mentioned that this was agreed to be put on hold last year due to the challenge of providing 24 hour food provision and were offered some help by external providers. In addition to staff both catering and the Public Health team were needed to provide support to the Covid arena. The EDPH wanted to highlighted that this is still on pause but now introducing light touch audit mechanism. She stated that the concourse redevelopment is a key arena for them and aims to take part in as it takes our ask to private providers around having healthier options in the mix so that we are not compromised in our own means of food and private providers.
12.01.21	Service Change Update	The EDSP felt that it would be important for the committee to be aware that they have made a number of changes in response to Covid. Some of which they would want to maintain afterwards and some relate to the tertiary services as highlighted earlier, she said that the paper is to assure the committee that they will wrap a process around this and in discussion with the CHC

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Annual Report of the Remuneration and Terms of Service Committee 2020/21

Saunders, Nathan
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1.0 INTRODUCTION

In accordance with best practice and good governance, the Remuneration and Terms of Service Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 MEMBERSHIP

The Committee membership is a minimum of five Independent Members and the Committee is chaired by the Chair of the Health Board. During the financial year 2020/21 the Committee comprised of eight Independent Members. In addition to the Membership, the meetings are also attended by the Chief Executive, Executive Director of Workforce and Organisational Development and the Director of Corporate Governance.

3.0 MEETINGS AND ATTENDANCE

The Committee is scheduled to meet twice a year but invariable meets more regularly to allow for appropriate approvals of matters in relation to remuneration and terms of service of Executive Directors.

	Aug 20	Oct 20	Oct 20	Nov 20	Dec 20	%
Charles Janczewski	✓	✓	✓	✓	✓	100
Michael Imperato	✓	✓	✓	✓	✓	100
Rhian Thomas	✓	✓	✓	✓	✓	100
John Union	✓	✓	✓	✓	✓	100
Akmal Hanuk	✓	x	x	x	x	20
Eileen Brandreth	✓	x	x	✓	x	32
Susan Elsmore	x	x	x	x	✓	20
Sara Mosely	x	✓	✓	✓	x	60
Total	75	62	62	75	62	67

The Committee met five times during the year and achieved an overall attendance rate of 67%.

4.0 TERMS OF REFERENCE

The Terms of Reference were reviewed and approved by the Chair of the Committee on 1st March as a Chairs action and have also been included with the Terms of Reference and Work Plans for the Board for approval on 25th March 2021.

5.0 WORK UNDERTAKEN

During the financial year 2020/21, the following items were considered and approved by the Remuneration and Terms of Service Committee

August 2020

- Approval of an application for a Voluntary Early Release
- Approval of the appointment of the Acting Executive Director of Finance

October 2020

- Approval of appointment of Executive Director of Finance
- Executive Director end of year Objectives review

November 2020

- Approval of an application for a Voluntary Early Release

December 2020

- Approval of arrangements for replacement Executive Director of Workforce and OD and Deputy Chief Executive Officer
- Approval of an application for a Voluntary Early Release

6.0 OPINION

The Committee is of the opinion that the Finance Committee Report 2020/21 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Professor Charles Janczewski

Chair of the Health Board

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Annual Report of the Quality, Safety and Experience Committee 2020/21

Saunders, Nathan
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1.0 INTRODUCTION

In accordance with best practice and good governance, the Quality, Safety and Experience Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 MEMBERSHIP

The Committee membership is a minimum of four Independent Members one whom must be a member of the Audit and Assurance Committee. During the financial year 2020/21 the Committee comprised four Independent Members. In addition to the Membership, the meetings are also attended by the Executive Nurse Director (Executive Lead for the Committee) and the Director of Corporate Governance. The Chair of the Board is not a Member of the Committee but attends at least annually after agreement with the Committee Chair. Other Executive Directors are required to attend on an ad hoc basis.

3.0 MEETINGS AND ATTENDANCE

The Committee met six times during the period 1 April 2020 to 31 March 2021 one of which (October 2020) was a special meeting. This is in line with its Terms of Reference.

The Quality, Safety and Experience Committee achieved an attendance rate of 73.3% (80% is considered to be an acceptable attendance rate) during the period 1st April 2020 to 31st March 2021 as set out below:

	14.04.20	16.06.20	08.09.20	13.10.20	15.12.20	16.02.21	Attendance
Gary Baxter	X	X	X	✓	✓	✓	50%
Susan Elsmore	✓	X	✓	✓	✓	✓	83%
Akmal Hanuk	X	✓	✓	X	X	✓	50%
Michael Imperato	✓	✓	✓	✓	✓	✓	100%
Dawn Ward	✓	✓	✓	✓	✓	*	83%
Total	60%	60%	80%	80%	80%	100%	73%

*In January 2021, Independent Member Dawn Ward left her role and did not attend February's meeting.

4.0 TERMS OF REFERENCE

The Terms of Reference were reviewed and approved by the Committee on 16th February 2020 and are to be approved by the Board on 25th March 2021.

5.0 WORK UNDERTAKEN

During the financial year 2020/21 the Quality, Safety and Experience Committee reviewed the following key items at its meetings:

1. Mortality Review – Learning from Deaths
2. Ophthalmology waiting times and the management of Patient risk

3. End of Year Position on Quality Indicators
4. Quality, Safety and Experience Themes and Trends 2019-2020
5. Safeguarding Annual Report
6. Systemic Anti-Cancer Therapy Peer Review
7. Neonatal Peer Review

PRIVATE QUALITY, SAFETY AND EXPERIENCE COMMITTEE

APRIL, JUNE, SEPTEMBER, OCTOBER, DECEMBER 2020 AND FEBRUARY 2021

1. Safeguarding report
2. Abduction Policy
3. Key Issues – Cardiac Surgery
4. UHB Mortality Review Group Terms of Reference
5. Any Urgent / Emerging Themes
6. Covid Outbreaks
7. Paediatric surgery
8. Corporate Risk Register
9. Pandemic Update & Any Urgent/Emerging Themes
10. Corporate Risk Register
11. Review into working practices of CMHT's in C&V UHB

PUBLIC QUALITY, SAFETY AND EXPERIENCE COMMITTEE – SET AGENDA ITEMS

April 2020 - March 2021

Clinical Board Assurance Reports

The reports provided detail of the clinical governance arrangements within the Clinical Boards in relation to Quality, Safety and Patient Experience (QSPE). The reports identified the achievements, progress and planned actions to maintain the priority of QSPE. This is aligned to the UHB's Shaping Our Future Well Being Strategy 2015 – 2025, underpinning the development of the services by working collaboratively with the UHB workforce.

Exception Reports

The Committee received three Exception Reports:

1. Exception Reports – Key Issues
2. Exception Reports – IP&C Position
3. Exception Reports – COVID reporting

COVID-19

At each meeting, reports were provided to detail:

1. COVID-19 related incident reporting
2. COVID-19 Patient Experience Response

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3. COVID-19 Assurance on reporting of deaths
4. Impact of COVID-19 on Patient Safety
5. Progress on COVID-19 Mass Vaccination

A Special Meeting of the Quality, Safety and Experience Committee 13th October 2020

This meeting is held each year to focus on Serious Incidents and provide a deep dive into particular issues. The following items were presented:

1. Hot Topics
2. Quality, Safety and Experience Themes and Trends 2019-2020
3. Analysis of Themes and Trends in Deaths of Patients with Mental Illness - learning, action taken and improvement since last year

Policies and Procedures

A number of policies and procedures were discussed & approved at the Committee as follows:

1. Revised Guidance/Regulations Issued in Response to the COVID-19 Pandemic
2. Use of Antimicrobial Agents Policy
3. Health & Social Care (Quality & Engagement) (Wales) Act
4. Abduction Policy (Private Agenda)

Inspections, Peer Reviews and Other Reviews

11 Inspections, Peer Reviews and Other Reviews were received and approved over the course of the year and is as follows:

1. Mortality Review – Learning from Deaths (April 2020)
2. Healthcare Inspectorate Wales Update Review
3. Mortality Review (September 2020)
4. Systemic Anti-Cancer Therapy Peer Review
5. Neonatal Peer Review
6. Feedback from Effectiveness Review
7. Internal Inspections
8. Health Inspectorate Wales Activity Overview
9. Health Inspectorate Wales Primary Care Contractors
10. Health Inspectorate Wales Assessment Unit Update Report
11. Terms of Reference Annual Review

Risk and Assessments

The Committee received four reports:

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1. UHB self-assessment and improvement plan against the Cwm Taf HIW/WAO governance review
2. Self-assessment of Committee Effectiveness & Forward Action Plan
3. Healthcare Self-Assessment Plan and Progress Update
4. Ophthalmology waiting times and the management of Patient risk

Plans

Three plans were presented to the committee and are as follows:

1. Clinical Audit Plan – Local and National - The AD-PSQ advised the Committee that the National Clinical Audit Plan had been stood down by Welsh Government, however, the team would keep in touch with the Clinical Audit Teams to ensure that data is still inputted, although it is not a priority
2. Quality, Safety & Experience Workshop – Feedback & Action Plan
3. Annual Committee Workplan

Other Reports

Over the course of the year 12 other reports were presented to the Committee. The following was highlighted:

1. Maintaining Quality and Safety in Non-COVID Essential Services

The Deputy Chief Operating Officer summarised the position of the UHB in maintaining Quality and Safety in Non-COVID essential services and provided assurance that actions would continue to be guided by clinicians and be within the frameworks outlined in the report with the overriding principle of minimising harm for Covid and non Covid patients.

2. Controlled Drugs Local Intelligence Network

The report summarised the activities of the CDLIN over the past 12 months under the relevant headings of the Regulations:

Regulation 4: Accountable Officer

Regulation 7: Funds and other resources available

Regulation 10: Adequate destruction and Disposal arrangements for controlled drugs

Regulation 11: Monitoring and audit of the use of controlled drugs

Regulation 12: Declarations and self-assessments

Regulation 13: Appropriate training of relevant individuals

Regulation 15/16/17. Regulation 29 Records of concerns, assess, investigate and take action in relation to concerns. Occurrence reports

Regulation 18. Establish arrangements for information sharing

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3. Concerns and Claims Report

The Executive Nurse Director advised the Committee there had been a 10% increase in concerns raised to the UHB. The number of concerns closed had increased by 15% and performance was above Welsh Government targets at 82%. The Committee were informed there was no particular change with themes and the team expected to receive PI claims going forward, along with clinical negligence claims due to COVID-19.

4. Safeguarding Annual Report

The END advised the Committee that an increase in activity had been seen following the 2015 legislation on domestic homicide and FGM. The report highlighted referrals of children around neglect, mental health and domestic abuse and of adults around physical abuse, neglect and pressure damage although pressure damage was linked to how they were reporting at the time.

5. Health Care Standards Self-Assessment Plan and Progress Update

The Assistant Director of Patient Safety and Quality (ADPSQ) advised the Committee that work had been undertaken with specialist leads in the UHB and making sure their improvement plans had been implemented.

The ADPSQ advised the Committee that they were looking across the small central Clinical Audit team and that there were 38 national mandated audits and that the UHB are signed up to 35 of these.

6. Board Assurance Framework – Patient Safety

The Director of Corporate Governance advised the Committee that each of the risks are allocated to a Committee.

The DCG noted to the Committee that the reason for bringing Patient Safety Risks to the Committee is to provide an extra level of assurance and to open it up for check and challenge before going back to the board.

7. Annual Quality Statement

NHS bodies are required to publish Annual Report and Accounts, an important element of this will be the publication of the Annual Quality Statement. The AQS is intended to provide an opportunity for the Health Board to inform the public about the quality and safety of the services that it provides, including how it is making better use of resources to deliver safe, effective and patient centred services and how it provides care that is dignified and compassionate.

8. Patient Safety Solutions

The UHB regularly receives alerts and notices from Welsh Government. These cover a range of patient safety issues. Each notice or alert contains a list of actions to be completed before compliance can be declared. The timescale given to undertake these actions varies according

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to the complexity of the actions required. By the specified deadline, the UHB must report a position of compliance, non-compliance or not applicable.

9. Patient Falls

Falls and falls-related injuries are a major public health concern, and are a one of the biggest causes of morbidity and mortality for older people in the home, community and in hospital settings.

The Committee was briefed on the significant amount of work that has been done to date and to describe the proposed approach to falls prevention in Cardiff and the Vale of Glamorgan.

The Committee was advised that the falls delivery group continue to meet and excellent community work is underway and much of this work was started by Oliver Williams, a physiotherapist working with the patient safety team and led on falls.

10. Infected Blood Inquiry Update

On 2 July 2018, the Independent Public Inquiry into Infected Blood and Blood Products (the Infected Blood Inquiry) was launched. The inquiry will examine the circumstances in which men, women and children treated by the NHS in the UK were given infected blood and blood products, in particular since 1970.

Since responding to the Inquiry on 12th September 2018, the UHB has continued to work with Haemophilia Wales, Welsh Blood Service, Public Health Wales, Velindre NHS Trust and other Health Boards across Wales.

11. Ophthalmology Report

The Committee was informed that a plan for Ophthalmology had been developed as the volume of individuals requiring access to the service was a problem across Wales. It was advised that there was a high level of risk associated with long waits as an individual's eyesight could deteriorate quickly. The Ophthalmology team had developed and tested a virtual service which was successful. An update was provided on progress against the priorities set out in the Ophthalmology Plan.

12. Ombudsman Annual Letter and Report

The Public Service Ombudsman for Wales annually writes to each Health Board in Wales and provides an overview of trends, performance and key messages arising from activity in the Ombudsman's office over the previous year. The letters are published on the Ombudsman's website.

13. Advancing Applied Analytics Health Foundation Project Presentation

A report was presented to the Committee around Patient Safety and applied analytics around that and how to achieve a complete view of Patient Safety.

A Patient Safety Facilitator advised the Committee that extracting and exploring data from the incident reporting system was labour intensive and time consuming so to roll that data project across the UHB, a dashboard was developed by the Business Intelligence team.

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6.0 REPORTING RESPONSIBILITIES

The Committee has reported to the Board after each of Quality, Safety and Experience Committee meetings by presenting a summary report (introduced from November 2018) of the key discussion items at the Quality, Safety and Experience Committee. The report is presented by the Chair of the Quality, Safety and Experience Committee.

7.0 OPINION

The Committee is of the opinion that the draft Quality, Safety and Experience Committee Report 2020/21 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

SUSAN ELSMORE
Committee Chair

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Annual Report of Digital Health & Intelligence Committee 2020/21

Saunders, Nathan
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1.0 Introduction

In accordance with best practice and good governance, the Digital & Health Intelligence Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 Membership

The Committee membership is a minimum of three Independent Members. In addition to the Membership, the meetings are also attended by the Director of Transformation and Informatics, Director of Digital and Health Intelligence, Assistant Medical Director IT, Director of Corporate Governance, Data Protection Officer, Workforce Representative. Other Executive Directors will attend as required by the Committee Chair. The Chair of the Board is not a Member of the Committee but attends at least once annually after agreement with the Committee Chair.

3.0 Meetings & Attendance

The Committee met three times during the period 1 April 2021 to 31 March 2021. This is in line with its Terms of Reference.

At least two members of the Committee must be present in addition to the Director of Digital and Health Intelligence and/or an Executive Director to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

The Digital & Health Intelligence Committee achieved an attendance rate of 75% (80% is considered to be an acceptable attendance rate) during the period 1st April 2020 to 31st March 2021 as set out below:

	09/07/2020	08/10/2020	11/02/2021	Attendance
Eileen Brandreth (Chair)	✓	✓	✓	100%
Michael Imperato (Vice Chair)	✓	✓	✓	100%
Charles Janczewski	✓	✓	X	66%
Prof Gary Baxter	X	✓	X	33%
Total	75%	100%	50%	75%

4.0 Terms of Reference

The Terms of Reference are due to be reviewed and approved by the Committee on 1st June 2021 and will be approved by the Board on 24th June 2021

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5.0 Work Undertaken

As Set out in the Committee Terms of Reference the purpose of the Committee is to:

Provide **assurance** to the Board that;

- Appropriate processes and systems are in place for data, information management and governance to allow the UHB to meet its stated objectives, legislative responsibilities and any relevant requirements and standards determined for the NHS in Wales.
- There is continuous improvement in relation to information governance within the UHB and that risks arising from this are being managed appropriately.
- Effective communication, engagement and training is in place across the UHB for Information Governance;
- To Seek assurance on the development and delivery of a Digital Strategy for the UHB ensuring that:
 - It supports Shaping our Future Wellbeing and detail articulated within the IMTP
 - Good partnership working is in place
 - Attention is paid to the articulation of benefits and an implementation programme of delivery
 - Benefits are derived from the Strategy

During the financial year 2020/21, the Digital Health & Intelligence Committee reviewed the following key items at its meetings:

Private Digital Health & Intelligence Committee **July, October 2020 & February 2021**

Papers presented to the private session of the Digital Health & Intelligence Committee were as follows:

- IG Audit Assurance
- Sensitive Issues
- Minutes of the Digital Delivery Leadership Group (formerly NIMB)
- NWIS Consultation Document

PUBLIC DIGITAL HEALTH & INTELLIGENCE COMMITTEE – SET AGENDA ITEMS

COVID-19 Response

7th July 2020

At July's Special Committee Meeting the newly appointed Director of Digital Transformation (DDT) provided a detailed update on the Health Board's Digital response to Covid-19. The following key work streams were highlighted.

- 56/62 practices were actively using video consulting;

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- Attend Anywhere had exceeded 1000 consultations virtually;
- Staff resource on the internet, patient facing waiting room and patient communication was being implemented across the UHB;
- Consultant Connect went live on 1st June 2020, and a further roll out was underway to 8 specialities who had expressed interest in the service, this was due to be completed in the coming weeks;
- Microsoft Teams had been rolled out across the UHB, first phase was 250 staff, and it would be rolled out to everyone going forward, Teams would require complete integration with outlook therefore it would take time, however once Office 365 was installed by the end of September 2020, the UHB would be able to convert fully to Microsoft Teams;
- Office 365 Implementation Board would be chaired by Allan Wardaugh – Chief Clinical Information Officer (CCIO);
- IT department had built 1400 laptops, 900 maraki boxes and set up 800 blackberry work devices to enable over 2000 employees to work remotely;
- WiFi was fully funded by the UHB, instead of the Health Charity;
- The IT team supported Dragons Heart Hospital to be fully connected within 2 weeks, the team were able to replicate a smaller version of UHW at the site, therefore all staff had the same access regardless which location they were based;

Digital Strategy

The Health Board's Digital Strategy was discussed at the committee's July and October 2020 and February 2021 meetings.

The creation and development of Cardiff and Vale's Digital Strategy 2020-2025 set out the Health Board's digital direction of travel and was identified as a key enabler of the UHB's service transformation plans over the following 5 years. The Digital Strategy was presented to the Committee on 9th July 2020 where it was ratified and recommended for UHB Board approval.

The Digital Strategy was subsequently approved by the UHB Board at its meeting on 30th July 2020.

8th October 2020

The DDHI shared the final version of the Digital Strategy which had been updated to reflect the governance arrangements put in place to reflect the Health Board's move from development to delivery. The governance system adopted was designed to oversee and manage the work programmes, ensuring that they remained clinically-led. At October's meeting the final version of the Digital Strategy 2020-2025 was agreed.

11th February 2021

At February's meeting the DDHI shared, Digital Strategy - Plan on a Page and Digital Strategy – Case for Investment papers with the committee.

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The Plan on a page highlighted what the digital team wanted to achieve from the Digital Strategy and provided a useful outline of progress and timelines. It was noted that the plan showed progress made, risks and budgeting information and useful dashboard so the Committee could easily consume the full scope of the Programme.

The committee also discussed the Digital Team's 'Digital Strategy – Case for Investment' which was noted and approved for recommendation to the Health Board's Management Executive team for further consideration.

Digital Transformation Progress Report (Digital Dashboard)

8th October 2020 and 11th February 2021

At the October 2020 and February 2021 meetings of the committee the Director of Digital Health Intelligence (DDHI) shared reports that outlined progress made against the Digital Health Teams 3 year strategic outline plan for informatics development across the Health Board.

Whilst progress continued to be made in key areas, such as the Cardiff and Vale Data repository, the Integrated Digital Health and Care Record and other local and national projects the department had completely re-focused its work plan to prioritise Digital Initiatives to support the UHB in addressing the impact of Covid-19 including work to deliver the digital infrastructure for the Dragon's Heart Hospital, the Lakeside Wing and the Health Board's Mass Vaccination Programme.

Digital Mobile Strategy

The Health Board's Digital Mobile Strategy was discussed at the October meeting.

The DDHI advised that the Mobile Strategy had been developed late the previous year ahead of big changes made due to the pandemic and was focused on the community services component of the UHB.

It was acknowledged that progress had been made but the timescales for the roll out of Office 365 were queried. It was noted that a full office 365 roll out would follow the meeting to allow an enhanced model of mobile working.

IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)

8th October 2020 and 11th February 2021

The Information Governance Manager (IGM) shared Information Governance compliance and performance updates at the October 2020 and February 2021 meetings.

The performance of the information Governance team was commended for the standards it had maintained during what had been a difficult year for the team given staff pressures and the prevailing Covid climate. It was noted that failure to meet highlighted targets was understandable in the circumstances but the committee was assured that the position would be normalised in the coming months.

Clinical Coding Performance Data

8th October 2020 and 11th February 2021

The IGM reported that whilst Performance data took a dip during the first quarter of 2020 due to covid the team had recovered and were above the Welsh Government targets of 95%.

The committee noted the teams consistent achievements of the Welsh Government targets despite the Covid pressures.

Joint IMT & IG Corporate Risk Register

8th October 2020 and 11th February 2021

The Joint IMT and IG Corporate Risk Register was shared at the October 2020 and February 2021 committee meetings and scrutinised to provide the committee with assurance that risks were being managed. The committee were also appraised of staff recruitment to mitigate cyber security risks at Octobers meeting.

IMT Audit Assurance Tracker

8th October 2020 and 11th February 2021

The Digital Health Teams' IMT Audit Assurance Tracker was noted and discussed at the October 2020 and February 2021 committee meetings.

Key risks were actively discussed by the committee at both meetings and it was noted that key regulatory recommendations were also linked to the Health Board's Audit Committee Tracking reports for further assurance.

IG Audit Assurance Tracker

8th October 2020 and 11th February 2021

The Digital Health Teams' IG Audit Assurance Tracker was noted and discussed at the October 2020 and February 2021 committee meetings.

At October's meeting it was noted that a consolidation exercise had been undertaken to avoid duplication between Internal Audit and ICO audit recommendations.

Progress against audit recommendations was noted at both committee meetings and at February's meeting the IGM confirmed that the ICO would be re-auditing the Health Board in October 2021.

IMTP Work Plan Exception Report

8th October 2020 and 11th February 2021

The IMTP Work Plan Exception Report was noted and discussed at the October 2020 and February 2021 committee meetings.

At both meetings the Committee discussed and noted the areas of exception which required further attention and consideration.

Schedule of Control Documents (Policies & Procedures)

8th October 2020

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At October's committee meeting the DDHI shared a list of policies and procedures that well within the Digital Health Team's remit. It was agreed that further work would be undertaken to update out of date policies and bring them to committee for review and approval.

11th February 2021

At February's meetings a report was shared detailing reports that had been reviewed and updated since October 2020 and a list of policies and procedures that requires further review and update. It was agreed that all policies relating to IG and IMT should be approved by committee.

6.0 Reporting Responsibilities

The Committee has reported to the Board after each of the Digital Health & Intelligence Committee meetings by presenting a summary report of the key discussion items at the Digital Health & Intelligence Committee. The report is presented by the Chair of the Digital Health & Intelligence Committee. As per the Committee's Terms of Reference the report is presented by the Committee Chair in which he/she must:

- report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of committee minutes and written reports throughout the year;
- bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the UHB.

7.0 Opinion

The Committee is of the opinion that the draft Digital Health & Intelligence Committee Report 2020/21 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Eileen Brandreth
Committee Chair

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Annual Report of Health and Safety Committee 2020/21

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1.0 Introduction

In accordance with best practice and good governance, the Health and Safety Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 Membership

The Committee membership is a minimum of three Independent Members. In order for the meeting to be quorate two Independent Members must be present. Meetings are also attended by the Director of Workforce and OD, who has assumed responsibility as the Executive Lead for Health and Safety, Director of Public Health, Director of Therapies and Health Sciences and Director of Corporate Governance. Staff Safety Representatives also attend the meeting. Other Executive Directors are required to attend on an ad hoc basis.

3.0 Meetings and Attendance

The Committee met four times during the period 1 April 2020 to 31 March 2021. This is in line with its Terms of Reference. April was a special meeting. The Health and Safety Committee achieved an attendance rate of 83.5% (80% is considered to be an acceptable attendance rate) during the period 1st April 2020 to 31st March 2021 as set out below:

	30/04/2020	24/11/2020	05/01/2021	30/03/2021	Attendance
Akmal Hanuk (Chair)	Y	Y	Y	Y	100%
Michael Imperato	Y	Y	Y	Y	100%
Dawn Ward	Y	Y	N	N	50%
Total	100%	100%	67%	67%	83.5%

Please note that Independent Member Dawn Ward left her position in January 2021.

4.0 Terms of Reference

The Terms of Reference were reviewed and approved by the Committee on 5th January 2021 and were approved by the Board on 25th March 2021

5.0 Work Undertaken

30th April 2020

April was a special meeting held to discuss concerns around Personal Protective Equipment (PPE).

The Committee was advised that it would be aware of the media coverage surrounding the shortage of PPE and were given assurance that PPE was not a concern for the UHB.

The Committee was advised that in relation to stock availability, the procurement department had been exceptional in procuring supplies of PPE equipment. The Executive Nurse Director added that whilst, on occasion the UHB had been low on stock, on the whole there had been very good stock levels throughout the pandemic.

The Committee was advised that the UHB had three different versions of masks available and when new versions were received, all staff needed to be FIT tested to ensure they were safe.

There are a number of standing agenda items discussed at every Committee meeting, these being:

Enforcement Agency Reports, Fire Enforcement and Management Compliance Reports, Updated Health and Safety Related Policy Schedules, Minutes from the Operational Health and Safety Group and Environmental Health Inspection Reports.

There were two additional agenda items discussed at the November and March meetings, these being:

Risk Register for Health and Safety and the Health and Safety Training Update.

Enforcement Agencies Reports

24th November 2020

The Committee was advised that there were 4 new issues since the last meeting, those being;

- (i) Covid safe workplace – Woodlands House
- (ii) Death of a member of staff as a result of Covid.
- (iii) Self-isolating concerns – Radiology Department, University Hospital Llandough
- (iv) Fit testing within a Nursing Home

The Committee was informed that the Health and Safety Executive (HSE) had received a complaint from a member of staff in relation to Woodland House not being a Covid safe workplace. The HSE requested information in relation to cleaning regimes, information provided to staff and monitoring arrangements. The HSE were informed of the measures being undertaken to keep the workplace safe and were satisfied that no further action was to be taken.

The HSE were investigating whether the member of staff who had died had acquired covid-19 through work related exposure. A group of relevant personnel was formed to pull together the requested information which was provided to the HSE.

The HSE contacted the Health Board in relation to a concern that had been raised with them by a member of staff in the Radiology Department, UHL, where it was alleged that there had been 3 – 4 confirmed positive cases of covid-19 amongst staff, and the manager had told them

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to still come to work and not to speak to the test and trace service as he did not want anyone self-isolating.

This concern was fully investigated by the Clinical Board and a number of documents were provided to the HSE, following receipt of the documentation the HSE confirmed no further action would be taken.

The PCIC Clinical Board received communication from the HSE in relation to face fit testing practices in a Nursing Home, following a response to this communication, the HSE followed the matter up with the Health and Safety Department and remained under investigation.

5th January 2021

The Committee was advised that since November's meeting there had been 1 new correspondence from the HSE in relation to a steam boiler at University Hospital Llandough (UHL). It was examined by a competent person and found to have 1 defect. The Health Board responded to the HSE and there had been no correspondence since so it was assumed that the case was closed.

The Committee was advised that there had been 2 updates for noting since the last meeting:

- 1) HSE had investigated the death of a member of staff who had tested positive for Covid-19. Since the report had come out a formal update had been provided by HSE who noted that it was not RIDDOR reportable so they did not consider it a work-related death. The item was closed.
- 2) Communication from the HSE on the 11th November 2020 in relation to face fit testing practices in a Nursing Home. A meeting took place with the IPC Department on 20th November 2020 to address the concerns raised by the HSE.

30th March 2021

To be discussed

Fire Enforcement and Management Compliance Reports

24th November 2020

The Committee was informed that Covid-19 was having an impact on a number of areas.

It was reported that unwanted fire signals had reduced as a direct result of decreased footfall on the sites and to date there had been 69 calls whereas 12 months ago it had been 260.

There were also a small number of fire risk assessments that were unable to be completed as they were in Covid-19 red areas and therefore access was restricted.

The Committee was advised that whilst electronic training had seen an improvement, face to face training had reduced significantly.

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5th January 2021

The Committee was advised that there had been no activity in terms of audits from the enforcing authority as they had been preoccupied during the Covid-19 pandemic.

The Committee was advised that there had been a decrease in unwanted fire signals and that there had been a reduction in fire activity across all sites.

The Committee was advised that in regards to fire training there was online training available but unfortunately there was a statutory obligation for clinical teams to have face to face training on an annual basis and that this was a significant issue, particularly given that it was an issue before COVID-19 due to staffing levels.

The Committee was advised that additional staff had been brought in which included ex fire safety officers who would be manning the helideck at the University Hospital of Wales (UHW) and would provide cover for the Lakeside Wing.

The Committee was advised that there had been pressures on Porterage and Security services who were part of the firefighting team. A number of staff had been in self-isolation, shielding and reduced numbers in that area meant bringing in support from Cardiff airport in relation to the staffing of the helideck.

30th March 2021

To be discussed at the March Meeting.

Updated Health and Safety Related Policies Schedules

24th November 2020

The Committee was advised that a number of Health and Safety Policies were out of compliance. This had been discussed at the Operational Health and Safety Group where it was agreed to seek approval from the Committee to extend the review period by a maximum of 18 months. The Committee was advised that there were no immediate concerns in relation to any of the policy content.

5th January 2021

The Committee was advised that at the last Health and Safety meeting it was noted that a number of policies were out of date and needed review. It had been advised that there would be a 12 to 18-month extension due to the ongoing Covid-19 pandemic.

The Committee was given assurance that the policies that had not been reviewed did not have any major content that required change and that the policies remained valid.

The Committee was advised that a new policy around Protective Personal Equipment (PPE) was being looked at and that it would be presented at the Committee's March meeting.

30th March 2021

To be discussed

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Environmental Health Inspection Reports

24th November 2020

The Committee was advised that no inspections had taken place since March 2020, although these were due to be recommenced in the near future.

5th January 2021

The Committee was advised that Environmental Health were not prioritising inspections and that there had not been any inspections since March 2020. There was also no indication of when they would recommence.

The Committee was advised that the Health and Safety team were still doing what should be done if inspections had continued and had appointed an Environmental Health Officer who would be undertaking internal audits and making sure that nothing fell by the wayside.

30th March 2021

To be discussed

During the financial year 2020/21, the Health and Safety Committee also reviewed the following key items at its meetings:

24th November 2020

- **Discretionary Capital Compliance**

The Committee was informed that estates compliance was initially reviewed in 2013 where there had been 41 areas of compliance in the red at the time and the Board had supported a programme of works to address these. It was reported that there had been a significant improvement and there were now only 6 areas of non-compliance. The Committee was informed that an annual spend of £3.5 million was spent on inspections and testing.

5th January 2021

- **Priority Improvement Plan**

The Committee was advised that the Priority Improvement Plan (PIP) needed a complete overhaul and that the work would be taken by the new Head of Health and Safety who was due to start in February 2021.

The PIP would be in line with the risk register and would be fully reviewed to look at where the organisation was when coming out of the COVID-19 pandemic.

- **Committee Terms of Reference & Work Plan for 2021-22**

The Committee was advised that there were very few changes for the next financial year and that the Deputy Chief Operating Officer (DCOO) had been added to the work plan as the Executive Lead.

The Committee was advised that it was currently under review as to whether it should remain a Committee of the Board and noted that if it did not remain it would likely report into the

Quality, Safety and Experience Committee or the Strategy and Delivery Committee and the Terms of Reference would require amendment to take that into account.

30th March 2021 – To be discussed

- **Health and Safety overview**
- **Lone Worker Devices Report**
- **Regulatory and Review Body Tracking Report**

6.0 Reporting Responsibilities

The Committee has reported to the Board after each of the Health and Safety Committee meetings by presenting a summary report of the key discussion items at the Health and Safety Committee. The report is presented by the Chair of the Health and Safety Committee.

7.0 Opinion

The Committee is of the opinion that the draft Health and Safety Committee Report 2020/21 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Akmal Hanuk

Committee Chair

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Report Title:	Terms of Reference and Work Plans for Committees of the Board						
Meeting:	Board				Meeting Date:	25 th March 2021	
Status:	For Discussion		For Assurance		For Approval	X	For Information
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Director of Corporate Governance						

Background and current situation:

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

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

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

Terms of Reference and work plans for Committees of the Board are reviewed on an annual basis in line with Standing Orders and good governance. Committees of the Board have had their Terms of Reference reviewed by the Committee prior to presentation to the Board for approval. This has been undertaken with the exception of:

- Remuneration and Terms of Reference Committee - Where a Chairs action was undertaken to provide approval.
- Digital Health Intelligence Committee – A new Chair has been appointed from 1st April therefore the Terms of Reference will be reviewed with the new Chair prior to Board approval.
- Mental Health and Capacity Legislation – Terms of Reference have been agreed and a work plan will be developed for Committee and Board approval in May.

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

Each Committee established by the Board must have its own detailed terms of reference which must be formally approved by the Board. The Terms of Reference must establish Committee governance and ways of working.

The Membership of all Committees of the Board will be determined by the Board based upon recommendations from the Chair. Executive Directors should not be appointed as Committee

Chairs, neither should they be appointed to serve as members on any Committees set up to review the exercise of functions delegated to officers. Executive Directors and designated Officers shall be in attendance at such Committees as appropriate.

The Work Plans for each Committee must reflect the Terms of Reference to ensure that the Committee is discharging its responsibilities appropriately.

Recommendation:

For the Board to:

*** denotes a statutory Committee**

(a) Approve the establishment of the following Committees of the Board for 2021-22:

- Audit Committee*
- Quality, Safety and Experience Committee*
- Remuneration and Terms of Service Committee*
- Mental Health and Capacity Legislation Committee (Mental Health Act requirements)*
- Strategy and Delivery Committee
- Charitable Funds Committee*
- Health and Safety Committee
- Digital Health and Intelligence Committee (Information Governance)*
- Finance
- Our Future Hospitals Committee

(b) Approve the attached Terms of Reference for the following Committees of the Board:

- Audit Committee*
- Quality, Safety and Experience Committee*
- Remuneration and Terms of Service Committee*
- Mental Health and Capacity Legislation Committee (Mental Health Act requirements)*
- Strategy and Delivery Committee
- Charitable Funds Committee*
- Health and Safety Committee
- Finance
- Our Future Hospitals Committee

Noting that Terms of Reference will be reviewed for Digital Health Intelligence Committee for the May Board.

(c) Approve the attached Work Plans for the following Committees of the Board:

- Audit Committee*
- Quality, Safety and Experience Committee*
- Remuneration and Terms of Service Committee*
- Strategy and Delivery Committee

- Charitable Funds Committee*
- Health and Safety Committee
- Finance

Noting that work plans will be developed for Mental Health and Capacity Legislation Committee, Digital Health Intelligence Committee and Our Future Hospitals Committee for the May Board.

Shaping our Future Wellbeing Strategic Objectives

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

1. Reduce health inequalities	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		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>							





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TERMS OF REFERENCE AND WORKPLANS FOR COMMITTEES OF THE CARDIFF AND VALE UNIVERSITY HEALTH BOARD 2021/22

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AUDIT AND ASSURANCE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

- 1.1 The UHB Standing Orders provide that “The Board may and, where directed by the Welsh Government must, appoint Committees of the LHB Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees”.
- 1.2 In line with Standing Orders (3.4.1) and the UHB Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Audit and Assurance Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

- 2.1 The purpose of the Audit Committee (“the Committee”) is to:
- **Advise** and **assure** the Board and the Accountable Officer on whether effective arrangements are in place - through the design and operation of the UHB’s assurance framework - to support them in their decision taking and in discharging their accountabilities for securing the achievement of the UHB’s objectives, in accordance with the standards of good governance determined for the NHS in Wales.
- 2.2 Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its assurance framework may be strengthened and developed further.

3. DELEGATED POWERS AND AUTHORITY

- 3.1 With regard to its role in providing advice to the Board, the Committee will comment specifically upon:
- the adequacy of the UHB strategic governance and assurance framework and processes for risk management and internal control designed to support the Accountable Officer’s statement on internal control, providing reasonable assurance on:
 - the organisations ability to achieve its objectives;
 - compliance with relevant regulatory requirements, standards and other directions and requirements set by the Welsh Government and others;
 - the reliability, integrity, safety and security of the information collected and used by the organisation;
 - the efficiency, effectiveness and economic use of resources; and
 - the extent to which the organisation safeguards and protects all its assets, including its people
 - the adequacy of the arrangements for declaring, registering and handling interests at least annually
 - the adequacy of the arrangements for dealing with offers of gifts or hospitality

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- to ensure the provision of high quality, safe healthcare for its citizens;
- the Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate);
- the accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, the ISA 260 Report 'Communication with those charged with Governance' and managements' letter of representation to the external auditors;
- the Schedule of Losses and Compensation;
- the planned activity and results of internal audit, external audit and the Local Counter Fraud Specialist (including strategies, annual work plans and annual reports);
- the adequacy of executive and managements response to issues identified by audit, inspection and other assurance activity;
- anti-fraud policies, whistle-blowing processes and arrangements for special investigations; and
- any particular matter or issue upon which the Board or the Accountable Officer may seek advice

3.2 The Committee will support the Board with regard to its responsibilities for governance (including risk and control) by:

- reviewing the **comprehensiveness** of assurances in meeting the Board and the Accountable Officers assurance needs across the whole of the UHB's activities, both clinical and non-clinical;
- reviewing the **reliability and integrity** of these assurances; and
- considering and approving policies as determined by the Board.

3.3 To achieve this, the Committee's programme of work will be designed to provide assurance that:

- there is an effective Internal Audit function that meets the standards set for the provision of Internal Audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Accountable Officer through the Committee;
- there is an effective Counter Fraud Service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Committee;

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- there is an effective clinical audit and quality improvement function that meets the standards set for the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Quality, Safety and Experience Committee;
- there are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Accountable Officer or through the work of the Board's committees
- the work carried out by key sources of external assurance, in particular, but not limited to the UHB External Auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity
- the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply;.
- the systems for financial reporting to the Board, including those of budgetary control, are effective; and that
- the results of audit and assurance work specific to the UHB, and the implications of the findings of wider audit and assurance activity relevant to the UHB's operations are appropriately considered and acted upon to secure the ongoing development and improvement of the organisations governance arrangements.

Authority

- 3.4 The Committee is authorised by the Board to investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB relevant to the Committee's remit, and ensuring patient/client and staff confidentiality, as appropriate. It may seek relevant information from any:
- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
 - any other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.
- 3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

Access

- 3.6 The Head of Internal Audit and the Engagement Partner/Audit Manager of External Audit shall have unrestricted and confidential access to the Chair of the Audit Committee.

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- 3.7 The Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.
- 3.8 The Chair of Audit Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

- 3.9 The Committee may, subject to the approval of the UHB Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

4. MEMBERSHIP

Members

- 4.1 A minimum of three (3) members, comprising:
- | | |
|------------|--|
| Chair | Independent member of the Board |
| Vice Chair | Chosen from amongst the Independent members on the Committee |
| Members | At least one other independent members of the Board <i>[one of which should be the member of the Quality and Safety Committee (or equivalent)]</i> |

The committee may also co-opt additional independent ‘external’ members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

- 4.2 In attendance
- | |
|--|
| Chief Executive |
| Director of Finance (Lead Executive) |
| Director of Corporate Governance |
| Head of Internal Audit |
| Local Counter Fraud Specialist |
| Representative of External Auditor |
| Other Executive Directors will attend as required by the Committee Chair |
- 4.3 By invitation The Committee Chair may invite:
- any other UHB officials; and/or
 - any others from within or outside the organisation
 - to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

- 4.4 Secretary - As determined by the Director of Corporate

Member Appointments

- 4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair - taking account of the balance of skills and expertise necessary to deliver the committee's remit and subject to any specific requirements or directions made by the Welsh Government.
- 4.6 Committee members' terms and conditions of appointment, (including any remuneration and reimbursement) are determined by the Board, based upon the recommendation of the UHB Chair.

Support to Committee Members

- 4.7 The Director of Corporate Governance, on behalf of the Committee Chair, shall:
- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of organisational development for committee members as part of the UHB's overall OD programme developed by the Director of Workforce and Organisational Development.

5. COMMITTEE MEETINGS

Quorum

- 5.1 At least two members must be present to ensure the quorum of the Committee, one of whom should be the committee Chair or Vice Chair.

Frequency of Meetings

- 5.2 Meetings shall be held no less than quarterly, and otherwise as the Chair of the Committee deems necessary – consistent with the UHB annual plan of Board Business.

Withdrawal of Individuals in Attendance

- 5.3 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. RELATIONSHIP AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.
- 6.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 6.3 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information

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in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

6.4 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the UHB overall framework of assurance.

6.5 The Committee shall embed the UHB's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of committee minutes and written reports throughout the year;
- bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the UHB.

7.2 The Committee shall provide a written, annual report to the board and the Accountable Officer on its work in support of the Annual Governance Statement, specifically commenting on the adequacy of the assurance framework, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.

7.3 The Board may also require the Committee Chair to report upon the committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

7.4 The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the UHB Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- quorum (set within individual Terms of Reference)

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee with reference to the Board.

Audit Committee Work Plan 2021 - 22							
A - Approval D- discussion I - Information	Exec Lead	06-Apr	10-Jun	06-Jul	07-Sep	09-Nov	08-Feb
Agenda Item							
Governance							
Review the system of assurance	NF	D				D	
Review the risk management system	NF		D				D
Note the business of other Committees and review inter-relationships	NF						D
Review Draft AGS	NF	D	A				
Review Draft Quality Statement	RW	D	A				
Review the UHB Annual Report	NF	D	A				
Review of Standing Orders	NF						D
Report on Declarations of Interest and Gifts and Hospitality	NF	D		D	D	D	D
Receive relevant reports from Regulatory Bodies	NF	D		D	D	D	D
Receive tracking report from Regulatory Bodies	NF	D		D	D	D	D
Receive tracking report from internal audit recommendations	NF	D		D	D	D	D
Receive tracking report from Audit Wales recommendations	NF	D		D	D	D	D
Financial Focus							
Agree final accounts timetable and plans	CP						A
Review of audited annual accounts and financial statements	CP		A				
Review changes to SFIs and changes to accounting policies	CP/NF	D					
Review losses and special payments	CP	D	A			A	
Single Tender Actions	CP	D		D	D	D	D
Review of Draft Charitable Funds Annual Report and Accounts	CP					D	
Internal Audit							
Review and approve annual internal audit plan	IA	A					
Review the effectiveness of internal audit	IA					D	
Review of internal audit progress reports	IA	D		D	D	D	D

Receive internal audit reports undertaken during the period	IA	D		D	D	D	D
Receive annual internal audit report and associated opinions (HoIA)	IA		A				
Audit Wales							
Agree Auditor General's Audit Plan	AW						A
Review the effectiveness of external audit	AW					D	
Review External Audit Progress Reports	AW	D		D	D	D	D
Receive the Auditors report to those charged with governance	AW		A				
Receive the Auditors Annual Audit Report	AW						A
Receive Annual Structured Assessment Report	AW					D	
Clinical Audit							
Review annual Clinical Audit Plan	SW					D	
Counter Fraud							
Review and approve annual counter fraud plan	CF	A					
Review counter fraud progress reports	CF	D		D	D	D	D
Review the effectiveness of Counter Fraud Specialist	CF					D	
Receive counter fraud annual report	CF	D	A				
Audit Committee							
Annual Work Plan	NF						A
Self assessment of effectiveness	NF	D					
Induction Support for Committee Members	NF	D					
Review Terms of Reference	NF						A
Produce Audit Committee Annual Report	NF						A
Minutes of Audit Committee Meeting	NF	A	A	A	A	A	A
Action log of Audit Committee Meeting	NF	D	D	D	D	D	D

QUALITY, SAFETY AND EXPERIENCE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

- 1.1 The University Health Board (UHB) Standing Orders provide that *“The Board may and, where directed by the Welsh Government must, appoint Committees of the UHB Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees”*.
- 1.2 In line with standing orders (and the UHB Scheme of Delegation), the Board shall nominate a Committee to be known as the **Quality, Safety and Experience Committee**. This Committee’s focus is on ensuring patient and citizen quality and safety including activities traditionally referred to as ‘Clinical governance’. The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are set out below.

2. PURPOSE

- 2.1 The purpose of the Quality, Safety and Experience Committee “the Committee” is to provide:
- evidence based and timely **advice** to the Board to assist it in discharging its functions and meeting its responsibilities with regard to quality, safety and experience of health services;
 - **assurance** to the Board on the setting of local organisational Quality and Safety standards and supporting an organisational safety culture.
 - evidence based and timely **advice** to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality, safety and experience of public health, health promotion and health protection activities;
 - **assurance** to the Board in relation to the UHB arrangements for safeguarding and improving the quality and safety of patient and citizen centred health improvement and care services in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales;
 - **assurance** to the Board in relation to improving the experience of patients, carers citizens and all those that come into contact with our services including those provided by other organizations or in a partnership arrangement

3. DELEGATED POWERS AND AUTHORITY

- 3.1 The Committee will, in respect of its **provision of advice** to the Board:
- 3.2 oversee the initial development of the UHB plans for the development and delivery of high quality and safe healthcare and health improvement services

consistent with the Board's overall Strategy and any requirements and standards set for NHS bodies in Wales;

- consider the implications for quality, safety and experience arising from the development of the UHB Strategy, Integrated Medium Term Plan or plans of its stakeholders and partners, including those arising from any Joint Committees of the Board;
- consider the implications for patient and citizen experience arising from internal and external review/investigation reports and actions arising from the work of external regulators;
- consider the outcomes for patient feedback methodologies in line with the National Service User Framework
- review achievement against the Health and Care Standards in Wales to inform the Annual Quality and Annual Governance Statements;
- consider and approve policies as determined by the Board.
- Approve and monitor implementation of the Quality, Safety and Experience Framework and oversee the necessary developments to deliver the seven identified work streams:
 - Organisational Safety Culture
 - Leadership and the prioritisation of quality, safety and experience
 - Patient experience and involvement in quality, safety and experience
 - Patient safety learning and communication
 - Staff engagement and involvement in safety, quality and experience
 - Patient safety, quality and experience data and insight
 - Professionalism of patient safety, quality and experience

3.2 The Committee will, in respect of its **assurance role**, seek assurances that governance arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe healthcare and improvement services across the whole of the UHB activities and responsibilities.

3.3 To achieve this, the Committee's programme of work will be designed to ensure that, in relation to all aspects of quality, safety and patient and citizen experience:

- there is clear, consistent strategic direction, strong leadership and transparent lines of accountability;
- the organization, at all levels has a citizen centred approach, putting citizens, patients and carers, patient safety and safeguarding above all other considerations;
- the care planned or provided across the breadth of the organization's functions is consistently applied, based on public health principles, sound evidence, clinical effectiveness and meets agreed standards;
- the organization, at all levels has the right systems and processes in place to deliver, from a patient, carer and citizen perspective - efficient, effective, timely and safe services;
- the organization has effective systems and processes to meet the Health and Care Standards;
- the workforce is appropriately selected, trained, supported and responsive to ensure safe, quality and patient centred services ensuring that regulatory arrangements, professional standards and registration/revalidation requirements are maintained;
- there is an ethos of continual quality improvement and regular methods of updating the workforce in the skills needed to demonstrate quality improvement throughout the organization;
- there is good team working, collaboration and partnership working to provide the best possible outcomes for its citizens;

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- risks are actively identified and robustly managed at all levels of the organization;
- decisions are based upon valid, accurate, complete and timely data and information;
- there is continuous improvement in the standard of quality and safety across the whole organization – continuously monitored through the Health and Care Standards in Wales;
- all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality and safety of care provided, and in particular that:
 - sources of internal assurance are reliable, e.g., internal audit and clinical audit teams have the capacity and capability to deliver;
 - recommendations made by internal and external reviewers are considered and acted upon on a timely basis; and
 - appropriate review is carried out and corrective action is taken arising from incidents, complaints and claims, known collectively as 'concerns', (noting that concerns information is routinely included in the standing item on the Board agenda (Patient Safety Quality and Experience Report) and will not be duplicated in Committee)

3.4 The Committee will advise the Board on the adoption of a set of key indicators of safety, quality and patient and citizen experience against which the UHB performance will be regularly assessed and reported on through the Annual Quality Statement.

Authority

3.5 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- other Committee, Sub Committee or group set up by the Board to assist it in the delivery of its functions.

3.6 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

Access

3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees and Groups

3.8 The Board has approved the following sub-Committees shall report into the Quality, Safety and Experience Committee:

- 7 Clinical Board Quality and Safety sub-Committees

- Clinical Effectiveness Committee
- Mortality Group
- Organ Donation Committee

These Committees will report in the Quality, Safety and Experience Committee on a rolling programme as set out in the Annual Work Plan of the Committee and after each of their respective meetings.

- 3.9 Other Quality, Safety and Experience Committee related Groups will also report into the Committee, once established, and as and when required.
- 3.10 The Committee has authority to establish short life working groups which are time limited to focus on a specific matter of advice or assurance as determined by the Board or Committee.

4. MEMBERSHIP

Members

- 4.1 A minimum of four (4) members, comprising:

Chair	Independent Member of the Board
Members	3 other Independent Members of the Board, to include a Member of the UHB Audit Committee.
	The Committee may also co-opt additional independent 'external' members from outside the organization to provide specialist skills, knowledge and expertise.

Attendees

- 4.2. The following officers **are required to be in attendance**:

- Executive Nurse Director (Lead Executive)
- Medical Director
- Executive Director of Therapies and Health Sciences
- Chief Operating Officer
- Executive Director of Public Health
- Executive Director of Finance
- Executive Director of Strategic Planning
- Director of Corporate Governance
- Assistant Director of Patient Safety and Quality
- Assistant Director of Patient Experience

Key Directors should be represented if they are unable to attend a meeting.

Other Executive Directors or deputies should attend from time to time as determined by the Committee Chair.

By invitation:

The Committee Chair may extend invitations to attend Committee meetings as required from within or outside the organization to whom the Committee considers

should attend, taking account of the matters under consideration at each meeting. This may include:

- 2 x Staff Representatives and
- the Cardiff and Vale of Glamorgan Community Health Council.

Secretariat

4.4 Secretary: as determined by the Director of Corporate Governance.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the UHB Chair and, where appropriate on the basis of advice from the UHB Remuneration and Terms of Service Committee.

Support to Committee Members

4.7 The Board Secretary/, Director of Corporate Governance on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for Committee members in conjunction with the Director of Workforce and Organizational Development.

5. COMMITTEE MEETINGS

Quorum

5.1 At least three members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

Frequency of Meetings

5.2 Meetings shall be held bi-monthly, and otherwise as the Chair of the Committee deems necessary – consistent with the UHB Annual Plan of Board Business.

Withdrawal of individuals in attendance

5.3 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. RELATIONSHIPS AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
 - sharing of information
- in doing so, contributing to the integration of good governance across the organization, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

6.3 The Committee shall embed the UHB values, corporate standards, priorities and requirements, for example, public health, equality, diversity and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports, as well as the presentation of the Annual Quality Statement.
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, for example, AGM, or to community partners and other stakeholders, where this is considered appropriate, for example, where the Committee's assurance role relates to a joint or shared responsibility.

7.3 The Board Secretary/Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Quality and Safety Committee Handbook.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the UHB Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

9. REVIEW

9.1 These Terms of Reference and operating arrangements shall be reviewed on an annual basis by the Committee with reference to the Board.

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Quality Safety and Experience Committee Work Plan 2021 - 22								
A -Approval D- discussion I - Information	Exec Lead	13-Apr	15-Jun	28-Sep	26-Oct	14-Dec	22-Feb	12-Apr
Agenda Item					Special			
Standing Items								
Quality Indicators	RW/SW	D	D	D		D	D	D
Sub Committee Assurance Reports from Clinical Boards	SC	D	D	D			D	D
Sub Groups to Quality, Safety and Experience Committee (to be confirmed): - Clinical Effectiveness Committee (consent MCA, DoLS, National Clinical Audit, NICE, NCEPOD, Patient Information, EOL Care, Dementia and delirium, Transition, Organ Donation, Peer Reviews.) - Learning Committee (when established) - Concerns Group (concerns and complaints, incident reporting, Duty of candour, patient/user experience and feedback, claims, datix system.) - Operational Groups (IP&C, Cleanliness, Decontamination, Medicines Management, Safeguarding, Research, Patient Safety Solutions, Medical Devices, Nutrition and hydration, Falls, Health Records, Blood Transfusion, Resus, VTE, Pressure damante, Mortality, Suicide Prevention, Point of Care Testing)	RW/SW	D	D	D			D	D
Patient Story	RW	Children and Women; Mental Health	CD&T	Medicine		PCIC	Surgery	Specialist
Quality Governance								
Quality, Safety and Experience Framework	RW/SW	A						
Health Care Standards Strategy and Action Plan	RW/SW		A				A	

Policies	RW/SW	A	A	A		A	A	A
Health and Social Care (Quality and Engagement) (Wales) Act 2020-Annual Compliance	RW/SW							
Key External Reports from CHC, Internal Audit, Audit Wales	RW/SW	D	D	D		D	D	D
HIW Activity Overview	RW	A	A	A		A	A	A
HIW Primary Care Contractors	RW		A			A		
Health Promotion Protection and Improvement								
Public Health Promotion activities	FK	D						
Quality, Safety and Experience of Public Health Services	FK					D		
Quality, Safety and Experience Committee Governance								
Chairs Action	SE	I	I	I			I	I
Annual Work Plan	NF						A	
Review of Meeting	NF	D	D	D		D	D	D
Self assessment of effectiveness	NF	D						
Review Terms of Reference	NF						A	
Produce Committee Annual Report	NF						A	
Minutes of Quality, Safety & Experience Committee Meeting	NF	A	A	A		A	A	A
Action log of Quality, Safety and Experience Committee Meeting	NF	D	D	D		D	D	D

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REMUNERATION AND TERMS OF SERVICE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

- 1.1 The University Health Board (UHB) Standing Orders provide that *“The Board may and, where directed by the Welsh Government must, appoint Committees of the UHB Board either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees”*.
- 1.2 In line with standing orders (and the UHB Scheme of Delegation), the Board shall nominate annually a committee to be known as the **Remuneration and Terms of Service Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

- 2.1 The purpose of the Remuneration and Terms of Service Committee “the Committee” is to provide:

- **advice** to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government; and
- **assurance** to the Board in relation to the UHB arrangements for the remuneration and terms of service, including contractual arrangements, for all staff, in accordance with the requirements and standards determined for the NHS in Wales

and to perform certain, specific functions on behalf of the Board.

- 2.2 The Committee shall have no powers to develop or modify existing pay schemes.

3. DELEGATED POWERS AND AUTHORITY

- 3.1 The Board has delegated the following specific powers to the Committee:

- to consider and approve Voluntary Early Release scheme applications, redundancy payments and severance payments;
- to approve any exceptions to the Relocation Expenses Policy
- to approve the engagement of any Board members via an agency or as a contractor

in line with Standing Orders and extant Welsh Government guidance.

- 3.2 With regard to its role in providing advice and assurance to the Board, the Committee will comment specifically upon the:

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- remuneration and terms of service for the Chief Executive, Executive Directors and other Very Senior Managers (VSMs) not covered by Agenda for Change; ensuring that the policies on remuneration and terms of service as determined from time to time by the Welsh Government are applied consistently;
 - objectives for the Chief Executive and Executive Directors and their performance assessment;
 - proposals to make additional payments to medical consultants; and
 - proposals regarding termination arrangements, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance.
- 3.3 Note on an annual basis the engagement of agency workers or individual self-employed contractors into senior posts, as described in the Off Payroll Procurement Process (n.b. This information is reported to the Audit Committee as part of the compliance report and is for noting only)

Authority

- 3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB, relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek relevant information from any:
- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
 - any other committee, subcommittee or group set up by the Board to assist it in the delivery of its functions.
- 3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

Sub Committees

- 3.6 The Committee does not have any sub-Committees.

Chairs Action

- 3.7 The Chair can, with the support of two other Independent Members, take action on behalf of the Committee in urgent matters or in relation to routine applications for Voluntary Early Release. All actions taken by the Chair must be ratified at the next Committee meeting.

4. MEMBERSHIP

Members

- 4.1 A minimum of five (5) members, comprising:

Chair	Chair of the Board
Vice Chair	Independent member of the Board
Members	At least three other independent members of the Board

The Chair of the Audit Committee will be appointed to this Committee either as Vice Chair or member.

Attendees

4.2 The Committee Chair may invite:

- the Director of Corporate Governance
- the Chief Executive
- the Director of Workforce and Organisational Development (Lead Executive)
- any other UHB officials
- and/or any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter (except when issues relating to their personal remuneration and terms and conditions are being discussed).

Secretariat

4.3 The Secretary of the Committee is the Director of Corporate Governance. In the event that this is not appropriate the Executive Director of Workforce will nominate a secretariat

Member Appointments

4.4 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, and subject to any specific requirements or directions made by the Welsh Government.

Support to Committee Members

4.5 The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for committee members in conjunction with the Director of Workforce and Organisational Development.

5. COMMITTEE MEETINGS

Quorum

5.1 At least three members must be present to ensure the quorum of the Committee, one of whom must be the Chair or Vice Chair.

Frequency of Meetings

5.2 The Chair of the Committee, in agreement with Committee Members, shall determine the timing and frequency of meetings, as deemed necessary. It is expected that the Committee shall meet at least once a year, consistent with the UHB's annual plan of Board Business.

Meeting Papers

5.3 The Chair and Director of Corporate Governance will check the agenda and papers prior to each meeting

Withdrawal of Individuals in Attendance

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- 5.4 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens.
- 6.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 6.3 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:
- joint planning and co-ordination of Board and Committee business; and
 - sharing of appropriate information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

- 6.4 The Committee shall embed the UHB values, corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:
- report formally and on a timely basis to the Board on the Committee's activities, in a manner agreed by the Board;
 - bring to the Board's specific attention any significant matter under consideration by the Committee;
 - ensure appropriate escalation arrangements are in place to alert the Board, UHB Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the UHB.
- 7.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- Quorum

9. REVIEW

- 9.1 These terms of reference and operating arrangements shall be reviewed on a biennial basis by the Committee with reference to the Board.

Remuneration Committee Work Plan 2021-22			
A -Approval D- discussion I - Information	Exec Lead	Mar-21	Oct-21
Agenda Item			
Standard Items			
Approve Voluntary Early Release Scheme applications	RG	A	A
Approve Redundancy Payments	RG	A	A
Approve Severance Payments	RG	A	A
Approve exceptions to the Relocation Expenses Policy	RG	A	A
Approve engagement of any Board Member via an agency or contractor	LR/CJ	A	A
Advice and Assurance to the Board			
Remuneration and Terms of Service for CEO, Executive Directors and other Very Senior Managers	CJ/LR	A	A
Approve Objectives for CEO and Executive Directors	CJ/LR	A	
Review Performance Assessment for CEO and Executive Directors	CJ/LR		D
Approve proposals regarding termination arrangements	RG	A	A
Note Engagement of Agency Workers or self-employed contractors in senior posts	RG	I	I
Approve appointments of CEO, Executive Directors and other Senior Managers. <i>In the case of the CEO this would be the Director General for Health and Social Services and the NHS Wales Chief Executive.</i>	CJ/LR	A	A
Approve appointments of interim CEO and Executive Directors	CJ/LR	A	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 RaTS Committee Annual Report	NF	A	
Minutes of RaTS Committee Meeting	NF	D	D
Action log of RaTS Committee Meeting	NF	D	D

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MENTAL HEALTH CAPACITY AND LEGISLATION COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

- 1.1 The University Health Board's (UHB) Standing Orders provide that *"The Board may and, where directed by the Assembly Government must, appoint Committees of the UHB Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.
- 1.2 In line with Standing Orders (and the UHB Scheme of Delegation), the Board shall nominate annually a Committee to be known as the **Mental Health Capacity and Legislation Committee**. The detailed terms of reference and operating arrangements agreed by the Board in respect of this Committee are set out below.
- 1.3 The principal remit of this Committee is to consider and monitor the use of the Mental Health Act 1983 (MHA), Mental Capacity Act 2005 (which includes the Deprivation of Liberty Safeguards (DoLS)) (MCA) and the Mental Health (Wales) Measure 2010 (the Measure).

Mental Health Act

- 1.4 The Mental Health Act 1983 covers the detention of people deemed a risk to themselves or others. It sets out the legal framework to allow the care and treatment of mentally disordered persons. It also provides the legislation by which people suffering from a mental disorder can be detained in hospital to have their disorder assessed or treated against their wishes.
- 1.5 The MHA introduced the concept of "Hospital Managers" which for hospitals managed by a Local Health Board are the Board Members. The term "Hospital Managers" does not occur in any other legislation.
- 1.6 Hospital Managers have a central role in operating the provisions of the MHA; specifically, they have the authority to detain patients admitted and transferred under the MHA. For those patients who become subject to Supervised Community Treatment (SCT), the Hospital Managers are those of the hospital where the patient was detained immediately before going on to SCT - i.e. the responsible hospital or the hospital to which responsibility has subsequently been assigned.
- 1.7 Hospital Managers must ensure that patients are detained only as the MHA allows, that their treatment and care is fully compliant with the MHA and that patients are fully informed of and supported in exercising their statutory rights. Hospital Managers must also ensure that a patient's case is dealt with in line with associated legislation.

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- 1.8 With the exception of the power of discharge, arrangements for authorising day to day decisions made on behalf of Hospital Managers have been set out in the UHB Scheme of Delegation.

Mental Health Measure

- 1.9 The Mental Health (Wales) Measure received Royal Assent in December 2010 and is concerned with:
- providing mental health services at an earlier stage for individuals who are experiencing mental health problems to reduce the risk of further decline in mental health;
 - making provision for care and treatment plans for those in secondary mental health care and ensure those previously discharged from secondary mental health services have access to those services when they believe their mental health may be deteriorating;
 - extending mental health advocacy provision.

Mental Capacity Act

- 1.10 The MCA came into force mainly in October 2007. It was amended by the Mental Health Act 2007 to include the Deprivation of Liberty Safeguards (DoLS). DoLS came into force in April 2009.
- 1.11 The MCA covers three main issues –
- The process to be followed where there is doubt about a person’s decision-making abilities and decisions may need to be made for them (e.g. about treatment and care)
 - How people can make plans and/or appoint other people to make decisions for them at a time in the future when they can’t take their own decisions
 - The legal framework for caring for adult, mentally disordered, incapacitated people in situations where they are deprived of their liberty in hospitals or care homes (DoLS)

Thus the scope of MCA extends beyond those patients who have a mental disorder.

2. PURPOSE

- 2.1 The purpose of the Mental Health Capacity and Legislation Committee (the Committee) is to give assurance to the Board that:

- Hospital Managers’ duties under the Mental Health Act 1983;
- the functions and processes of discharge under section 23 of the Act;
- the provisions set out in the Mental Capacity Act 2005, and
- in the Mental Health Measure (Wales) 2010

are all exercised in accordance with statute and that there is compliance with:

- the Mental Health Act 1983 Code of Practice for Wales
- the Mental Capacity Act 2005 Code of Practice

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- the Mental Capacity Act 2005 Deprivation of Liberty Safeguards Code of Practice
- the associated Regulations

The Committee will also advise the Board of any areas of concern in relation to compliance with the MHA, the Measure and MCA.

3. DELEGATED POWERS AND AUTHORITY

3.1 The Committee will:

- ensure that those acting on behalf of the Board in relation to the provisions of Mental Health and Capacity legislation, including the Measure, have the requisite skills and competencies to discharge the Board's responsibilities;
- identify matters of risk relating to Mental Health and Capacity legislation and seek assurance that such risks are being mitigated;
- consider and approve relevant policies and control documents in support of the operation of Mental Health and Capacity legislation;
- monitor the use of the legislation and consider local trends and benchmarks;
- consider matters arising from the Hospital Managers' Power of Discharge sub-committee;
- ensure that **all** other relevant associated legislation is considered in relation to Mental Health and Capacity legislation;
- consider matters arising from visits undertaken by Healthcare Inspectorate Wales Review Service for Mental Health in particular, issues relating to Mental Health Act 1983 and monitor action plans that inform responses to HIW reports;
- consider any reports made by the Public Services Ombudsman for Wales regarding complaints about Mental Health and Capacity legislation;
- consider any other information, reports, etc. that the Committee deems appropriate.

Authority

3.2 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference, concentrating on the governance systems in place and indicators of their effectiveness, particularly in the management of risk. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB relevant to the Committee's remit, ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and

- other Committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

3.3 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the UHB's procurement, budgetary and other requirements.

Sub Committees

3.4 In accordance with Regulation 12 of the Local Health Boards (Constitution, Procedure and Membership) (Wales) Regulations 2003 (SI 2003/149 (W.19), the Board has appointed a sub-committee, to be known as the Power of Discharge Sub-committee. Three or more members drawn from the Sub-Committee will constitute a panel to consider the possible discharge or continued detention under the MHA of unrestricted patients and those subject to SCT.

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

Retention of Board Responsibility

3.6 The Board retains final responsibility for the performance of the Hospital Managers' duties delegated to particular people on the staff of Cardiff and Vale University Health Board, as well as the Power of Discharge Group.

4. MEMBERSHIP

Members

4.1 A minimum of four (4) members, comprising:

Chair	Vice Chair of the Board
Vice Chair	Chosen from amongst the Independent Members on the Committee
Members	A minimum of two other Independent Members of the Board

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2 The following officers and partners are expected to be in attendance so that the Committee can obtain appropriate assurances on compliance with mental

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health and mental capacity legislation across its breadth of statutory responsibilities:

- Chief Operating Officer (Lead Executive)
- Director of Corporate Governance
- Medical Director
- Clinical Board Director Mental Health
- Clinical Board Nurse Mental Health
- Head of Operations and Delivery, Mental Health Clinical Board
- Clinical Board Director (or their nominated representative) – Medicine
- Clinical Board Director (or their nominated representative) – Primary, Community and Intermediate Care
- Local Authority Associate Board Member (Director of Social Services)
- Mental Health Act Manager
- Mental Capacity Act Manager
- Representative from Hospital Managers Power of Discharge Group
- Chief Executive – IMHA service provider
- Chief Executive – IMCA service provider

4.3. By invitation:

The Committee Chair may extend invitations to attend committee meetings to others from within or outside the organisation who the committee considers should attend, taking account of the matters under consideration.

Secretariat

- 4.4 The Director of Corporate Governance shall attend every meeting and the meeting will be serviced by a member of the Corporate Governance team.

Member Appointments

- 4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.
- 4.6 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the UHB Chair (and, where appropriate, on the basis of advice from the UHB Remuneration and Terms of Service sub-committee).

Support to Committee Members

- 4.8 The Director of Corporate Governance, on behalf of the Committee Chair, shall:
- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
 - ensure the provision of a programme of organisational development for Committee members as part of the UHB overall OD programme

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developed by the Director of Workforce and Organisational Development.

5. COMMITTEE MEETINGS

Quorum

- 5.1 Two Independent Members, one of whom should be the committee Chair or Vice Chair.

Frequency of Meetings

- 5.2 Meetings shall be held no less than three times a year or as the Chair of the Committee deems necessary – consistent with the UHB annual plan of Board Business.

Withdrawal of individuals in attendance

- 5.3 The Committee may ask any or all of those who normally attend but who are not members to withdraw, to facilitate open and frank discussion of particular matters.

Format of agenda

- 5.4 The agenda for the meeting will be split into three parts comprising of:
- Mental Health Act 1983;
 - Mental Health Measure (Wales) 2010;
 - and Mental Capacity Act 2005.

The proportion of time to be spent at each meeting on the respective parts will be set out in the Committee meeting planner, alternating the focus during the cycle of meetings and according to need.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for the safety, security and use of information to support the quality and safety of healthcare for its patients through the effective governance of the organisation.
- 6.2 The Committee is directly accountable to the UHB for its performance in exercising the functions set out in these terms of reference.
- 6.3 The Committee, through its Chair and members, shall work closely with the Board's other Committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information.

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In doing so, it will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 6.4 The Committee shall embed the UHB values, corporate standards, priorities and requirements, for example equality and human rights, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of committee minutes and written reports, as well as the presentation of an annual report;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the UHB.

- 7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, for example the Board's Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, for example where the Committee's assurance role relates to a joint or shared responsibility.

- 7.3 The Director of Corporate Governance, on behalf of the Board shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation, including that of any sub-committees established.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 8.1 The requirements for the conduct of business as set out in the UHB Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

9. REVIEW

- 9.1 These Terms of Reference shall be reviewed annually by the Committee with reference to the Board or sooner if required e.g. change in legislation.

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STRATEGY AND DELIVERY COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. PURPOSE

1.1 The purpose of the Strategy and Delivery Committee is to:

Advise and assure the Board on the development and implementation of the UHB's overarching strategy, "Shaping our Future Wellbeing", and key enabling plans. This will include all aspects of delivery of the strategy through the Integrated Medium Term Plan and any risks that may hinder our achievement of the objectives set out in the strategy, including mitigating actions against these.

In particular the Committee will monitor and receive assurances in respect of the following:

2 RESPONSIBILITIES OF THE COMMITTEE

In broad terms the role and responsibilities of the Committee are divided into four categories as shown below:

- A. Strategy
- B. Delivery Plans
- C. Performance
- D. Other Responsibilities

Part A

Strategy and/or Strategic Intent

2.1 Shaping Our Future Wellbeing (SOFW). Provide assurance to the Board that the overarching strategy (SOFW) of the UHB is being:

- a. Reviewed and progressed as intended, within the appropriate timescales to achieve desired outcomes.
- b. Provide assurance that key milestones identified in SOFW are being delivered.
- c. Provide assurance that SOFW is actively embedded and continually refreshed within the organisation
- d. Provide assurances that significant risks associated with the delivery of the SOFW are being mitigated

2.2 National Strategies. Provide assurance to the Board that the organisation is strategically aligned with Welsh Government's health and social care strategy which includes:

- a. The Wellbeing of Future Generations Act
- b. The Social Services and Wellbeing Act
- c. A healthier Wales: long term plan for health and social care
- d. Socio-Economic Duty

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Part B

Development and Delivery of Plans that support Strategies

2.4 Enabling/Supporting Plans: The Committee will scrutinise and provide assurance to the Board that supporting UHB plans have been developed and that their objectives are being delivered as planned. This will include:

- a. **Integrated Medium Term Plan (IMTP):** The development and delivery of the Health Boards three year plan ensuring that service provision and quality, financial and workforce elements are aligned and integrated. Particular attention will be given to:
 - i. **Workforce Plan:** Scrutinise and provide assurance to the Board that:
 - The strategic workforce issues as set out in Shaping Our Future Wellbeing strategy are being fully addressed
 - That early consideration is given to key service and operational issues which may impact on the delivery of the Health Boards plans
 - ii. **Capital Plan:** Provide assurance to the Board that **major** capital investments are aligned with SOFW and to provide oversight to the prioritisation of investments. The Committee will where appropriate, be responsible for reviewing achievement of the intended outcomes following completion or implementation. The Committee will also receive the minutes and when required, reports from the UHB's Capital Management Group.
- b. **Other Significant Plans:** The Committee will scrutinise and provide assurance to the Board that other significant plans associated with the delivery of the UHB's strategy (SOFW) will be reviewed and monitored to ensure they are being progressed and implemented as intended. This will include the plan for:
 - i. Research and Development
 - ii. Commercial Developments
 - iii. Infrastructure/Estates
 - iv. Key Service Change Proposals. This will include providing assurance that they are in accordance with national guidance regarding engagement and consultation with stakeholder/partner organisations
 - v. Major consultations and or engagements that support the delivery of SOFW

Part C

Performance

2.7 Performance: The Committee will scrutinise and provide assurance to the Board that key performance indicators are on track and confirm that effective actions are being taken to correct unintended variations giving full consideration to associated governance arrangements. This will include:

- a. The key Operational Performance Indicators relevant to the Strategy and Delivery Committee

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- b. Workforce Key Performance Indicators
- c. Closer scrutiny (“Deep Dives”) on areas of concern where the Committee considers it appropriate

Part D

Other Responsibilities

2.8 Equality and Health Impact Assessments: To provide assurance to the Board that Equality and Health Impact Assessments are fully considered and properly addressed in all service change proposals and that full consideration is given to the UHB's responsibilities for Equality, Diversity, Human Rights and the Welsh Language.

2.9 “Staff Wellbeing. To provide assurance to the Board that the wellbeing of staff:

- a. Is always fully considered regularly reviewed to ensure that suitable support is made available whenever necessary.
- b. Staff wellbeing plans are aligned with SOFW and the values of the organisation

3 GOVERNANCE

3.1 Delegated Powers of Authority

As described above.

- The Committee will advise the Board on the adoption of a set of key indicators of service planning against which the UHB's performance will be regularly assessed and reported.
- The Committee will regularly review the high corporate risks associated with its functions and to ensure that appropriate and effective mitigating actions are in place.

3.2 Authority

The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

3.4 Membership

Chair:	Independent member of the Board
Members:	A minimum of 3 other Independent member of the Board, The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

3.5 Attendees

In attendance:	Chief Executive Executive Director of Strategic Planning (Lead Executive) Chief Operating Officer Executive Director of Workforce and Organisational Development Executive Nurse Director or nominated deputy Executive Director of Finance or nominated deputy Executive Director of Public Health or nominated deputy Director of Corporate Governance Other Executive Directors should attend from time to time as required by the Committee Chair (nominated deputies must be consistent) Trade Union representation from the Local Partnership Forum
By invitation:	The Committee Chair may extend invitations to attend committee meetings as required to the following: Chairs of the Stakeholder Reference Group and Professional Forum Clinical Board Directors Representatives of partnership organisations Public and patient involvement representatives Trade Union Representatives as well as others from within or outside the organisation who the Committee considers should attend, taking account of the matters under consideration at each meeting.

3.6 Secretariat

Secretariat:	As determined by the Director of Corporate Governance

3.7 Member Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair - taking account of the balance of skills and expertise necessary to deliver the committee's remit and subject to any specific requirements or directions made by the Welsh Government.

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Committee members' terms and conditions of appointment, (including any remuneration and reimbursement) are determined by the Board, based upon the recommendation of the UHB Chair {and on the basis of advice from the UHB's Remuneration and Terms of Service Committee}.

3.8 Support to Committee Members

The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members as part of the UHB's overall OD programme developed by the Director of Workforce and Organisational Development.

4 COMMITTEE MEETINGS

Quorum

At least two members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

Frequency of Meetings

Meetings shall be held bi-monthly and otherwise as the Chair of the Committee deems necessary – consistent with the UHB's annual plan of Board business.

Withdrawal of individuals in attendance

The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

5 RELATIONSHIPS AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES / GROUPS

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business (to ensure that there is no duplication or gaps in Committee responsibilities); 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.

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The Committee shall embed the UHB's corporate standards, priorities and requirements, e.g., equality, diversity and human rights through the conduct of its business.

6 REPORTING AND ASSURANCE ARRANGEMENTS

The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of committee minutes and written reports throughout the year;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the UHB Chair, or Chairs of other relevant committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

The Board may also require the Committee Chair to report upon the committee's activities at public meetings, e.g., AGM, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

The 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.

7 APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (set within individual Terms of Reference)

8 REVIEW

These terms of reference and operating arrangements shall be reviewed annually by the Committee with reference to the Board.

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STRATEGY AND DELIVERY COMMITTEE WORK PLAN 2021-2022 Approval - A Discussion - D Information - I		Lead Executive	11-05-21	13.07.21	14.09.21	16.11.21	11.01.22	15.03.22
PART A - Strategy and Strategic Intent								
Shaping Our Future Wellbeing Strategy (SOFW) - to receive reports from Management Executive Strategy Review Session on the achievement of SoFW. Reports will include a 'deep dive' at each Committee plus a flash report updating on all programmes of work. For 21/22 these are:	AH							
• Locality Based Model of Care • Our Future Hospitals Programme • Primary Care Transformation • Shaping Our Future Clinical Services • Rehabilitation Model Implementation • Outpatient Transformation • Digital Transformation		D	D	D	D	D	D	
National Strategies:								
1. Wellbeing of Future Generations Act	FK		D					
2. Social Services and Wellbeing Act	SC					D		
3. A healthier Wales: long term plan for health and social care	SC/AH/FK							D
PART B - Development and Delivery of Plans that support Strategies								
1. IMTP - Annual review prior to approval by Board	AH							D
2. Workforce Plan - To provide assurance that strategic workforce issues are being addressed including key service and operational issues which may impact upon delivery	RG	D						
3. Capital Plan - to provide assurance to the Board that major capital investments are aligned to SOFW	AH							D

4. Other significant plans: - Research and Development - Commercial Development - Infrastructure/estates - Key Service Change proposals (as and when required) - Major consultations and engagements that support delivery of SoFW (As and when required)	SW AH AH AH AH		D		D		D
PART C - Performance							
1. Key Operational Performance Indicators	SC	D	D	D	D	D	D
2. Key Workforce Performance Indicators	RG	D	D	D	D	D	D
3. Scrutiny and Deep Dives on areas of concerns (as and when appropriate)	SC/AH/FK/RG						
PART D - Other responsibilities							
1. Strategic Equality Plan - annual review with six month update (to include equality, diversity, human rights and welsh language)	RG			D			
2. Staff Wellbeing Plan - assurance that they are aligned to SoFW and Values of the organisation	RG					D	
GOVERNANCE ARRANGEMENTS							
Minutes	NF	A	A	A	A	A	A
Action Log	NF	D	D	D	D	D	D
Approval of Policies (as and when required)	NF	A	A	A	A	A	A
Review Terms of Reference	NF	A	A	A	A	A	A
Committee Self-Assessment	NF						A
Committee Annual Report	NF						A

CHARITABLE FUNDS COMMITTEE TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

- 1.1 The University Health Board (UHB) standing orders provide that *“The Board may and, where directed by the Welsh Government must, appoint Committees of the UHB 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 accordance with standing orders (and the UHB Scheme of Delegation), the Board shall nominate annually a committee to be known as the **Charitable Funds Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

- 2.1 Cardiff and Vale University Health Board was appointed as Corporate Trustee (herein after referred to as Charity Trustee) of its charitable funds and the Board serves as its agent in the administration of the charitable funds held by the UHB.
- 2.2 The purpose of the Charitable Funds Committee (the Committee) is to:
- Provide advice to the Charity Trustee in the discharge of its duties and responsibilities for charitable funds
 - Discharge delegated responsibilities from the Charity Trustee for the control and management of Charitable Funds.
- 2.3 Provide advice and assurance to the Charity Trustee on the delivery of the Charitable Funds Strategy, including fundraising, budgets, priorities and spending criteria.
- 2.4 Within the strategy and budget determined by the Trustee and consistent with the requirements of the Charities Act 1993, Charities Act 2006 (or any modification of these acts) to apply the charitable funds in accordance with their respective governing documents and the UHB Charitable Funds Governance Framework
- 2.5 To ensure that the policies and procedures for charitable funds investments are followed. To make decisions involving the sound investment of charitable funds in a way that both preserves their value and produces a proper return consistent with prudent investment and ensuring compliance with:-
- Trustee Act 2000
 - The Charities Act 1993
 - The Charities Act 2006
 - The Charities Act 2011

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- The Charities Act 2016
 - Terms of the Funds' Governing documents
- 2.6 To receive at least twice a year, reports for ratification from the Executive Director of Finance on investment decisions and action taken through delegated powers upon the advice of the investment adviser.
- 2.7 To oversee and monitor the functions performed by the Executive Director of Finance as defined in Standing Financial Instructions.
- 2.8 To monitor the progress of Charitable Appeals where these are in place and considered to be material.
- 2.9 To monitor and review the scheme of delegation for Charitable Funds expenditure and to set and reflect in Financial Procedures the approved delegated limits for expenditure from Charitable Funds.
- 2.10 To monitor the work of the Charitable Bids Panel

3. DELEGATED POWERS AND AUTHORITY

Delegated Powers and Duties of the Director of Finance

- 3.1 The Executive Director of Finance has financial responsibility for the UHB Charitable Funds as defined in the UHB Standing Financial Instructions. The specific powers, duties and responsibilities delegated to the Director of Finance are:-
- Administration of all existing charitable funds;
 - To identify any new charity that may be created (of which the UHB is trustee) and to deal with any legal steps that may be required to formalise the trusts of any such charity ;
 - Provide guidelines with regard to donations, legacies and bequests, fundraising and trading income;
 - Responsibility for the management of investment of funds held on trust;
 - Ensure appropriate banking services are available;
 - Prepare reports to the Trustee including the Annual Accounts;

Authority

- 3.2 The Committee is empowered with the responsibility for:-
- Overseeing the day to day management of the investments of the charitable funds in accordance with the investment strategy set down from time to time by the Trustee and the requirements of the UHB Standing Financial Instructions;

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- The appointment of an investment manager to advise it on investment matters and may delegate day-to-day management of some or all of the investments to that investment manager. In exercising this power the Committee must ensure that:
 - a) The scope of the power delegated is clearly set out in writing and communicated with the person or persons who will exercise it;
 - b) There are in place adequate internal controls and procedures which will ensure that the power is being exercised properly and prudently;
 - c) The performance of the person or persons exercising the delegated power is regularly reviewed;
 - d) Where an investment manager is appointed, that the person is regulated under the Financial Services Act 1986;
 - e) Acquisitions or disposal of a material nature must always have written authority of the Committee or the Chair of the Committee in conjunction with the Executive Director of Finance;
- Ensuring that the banking arrangements for the charitable funds are kept entirely distinct from the UHB NHS funds;
- Ensuring that arrangements are in place to maintain current account balances at minimum operational levels consistent with meeting expenditure obligations, the balance of funds being invested in interest bearing deposit accounts;
- The amount to be invested or redeemed from the sale of investments shall have regard to the requirements for immediate and future expenditure commitments;
- The operation of an investment pool when this is considered appropriate to the charity in accordance with charity law and the directions and guidance of the Charity Commission. The Committee shall propose the basis to the UHB for applying accrued income to individual funds in line with charity law and Charity Commissioner guidance;
- Obtaining appropriate professional advice to support its investment activities;
- Regularly reviewing investments to see if other opportunities or investment services offer a better return;
- Overseeing the work of the Charitable Funds Bids Panel

3.3 The Committee is authorised by the Charity Trustee to:

- Investigate or have investigated any activity within its Terms of Reference and in performing these duties shall have the right, at all reasonable times, to inspect any books, records or documents of the UHB relevant to the

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Committee's remit. It can seek any relevant information it requires from any employee and all employees are directed to co-operate with any reasonable request made by the Committee;

- Obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to the Charity Trustee's budgetary and other requirements; and
- By giving reasonable notice, require the attendance of any of the officers or employees and auditors of the Charity Trustee at any meeting of the Committee.

Access

3.4. The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.

Sub Committees

3.5. The Charity Trustee has approved the following sub-committees of the Charitable Funds Committee:

- Charitable Funds Bids Panel
- Staff Benefits Group

4. MEMBERSHIP

Members

A minimum of six (6) members, comprising:

Chair	Independent Member of the Charity Trustee
Vice Chair	Independent Member or Members of the Charity Trustee
Members	A minimum of 4 other members of the Charity Trustee as follows: Independent Member Executive Nurse Director (Lead Executive) Executive Director of Workforce and OD Executive Director of Therapies and Health Science

At least half of the overall membership must be Independent Members.

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Attendees

4.2. The Committee may require the attendance for advice, support and information routinely at meetings from:

- Director of Communications, Arts, Health Charity and Engagement
- Director of Corporate Governance
- Deputy Director of Finance
- Charitable Funds Accountant
- UHB Investment Advisor
- Chair of Charitable Funds Bids Panel
- Chair of Staff Benefits Group / Vice Chair of Charitable Bids Panel

4.3. By invitation:

The Committee Chair may extend invitations to attend committee meetings to others from within or outside the organisation who the committee considers should attend, taking account of the matters under consideration.

Secretariat

4.4 Secretary: as determined by the Director of Corporate Governance

Member Appointments

4.5 The membership of the Committee shall be determined by the Charity Trustee, based on the recommendation of the Chair of the Charity Trustee- taking account of the balance of skills and expertise necessary to deliver the committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Charity Trustee, based upon the recommendation of the Charity Trustee Chair {and, where appropriate, on the basis of advice from the UHB Remuneration and Terms of Service Committee}.

Support to Committee Members

4.7 The 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 Deputy CEO and Executive Director of Workforce and Organisational Development.

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5. COMMITTEE MEETINGS

Quorum

- 5.1 At least three members must be present to ensure the quorum of the Committee. Of these three, two must be Independent Members (one of whom is the Chair or Vice Chair) and one must be the Executive Lead for Charitable Funds.

Frequency of Meetings

- 5.2 Meetings shall be held quarterly and otherwise as the Committee Chairs deems necessary - consistent with the UHB annual plan of Board Business.

Withdrawal of Individuals in Attendance

- 5.3 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. RELATIONSHIP AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 The Committee is directly accountable to the Board, in its capacity as Trustee, 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 and groups to provide advice and assurance to the Board through the:

- Joint planning and co-ordination of Board and Committee business; and
- Appropriate 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 UHB overall risk and assurance framework.

- 6.3 The Committee shall embed the UHB's values, corporate standards, priorities and requirements, e.g., equality, diversity and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall agree arrangements with the UHB Chair to report to the Board in their capacity as Trustee. This may include, where appropriate, a separate meeting with the Board.

- 7.2 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.

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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 Charity Trustee

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Charitable Funds Committee Work Plan 2021-22					
A -Approval D- discussion I - Information	Exec Lead	29-Jun	21-Sep	07-Dec	01-Mar
Agenda Item					
Standing Items					
Staff Lottery Bids Panel Report	RW/JB	I	I	I	I
Finance Monitoring Report	RW/CL	D	D	D	D
Staff Benefits Report	RW/JB	I	I	I	I
New Charitable Fund Applications	RW/JB	A	A	A	A
Feedback on approved successful CFC Bids	RW/JB	I	I	I	I
Health Charity Fundraising Report	RW/JB	D	D	D	D
Charitable Funds Strategy Review - fundraising - budgets - Priorities - spending Criteria - investment decisions	RW/JB		D		D
Health Charity Annual Report	RW/JB				A
Legacy Updates	RW/JB				D
Walk for Africa	RW/JB			D	
Food Sense Wales	RW/JB		D		
Change Account	RW/JB		D		
Arts Annual Report	RW/JB				A

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Investment Update	RW/CL	D		D	
Events Planner	RW/JB				A
Scheme of Delegation	RW/CL		A		
Annual Accounts	RW/CL				A
Appeals					
Breast Centre Appeal	RW/JB			D	
Prop Appeal	RW/JB	D			
Orchard Appeal	RW/JB				D
Better Life Appeal	RW/JB		D		
Charitable Funds Committee Governance					
Annual Work Plan	NF				A
Self-assessment of effectiveness	NF	D			
Review Terms of Reference	NF				A
Produce Charitable Funds Committee Annual Report	NF				A
Minutes of Charitable Funds Committee Meeting	NF	A	A	A	A
Action log of Charitable Funds Committee Meeting	NF	D	D	D	D

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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:

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- 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:

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- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- other committee, subcommittee 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:

- Executive Director of Workforce and Organisational Development (Executive Lead)
- Director of Corporate Governance
- Executive Director of Workforce and Organisational Development
- Executive Director of Public Health
- Executive Director of Therapies and Health Sciences
- Executive Director of Strategic 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, Occupational Safety, Health and Environment Unit, 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 one of which must be the Chair or Vice Chair of the Committee.

Frequency of Meetings

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- 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.

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- 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.

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Health and Safety Committee Work Plan 2021-22					
A -Approval D- discussion I - Information	Exec Lead	Mar-21	Jul-21	Oct-21	Jan-22
Agenda Item					
Standard Items					
Priority Improvement Plan	TBC	D	D	D	D
Fire Enforcement Report	TBC	D	D	D	D
Environmental Health Inspector Report	TBC	D	D	D	D
Enforcement Agencies Report	TBC	D	D	D	D
Waste Management Compliance Report	TBC		D		D
Lone worker Devices Report	TBC	D		D	
Regulatory and Review Body Tracking Report	TBC	D		D	
Risk Register for Health and Safety	TBC	D	D	D	D
Standards for Health Services in Wales relevant to Health and Safety	TBC				D
Strategies					
Pedestrian Safety Strategy	TBC				A
Health and Safety Strategy	TBC	A			
Annual Reports					
Health and Safety Annual Report	TBC		A		
Fire Safety Annual Report	TBC			A	
Policies					
Health and Safety Policy	TBC			A	
Latex Allergy Policy	TBC				A
Closed Circuit Television Policy	TBC				A
Contractor Control Policy	TBC		A		
Security Services Policy	TBC	A			
Safe working with Electricity Policy	TBC				A
Environmental Policy	TBC				A

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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

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FINANCE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. Introduction

The Board shall establish a Committee to be known as Finance Committee. The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

2. Constitution and Purpose

The purpose of this Committee is to advise and assure the Board in discharging its responsibilities with regard to its current and forecast financial position, performance and delivery.

The Board has resolved to establish a Finance Committee which will allow appropriate scrutiny and review to a level of depth and detail not possible in Board Meetings in respect of performance relating to:-

- Financial plans and monitoring including delivery of savings programmes
- Scrutiny and monitoring of Financial monthly performance

The Committee will ensure that evidence based and timely interventions are implemented to drive forward improved financial performance thereby allowing the Health Board to achieve the requirements and standards determined for the NHS in Wales.

3. Delegated Powers

The Committee, in respect of its provision of advice and assurance will, and is authorised by the Board to:-

- Review monthly Financial Report prior to submission to the Board
- Monitor, review and scrutinise Cost Reduction Programme and Financial Tracker System for Corporate and Clinical Boards
- Approve and monitor the IMTP financial plan
- Scrutinise the delegated budgets within the budget plan
- Receive assurances with regard to the progress and impact/pace of implementation of Health Boards Cost reduction Programmes/Savings Plan
- Seek assurance on the Financial Planning process and consider Financial Plan proposals
- Scrutinise financial performance and cash management against revenue budgets and statutory duties.
- Scrutinise submissions to be made in respect of revenue or capital funding and the service implications of such changes
- Monitor and review agreed dis-investments
- Review the Board's Scheme of Financial Delegation as and when necessary
- Receive reports arising from financial reviews, including performance and accountability reviews of Corporate and Clinical Boards
- Review the Financial Risk Register

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4. Authority

The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:-

- Employee (and all employees are directed to co-operate with any legitimate request made by the Committee)
- Other committee, sub-committee or group set up by the Board to assist in the delivery of its functions

May obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

May consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business

Will review risks from the Board Assurance Framework that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.

5. Sub-Committees

The Committee may, subject to the approval of the Health Board, establish sub-committees to task and finish groups to carry out on its behalf specific aspects of Committee business.

6. Membership

Members

Chair: Independent member of the Board for Capital and Estates

Members: A minimum of 2 other Independent members of the Board one of whom will be the Committee Vice Chair.

In attendance

Chief Executive
Executive Director of Finance
Chief Operating Officer
Executive Director of Workforce and Organisational Development
Executive Director of Strategic Planning
Executive Nurse Director
Director of Corporate Governance
Deputy Director of Finance

Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

Member Appointments

The membership of the Committee shall be determined by the Chair of the Board taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

The Committee will be chaired by the Independent Member for Capital and Estates supported by a Vice Chair who shall also be an Independent Member.

Appointed Independent Members shall hold office on the Committee until such time as it is stood down.

Secretariat

Committee Secretary: as determined by the Director of Corporate Governance.

Support to Committee Members

The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee Members on any aspect related to the conduct of their role
- Ensure the provision of a programme of development for the Committee members as part of the overall Board Development programme

7. Committee Meetings

Quorum

At least two Independent Members must be present to ensure the quorum of the Committee. This should include either the Chair or the Vice Chair of the Committee. In the interests of effective governance it is expected that a minimum of two Executive Directors will also be in attendance.

Frequency of Meetings

Meetings shall be routinely held on a monthly basis. This will be reviewed on a regular basis.

Withdrawal of individuals in attendance

The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion or particular matters

8. Relationship and Accountabilities with the Board and Its Committees/Groups

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains the overall responsibility and accountability for ensuring good financial management for its citizens through the effective governance of the organisation.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

The Committee, through its Chair and members, shall work closely with the Board's other Committees including Sub-Committee/Advisory Groups to provide advice and assurance to the Board through the:

- Planning and co-ordination of Board and Committee business
- Sharing of information
- In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements

The Committee shall embed the Health Board's strategy, corporate goals and priorities through the conduct of the business.

9. Reporting and Assurance Arrangements

The Committee Chair shall:

- Report to each Board meeting on the Committee's key activities via the Chair's report
- Ensure the public minutes of each meeting of the Committee are presented to the Board meeting
- Ensure appropriate escalation arrangements are in place to alert the Board and Welsh Government of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

10. Applicability of Standing Orders to Committee Business

The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

11. Review

These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

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Finance Committee Work Plan 2021-22													
A -Approval D- discussion I - Information	Exec Lead	28-Apr	26-May	30-Jun	28-Jul	25-Aug	29-Sep	27-Oct	24-Nov	29-Dec	26-Jan	23-Feb	30-Mar
Agenda Item													
Financial Report	CP	D	D	D	D	D	D	D	D	D	D	D	D
Cost Reduction Programme	CP	D	D	D	D	D	D	D	D	D	D	D	D
Tracker System for Corporate and Clinical Boards	CP/SC	D	D	D	D	D	D	D	D	D	D	D	D
IMTP Financial Plan	CP									D			
Clinical Board Escalation	SC	D	D	D	D	D	D	D	D	D	D	D	D
Review of Financial Risk Register	CP	D	D	D	D	D	D	D	D	D	D	D	D
Committee Development Items													
Next Year's Financial Plan (including building blocks and assumptions underpinning it)	RT/CP							D					
Allocation formulas and funding	RT/CP	D											
Contracting and commissioning with neighbouring Health Boards	RT/CP			D									
WHSSC	RT/CP					D							
Costing and Benchmarking	RT/CP									D			
Finance Committee Governance													
Annual Work Plan	NF											A	
Self-assessment of effectiveness	NF	D											
Review Terms of Reference	NF											A	
Produce annual Finance Committee Annual Report	NF											A	
Minutes of Finance Committee Meeting	NF	A	A	A	A	A	A	A	A	A	A	A	A
Action log of Finance Committee Meeting	NF	D	D	D	D	D	D	D	D	D	D	D	D

OUR FUTURE HOSPITALS 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 Our Future Hospitals Committee. The detailed terms of reference and operating arrangements set by the UHB Board in respect of this committee are set out below.

2. PURPOSE

- 2.1 The Committee will oversee the development of the overall Our Future Hospitals Programme by:
 - Providing assurance that the leadership, management and governance arrangements are robust and appropriately discharged to deliver the outcomes and benefits of the programme.
 - Providing oversight and scrutiny of project business cases, including oversight of external advisors engaged to support UHB.
 - Reviewing and where appropriate, approving reports, papers and business cases prior to them being submitted to the UHB Board and Welsh Government.
 - Scrutinising the progress of the programme and providing the UHB Board with assurance that any deliverables and outputs are produced on time, to budget and in accordance with all professional standards.

3. DELEGATED POWERS AND AUTHORITY

The Our Future Hospitals Committee will carry out the following duties and responsibilities:

- Provide assurance to the UHB Board that Our Future Hospitals Programme has a clear and consistent strategic direction of travel, which is aligned to Shaping our Future Wellbeing and Wellbeing of Future Generations act; strong and effective leadership; transparent

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lines of accountability and responsibility; and effective and timely reporting to key internal and external decision-makers.

- Consider and approve the overall scope of Our Future Hospitals Programme and its delegated authority to make decisions.
- Scrutinise and recommend approval to the Board relevant Our Future Hospitals Programme decisions in particular those decisions which are outside the delegated authority limits (decisions over £500k) of the Programme Board.
- Scrutinise Our Future Hospitals Programme to ensure the direction of the programme remains within the scope set by the UHB Board and is consistent with wider system plans and political environment.
- Review and approve the stakeholder management strategy and specific plans to ensure buy-in from key internal and external stakeholders.
- Review and approve, where necessary business cases for Our Future Hospitals programme and provide assurance to the UHB Board that they will be delivered within the time, cost and to required quality, as specified by the UHB Board and the Welsh Government, and in line with the Health Board's capital governance arrangements.
- Recommend approval to the Board and monitor the ongoing progress of:
 - (a) The overall programme plan, including objectives, key milestones, resource plan and performance monitoring for key deliverables
 - (b) Appointment of all external project advisors and contractors where the value exceeds the delegated limit of the Programme Board
 - (c) All procurement decisions where the value exceeds the delegated limit of the Programme Board
 - (d) It will seek explanations and remedies for any deviation from the timelines and report any concerns to the UHB Board as and when necessary.
- Ensure that an effective risk management system is in place and regularly scrutinise key Programme risks.
- Scrutinise and assure that the Board that Programme expenditure against the budget allocated is appropriate and managed effectively.

4. AUTHORITY

The Committee is authorised:

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- To seek any information it requires, or request attendance at a meeting, from an employee of the UHB or any other person in order to effectively discharge its duties;
- To obtain professional advice on any matter within its terms of reference, subject to Management Executive approval. UHB Procurement team will be consulted prior to procurement of external advice;
- To appoint sub-committees or Working Groups with such membership and terms of reference as the Committee may determine, and delegate any of its responsibilities to such a sub-committee or working group.

5. ACCESS

- 5.1 The Chair of Our Future Hospitals Committee shall have reasonable access to Executive Directors and other relevant senior staff.

6. SUB COMMITTEES

- 6.1 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.

7. MEMBERSHIP

7.1 Members

The Committee is appointed by the UHB Board to ensure representation by key stakeholders involved in the programme development, as well as representation of the views of service users and staff.

A minimum of three (3) Independent Members, comprising:

Chair	Independent Member – Capital and Estates
Vice Chair	Independent Member - Finance
Members	A minimum of 1 other Independent Member of the Board

At the invitation of the Committee Chair any Independent Member who is not a member of the Committee is entitled to attend Committee meetings.

7.2 Attendees

The following officers to be in attendance:

- Chief Executive;
- Executive Director of Strategic Planning

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- Executive Medical Director;
- Executive Director of Finance
- Programme Director for Our Future Hospitals Programme;
- Director of Corporate Governance.

7.4 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.

7.5 Secretariat

Secretary: as determined by the Director of Corporate Governance.

7.6 Member Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

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.

7.7 Support to Committee Members

The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for committee members in conjunction with the Director of Workforce and Organisational Development.

8. COMMITTEE MEETINGS

8.1 Quorum

The quorum for meetings is 2 members, including either the Chair or the Vice Chair and 2 Executive Directors to include either the Chief

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Executive or Deputy Chief Executive. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the duties or powers vested in or exercisable by the Committee.

8.2 Frequency of Meetings

The Committee will meet quarterly and the agenda will be agreed by the Chair and Executive Lead with agenda and papers to be circulated 7 working days before the meeting, unless by exception and agreed with Chair of meeting in advance. The Chair can agree extraordinary meetings if an urgent item of business needs to be considered.

8.3 Withdrawal of individuals in attendance

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.

8.4 Decisions and disputes

Decisions will normally be reached by consensus. In the event of a disagreement, a member vote will be taken. In the event of a tie, the Chair will have the casting vote.

In the event of further disagreement, decisions will be referred to the Board.

9. RELATIONSHIPS AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

9.1 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. The Committee is directly accountable to the UHB Board for its performance in exercising the functions set out in these terms of reference.

9.2 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.

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- 9.3 The Committee shall embed the UHB's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

10 REPORTING AND ASSURANCE ARRANGEMENTS

- 10.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the UHB 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 UHB 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.

- 10.2 The UHB 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.

- 10.3 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.

11. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 11.1 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**

12. REVIEW

- 12.1 These terms of reference and operating arrangements shall be reviewed on an annual basis or as required by the Committee with reference to the Board.

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**UNCONFIRMED MINUTES OF THE COVID-19 BOARD GOVERNANCE GROUP
HELD ON THURSDAY 14th JANUARY 2021 at 9.30AM
VIA MS TEAMS/EXECUTIVE HEADQUARTERS, WOODLAND HOUSE
MAES Y COED ROAD, HEATH, CARDIFF CF14 4HH**

Present:

Charles Janczewski	CJ	Chair
Michael Imperato	MI	Interim Vice Chair
John Union	JU	Independent Member - Finance
Dr Rhian Thomas	RT	Independent Member - Capital and Estates
Sara Moseley	SM	Independent Member - Third Voluntary Sector
Akmal Hanuk	AH	Independent Member – Local Community
Gary Baxter	GB	Independent Member University
Eileen Brandreth	EB	Independent Member – Information Communication & Technology
Susan Elsmore	SE	Independent Member – Local Authority

In attendance:

Nicola Foreman	NF	Director of Corporate Governance
Edward Hunt	EH	Programme Director, Strategic Planning
Caroline Evans	CE	Secretariat

Apologies:

Dawn Ward	DW	Independent Member – Trade Union
Len Richards	LR	Chief Executive Officer

CV19BGG: 21/01/14/001	WELCOME AND INTRODUCTIONS The Chair welcomed everyone to the meeting of the COVID 19 Board Governance Group.	ACTION
CV19BGG: 21/01/14/002	APOLOGIES FOR ABSENCE Apologies for absence were noted from Dawn Ward and Len Richards.	
CV19BGG: 21/01/14/003	MINUTES OF THE MEETING HELD ON The minutes of the meeting held on the 16th December 2020 were reviewed by the Covid 19 Board Governance Group (BGG) and were approved as a true and accurate record. There were no matters arising.	
CV19BGG: 21/01/14/004	ACTION LOG FROM THE MEETING HELD ON 16th DECEMBER 2020 The DCG confirmed that the first two items on the Action Log had been completed. She then provided an update on the three actions from the previous meeting:	

	CV19BGG: 20/12/16/006 She clarified to John Union in relation to his query around procurement that the contract value had increased due to the amount of samples. CV19BGG: 20/12/16/006 The DCG confirmed that the Procurement department were producing a front sheet to accompany any future Chairs Actions. CV19BGG: 20/12/16/006 The DCG clarified that regarding EB's query relating to insourcing of endoscopy procedures, a Standard Operating Procedure (SOP) was now in place as part of the tender process to provide assurance around any quality issues.	
CV19BGG: 21/01/14/005 Saunders,Nathan 03/16/2021 16:15:11	Draft Exit Agreement The Chair welcomed Ed Hunt to the meeting who presented a paper to the committee requesting that they: • Note the conclusion of the relationship with the Cardiff Blues. • Note that Welsh Government and Andrew Goodall signed off an envelope of £1.080m on 1st October and 8th October 2020 respectively and that a current forecast of £1.002m stands and is to be finalised with The Blues week commencing 11/1/21. • Accordingly note the Exit Agreement and agree that it provides a suitable legal means to end the relationship. • Advise on what steps need to be taken to be able to sign the settlement agreement. • Agree to sign-off the final version of the Exit Agreement when confirmed figures are finalised. • Advise who can sign the settlement agreement. He explained to the group that due to the club's financial pressures, cash advances had been made to the Cardiff Blues and another small cash advance would follow upon signature of the agreement. He stated that following advice taken from Council, an agreement had now been drawn up to ensure that no further liability claims could be made against the Health Board. He added that the agreement covered confidentiality and dispute resolution and that Cardiff Blues had reviewed the draft and had indicated that they were willing to sign it. He explained that although the final figures had not yet been agreed, a conclusion was expected early next week.	

Saunders, Nathan 03/16/2021 16:15:11	He asked the group to consider if they were satisfied with the proposed agreement and the Chair invited the group to ask questions or comment. RT raised several queries, the first being whether the language within the document was sufficiently robust and if an indemnity clause was required to ensure that the Health Board was protected from any third party claims. She also requested clarity in relation to clause 5 of the agreement relating to the compensation as a result of delayed matches. EH agreed that he would communicate RT's comments around strengthening the language in the document back to the Barrister. He then informed the group that reinstatement of the pitch had now been completed and that the Health Board had received notification that it had passed the world rugby standard. He added that the scheduled game on the 21st January, noted in the agreement had now been postponed. The Chair confirmed that in terms of signing the document, it would be channelled through the normal governance process. Following a query from MI, EH clarified that the Agreement had been drawn up by Jorren Knibbe, a Barrister from No. 5 Chambers in Bristol. MI highlighted the importance of the arbitration clause within the agreement and queried if it had been sense checked. EH stated that the Health Board had received support from Mott McDonald and also specialist advice from various organisations which included Archus, an independent surveyor and Sports Labs, a specialist sports ground management company who provided independent verification regarding the Blues pitch. He added that he could provide assurance that the Health Board had sought the best advice available. JU referred to Section 6 and queried who would be carrying out an audit. EH stated that this had purposely been left open and as broad as possible in the event of a public accounts enquiry. AH queried the cost involved having reached this point of the agreement being drawn up. EH clarified that the total cost incurred to date amounted to £1,002,013.9 but that this figure did not include the Mott McDonald costs. The Chair stated that the financial aspect of this had been signed off by Welsh Government and that it was now important to ensure that the agreement was closed down and prevented the Health Board from being exposed to any further claims in the future.	

	SM queried the reputational narrative around the agreement and highlighted the importance of this being in place in the event of a public enquiry. Following a discussion around this, it was agreed that the DCG, Ed Hunt and Rob Mahoney would arrange for a timeline to be produced to include the main points and who the Health Board engaged with during this process in preparation for an enquiry and to also provide assurance to Board members that all events and details had been logged. EH stated that comprehensive notes had been logged and could be consolidated to produce a timeline. It was agreed that Ed Hunt would communicate to the Barrister the Independent Members queries and concerns around the agreement and seek his assurance that he had considered their feedback and reviewed the agreement to ensure that the Health Board were in a good position legally to prevent any further claims being made in the future and that the final agreement would be sent to the DCG who would arrange for either a short meeting or for the agreement to be circulated to the IM's prior to it being passed through the formal sign off process. The DCG stated that a member of the Corporate Governance Team had been tasked with preparing for an enquiry and added that other Health Boards had already employed professional Archivists and that she would propose to the Management Executives that this should be done by Cardiff and Vale UHB.	ACTION NF ACTION EH/NF
CV19BGG: 21/01/14/006 Saunders,Nathan 03/16/2021 16:15:11	COVID-19 GENERAL UPDATE The Chair provided a short, general update on the Covid-19 situation and reported that although there had been a slight improvement, critical care remained under significant pressure. That there were currently just over 300 patients in hospital with Covid and 19 of those patients were in the intensive care unit. That beds in the Lakeside Wing were now being actively used with 56 beds active and a further 25 beds available with suitable staff resource in place. He stated that although the overall numbers were reducing, the positivity rate of the over 60's was 410 per 100k which was a concern. The Chair invited the group to ask questions and comments. AH drew attention to the non Covid services, in particular, outpatients and cancer services and questioned how they were functioning and if the waiting lists were increasing.	

Saunders, Nathan 03/16/2021 16:15:11	The Chair explained that non Covid services were being effected, that all non-elective surgery had been cancelled but that efforts were being made to maintain other services as effectively as possible under the circumstances. Essential services were being maintained. He added that staff were being moved out of services into critical care and that the situation was constantly under review to divert resource appropriately. SM questioned the resilience amongst the workforce and highlighted staff wellbeing. The Chair stated that staff morale was as good as could be expected given the pressure that the workforce was currently under and praised the fantastic work carried out by staff across the UHB. He added that vaccinating staff was a top priority in order to protect them and that efforts were being made to provide 8000/9000 staff with their first dose of the vaccine. He added that the EDWOD was currently looking at the wellbeing of staff to help them as much as possible and to maintain high morale. He reported that although the workforce situation was a challenge, a large recruitment campaign was currently underway to increase the number of admin staff at the mass vaccination centre and within estates. SE praised the work carried out by Fiona Kinghorn and Lorna Bennett and reiterated the importance of vaccinating Health and Social Care staff to prevent further outbreaks in care homes. The Chair clarified that it was hoped that all frontline Health and Social Care staff would be vaccinated by the end of January. GB highlighted the tremendous pressure that the Executive team were currently under and stated that as frontline staff, they must be fully supported. The Chair agreed that the Executive team were dedicated and determined to support their staff but that they too must be supported. Primary Care and Mental Health Michael Imperato then provided an update on Primary Care and Mental Health services. He reported that following a recent meeting with Ian Wile, it was apparent that there had been a significant surge in people accessing mental health services. He added that they were experiencing staff absences and whilst almost all services were functioning, they were under pressure. That the partnership with the Third Sector was proving to be very successful and that a strong working relationship had been formed. He added that the new Minister for Mental Health, Eluned Morgan was now in post.	

Saunders, Nathan 03/16/2021 16:15:17	He reported that CAMHS were also experiencing a high demand throughout their services and that they were currently recruiting new staff and receiving help from the Third Sector. He stated that the Healios virtual consultation platform was now being promoted and used widely. MI highlighted the concerns around GP practices and the need to support them throughout the pandemic. He added that there was a strong escalation process in places and also buddying and cluster contingency processes but that there was currently concern around one practice and that there were two on the amber list. He stated that the GP's main issue was around vaccination and that prior to Christmas they had been inundated with calls from the public querying the issue of the vaccine which had been problematic. He reported that pharmacies and opticians were coping well and that Dental remained within a red phase and that there was a heavy demand for services across the board. Following a question from SM around dental practices, MI stated that practices were currently working on 20-25% capacity and the Health Board were moving to a more risk based approach with them. He explained it was a concern as waiting lists had increases due to the reduced capacity. SE highlighted the importance of vital dental services for children in need. AH referred back to the point raised around GP surgeries and managing the public's expectations of the issue of the vaccines. . He proposed that support was sought from the Comms team to communicate information to the public around this. The Chair confirmed that Len Richards had been liaising with the Comms team around this and that a plan was in place to address this issue including the development of a website. SE informed the group that an offer was made yesterday by Cardiff Councillors to offer up their support to the UHB wherever they could and in particular with local facilities being made available if required.. It was agreed that this could be used as an important support tool. Mass Vaccination The Chair then shared a presentation with the group, developed by Fiona Kinghorn detailing the mass vaccination programme and invited the group to ask questions. He explained that the public had extremely high expectations for the roll out of the vaccine but that feedback from the initial delivery had been good. He added that pharmacies, dental practices and optometrists would eventually participate to increase capacity.	

Saunders, Nathan 03/16/2021 16:15:11	He stated that Jonathon Gray was looking to scale up the operation. JU queried how the over 70's and over 80's were being supported and contacted to arrange an appointment for the vaccine. The Chair clarified that this cohort of patients would receive the vaccine from their GP surgery and would be contact by either text, email or phone call and that their GP's would know the best way of getting in touch with their patients. JU also raised a query as to whether there was a process in place for auditing the effectiveness of the vaccines. The Chair suggested that this would probably be undertaken by Public Health Wales and other researchers but he would seek clarification. GB asked if information was available regarding the use of vaccinators who were not currently health professionals and if this was a process at local or national level. He added that retired GP's having volunteered were having to go through a bureaucratic recruitment process and queried if this was the case in Wales. The Chair agreed to clarify this with Ruth Walker and feedback to GB outside of the meeting. EB queried the possibility of training and recruiting pharmacy and nursing students to administer the vaccine to the general population. The Chair highlighted the long term sustainability of the mass vaccination programme and the need for all options to be explored. EB queried if there would be sufficient vaccines to maintain the programme and in the event of supply chain problems, what action would be taken. The Chair clarified that responsibility lay with Welsh Government to ensure that supplies of the vaccine were delivered. EB queried the possibility of self-inoculation for patients already familiar with self-administering medication. The Chair confirmed that this had been considered for this cohort of patients. AH requested clarification around the differences between the two vaccines and that the public were unclear as to which vaccine they would receive. The Chair explained that a choice of vaccine was not available and that the emphasis was on the delivery. That due to deep freeze storage requirements, there was a need for the Pfizer vaccine to be delivered in either a vaccination centre or one of the hospital sites whereas the Astra Zeneca vaccine provided a more mobile option. He added that the third vaccine, Moderna was due for release in April.	ACTION CJ

	The Chair stated that although the Pfizer vaccine provided a greater level of protection after the first dose, after the second dose, both the Pfizer and Astra Zeneca vaccines provided 90% protection. He stated that the issue of the vaccine was dependant on location rather than the vaccine itself. Following a request from AH for a communication to be sent out clarifying this to the public, the Chair confirmed that a public facing document was to be produced and information would be available on the website in due course but that it was important to realise that both vaccines provided substantial protection. .	
CV19BGG: 21/01/14/007	CHAIRS ACTION The DCG presented a Chairs Action to the group for review and approval. She stated that it related to the use of St Joseph's hospital where non Covid patients and endoscopy patients were attending to assist the green streams within the UHB. She stated that this had been passed through the procurement process at a cost of £7.2 million. The Chair informed the group that this contract was complementary to the Spire contract as the activity with the Spire was being reduced. He confirmed that the overall cost with St Josephs and the Spire would remain approximately the same. He invited the group to comment or ask questions. The BGG agreed that they were happy to support this Chairs Action.	
CV19BGG: 21/01/14/008	DECISIONS LOG FROM MANAGEMENT EXECUTIVES The DCG presented the Decision Log to the group for noting. There were no queries.	
CV19BGG: 21/01/14/009	ANY OTHER BUSINESS The meeting closed at 11.12am.	
CV19BGG: 21/01/14/010	DATE AND TIME OF NEXT MEETING Thursday 11th February 1pm Via MS Teams	

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Nathan

**CONFIRMED MINUTES OF THE COVID-19 BOARD GOVERNANCE GROUP
HELD ON WEDNESDAY 16 DECEMBER 2020 at 2pm
VIA MS TEAMS/EXECUTIVE HEADQUARTERS, WOODLAND HOUSE
MAES Y COED ROAD, HEATH, CARDIFF CF14 4HH**

Present:

Charles Janczewski	CJ	Chair
Michael Imperato	MI	Interim Vice Chair
John Union	JU	Independent Member - Finance
Dr Rhian Thomas	RT	Independent Member - Capital and Estates
Sara Moseley	SM	Independent Member - Third Voluntary Sector
Akmal Hanuk	AH	Independent Member – Local Community
Gary Baxter	GB	Independent Member University
Eileen Brandreth	EB	Independent Member – Information Communication & Technology

In attendance:

Nicola Foreman	NF	Director of Corporate Governance

Apologies:

Susan Elsmore	SE	Independent Member – Local Authority
Len Richards	LR	Chief Executive Officer
Dawn Ward	DW	Independent Member – Trade Union

CV19BGG: 20/12/16/001	WELCOME AND INTRODUCTIONS The Chair welcomed everyone to the meeting of the COVID 19 Board Governance Group.	ACTION
CV19BGG: 20/12/16/002	APOLOGIES FOR ABSENCE Apologies for absence were noted from Susan Elsmore and Len Richards.	
CV19BGG: 20/12/16/003	MINUTES OF THE MEETING HELD ON The minutes of the meeting held on the 4th November 2020 were reviewed by the Covid 19 Board Governance Group (BGG) and were approved as a true and accurate record. There were no matters arising.	
CV19BGG: 20/12/16/004	ACTION LOG FROM THE MEETING HELD ON 4th NOVEMBER 2020	

	The DCG confirmed that the two outstanding items had been completed and that the status was satisfactory. There were no queries.	
CV19BGG: 20/12/16/005	COVID-19 GENERAL UPDATE In the absence of the CEO, the Chair provided the Group with a brief overview of the current situation. He reported the latest rate of infection in Cardiff had increased from 200 per 100k to 500 per 100k And the positivity rate in Cardiff stood at 18.9% and 18.8% in the Vale of Glamorgan. He explained to the group that, whereas previously, it was possible to identify small clusters, the virus was now widespread. That the over 60's rate had increased to 390k per 100k and that it was likely that there would be more patients becoming seriously ill and dying which would also have a significant effect on services. He stated that there were currently 170 patients in hospital, 11 in ITU and that it was a different situation of that in the first wave when there was a lot more Covid related pressure in critical care. He added that the ITU unit was currently full but mostly with non-covid patients. Improvements to medications and processes were helping. The Chair explained to the group that the Health Board were moving to site based operations in the form of Local Coordination Centres (LCC) and that the Executive team were moving to seven day week coverage on a rotational basis to assist staff through this difficult period. He added that following a presentation at LPF, Caroline Bird had identified the three areas of significant operational challenge 1. Bed capacity had been compromised by the length of stay of patients as a result of care homes not accepting discharged patients, outbreaks of the virus within the system and the continuation of non-Covid activity. 2. Staff sickness was unusually high and that a significant number of staff were also self-isolating and that ways in which to increase staffing levels were being explored. 3. The current constraints associated with IP&C EB raised a query around reports of staff at the mass vaccination centre testing positive for Covid. The Chair confirmed that 1450 individuals had now received the vaccination and that the staff that had tested positive were not in a clinical area but within the booking team and that operations had been closed down for a day or so to prevent harm and protect patients arriving for vaccinations. SM proposed that the group reflect on how the Health Board could provide help and support to staff and their families as they did during the first wave and if any funding was available via Charitable Funds.	

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	The Chair highlighted the impact that the pandemic was having on staff and the importance of staff health and wellbeing to enable them to look after patients. MI proposed that supermarkets be approached to allow NHS staff to visit supermarkets during the golden hour as they did earlier in the year to purchase essential supplies and groceries during the pandemic. The Chair supported this proposal and proposed that it could be discussed at the Board meeting tomorrow. He commented that help and support from businesses and the public had not been so evident during this second wave.	
CV19BGG: 20/12/16/006	CHAIRS ACTION The DCG presented two Chairs Actions to the group for review and approval. a) Next Generation Sequencing Panel for Analysis of Somatic (Solid Tumour and Haemato-Oncology) Samples b) Insourcing of Endoscopy procedures She referred to the Chairs Action (a) that eleven people had accessed the process which had a total contract value of £12.9 million and that the contract had been awarded to Illumina. RT queried and requested clarity around the IM's role in the procurement process. The DCG confirmed that this BGG meeting was used to obtain approval of Chairs Actions of higher value as it provided scrutiny and robustness and that KPMG had requested that the higher value contracts be signed off via the Chair and the Board. JU queried the calculations, the annual value being £1,910,573.23 for two years with the option to extend to three years and a total value of £12,922,435.68 inc VAT. It was agreed that the DCG would clarify the contract value with Procurement and feedback to the group. She stated that there was a possibility that the number of samples had increased, thereby increasing the value. MI requested that an overview of the Chairs Actions be provided in layman's terms to enable the IM's to gain an understanding of the content. The DCG agreed to ask procurement to action this. EB added that an explanation in the way of a front cover sheet detailing what the IM's were being asked to approve would be helpful.	Action NF Action NF

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Saunders, Nathan 03/16/2021 16:15:11	The Chair stated that Executives were following the required assurance process by requesting the IM's countersignature but agreed that they must understand what the funds were being used for. The DCG then referred to the Chairs Action (b) and that the contract for the insourcing of endoscopy on an all Wales framework. That seven tenders had been received and the recommendation was to award the contract to Remedy Healthcare and that the contract total was £1.3 mill and that it was VAT exempt. She explained that the purpose of the contract was to improve patient waiting lists and that these procedures would be carried out at both UHL and UHW. AH raised a question as to whether the new equipment would provide assurance of reducing waiting times and if it had been considered that additional staff may be required to operate it. The DCG clarified that it was existing equipment already in use and that the Health Board would be insourcing specialist staff from Remedy Healthcare to use our equipment and facilities. EB stated that she recalled the Health Board having previously experienced issues with an organisation around quality and volume of work and requested that it be clarified that these problems were addressed. The DCG confirmed that there had been a previous contract with an organisation relating to ophthalmology and she agreed to clarify with procurement that lessons had been learnt and that a quality check had been carried out on this company. The Chair highlighted the importance of using due diligence when awarding contracts. JU queried if it would be possible to insource staff during the current pandemic. The DCG confirmed that both covid and non covid pathways were in place and that this work would be carried out in a non covid area but that they would still be required to self-isolate and have a covid test prior to working in the hospital. Following a question from JU around the costings of agency staff, the Chair confirmed that outsourcing work was more costly but that the Health Board doesn't currently have the capacity to provide the staff to carry to carry out this extra work and that it was within the budget and would reduce the waiting lists, thereby reducing the risk of causing harm to our patients. EB commented that the endoscopy department had previously experienced problems with ageing equipment and cleaning contracts and queried if this had been factored in. The BGG agreed that they were happy to support this Chairs Action.	Action NF

CV19BGG: 20/12/16/007	DECISIONS LOG FROM MANAGEMENT EXECUTIVES The DCG presented the Decision Log for review and approval and explained that the first two decisions had already been ratified by the Board Chair. She added that a decision was required regarding enhanced overtime rates for registered nurses and that the purpose of this coming to this meeting was for the value to be signed off. The DCG agreed to clarify with the DDF if this required sign off. She then referred to the second page of the log where a number of items of expenditure were listed and approved by the Management Executives. This was in reponse to a budget underspend and an opportunity to redirect the funds to other areas in line with the overall UHB budget. This did not require Board approval. EB raised a question as to the under spend and requested clarification around addressing the 3 year deficit and assurance if it was a non-structural saving. The DCG agreed to clarify this and feedback to the BGG group and to highlight to the Management Executives that the group need to understand the impact that EB explained. RT queried if there was a reason why a financial snapshot was not presented at Covid 19 Board Governance Group The Chair clarified that the Covid Governance Group focussed on Governance not finance (apart from the financial implications of any Chairs Actions brought to the Group). Detailed financial scrutiny was dealt with through the Finance Committee. The Group approved the Decision Log and the caveat raised by EB.	
CV19BGG: 20/12/16/008	ANY OTHER BUSINESS	
CV19BGG: 20/12/16/009	DATE AND TIME OF NEXT MEETING The Chair informed the group that a date for the next meeting would be confirmed in due course and that the way in which the group functioned would also be explored. He added that the purpose of the group had previously focussed around Chairs Actions but due to the current Covid situation, this could be dealt with outside of the meeting. The Chair also informed the group that we now needed to streamline the agendas of Board Committees due to meet in the first three months of 2021 in order to alleviate pressure on the Executive team. He requested that the Chairs of the committees revisit the agendas to review and remove as many unnecessary items as possible. He stated that he would discuss with the DCG how the streamlining would be carried out as it was important that meetings were not	

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	cancelled if at all possible. He asked that the Committee Chairs discuss the matter with the individual Executive Committee leads to try to limit the time spent on the committee to one hour. The Chair stated that he wished to reinforce the deputising structure and that in the absence of the Chair of the Board MI would deputise and JU would act as Interim Vice Chair. He highlighted the need for the IM's to continue to communicate through the Whats App Group and to try focus on business related issues in order to use time effectively and to contact himself if they had any concerns.	

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Confirmed Minutes of the Public Audit and Assurance Committee
Held on Tuesday 17th November 2020 09:00am – 12:00am
Via MS Teams

Chair		
John Union	JU	Independent Member – Finance
Present:		
Eileen Brandreth	EB	Independent Member – ICT
Dawn Ward	DW	Independent Member – Trade Union
In Attendance:		
Anthony Veale	AV	Audit Wales
Charles Janczewski	CJ	UHB Chair
Chris Lewis	CL	Interim Executive Director of Finance
Craig Greenstock	CG	Counter Fraud Manager
Darren Griffith	DG	Audit Wales
Ian Virgil	IV	Head of Internal Audit
Martin Driscoll	MD	Executive Director of Workforce & OD / Deputy Chief Executive Officer
Nicola Foreman	NF	Director of Corporate Governance
Stuart Walker	SW	Executive Medical Director
Secretariat		
Raj Khan	RK	Corporate Governance Officer
Apologies:		
Len Richards	LR	Chief Executive Officer

AAC 20/11/001	Welcome & Introductions The Committee Chair (CC) welcomed everyone to the public meeting. CC also welcomed Darren Griffiths and Mike Usher's replacement Anthony Veale – Engagement Director, Audit Wales.	ACTION
AAC 20/11/002	Apologies for Absence Apologies for absence were noted.	
AAC 20/11/003	Declarations of Interest There were no declarations of interest.	
AAC 20/11/004	Minutes of the Committee meeting held on 8th September 2020 Resolved that: (a) The Committee approved the minutes of the meeting held on 8 th September 2020 as a true and accurate record.	
AAC 20/11/005	Action Log following the Meeting held on 8th September 2020 The Committee reviewed the action log and the following updates were provided: AAC 20/09/007 – Was on the agenda	

	AAC 20/09/008 – Clinical Coding was on the agenda, update on TTP to be provided at February 2021 meeting AAC 19/12/015 – Was on the agenda AAC 20/03/008 – Was on the agenda AAC 20/04/005 – The Head of Internal Audit (HIA) and Executive Medical Director (EMD) would provide an update at the March 2021 meeting AAC 19/12/012 – Would be on the agenda for February 2021 AAC 20/05/005 – Was on the agenda Resolved that: (a) The Committee reviewed and noted the action log and the updates provided.	
AAC 20/11/006	Any Other Urgent Business There were no items raised.	
AAC 20/11/007	Internal Audit Progress and Tracking Reports The HIA highlighted section 2.1 within the report, which outlined six planned audits that had not been completed in time for the November Committee meeting and the following reasons were provided. 1) Asbestos management – Was now finalized and agreed with Estates and Facilities with the final report being issued a week prior to the Committee meeting. 2) Specialist Clinical Board – Initial responses received from management would be finalized shortly. 3) Four remaining audits were delayed due to a combination of issues related to Covid-19, availability of managers to engage with the audits and availability of Internal Audit resources. The HIA also referred to section 3 within the report and the finalisation of six audits since the last meeting. He highlighted that the pre-employment checks audit from the 2019/20 Internal Audit plan was received by Committee at the end of 19/20 and the Reasonable assurance report fed into the opinion for 19/20. Management responses to finalise the report were awaited. Five reports were finalised from the current audit plan, all had positive outcomes and Reasonable assurance. These five reports were on the agenda for noting. The HIA highlighted issues reported within the Surgery Clinical Board report which looked at sickness management within theatres with an overall rating of Reasonable assurance. Five out of six departments had good processes in place. One department lacked any management	

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process of sickness, a lack of completed required forms and lack of ongoing monitoring of long term sickness. A specific issue raised was that ebbs of long term sickness were being managed via social media which was deemed inappropriate. The HIA provided assurance that an overall Reasonable assurance was given although there were significant high priority issues within the report; these had been raised with management at the time of completion of the audit and actions put in place to address these issues.

The HIA also highlighted a report relating to work done with the RPB and how the Health Board carried out its duties around its role in relation to the RPB. This was a positive report with Reasonable assurance at the higher level. Areas where the governance arrangements could be strengthened further were highlighted and there were steps in place to look at these processes.

The Committee was reminded that it had agreed the Internal Audit plan for 2020/21 in April. Section 4.3 highlighted the proposed ten audits to be removed from the plan, these were areas considered low risk and had been agreed by the Management Executive. This was considered a sensible approach and it was confirmed that these would be added to the next annual plan and consideration given to overall risk and what needed to be prioritised at that time.

The HIA also highlighted that they were looking to include two additional audits to the 2020/21 plan; UHW Surge Facility and Post Contract Audit of DHH Costs.

The HIA confirmed that there would be enough information to give an end of year audit opinion for the health board and that this year an overall opinion would be provided rather than one for each domain. He added that there were discussions taking place with the Director of Audit Assurance to build in contingencies should they not be able to deliver on all 35 audits.

The HIA highlighted that the Health Board had introduced an Internal Audit recommendation tracker. He confirmed that validation work had been done on the 2017/18 recommendations detailed within the tracker which had been presented to the September Audit Committee. The overall position was summarised as follows:

The tracker included a total of 22 recommendations from 2017/18

- A sample of 13 of the recommendations was selected for validation;
- Evidence was obtained to confirm that the stated progress for 11 of the 13 sampled recommendations was accurate;
- Evidence for the remaining 2 recommendations was to be supplied.

Resolved that:

- a) the Internal Audit Progress Report, including the findings and conclusions from the finalised individual audit reports be considered;

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	b) the proposed amendments to the Internal Audit Plan for 2020/21 be approved.	
AAC 20/11/008	Audit Wales Update Audit Wales (AW) highlighted exhibit 3 within the report that showed work currently underway. AW aimed to bring reports relating to this work to the February meeting; two of the projects related to local pieces of work, follow-up of previous IM&T recommendations and follow-up of operating theatres. The other pieces of work were National and it was confirmed that the Orthopaedic Services follow-up would set out the local position of each Health Board. The final piece of work in exhibit 4 was highlighted, a follow-up of radiology services which was an additional piece of work to be taken up locally, scoping was currently taking place. Resolved that: (a) the Audit Wales Update be noted.	
AAC 20/11/009	Annual Structured Assessment Report AW advised that the work undertaken was in the context of the pandemic and had been reshaped and re-focused to concentrate on 3 areas in particular: • Governance Arrangements; • Managing Financial Resources; • Operational Planning. AW thanked the health board for its full cooperation and assistance. AW advised that in terms of Governance Arrangements, it found the revised governance arrangements were set up quickly and supported responsive decision-making and effective operational management, but public scrutiny and assurance at Board-level could have been enhanced during the pandemic. Board business was found to be conducted in an open way but there was scope for more detailed reporting in some areas. The Board maintained effective communication with its stakeholders during the pandemic and was stable during the period but opportunities to support and enhance development of the Board members could have been pursued in full. In terms of Managing Financial Resources, it found that effective financial controls, monitoring and reporting had been maintained throughout the pandemic and arrangements were put in place to track Covid-19 expenditure. In regards to Operational Planning, it was informed by robust data modelling and developed in a timely way and the health board responded quickly to ensure sufficient resources to deliver its planning commitments.	

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	AW made one recommendation which was to encourage learning from the pandemic to strengthen future governance arrangements. It was confirmed that the report had been seen by the Independent Members and that the Executives had accepted the recommendations. Resolved that: (a) the Audit Wales Annual Structured Assessment Report be noted.	
AAC 20/11/010	Management of Clinical Coding Across Wales AW stated that this was a national report where local work had been undertaken in 2018/19 and its aim was to highlight the current challenges and opportunities for clinical coding, including the potential to use COVID-19 related changes to working practices to secure new and more sustainable ways of delivering coding work. It was agreed that this report be part of a future Board Development Session. AW stated that the report was well received by Welsh Government and it was actively working with them to progress the 10 opportunities and ensure consistency with the messaging and approach across the sector. IM-ICT felt a refresh on clinical coding would be helpful and agreed to take to a DHIC meeting to discuss. Resolved that: (a) the Audit Wales Management of Clinical Coding Across Wales Report be noted.	NF EB
AAC 20/11/011	10 Opportunities for Planned Care AW stated that this was based on follow up work assessing progress against its 2015 report on waiting times for elective care. AW advised that it reframed its findings and key messages in the context of Covid-19 to inform emerging plans for restarting planned care and wider discussions on what a post COVID-19 NHS needed to look like. The report contained ten key opportunities made up of five longer-term opportunities and five immediate opportunities to restart the system. This was again a national report and health bodies were encouraged to consider the report as part of their ongoing planning arrangements for recovery and restarting. AW suggested that this report be taken to the Strategy and Delivery Committee to ensure that the 10 Opportunities were considered as part of the Health Board's planning arrangements. Resolved that: (a) the Audit Wales 10 Opportunities for Planned Care Report be noted.	NF
AAC 20/11/012	The National Fraud Initiative (NFI) in Wales 2018-20	

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	AW stated that it reported the outcomes achieved since the last report of October 2018. It highlighted the importance of maintaining robust controls to minimise the risk of fraud during the pandemic. Recommendations were provided for Welsh Government as well as local Audit Committees to consider. Resolved that: a) the National Fraud Initiative in Wales 2018-20 be noted.	
AAC 20/11/013	Welsh Community Care Information System AW stated that this was a national study that examined the latest position relating to the implementation and rollout of the Welsh Information System. Section 2.6 of the report set out the Health Board's position. As part of the work, it identified that the current version of the information system would not meet the Health Board's requirements and also considered that it offered less in terms of its functionality and provided a significantly more costly option compared to existing arrangements. The Interim Executive Director Finance (IEDF) commented that this would be a cost pressure to the Health Board if taken forward. IM-ICT mentioned that this had been discussed in DHIC and that she supported the view of the Director of IM&T that our existing combined system had better integration from a health perspective and better functionalities than the system being developed and rolled out. She also highlighted that the new open architectural approach that Welsh Government ratified did allow the Health Board not to take this system provided there was an alternative and she considered that a decision by the Health Board of that nature would be appropriate. The IM-ICT suggested that the report be taken to DHIC to ensure its consideration by that Committee. The UHB Chair commented that in terms of the decision making, it would be for the Management Executive team with input from IT and other parties to arrive at a recommendation for the Board. Resolved that: (a) the Welsh Community Care Information System Report be noted.	EB
AAC 20/11/014 Saunders Nathan 03/16/2021 16:15:11	Declarations of Interest and Gifts and Hospitality Tracking Report The DCG stated that the report provided the updated position in regards to DOIs. Following the last meeting, a communications plan had been developed to increase awareness resulting in 100 more declarations since the last meeting and a further 400 declarations since the 8A chaser in November. These were not yet included within the tracker but would be reflected in time for the February meeting.	

	The DCG also advised that the team had now expanded and was split between Risk and Regulation and Corporate Governance so there would be more time invested in maintaining all trackers. The CC was pleased to see very few were rated red or amber and were seen as more low risk. Resolved that: - the ongoing work being undertaken within Standards of Behaviour be noted - the update in relation to the Declarations of Interest, Gifts, Hospitality & Sponsorship Register be noted.	
AAC 20/11/015	Regulatory Compliance Tracking Report The DCG stated that the report updated the Committee on overall inspections. She advised that a number of inspections were stalled due to Covid-19. She highlighted that 9 further inspections had been done and added to the tracker with a summary of the outcomes of those inspections. The CC commented that the report was useful and it was good to see outcomes as well. IM-TU queried the progression of the Clinical Board plan. The DCG responded that the outcomes of these inspections and assurance that recommendations are implemented and follow up work done would be brought to the Committee. Resolved that: - the inspections which have taken place since the last meeting of the Audit Committee in September 2020 and their respective outcomes be noted - the continuing development of the Legislative and Regulatory Compliance Tracker be noted.	
AAC 20/11/016	Internal Audit Tracking Report The DCG informed the Committee that the report contained three financial years of data. In terms of the Internal Audit 2017/18 position, there were now only 15 recommendations outstanding, the Risk and Regulation Team were meeting those with outstanding recommendations to ensure: - The recommendations were being completed - If not, to establish why and - To check if they were obsolete or superseded by other recommendations. The HIA had provided assurance around the progress reported. The DCG added that at the time of the Audit Wales Structured Assessment, there were 200 recommendations outstanding but this had significantly reduced over the last few months and continuous	Saunders, Nathan 03/16/2021 16:15:11

	improvement would be seen in this area as work picked up and chasers issued. The UHB Chair commented that there needed to be Executive ownership of this area and that he would like to see assurance for future meetings that Executives had bought into the process and supported recommendations being dealt with in an appropriate timescale. The DCG confirmed that the report was provided to the Management Executive to reinforce its importance. CC was pleased to see the recommendations drop from 164 to 111 but was mindful that Internal Audit would now deliver a number of new reports and recommendations which could increase that number. Resolved that: (a) the tracking report which is now in place for tracking audit recommendations made by Internal Audit be noted (b) progress would be seen over coming months in the number of recommendations completed/closed.	
AAC 20/11/017	Audit Wales Tracking Report The DCG highlighted an error in the report in that 3 recommendations added since last time were not showing on the pdf version and 1 recommendation in relation to TTP was an administrative error as the report had not yet been received. Apart from that the report provided a status update on the Audit Wales recommendations CC queried whether there were 28 or 22 recommendations outstanding. The DCG confirmed that 24 had been brought forward and 3 had been added since as the TTP was not a recommendation so 27 in total. Resolved that: a) the progress made in relation to the completion of Audit Wales recommendations be noted b) the continuing development of the Audit Wales Recommendation Tracker be noted.	
AAC 20/11/018	Review Losses and Special Payments The IEDF advised that under the Standing Financial Instructions, the Committee was required to approve the write offs of losses and special payments. To support it in this process, there was a Losses and Special Payments Panel that met twice a year and last met on 23rd October. He referred to the assessment area of the report that set out those items recommended for write off. The IEDF highlighted 2 items: • Bad Debt Write-offs – this was particularly small for the first 6 months of the year as they had stopped referring to the debt collection agency given the hardship people were facing during the pandemic but this process was now restarting.	

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	• Treforest Flood – there was over £2.0M in damage. As this was above the Committee's delegated limit, this had gone for Welsh Government specific approval which had been granted. The CC queried the amounts that the Committee was asked to approve relating to criminal negligence. The IEDF confirmed that there was a bigger amount written off and a smaller amount as a cost to the Health Board as it was written off by the Welsh Risk Pool but the total losses needed to be recorded at the Committee. IEDF confirmed a mistake in the headings and would amend. CC queried whether clinical negligence claims was down since last year. IEDF responded that with the Welsh Risk Pool, a certain amount of money was set aside and if the total claim exceeded that, a mechanism was in place where each of the Health Boards paid a contribution. There was a set fixed figure of £2.1M that the Health board would have to contribute this year, £1.5M was set aside in the original plans and the topping up was factored into the financial forecast so the liability was covered. Resolved that: a) the write-offs outlined in the Assessment Section of the report be approved.	
AAC 20/11/019	Proposed Changes to Governance Arrangements The DCG advised that she had worked closely with the UHB Chair on pulling this piece of work together. Independent Members had already seen it via the Board Governance Group. The recommendations section picked up the outputs from the Audit Wales Structured Assessment and Internal Audit work. She also highlighted the KPMG report which was in the private part of the meeting at the request of KPMG as it was commissioned by Welsh Government, this contained recommendations for both the Health Board and Welsh Government. Appendix 1 provided a summary of Governance arrangements and proposals to strengthen the Governance around the pandemic and to respond to recommendations made. Appendix 2 was a template report put in place to ensure the following key areas were covered off: • Quality • Workforce • Governance • Public Health • Operations The DCG added that the ToR for the Board Governance Group had been revised to include all Independent Members rather than only Independent Members required for Chair's actions which was the case previously.	

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	The DCG concluded that the governance structure had not changed vastly but now included the Committees which would continue should we need to stand down others but confirmed that we were not yet in that position. AW commented that this was a very good piece of work which picked up the different layers of assurance and recommendations and that there had been a timely response to recommendations. Resolved that: - the proposed amendments to governance arrangements (Appendix 1) be approved; - the changes to the Board Governance Group Terms of Reference (Appendix 2) which extends the Membership to include all Independent Members be approved; - the COVID-19 Report Template (Appendix 3) covering the key areas of Quality and Safety, Workforce, Governance, Operational Framework, Governance and Public Health be approved; - the first 90 minutes of future Board Development sessions be in public demonstrating that the Board is meeting in public every month; - the revised Governance Structure ensuring appropriate reporting to the Committees of the Board during the second wave (Appendix 4) be approved.	
AAC 20/11/020	Items for Information and Noting - Internal Audit reports for information The Committee received the following 6 reports: 1. Pre-Employment Checks – Reasonable assurance 2. Surgery CB – Theatres Directorate Sickness Absence Management – Reasonable assurance 3. Regional Partnership Board – Reasonable assurance 4. Sustainability Reporting – Reasonable assurance 5. Management of Serious Incidents – Reasonable assurance 6. Governance During COVID-19 – Advisory Resolved that: (a) the Internal Audit reports be noted.	
AAC 20/11/021	Business of other Committees and Review of Inter-relationships The DCG stated that this had been a useful exercise to be able to look back at what: • was in place • was not in place • had been done and • had not been done. It also provided the Committee with assurance regarding what had been completed since 2019-2020 and where it was headed. The purpose of the review was to enable the Audit Committee to provide further assurance to the Board that the other Committees were in place and operating effectively, and in particular that: • ToR were in place • Annual reports on ToR provided and	

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	- Effectiveness reviews carried out. The DCG highlighted that this year some of these items had slipped due to some Committees being stood down due to Covid-19, and the aim for the end of the year was to ensure that all these outstanding areas were addressed and processes in place for the next year. UHB Chair commented that this was a very good piece of work and suggested that it be shared with the other Committees for information so that the linkages were understood. Resolved that: - the outcome of this review to provide 'independent' assurance to the Board that the Board assurance requirements were appropriately aligned be noted - the areas of development within the report to provide further assurance to the Board on the Inter relationships between the Committees particularly in the areas of Risk, Regulatory Tracking, Performance Monitoring and Audit recommendations be noted - the outputs of the Committee self-assessment and the action plans in place to improve effectiveness of the Committees and that where the self-assessments were not undertaken that they will be undertaken before the end of the year be noted - approval be recommended to the Board that the Health and Safety Committee administration moves to the Directorate of Corporate Governance to align end of year reporting and independence from the Health and Safety function of the Health Board.	NF
AAC 20/11/022	Self-Assessment of Committee Effectiveness The DCG advised that self-assessment was undertaken last year with most Committees and actions followed up where the response was "adequate", "needs improvement" or "no". The next step was for the DCG to meet with the Chairs of each Committee to follow up on the action plans and ensure completion. Resolved that: - the results of the Committee's self-assessment Effectiveness Review for 2019-20 be noted - the action plan for improvement to be completed by March 2021 in preparation for the next annual self-assessment which will feed into the 2020-21 Annual Governance Statement be approved.	
AAC 20/11/023	Job Planning Update The Executive Medical Director (EMD) confirmed that this was being brought back to Committee as previously it had received a Limited assurance rating. This was due to come to the February meeting but as significant progress had been made it was sensible to provide an update at this time and a further one in 6 months' time. The EMD highlighted that the job planning component had 2 key work streams:	SW

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	• Job Planning Procedure – Related to the development of the relevant procedure which was not a guideline but a procedure that needed to be followed. • E-Job Planning System (Allocate) – this was currently in wide spread use across the UK and had been modified for Welsh use. The EMD stated that they were in the process of refining this system for local requirements. Progress made included: • Identification of Champions • Training • Identification of Super Users • Number of engagement events • Shifting of data into the system The EMD reported that they were now at a point where they could go live with the Job Planning System and upload job plans to the centralized solution. A timeline was contained within the slides and provided the Committee with the key milestones. The EMD added that everything was to be centralized and all job plans uploaded by the end of the financial year. IM-TU commented that the EMD had a really difficult starting position but had got it right and achieved fantastic work. The HIA agreed that it was very positive and added that it needed to be scheduled into the Internal Audit plan for follow up in around January or February 2021 to provide assurance to the Committee. The EMD agreed to this and welcomed reassessment after March. The HIA and EMD agreed to have a meeting in place by April for inclusion in the 2021 Internal Audit plan. Resolved that: a) the presented action plan as follow up from the Limited assurance report be approved and supported.	SW / IV
AAC 20/11/024	Items to bring to the attention of the Board / Committees There were no items to be brought to the attention of the Board / Committees.	
AAC 20/11/025	Review of the Meeting The CC thanked everyone for their attendance and contribution to the meeting.	
AAC 20/11/026	Date and Time of Next Meeting To note the date, time and venue of the next Committee meeting: Tuesday 9th February 2021 at 9.00am	

**CONFIRMED MINUTES OF THE MEETING OF THE FINANCE COMMITTEE
HELD ON 6th JANUARY 2021
VIRTUAL MEETING via TEAMS**

Present:

Dr Rhian Thomas	RT	Chair, Independent Member – Capital and Estates
John Union	JU	Independent Member - Finance
Charles Janczewski	CJ	Board Chair
Abigail Harris	AH	Executive Director of Strategic Planning
Andrew Gough	AG	Assistant Director of Finance
Chris Lewis	CL	Interim Director of Finance
Nicola Foreman	NF	Director of Corporate Governance
Ruth Walker	RW	Executive Nurse Director

In Attendance:

Secretariat:

Paul Emmerson	PE	Finance Manager

Apologies:

Len Richards	LR	Chief Executive
Martin Driscoll	MD	Executive Director of Workforce and Organisational Development
Steve Curry	SC	Chief Operating Officer

FC 20/118	WELCOME AND INTRODUCTIONS The Chair welcomed everyone to the meeting.	ACTION
FC 20/119	APOLOGIES FOR ABSENCE Apologies for absence were noted.	
FC 20/120	DECLARATIONS OF INTEREST The Chair invited members to declare any interests in proceedings on the Agenda. None were declared.	
FC 20/121	MINUTES OF THE COMMITTEE MEETING HELD ON 25th NOVEMBER 2020	

	The minutes of the meeting held on 25th November 2020 were reviewed and confirmed to be an accurate record. Resolved – that: The minutes of the meeting held on 25th November 2020 were approved by the Committee as an accurate record.	
FC 20/122	ACTION LOG FOLLOWING THE LAST MEETING FC 20/101& FC/110 - Forecast to Break-even. A monthly forecasting graph is to be included in future finance performance reports. The graph should include any unfunded costs arising from the management of COVID 19. For the month 8 report, the monthly forecasting graph would be amended to report performance against forecast from month 6 to year end for future months. It was noted that this action had been completed and that an amended monthly forecasting graph which showed the position from month 6 onwards was included in Month 8 Finance Report. Resolved – that: The Finance Committee received the Action Log and noted that the monthly forecasting graph included in Month 8 Finance Report had been amended to report performance against forecast from month 6 to year end for future reports.	
FC 20/123	CHAIRS ACTION SINCE THE LAST MEETING There had been no Chairs action taken since the last meeting.	
FC 20/124	FINANCIAL PERFORMANCE MONTH 8 The Assistant Director of Finance briefly summarised the key points within the Month 8 Finance Report and informed the Committee that at month 8, the UHB had reported a year to date underspend of £0.461m following an in month operational surplus of £0.099m and that the reported position included net expenditure of £99.759m arising from the management of COVID 19 which was offset by an equal amount of Welsh Government COVID 19 funding. Two of the eight measures on the Finance Dashboard remained RAG rated red namely: the reduction in the underlying deficit to £4m and the delivery of the recurrent £25m 3% devolved savings target. Performance against the targets to remain within the revenue resource limit; to deliver the £4m non recurrent savings target; to remain with the cash limit; to meet the creditor compliance payment target; to maintain a positive cash balance; and to remain within the capital resource limit continued to be RAG rated green.	

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Saunders, Nathan 03/16/2021 16:15:14	The Assistant Director of Finance reported the cumulative financial performance and highlighted that the additional COVID 19 related expenditure was £103.496m at month 8. COVID 19 was also adversely impacting on the UHB savings programme where there was an underachievement of £12.372m against the month 8 target of £19.417m. The shortfall in savings was expected to continue until the COVID 19 pandemic passed. Elective work had been significantly curtailed during the first 8 months of the year as part of the UHB response to COVID 19 resulting in a fall in non pay costs and this was the main reason behind a £15.689m reduction in planned expenditure. In addition there had been slippage of £1.420m against planned investments including WHSCC. It was noted that given the curtailment of non-urgent operating and outpatient appointments during the 2nd wave that the slippage was expected to continue into the final quarter of the year. The Assistant Director of Finance moved onto performance against income, pay and non pay budgets and indicated that the position at month 8 represented a progression of the trends established in the first 7 months of the year Turning to the financial forecast for 2020/21 the Assistant Director of Finance referred to table 9 of the written report which outlined that the additional costs of managing Covid 19 were expected to continue and that the net expenditure arising as a result of COVID 19 was expected to increase from the £98.759m reported at month 8 to a cumulative total of £155.493m at the year end and this was expected to be matched by the same amount of additional Welsh Government funding based upon the resource assumptions set out in the NHS Wales Operating Framework 2020/21 for Q3 and Q4. The UHB's non COVID operational position was expected to remain broadly balanced as the year progressed and the UHB expected to meet its break even duty in 2020/21. Further detail of the £155.493m additional Welsh Government funding was provided at table 10 of the written report. The UHB Chair (CJ) noted that the year end forecast assumed that Welsh Government would provide funding of £2.7m to support the continuing provision of services from the Independent Sector and asked what assurance the UHB had that this funding would be confirmed. In response the Interim Director of Finance indicated that the assumption of the further £2.7m of funding had been highlighted in the UHBs Quarter 3/4 plan which had been submitted to Welsh Government and also through the UHBs monthly monitoring return submissions to Welsh Government. At this stage, feedback from Welsh Government supported the assumption of the additional funding. Moving on, the underperformance against the savings target was highlighted and the Assistant Director of Finance highlighted that the forecast underperformance of £21.3m against the recurrent savings	

target was a key issue for the UHB moving forwards as this increased the underlying deficit moving into 2021/22 from the planning figure of £4m to £25.3m.

With reference to the underlying deficit the Finance Committee Chair (RT) expressed some unease and referred to Appendix 6 of the written report and asked whether the new potential recurrent commitments where costs were still to be confirmed were likely to significantly worsen the next year position. In response the Interim Director of Finance indicated that any further additional costs would need to be considered as the first call on the UHB's Investment Reserve.

The UHB Chair (CJ) referred to previous meetings of the Finance Committee, where it had been stated that Welsh Government had set out the resources available to support the COVID 19 response and there was an expectation that the UHB would manage within these resources to deliver a break even position by year end. In this context and in the light of the additional pressures arising from the new wave of COVID infections the UHB Chair (CJ) asked whether the UHB now expected further funding to be provided by Welsh Government to meet the additional pressures. In response, the Interim Director of Finance indicated that some of the additional funding streams for national priorities (e.g. PPE) would be provided in line with actual additional costs incurred. Other allocations such as the UHBs new additional allocation of £50.1m based on a formula share of 13.5% were now fixed. In this situation, there was an expectation that the UHB would flexibly manage its staff and non staff resources to best meet the additional pressures arising from the second wave. There was also a recognition that the availability of appropriate staff regulated the UHBs response and the range of services that it was able to provide in response to the additional pressures. In response to a further query from the Finance Committee Chair (RT) the Executive Nurse Director confirmed that the UHB was using off contract agency nursing staff to cover gaps where appropriate and the Interim Director of Finance confirmed that the UHB was planning to manage services towards year end so that a break even position could be delivered.

Finally, the Assistant Director of Finance confirmed that there were no significant concerns around the UHBs balance sheet and reiterated that the UHB remained on track to meet its PSPP, Cash and Capital Expenditure targets.

In conclusion, the Assistant Director of Finance highlighted that at month 8, the key revenue financial risk is managing the impact of COVID 19 within the additional resources provided.

Resolved – that:

The Finance Committee **noted** the month 8 financial impact of COVID 19 which is assessed at £98.579m;

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	The Finance Committee noted the additional Welsh Government funding of £98.579m assumed within the month 8 position; The Finance Committee noted the month 8 reported financial position being a surplus of £0.461m; The Finance Committee noted the breakeven position which assumes additional Welsh Government funding of £155.493m to manage the impact of COVID 19 in line with quarter 3&4 planning assumptions; The Finance Committee noted the risks that are being managed on the capital programme; The Finance Committee noted the revised forecast 2020/21 carry forward Underlying Deficit is £25.3m and the risks identified that, if not managed, could increase this.	
FC 20/125	FINANCE RISK REGISTER The Assistant Director of Finance (AG) presented the Finance Risk register. The two remaining extreme risks were noted as being: Fin01/20 – Reducing underlying deficit from £11.5m to £4.0m in line with IMTP submission. Fin03/20 – Delivery of £29.0m (3.5%) CIP The Finance Committee noted that the COVID-19 financial plan risk (FIN10/20) including Surge capacity was shown in an appendix as a sub-set to the main risk register. The Assistant Director of Finance indicated that the level of risk rating was now falling for a number of risks. The Committee was informed that Optimum controls were in place in respect of FIN05/20 – Commissioning Risks as signed LTAs were in place, there were no contract disputes, regular LTA meetings were ongoing and block arrangements were to continue through Q3 and Q4. Therefore this was now considered a low risk. The Finance Committee Chair (RT) indicated that the UHB would need to continue to reassess the risks associated with the surge capacity particularly in light of the increasing number of COVID infections. The UHB Chair (CJ) added that the continual re-assessment and re-scoring of risks was helpful in enabling the UHB to focus on the key financial issues to be managed. Resolved - that:	

	The Finance Committee noted the risks highlighted in the 2020/21 risk register. The Finance Committee agreed that risk FIN05/20 could be removed from the risk register. The Finance Committee noted the risks highlighted in the Surge Capacity sub set risk register.	
FC 20/126	FINANCIAL PLAN 2021/22 - UPDATE ON 2021/22 REVENUE ALLOCATIONS The Interim Director of Finance introduced a presentation on the 2021/22 Revenue allocation and the process to establish the 2021/22 Financial Plan and highlighted the following points: • The UHB received the initial Allocation letter for 2021/22 on 22nd December 2020 and this is to be used to develop plans to deliver against the priorities set out in the NHS Planning Framework. • At this stage, the allocation letter does not include funding to cover the ongoing response to Covid-19. • Resource planning assumptions for Covid-19 will be issued separately. • Subject to further Covid-19 funding, there is an expectation that the UHB will operate within the funds set out in this allocation. • Additional funding for key priorities will be allocated as appropriate when costs are identified. The following allocation adjustments were outlined for the Hospital and Community Health Services and Prescribing Allocation: • There was an additional £14m core uplift (approx. 2%) less £1.1m for top sliced services (paramedic bandings and 111 service) • A further £2.1m uplift for Mental Health services (approx. 2%) • The core and mental health uplift included the first 1% of the 2021/22 wage award with an expectation that Welsh Government would provide further funding to cover any further award above 1%. • The UHB's calculated weighted capitation share of All Wales funding had reduced from 13.50% to 13.31% (£0.2m) – The UHB had requested further detail of the calculation. • Funding is being held centrally for NICE mandated Advanced Therapeutic Medicinal Products. • An additional £20m is being held centrally for Mental Health (UHB share £3.2m). Primary care allocations are currently based on 2020/21 levels as contract negotiations are still ongoing.	

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	In respect of the Health and Social Services (HSS) Budget 2021/22 the following was outlined: • The draft Welsh Government budget included a 5%+ increase for Health and Social Services which represented additional growth funding of £430m which was initially allocated as below: • £10m contract tracing • £35m social care and child care • £140m allocated in core uplift • £245m held centrally for wage awards, ATMPs, education and training, digital, new digital health authority, primary care contractor services. • A further £9m was allocated to Mental Health, Wellbeing and Welsh Language for support in schools and CAMHs services • Discussions were ongoing to secure Covid-19 funding to support Health (TTP, mass vaccination, on-going response costs) from the £766m WG allocation for Covid-19. Moving onto the Financial Plan Process the Interim Director of Finance outlined the following: • Further resource planning assumptions are expected in February / March. • The HSS Dept. intends to secure Covid-19 funding by the end of March however this could slip to May / June. • At this stage, it is uncertain what further funding will be available to the UHB to support the ongoing Covid-19 response and Welsh Government priorities or whether the additional Covid-19 funding is recurrent or is available to support the UHB underlying deficit. Clarification of this is required to shape the UHB financial plan. • As clarity is gained, the financial framework to support the UHB 2021/22 operational plan will be brought back to be considered at future Finance Committee meetings. • In lieu of further clarification the UHB expects to develop a baseline financial plan to secure financial sustainability, with Covid-19 response costs and recovery plans layered on top of this baseline plan. The following comments were made: The UHB Chair (CJ) and the Finance Committee Chair (RT) raised the potential of an additional meeting in March to consider progress towards a final financial plan. In respect of this the Finance Committee agreed that an additional meeting should be timetabled in March to consider the plan and that all Board members should be invited to the meeting. It was further agreed that the meeting should be arranged as soon as practically possible. The Finance Committee Chair asked for confirmation of the UHB approach if additional funding for COVID 19 was not confirmed at the start of 2021/22. In response the Interim Director of Finance	Secretariat

	confirmed that the UHB expected to continue to report additional COVID 19 costs separately in 2020/21. Confirmation of funding to support the underlying deficit resulting from the curtailed progress on recurrent savings during the pandemic would determine whether or not the UHB started 2021/22 with a balanced plan. The Independent Member for Finance (JU) asked whether the three layered approach to the financial plan would provide Welsh Government with clear sight of the cost of recovering waiting times and the Interim Director of Finance confirmed that this was the intention. Resolved – that: The Finance Committee noted the presentation.	
FC 20/127	MONTH 8 FINANCIAL MONITORING RETURNS These were noted for information.	
FC 20/128	ITEMS TO BRING TO THE ATTENTION OF THE BOARD There were no items to bring to the attention of the Board.	
FC 20/129	DATE OF THE NEXT MEETING OF THE COMMITTEE Wednesday 27th January 2.00pm; Virtual Meeting via Teams	

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**CONFIRMED MINUTES OF THE MEETING OF THE FINANCE COMMITTEE
HELD ON 27th JANUARY 2021
VIRTUAL MEETING via TEAMS**

Present:

Dr Rhian Thomas	RT	Chair, Independent Member – Capital and Estates
John Union	JU	Independent Member - Finance
Charles Janczewski	CJ	Board Chair
Abigail Harris	AH	Executive Director of Strategic Planning
Andrew Gough	AG	Assistant Director of Finance
Chris Lewis	CL	Interim Director of Finance
Martin Driscoll	MD	Executive Director of Workforce and Organisational Development
Nicola Foreman	NF	Director of Corporate Governance
Steve Curry	SC	Chief Operating Officer

In Attendance:

Secretariat:

Paul Emmerson	PE	Finance Manager

Apologies:

Len Richards	LR	Chief Executive
Ruth Walker	RW	Executive Nurse Director

FC 21/01/001	WELCOME AND INTRODUCTIONS The Chair welcomed everyone to the meeting.	ACTION
FC 21/01/002	APOLOGIES FOR ABSENCE Apologies for absence were noted.	
FC 21/01/003	DECLARATIONS OF INTEREST The Chair invited members to declare any interests in proceedings on the Agenda. None were declared.	

FC 21/01/004	MINUTES OF THE COMMITTEE MEETING HELD ON 6th JANUARY 2021 The minutes of the meeting held on 6 th January 2021 were reviewed and confirmed to be an accurate record. Resolved – that: The minutes of the meeting held on 6 th January 2021 were approved by the Committee as an accurate record.	
FC 21/01/005	ACTION LOG FOLLOWING THE LAST MEETING FC 20/126 Financial Plan 2021/22 - An additional Finance Committee meeting should be timetabled in March to consider the 2021/22 Financial Plan. All Board members should be invited to the meeting and the meeting should be arranged as soon as practically possible. The Finance Committee secretary informed the Finance Committee that it was proposed that the additional meeting would be scheduled for 1.30pm Wednesday, March 17 th 2021 and that an invite would be relayed to all Board members to attend the meeting via Teams. Resolved – that: The Finance Committee received the Action Log and noted the proposed date for the additional meeting.	
FC 21/01/006	CHAIRS ACTION SINCE THE LAST MEETING There had been no Chairs action taken since the last meeting.	
FC 21/01/007	FINANCIAL PERFORMANCE MONTH 9 The Assistant Director of Finance briefly summarised the key points within the Month 9 Finance Report and highlighted material changes from the previous month. The Committee was informed that at month 9, the UHB had reported a year to date underspend of £0.303m following an in month operational overspend of £0.158m. The reported position included net expenditure of £111.315m arising from the management of COVID 19 which was offset by an equal amount of Welsh Government COVID 19 funding. Two of the eight measures on the Finance Dashboard remained RAG rated red namely: the reduction in the underlying deficit to £4m and the delivery of the recurrent £25m 3% devolved savings target. It was noted that the constraint on progress against the recurrent savings target due to the COVID pandemic, had adversely affected the underlying deficit brought forward to the 2021/22 Financial plan. The Performance against the targets to remain within the revenue resource limit; to deliver the £4m non recurrent savings target; to remain with the cash limit; to meet the creditor compliance payment target; to maintain a positive cash balance; and to remain within the capital resource limit continued to be RAG rated green.	

	The Assistant Director of Finance moved onto performance against income, pay and non pay budgets and indicated that the position at month 9 represented a progression of the trends established in the first 8 months of the year Turning to the financial forecast for 2020/21 the Assistant Director of Finance noted that the forecast of additional COVID expenditure for the year had increased from £155.493m at month 8 to a forecast of £162.935m at month 9. The additional expenditure was offset by an additional COVID 19 funding of £162.935m. The forecast now included a cost estimate of the additional annual leave accrual that is expected to arise in 2020/21 due to untaken annual leave during the pandemic. The accrual which is required to comply with financial reporting standards, is assessed to be £9.713m which equates to an average of 4 annual leave days and is an increase of £8.798m on the £0.915m for untaken annual leave provision at the end of 2019/20. The annual leave accrual forecast is based upon current information and it is expected that Welsh Government will fund the UHB based on this month 9 forecast and that the UHB will need to manage any variance between the month 9 forecast and the final accrual. This in turn could lead to a funding surplus or deficit. Picking up on the theme of additional Welsh Government COVID funding the Interim Director of Finance confirmed to the Committee that Welsh Government had indicated that it expected to fix a number of COVID Allocations (e.g. PPE & TTP) for 2020/21 on the basis of the month 9 forecasts provided by LHBs. This approach would leave the UHB with the responsibility to manage any variation from the forecast in the remainder of the year. In response to a query from the Finance Committee Chair (RT) it was confirmed that the UHB had robust forecasting in place for all elements of the COVID plans. However, some of the COVID related plans such as the COVID vaccination programme could be condensed over a shorter period of time and Welsh Government was aware of potential changes in forecast costs in these areas. The Interim Director of Finance added that Welsh Government had also now confirmed its intention to provide the additional COVID funding to support Independent Sector Provision in the final quarter of the year. Referring to the forecast annual leave provision the UHB chair (CJ) asked whether the UHB provision was in line with the provisions made by other Health Boards. In reply, the Interim Director of Finance indicated that there was some variation in the forecasts across Wales at month 9. In this context, annual leave accrual forecasts included in the month 9 monitoring returns would be reviewed by Welsh Government to ensure that there was enough consistency in the forecasting methods applied across organisations to enable the estimates to stand up to external audit scrutiny. The Assistant Director of Finance added that the UHB planned to gather a further sample of annual leave data from the service in February and that this would be extrapolated to test and refine the annual leave accrual if required. In this context the UHB Chair (CJ) queried whether the sample would be wide enough to accurately represent all staff and in response the Interim Director of Finance confirmed that the UHB was aiming for a substantive sample	

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which would cover all staff groups. The calculation of the final accrual would reflect the relative level and cost of untaken annual leave for each professional group.

The Executive Director of Workforce and Organisational Development confirmed to the Committee that staff had continued to be encouraged to take annual leave during the pandemic and the UHB Chair confirmed his support for this in view of the positive impact on staff well-being. The Finance Committee Chair (RT) asked if the principle had been extended to staff on temporary contrasts and it was confirmed that all staff had been encouraged to take annual leave through the year. In response to a further query from the Finance Committee Chair (RT), the Chief Operating Officer indicated that the operational plans to backfill shifts as leave was taken, varied across the organisation and the Executive Director of Workforce and Organisational Development indicated that the UHB did not expect a significant change to the level of payments made in lieu of leave.

Moving on, the Assistant Director of Finance confirmed that whilst the UHB had maintained an overall operational surplus, the variation in Clinical Board operational positions had continued and that further review and assurance was required to ensure that the UHB's non COVID operational position remained broadly balanced as the year progressed.

Finally, the Assistant Director of Finance confirmed that there were no significant concerns around the UHBs balance sheet and reiterated that the UHB remained on track to meet its PSPP, Cash and Capital Expenditure targets.

In conclusion, the Assistant Director of Finance highlighted that at month 9, the key revenue financial risk is managing the impact of COVID 19 within the additional resources provided.

Resolved – that:

The Finance Committee **noted** the month 9 financial impact of COVID 19 which is assessed at £111.315m;

The Finance Committee **noted** the additional Welsh Government funding of £111.315m assumed within the month 9 position;

The Finance Committee **noted** the month 9 reported financial position being a surplus of £0.303m;

The Finance Committee **noted** the breakeven position which assumes additional Welsh Government funding of £162.935m to manage the impact of COVID 19 in line with quarter 3&4 planning assumptions;

The Finance Committee **noted** the risks that are being managed on the capital programme;

The Finance Committee **noted** the revised forecast 2020/21 carry forward Underlying Deficit is £25.3m and the risks identified that, if not managed, could increase this.

FC 21/01/008	FINANCE RISK REGISTER The Assistant Director of Finance (AG) presented the Finance Risk register. The two remaining extreme risks were noted as being: Fin01/20 – Reducing underlying deficit from £11.5m to £4.0m in line with IMTP submission. Fin03/20 – Delivery of £29.0m (3.5%) CIP The Finance Committee noted that the COVID-19 financial plan risk (FIN10/20) including Surge capacity was shown in an appendix as a sub-set to the main risk register. The Assistant Director of Finance indicated that all risks had been reviewed in month and informed the Committee that FIN12/20 – Untaken annual leave had been added to the risk register in month. The Committee was asked to agree to the removal of the 3 risks below where Optimum controls were in place. • FIN04/20 – Manage internal investments. Optimum controls were in place through the Business Case Approval Group (BCAG) and this was now low risk. • FIN07/20 – Deliver RTT within available resources. Optimum controls are in place and RTT expenditure is reported through the net COVID position and now low risk. • FIN11/20 – COVID-19 TTP. Optimum controls in place and now low risk. Costs are funded by Welsh Government as per resource assumptions set out in NHS Wales Operating Framework 2020/21 for Q3 and Q4. The UHB Chair (CJ) asked whether Welsh Government had indicated that additional support would be provided to the UHB to restore RTT in the future. In reply, the Assistant Director of Finance confirmed that this would inform the 2021/22 financial framework and would be covered in the presentation to follow. Resolved - that: The Finance Committee noted the risks highlighted in the 2020/21 risk register. The Finance Committee noted the addition of risk FIN12/20 untaken annual leave to the 2020/21 risk register. The Finance Committee agreed that risks FIN04/20, FIN 07/20 and FIN11/20 could be removed from the risk register.	

	The Finance Committee noted the risks highlighted in the Surge Capacity sub set risk register.	
FC 21/01/009	FINANCIAL PLAN 2021/22 The Assistant Director of Finance introduced a presentation on the 2021/22 Annual Plan – Draft Financial Framework and highlighted the following points: • The UHB received the initial allocation letter for 2021/22 on the 22nd December 2020 and this is to be used to develop plans to deliver against the priorities set out in the NHS Planning Framework. • The initial allocation does not include funding to address the increase in planned underlying deficit due to Covid-19. • At this stage, the allocation letter does not include funding to cover the ongoing response to Covid-19. • Resource planning assumptions for Covid-19 will be issued separately. • Subject to further Covid-19 funding, there is an expectation that the UHB will operate within the funds set out in this allocation. • Additional funding for key priorities will be allocated as appropriate when costs are identified. The UHB intended to base an approvable annual plan on the following four parts: 1. Underlying Deficit. 2. Delivering in-year financial balance. 3. Continuation of non-recurrent response to COVID 19. 4. Recovery. The Committee was reminded of the UHBs 2020/23 3 year plan which was submitted to Welsh Government before the pandemic. This plan delivered a break even position each year over the 3 year period. In addition, the plan left the UHB with an underlying deficit (ULD) of £4m at the beginning of 2021/22 and would eliminate the ULD by the start of 2022/23 if the UHB delivered the recurrent cost improvement programmes included in the plan. The presentation noted that the £21.3m shortfall against the recurrent savings plan was treated as a cost of COVID 19 in 2020/21. However, the UHB has not yet received confirmation of how the £21.3m increase in the underlying deficit due to Covid-19 is to be treated in the 2021/22 financial plan. As a result of the £21.3m shortfall against the 2020/21 recurrent savings target, the UHB's financial position moving into 2021/22 is £21.3m worse than originally planned and as a consequence the Finance Committee was informed that the draft 2021/22 Financial Plan includes a planned deficit of £21.3m as follows:	

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	2021/22 Plan £m
Prior Year Plan	(4.0)
Adjustment for non recurrent items in previous year (note 1)	(21.3)
b/f underlying deficit	(25.3)
Net allocation uplift (including LTA inflation) (note 2)	20.2
Draft cost pressures assessment (note 3)	(24.1)
Investments (note 4)	(4.0)
Recurrent cost improvement plans 1% (note 5)	8.0
Non Recurrent cost improvement plans 0.5% (note 6)	4.0
Planned Surplus/(Deficit)	(21.3)
The Finance Committee was advised that delivering an in year financial balance would require an additional 2.7% savings target (£21.3m), which was not considered to be achievable. In addition, an increase in assessed cost pressures or planned investments would require an additional savings requirement. The Plan also assumed that Clinical Boards would manage brought forward / in year operational pressures. Finally, the Committee was advised of the timetable and process for the submission of the IMTP/Financial Plan. Following discussion at Management Executive Meetings the financial plan would be brought back for discussion at Finance Committee Meetings on the 24th February 2021 and the 17th March 2021 so that Financial Plan recommendations could be agreed for Board approval at meeting on the 17th March. This would enable formal sign off by the Board at its meeting on the 25th March 2021 before formal submission of the plan to Welsh Government by the 31st March 2021. It was noted that the UHB would also be discussing the direction of the plan at Welsh Government / Financial Delivery Unit (FDU) engagement meetings in February & March. <u>Comments and queries were received as follows:</u> - The Finance Committee Chair (RT) queried whether the UHB would be able to fix its financial plan before the start of the year given the inherent uncertainty during the pandemic. In response the interim Director of Finance acknowledged the uncertainty that the plan would need to consider and confirmed that the UHB's plan would focus on the underlying deficit and the delivery of in year financial balance in the first instance. The actions and plans to manage the ongoing impact of and recovery from COVID 19 would need to respond to service demands and additional planning assumptions as the year unfolded. - The Executive Director of Strategic Planning asked whether the Underlying Deficit (ULD) was informed by evolving cost pressures which were expected to materialise in 2021/22 e.g. the new Cleaning	

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	standards. In response the Interim Director of Finance indicated that Welsh Government was holding central funding to cover national initiatives such as the revised Cleaning Standards. However, Welsh Government was not expecting the UHB's ULD to increase and the UHB would need to manage local cost pressures and investments within existing resources. • The UHB Chair (CJ) recognised the need to deliver a 1% recurrent and 0.5% non recurrent savings programme which together totalled £12m in order to deliver an in year financial balance in 2021/22. The UHB Chair (CJ) also acknowledged that the UHB would need to address and eliminate its Underlying Deficit as it moved forwards and recovered performance levels when the impact of COVID had passed. • In response to queries from the Independent Member – Finance (JU) it was confirmed that the UHBs Underlying Deficit would be visible to Welsh Government as it would be over-layed on top of the 2021/22 Financial Framework. It was also reported that any savings from services which are curtailed in 2021/22 as a consequence of the response to COVID 19 would continue to be netted off additional COVID costs. Resolved – that: The Finance Committee noted the presentation.	
FC 21/01/010	2021/22 Finance Workplan - Finance Deep Dives The Finance Committee Chair (RT) informed the Committee that following discussion with the Director of Corporate Governance it was proposed to include a detailed consideration of a number of topics within the 2021/22 Finance Committee Workplan. Subjects to be considered for discussion included: • Next Year Financial Plan (including building blocks and underpinning assumptions) • National Capitation formulae and funding • Contracting and Commissioning • WHSCC • Costing and Benchmarking The Committee supported the initiative subject to capacity within the Finance Team and in welcoming the proposal, the UHB Chair (CJ) suggested that Value Based Healthcare should either be added to the subject list or considered alongside costing and benchmarking. The proposals would be included in the 2021/22 Finance Committee Workplan which is scheduled to be presented to the next meeting of the Finance Committee. Resolved – that:	

	The Finance Committee noted the proposals to extend the range of subjects to be considered in detail as part of the 2021/22 Finance Committee Workplan.	
FC 21/01/011	MONTH 9 FINANCIAL MONITORING RETURNS These were noted for information.	
FC 21/01/012	ITEMS TO BRING TO THE ATTENTION OF THE BOARD There were no items to bring to the attention of the Board.	
FC 21/01/013	DATE OF THE NEXT MEETING OF THE COMMITTEE Wednesday 24th February 2.00pm; Virtual Meeting via Teams	

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Confirmed Minutes of the Quality, Safety & Experience Committee
Held on 15th December 2020 at 09.00am
Via MS Teams

Present		
Susan Elsmore	SE	Independent Member – Local Authority
Michael Imperato	MI	Independent Member – Legal
Gary Baxter	GB	Independent Member – University
Dawn Ward	DW	Independent Member – Trade Union
In Attendance		
Stuart Walker	SW	Executive Medical Director
Carol Evans	CE	Assistant Director of Patient Safety and Quality
Christopher Lewis	CL	Interim Executive Director of Finance
Angela Hughes	AH	Assistant Director of Patient Experience
Ruth Walker	RW	Executive Nurse Director
Nicola Foreman	NF	Director of Corporate Governance
Richard Hughes	RH	
Joy Whitlock	JW	Head of Quality and Safety
Andrew Carson-Stevens	AC	Patient Safety Researcher
Clare Wade	CW	Director of Nursing Surgery
Mike Bond	MB	Director of Operations Surgery
Alun Tomkinson	AT	Clinical Board Director Surgery
Rajesh Krishnan	RK	Assistant Medical Director (Patient Safety and Clinical Governance)
Matthew McCarthy	MM	Patient Safety Facilitator
Observer		
Emily Howell	EH	Audit Wales
Maureen Edgar	ME	Research Governance Coordinator
Kerry Ashmore	KA	Information Liaison Manager
Secretariat		
Nathan Saunders	NS	Corporate Governance Officer
Apologies		
Fiona Jenkins	FJ	Executive Director of Therapies & Health Sciences
Fiona Kinghorn	FK	Executive Director of Public Health

QSE 20/12/001	Welcome & Introductions The Committee Chair (CC) welcomed everyone to the final QSE Committee Meeting of 2020. The CC acknowledged that this was the last QSE meeting of the Independent Member – Trade Union.	Action
QSE 20/12/002	Apologies for Absence Apologies for absence were noted.	
QSE 20/12/003	Declarations of Interest The Independent Member – Legal (IML) declared an interest in agenda item 4.6 - Blood Inquiry Update.	
QSE 20/12/004	Minutes of the Committee Meeting held on 8th September 2020 The minutes of the meeting held on 8 th September 2020 were reviewed.	

	Resolved that: a) The minutes of the meeting held on 8th September be approved as a true and accurate record.	
QSE 20/12/005	Action Log following the Meeting held on 8th September 2020 The CC noted that action QSE 19/09/011 The Gosport Review was marked as “To come to a future meeting” and asked that a date be set. The Assistant Director of Patient Safety and Quality (ADPSQ) responded that a report had been brought to the Committee previously but noted that there was an outstanding action which would be picked up via a national audit on end of life care. That was delayed due to COVID-19. The Executive Nurse Director (END) updated in respect of action QSE 20/02/009 that the entire layout of the Assessment Unit had changed and discussed in October’s Board Meeting. The END recommended therefore that the action be marked as complete.	
QSE 20/12/006	Chair’s Action taken since last meeting None taken.	
QSE 20/12/007	Advancing Applied Analytics Health Foundation Project Presentation The Assistant Medical Director - Patient Safety and Clinical Governance (AMD) and Patient Safety Researcher (PSR) presented to the Committee. The PSR noted that often there was a narrow and restricted view of the problem. At one end of the scale there was Incident Reporting and at the other end in-depth investigations and somewhere in between, other various data sources such as patient stories, Coroner’s reports, audits of clinical care and culture surveys amongst others. The PSR advised the Committee that data sources offered a window into the healthcare system and posed how opportunities could be maximised by using the data to identify the patient safety priorities. The PSR advised the Committee that Healthcare was often criticised for collecting too much data and doing too little with it. Also the apparent lack of demonstrable progress deterred reporting, as few staff could see the rewards of their conscientiousness in trying to protect patients, and not closing the feedback loop to incident reporters had in some cases led to frustration. The PSR advised the Committee that he had been working with the World Health Organisation (WHO) and exploring what slowed down the data driven patient safety improvement agenda and culture. From observations from multiple countries it could be realised that the range and utility of the patient safety data we already had was key. The PSR commented that not all data sources could provide essential information and presented to the Committee the WHO Classification for Patient Safety model which looked at other sources. The PSR asked the Committee if the UHB knew where the gaps were in data required to understand patient safety in order to be clear on whether further data gathering was required.	

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Saunders, Nathan 03/16/2021 16:15:11	The PSR advised the Committee that this would become the premise for the Health Foundation Advancing Analytics Award that it had worked hard to progress over the last 15 months. The Health Foundation funded: 1. The exploration of how to build the capability of the administrative informatics team members to generate learning from patient safety data. 2. How to support patient safety risk managers to regularly learn from patient safety data to inform their work 3. Build will amongst the staff reporting patient safety incidents. The Patient Safety Facilitator (PSF) presented to the Committee what had been done and what had been learnt by the Patient Safety Team. The PSF advised the Committee that when the team set out on the project, they knew that UHB staff from a range of professions wanted to undertake Quality Improvement (QI) projects however the selection of topics that could be used for the projects was not targeted. The PSF advised the Committee that there were a lot of Patient Safety Incident reports within the UHB that could tell how, when and where the patients were being harmed. The PSF advised the Committee that at the beginning of the project a workshop was held with Clinicians from the Acute Child Health Directorate and the data available explored to assess how it could be used to inform quality improvement within the directorate. The PSF advised the Committee that there had been some really great discussions at the workshop and the following key messages: • It was difficult to get data • Not clear on the pros and cons of the data source • More than one data source was needed to fully understand an issue. The PSF advised the Committee that as a project team, it needed to test how clinical staff could be supported to use and analyse patient safety data to inform their QI projects. They asked staff from the Acute Child Health Directorate to join and undertake a pilot project which was named Quality Improvement using Data in Child Health (QIDICH). The PSF advised the Committee that working with the QIDICH team, they were able to extract 2 years' worth of Acute Child Health Patient Safety Incident Reports from the UHB Datix system and it was identified that there were themes within that data. The most frequent data was that of Medication and communication related incidents. The Team realised that combining data sources would give important new knowledge that would not have been identified with one source. The PSF advised the Committee that with funding from the Health Foundation they had been able to work intensively with Acute Child Health over the past 15 months.	

	Extracting and exploring data from the incident reporting system was labour intensive and time consuming so to roll that data project across the UHB, a dashboard was developed by the Business Intelligence team. They were looking at developing this dashboard further to make it more powerful by using statistical tools. The PSF advised the Committee that to improve consistency, the team removed paper forms and developed an electronic form. The PSF concluded that patient safety data could inform the UHB where areas could be improved but only if it was looked at, analysed and understood. The AMD advised the Committee that as part of the project a self-evaluation was performed to see where they were and where they could be better. Also the project would be able to give staff the skillset to look at raw data which would motivate staff to create reports. The AMD advised the Committee that they were moving into the next phase of the project which would be to roll it out across the health board and that this would be known as CAVQi and that it proposed a unifying ambition to make sure there were meaningful and bespoke QI projects being done. The AMD advised the Committee that they had won a PhD studentship with the economic and social research council to look into more of the patient safety within the UHB.	
QSE 20/12/008 Saunders, Nathan 03/16/2021 16:15:11	Quality Indicators Report The END advised the Committee that she, the Director of Corporate Governance (DCG) and the Executive Medical Director (EMD) had been working on what could be reported into each Committee and that this was the first attempt at doing this. The END highlighted a number of areas within the report and advised the Committee that the number of Serious Incidents (SI) reported had reduced significantly over the last two years. The END advised the Committee that SI forms were put to WG and this was to try and prevent these types of incidents from happening again. The number of SI closure forms submitted to WG had dropped during Q1 and Q2 of 2020/2021 which was of no surprise due to the pandemic. The END advised the Committee that pressure damage had gone up in the last 2 months which was being looked at by the pressure ulcer group. The END advised the Committee that the compliance for patients admitted to the stroke ward was worrying because patients were not getting to the places where they should be and that was being looked at by the effectiveness committee. The END advised the Committee that there were some mortality indicators and 2 new groups had been set up by the EMD.	

	The CC advised the Committee that it was good to see these sub Committees that would feed in and be able to report back and the sense of the Governance framework being much tighter around QSE. The CC asked Committee if there were any questions. The IML responded that the pressure ulcer issue was always on the agenda and asked whether it would be beneficial for someone to get a better understanding of the Pressure Ulcer group. The END responded that she would be happy to bring a report about it and the functionality and aims and noted that the Director of Nursing Surgery led on that. The IMTU asked about the stroke patient figures and whether it was because the numbers presenting had gone up or because there were less staff. The END responded that the challenge was the availability of beds and getting people through the system. Testing patients in the department and the ability get them to the right place the first time was challenging. Operation teams were focused on it at the moment and this would be discussed in regards to the Lakeside Wing. Resolved that: a) The Quality, Safety and Experience Committee noted the contents of the Quality Indicators report and the actions being taken forward to address areas for improvement.	CW RW
QSE 20/12/009	Exception Reports Verbal update was provided by the END. The END advised the Committee that as of 1pm yesterday there were 14 wards that had been classified as “outbreak”, of which 46 patients had hospital acquired COVID-19 and that 73 staff were COVID positive however at that stage it was not known if it was hospital or community acquired for staff. The END advised the Committee that the number of beds available was 92 but 53 were being admitted based on risk assessment. Some patients were testing negative at the front door but when they were here for 24/48 hours they were then presenting positive. The END advised the Committee that the culmination of patients affected in their clinical environments was 122. The IMTU asked whether reporting of staff testing positive was done via DATIX and Riddor. The END responded that it was not but that recording was done if 2 or more staff members were positive as that was classed as an outbreak and would be reported via the DATIX system.	
QSE 20/12/010 <i>Saunders Nathan 03/16/2021 16:15:11</i>	Impact of COVID-19 on Patient Safety The END advised the Committee that this paper was more for noting however from a Governance perspective, it would be good to note the information around COVID related incident reporting and reporting in to Public Health Wales (PHW) particularly around deaths. Also how PPE has been managed, IPC and issues around handover at front door.	

Saunders, Nathan 03/16/2021 16:15:11	The END advised the Committee that with the issues around handover at the front door, they were working closely with WAST colleagues to ensure they could get back out to collect patients in the community. The CC noted that the paper promised a full brief on these issues at the forthcoming Committee meeting. The EMD responded that at the time of completing the paper it was not known where we would be in the course of the pandemic. He added that we were now at the most concerning point subsequent to the original peak earlier in the pandemic, and that it was well recognised that in the community instance the number of COVID positive cases were going up and up. The EMD advised the Committee that the age profile of the infected was shifting into an older cohort which was now manifesting in the number of patients coming in to the UHB. He noted that there was a significant increase in patients on critical care. The EMD advised the Committee that we were at a crucial point in the second peak and as a group of Critical Care Clinicians in Wales they had written to the Health Minister to ask him to invoke a lockdown sooner than December 28th and as a group of Executive Medical Directors they had written to the Chief Medical Officer supporting any decision he would want to make to implement an earlier lockdown. The EMD advised that a 13 day wait for the 28th December lockdown could result in 4 times as many cases. The EMD advised that the biggest constraint and concern was the workforce and the ability to deliver care; there was sufficient bed capacity but not the amount of nurses. The EMD advised that we were at the point at which a decision would need to be made about whether we discontinued certain services and surgery. The EMD advised that the signing off rotas for the Lakeside Wing had begun and that had a direct consequence on where staff were being redistributed from and staff wellbeing. The END advised that she wanted to reiterate the EMD's comments and that staffing was the biggest challenge. The END advised the Committee that had the Executive Director of Public Health Wales been in the meeting she would have reminded everybody that vaccinating had started and that a lot of staff had tested positive in the Splott vaccination centre and that they were revisiting that as an outbreak. The END advised that Track and Trace worked very well but again had an impact on the staff available to us as did the closure of schools. The Interim Executive Director of Finance (IEDF) asked the Committee to note that where we were experiencing a very difficult operational situation, finance was not a constraint and financial support was being provided but the key concern was the availability of staff.	

	The EMD advised that there was a concern regarding waiting list numbers and he considered that the commencement of level 3 or above surgery should not go ahead after Christmas. The EMD noted that a service still needed to be provided to cover urgent patients and that there was a real balance required. He advised that everything possible needed to be done to ensure the wellbeing of staff. The IMTU asked whether there would be COVID testing for all staff. The EMD responded that lateral flow tests and POC testing was being rolled out to some degree and that ultimately it would be available for all staff but there were 168,000 patient facing staff that required testing twice a week resulting in over 300,000 tests which was a large logistical task. Resolved that: a) The Quality, Safety and Experience Committee noted the content of the report.	
QSE 20/12/011	Public Services Ombudsman for Wales Annual Letter The END advised the Committee that this was a statement of fact on where we were as an organisation and that the UHB Chair had asked for the letter to be brought to the Committee. The END advised that it demonstrated that as a health board, there were no major concerns. Resolved that: a) The Committee noted the findings of the Ombudsman's Annual Letter 2019/2020 and the actions being taken.	
QSE 20/12/012	Clinical Board Assurance Reports: 1) Surgery Clinical Board The Clinical Board Director of Surgery (CBDS) presented to the Committee. He explained how the surgical board responded to the COVID-19 pandemic and what the challenges were. The CBDS advised that a number of principles, aims and objectives were used to ensure that patients were made as safe as they could be. The Clinical Board Director of Nursing Surgery (CBDNS) added that the advice from Welsh Government (WG) at the start of the pandemic was to stop all non-urgent surgical treatment. The surgical clinical board (CB) started to log the clinical risk of each of their patients and a lot of data had been collected. The UHB was one of the only health boards in Wales to have collected post-operative outcomes. The CBDNS noted to the Committee a reduction in referrals at the start of the pandemic and this impacted the whole pathway of a patient. The CBDNS advised the Committee that there had been a lot of logistics that they had had to deal with including PPE guidance changing rapidly and differing information from some professional organisations surrounding PPE and the differing advice given to Public Health Wales.	

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Saunders, Nathan 03/16/2021 16:15:11	The CBDNS advised the Committee that communication had been important during the pandemic, not just with patients but with their teams. The CBDNS advised the Committee that they needed governance controls around the response to the pandemic and this was thought about when discussing changed to the service to fit the needs of the patients. The CBDNS advised the Committee that immediately they met as a senior team within service groups – twice daily and then once a day as the pandemic continued. This meeting was now held 3 times a week to see where they were, what needed to be done and how to plan future treatment and how the service would be shaped. The CBDNS advised the Committee that they had started a journey in December 2019/January 2020 and had started looking at how they could utilise their bed base much easier which they had named “Right Bed, First Time” and that was the ethos they would use throughout the pandemic. The CBDNS advised the Committee that Lightfoot had collected data for them in 2019 which they had been able to use to tell them what they needed to do and how they could model their services moving forward. The CBDNS advised the Committee that they had used their own frontline staff to drive the changes and to develop what the services needed to look like through the COVID-19 pandemic The CBDNS advised the Committee that the CB had linked in quickly with Infection, Prevention & Control (IP&C) colleagues and had built up good relationships and that without them the CB would not have progressed. The CBDNS advised the Committee that they had followed the evidence provided by Lightfoot and wanted to ensure that everything was patient centred. The CBDNS advised the Committee of 3 areas and how they had wanted to create safe and ring-fenced capacity: 1) Green – COVID-19 secure 2) Amber – For Patients that they are unsure of their COVID status and are tested on admission. 3) Red – COVID-19 positive patients. The CBDNS advised the Committee they wanted to create green ring-fenced capacity across the UHB to maintain their core services of urgent cases and cancer treatment. The CBDNS advised the Committee that the CB wanted the population of Cardiff and Vale to feel safe if they had to attend the green zones. The Director of Operations for Surgery (DOS) advised the Committee of the changes that had been made by the CB and expressed his amazement at how agile, responsive and creative the UHB had been as a whole.	

Saunders, Nathan 03/16/2021 16:15:11	The DOS advised the Committee that the UHB had moved with the CB and had helped development and that very quickly, over a weekend, they had moved all Ambulant and Frail trauma to the University Hospital Llandough (UHL) and this had proved a success. The DOS advised the Committee that had supported the cardio thoracic move to UHL and that this had gone very well. They had redesigned theatres and wards across University Hospital Wales (UHW) and UHL and had created the green zones. They had partnered with the private sector and thanked the Corporate team for the organisation of that which had created a huge amount of green capacity in Spire Hospital where over 2000 operations had been undertaken. They had increased emergency theatres which was important because when splitting services, assurance was needed that the workforce was in the right place. The DOS advised the Committee that they had revised all staffing rotas as COVID increased, supported the wider organisation and were currently running a COVID ward which was working reasonably well. The DOS presented the risks involved: • Fearful staff and patients. • Lack of understanding around what the CB had tried to do, internally and externally. • “Old habits die hard” – Working around people or try and work with them. • Anecdotes not evidence • Mental Fatigue – Staff have worked tirelessly. • Responsive, agile change in crisis wears thin. The DOS summarised what had been achieved from April 2020 until November 2020: • The CB had managed to undertake 7308 elective operations. • 5946 emergency operations. • Total redesign of surgical footprint to support the UHB and patients. • Flexible and responsive workforce. • Clinically lead models of care • One eye on the future • Clinical publication of the CB audit • “Stars are born” – Staff who have shown their true methods. The DOS advised that the CB could not return to the way it was pre pandemic and that it would be a “rocky road” going forward due to the waiting lists. He commented that the staff were the greatest asset. The CBDS advised of 2 problems faced by the CB: 1) Large backlog of undifferentiated patients 2) COVID-19 was ongoing. The CBDS advised the Committee that at this point success needed to be celebrated and the momentum needed to continue.	

Saunders, Nathan 03/16/2021 16:15:11	The CBDS presented its patient story. The patient had attended one of the CB green zones. She had originally presented to Cwm Taf UHB and had been diagnosed with head and neck cancer. She was pre-assessed and advised to self-isolate for 14 days and had a COVID swab 72 hours pre admission. She was admitted on the morning of her surgery and met with the anaesthetist and surgeons. She underwent the operation which took 4 hours and was cared for post operatively by ENT trained nurses on Ward A2 and discharged 4 days later. The CBDS advised that A2 was a ward that had been designed to look after a multitude of complex patients and that one of the primary concerns that Surgeons had had when creating green zones was the loss of their specific ward. The newly designed A2 was staffed with well experienced Senior Nurses and that proved a huge success with all staff. The CC noted the leadership shown by the Surgical Clinical Board had been phenomenal and that they had tackled difficult problems; their sensitivity and drive was remarkable. She enquired what staff morale was like. The CBDNS responded that the uncertainty around COVID-19 was still proving difficult but noted that Nurses and others had gone over and beyond. Staff had been very flexible and it was amazing how teams had come together during hardship. The Independent Member – University (IMU) asked about the future and how the momentum for change could be maintained. The DOS responded that traditional services needed to change and the CB were already looking at how that could look with for example virtual clinics and a complete redesign of job plans. “Right Bed, First Time” was key and the CB would think very differently and design a service fit for purpose. The DOS advised the Committee that based on Lightfoot data, issues could continue until 2027 to 2030 if the change was not maintained. The CBDS noted that every patient was guaranteed a bed during this time because of the green zone changes and that the UHB had never had a time where surgery was guaranteed. To go backwards was not an option. The Independent Member – Legal (IML) commented that if there were going to be things that looked permanently different, had the UHB considered how they would engage with stakeholders to avoid criticism. The DOS responded that they had engaged with the CHC. Richard Hughes (RH) commented that the pandemic had brought lots of challenges to Pre-op assessment and changes as a result of the pandemic would be central to the way forward. The short stay had been a godsend through the pandemic and having theatres right next to ward areas was superb. He would like to see surgical Nurses kept within surgical areas to use their expertise. The END commented that the presentation had been a very impressive example of leadership, certainly around values and behaviours and the engagement of staff.	

	The Executive Medical Director (EMD) advised that staff redistribution was a difficult problem and that some of the aspirations had to take a back seat as we delivered our COVID response. Resolved that: a) The Quality Safety and Experience Committee noted the progress made by the Clinical Board to date. b) The Quality Safety and Experience Committee approved the content of the report and the assurance given by the Surgery Clinical Board.	
QSE 20/12/013	Health Care Standards Self-Assessment Plan and Progress Update The Assistant Director of Patient Safety and Quality (ADPSQ) advised that work had been undertaken with specialist leads in the UHB to make sure their improvement plans had been implemented. The ADPSQ advised that they were currently thinking through how processes could be put in place next year without it being too onerous for Clinical Boards. The ADPSQ advised that further information would be brought back to Committee in the February meeting. The END advised that another of the red items in the paper related to the Clinical Board rolling programme of maintenance which was something looked at regularly by the Committee. The ADPSQ advised that they were looking across the small central Clinical Audit team and that there were 38 national mandated audits and the UHB were signed up to 35 of these. At the moment there was no dedicated resource to pick national audits up and they were working through with the Clinical Boards how the national audits could be delivered. The CC asked the ADPSQ for an update on this at a future meeting. The END closed that the final area reported on the 36 week elective treatment and 8 weeks diagnostics which was a report that went regularly to Board and was actively monitored. Resolved that: a) The Quality Safety and Experience Committee noted the progress made against the actions identified for each of the Health and Care Standards.	CE
QSE 20/12/014 Saunders Nathan 03/16/2021 16:15:11	Board Assurance Framework – Patient Safety The DCG advised Committee of work with the Board Assurance Framework (BAF) and how each risk was allocated to a Committee and reports had gone to the Strategy and Delivery Committee for some time. The DCG advised that this was the only risk on the BAF linked to this Committee. The covering report highlighted a number of ways patient safety could be compromised within the organisation as referred to in today's meeting. The DCG advised that this was brought to Committee to provide an extra level of assurance and to open it up for check and challenge before going	

	back to the Board. The DCG asked the Committee if it was happy with the risk net score of 15 currently based upon discussions had in the meeting. The EMD responded that 15 was the right score at the moment and the END agreed. The IMU noted that there was reference in the supporting document table to the use of capacity within the Spire hospital and asked how the UHB mitigated any risk by that private provider. The END responded that in its role as commissioner, the UHB had contracts with them which included quality indicators and they had a duty to report to the UHB any incidents or concerns. Resolved that: a) The Quality, Safety and Experience Committee reviewed the attached risk in relation to Patient Safety to enable the Committee to provide further assurance to the Board when the Board Assurance Framework was reviewed in its entirety.	
QSE 20/12/015	Quality, Safety & Experience Workshop – Feedback & Action Plan The EMD advised the Committee that it had been a great workshop and great to see some of the Independent Members had joined. Staff across the whole of the UHB had contributed and there had been a further feedback session on 13th November to ensure all of the learning had been taken from the event. The EMD advised that the plan moving forward was to convert the discussions had and create a proposal to take to Board Development in terms of next steps for some of the structural pieces. The EMD advised that they had been asked to work with the National Audit Team to undertake a Quality Governance review as an organisation. It was confirmed that there was ongoing work to ensure the right information reached the right places and at the right time as well as ensuring not to duplicate information. Meetings were also taking place to look at Learning, Education and Development and Medical Education to ensure the right approach and governance around the Learning Committee. Resolved that: a) The Quality, Safety and Experience Committee noted the feedback from the QSE workshop and agreed the next steps.	

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QSE 20/12/016	Minutes from Clinical Board QSE Sub Committees – Exceptional Items to be raised by Assistant Director, Patient Safety & Quality The ADPSQ advised the Committee that the main observation was that it was good to see the Clinical Boards (CB) had managed to keep their Quality and Safety meetings wholly in place throughout COVID-19. The ADPSQ noted that there were no minutes received from the Mental Health CB. The ADPSQ also highlighted that CD&T had a huge radiology backlog with over 7000 patients waiting greater than 8 weeks against their RTT. This would need regular updates. The ADPSQ advised that PCIC had been rolling out news in the prison and the Director of Nursing had a very good plan to audit this in January. The IMTU asked where we might pick up operational services and estates and facilities issues given that they were not a Clinical Board. The ADPSQ responded that we worked very closely with them especially around the environment and how it impacted on patients but acknowledged there was a gap to explore.	
QSE 20/12/017	Self-assessment of Committee Effectiveness and Forward Action Plan The DCG advised that she had extended the action plan after discussion with the CC. The END commented that she had been disappointed with the results, noting a deterioration to where we had been in the past, and was keen that the improvement plan delivered. She added that QSE was a challenging Committee with a lot of information brought to it and that the Independent Members needed to be assured by what was presented to them. Resolved that: a) The Quality, Safety and Experience Committee noted the results of the Committee's self-assessment Effectiveness Review for 2019-20. b) Approved the action plan for improvement to be completed by March 2021 in preparation for the next annual self-assessment which would feed into the 2020-21 Annual Governance Statement.	
QSE 20/12/018 Saunders, Nathan 03/16/2021 16:15:11	HIW Activity Overview The ADPSQ advised that HIW did step down its normal approach to inspections during the first wave of the pandemic and that they had introduced some quality checks to do offsite virtual inspections. The ADPSQ commented that the published reports had been very positive and that the focus was on COVID preparedness. The ADPSQ advised that this would be brought back to the Committee in February. The CC commented that there were clearly improvements needed in particular Clinical Boards.	CE

	Resolved that: a) The Quality, Safety and Experience Committee noted the level of HIW activity across a broad range of services. b) Agreed that the appropriate processes were in place to address and monitor the recommendations.	
QSE 20/12/019	HIW Primary Care Contractor Report The ADPSQ advised that the amount of activity seen by HIW in Primary care had significantly reduced to what we would normally expect. HIW did an onsite inspection of Birchgrove dental surgery around COVID precautions due to an anonymous concern being raised. The ADPSQ advised that Primary Care had provided assurance that necessary mitigations were in place. The END advised that it was helpful to put everything into context against an all Wales picture and that feedback given by HIW was that we seemed to be getting positive reports to date from Primary Care and inpatient whereas some colleagues across Wales were not. Resolved that: a) The Quality, Safety and Experience Committee noted the contents of this report and the inspections undertaken by HIW to GMS and GDS contractors. b) The Quality, Safety and Experience Committee were assured that appropriate remedial actions were being taken by practices in relation to immediate assurance notifications. c) The Quality, Safety and Experience Committee noted that there was a robust process in place within the Primary Care Team to manage the receipt of inspection reports and ensure review and follow up by the practice.	
QSE 20/12/020	Blood Inquiry Update The IML left the meeting. The DCG advised the Committee that the report was for information and to keep the Committee updated on progress. The DCG advised that outcomes would continue to be reported and any significant issues raised in the private domain when appropriate. The DCG advised that a full communications plan was in place if needed. Resolved that: a) The Quality, Safety and Experience Committee noted the contents of the report and links to inquiry resources.	
QSE 20/12/021	Items to bring to the attention of the Board / Committee The END advised that she had picked up on the point made by the IMU about data, its availability and interpretation and that this would be followed through at Board and Board Development.	
QSE 20/12/022	Any Other Business The CC thanked the IMTU and Vice Chair for her attendance, this being her last QSE Committee meeting. The END also noted her thanks to the IMTU for her support.	

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	The IMTU thanked the Committee for their generous comments.	
QSE 20/12/023	Review of the Meeting The CC commented that the meeting had run well. The END added that it had been a heavy agenda but it was good to see the Committee moving forward on some of the bigger issues. The IMU commented that no matter the size of the agenda, it was important to always make space to hear the messages coming from Clinical Boards and others working within the Organisation in order to have assurance. The DCG responded that the Executive team could be smarter in using the covering report appropriately to pull out key areas for IMs to focus on which would enable more time to be spent on strategic issues.	
QSE 20/12/024	Date & Time of Next Meeting: Tuesday 16 th February 2021 at 9am. Via MS Teams	

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Confirmed Minutes of the Strategy & Delivery Committee
Tuesday 12th January 2021 – 9:00am – 10:30am
Via MS Teams

Chair:		
Michael Imperato	MI	Committee Chair
Members:		
Gary Baxter	GB	Independent Member – University
Rhian Thomas	RT	Independent Member – Estates
Sara Moseley	SM	Independent Member – Third Sector
In attendance:		
Abigail Harris	AH	Executive Director of Strategic Planning
Charles Janczewski	CJ	UHB Chair
Daniel Crossland	DC	Transformation and Innovation Lead
David Thomas	DT	Director of Digital Health Intelligence
Fiona Kinghorn	FK	Executive Director of Public Health
Ian Wile	IW	Director of Operations – Mental Health
Jonathon Gray	JG	Director of Transformation
Keithley Wilkinson	KW	Equalities Manager
Lisa Dunsford	LD	Director of Operations - PCIC
Martin Driscoll	MD	Executive Director of Workforce & Organisational Development
Nicola Foreman	NF	Director of Corporate Governance
Rachel Gidman	RG	Assistant Director of Workforce & Organisational Development
Ruth Walker	RW	Executive Nurse Director
Steve Curry	SC	Chief Operating Officer
Stuart Walker	SW	Executive Medical Director
Observers:		
Emily Howell	EH	Audit Wales
Secretariat:		
Raj Khan	RK	Corporate Governance Officer

S&D 21/01/001	Welcome & Introductions The Committee Chair (CC) welcomed everyone to the meeting.	Action
S&D 21/01/002	Apologies for Absence Apologies for absence were noted.	
S&D 21/01/003	Declarations of Interest There were no declarations of interest.	
S&D 21/01/004	Minutes of the Committee Meetings held on 10th November 2021 The Committee reviewed the minutes of the meeting held on 10 th November 2020.	

	The Executive Director of Strategic Planning (EDSP) commented in relation to minute S&D 20/11/016 that at the time they were reporting they were unsure of funding for the for the full Winter Protection Plan. She informed members that the Health Board agreed to underwrite the gap in the plan if no further funding was forthcoming from Welsh Government, however is expecting some money from Welsh Government for parts of the plan. Resolved that: (a) The Committee approved the minutes of the meeting held on 10th November 2020 as a true and accurate record.	
S&D 21/01/005	Action Log following the Meeting held on 10th November 2020 The Committee reviewed the action log and its updates. Resolved that: (a) The Committee noted the updates received.	
S&D 21/01/006	Chair's Action taken following the meeting held on 10th November 2020 There had been no Chair's Actions taken.	
S&D 21/01/007	Tertiary Services Planning Update The EDSP reminded members that as per the action log, regular updates of this work program would come to Committee. The EDSP highlighted that in relation to Upper GI, Esophageal and Gastric Cancer, members had been advised in a previous report of work with Swansea Bay UHB to develop a permanent solution to the sovereignty of the service across C&V and Swansea Bay UHB. The Royal College provided its observation that the sustainability of the service needed to improve and a program was in place to work that through. However urgent action was required as a single handed consultant based in Morriston had not been available for work, therefore the UHB had been working with Swansea Bay to support delivery of this service. The CHC were being briefed and a paper was going to the January Board. The EDSP also highlighted that during the initial emergency response to the pandemic this work was briefly put to one side, it was pleasing therefore to see work recommencing with very good progress, having a program director that worked across C&V and Swansea Bay UHB helped greatly. The EDSP confirmed that an MOU had also been approved by the Management Executive and included a set of principles around responding to fragile services. Resolved that: (a) The Committee noted the update.	

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S&D 21/01/008	Strategy & Delivery Dashboard The Director of Digital Health Intelligence (DDHI) highlighted the initial work regarding the dashboard indicators and explained that there was some correlation with the work being done around high level performance with Executive Directors, led by the Director of Corporate Governance (DCG). The DDHI reminded members that the dashboard was determining the more detailed indicators for this Committee. The DDHI explained how the portal homepage would provide navigation to grouped measures based on performance indicators mapped to Committees; the Strategy and Delivery Committee had 38 indicators that it needed to consider. 15 targets were presented which would be RAG rated in terms of status. Example of detailed trends that sat behind the summary was shown and the ability to filter down to Clinical Board level and to access real time trends under each area was available. Completion was likely in the next few weeks and it was proposed that a live demo be brought back to the March meeting. The EDSP reminded members that the Management Executive had been looking at the Strategic Measures to enable tracking and ensure delivery against the strategy. It was proposed to bring an update on this with the Q5 work to the next meeting. The CC commented that 5 months ago there was nothing like this available but now it felt like very real progress was being made with this important fundamental piece of work. Resolved that: (a) The Committee noted the report.	DT AH
S&D 21/01/009 Saunders,Nathan 03/16/2021 16:15:11	Capital Plan Update The EDSP highlighted that significant investment for capital allocation to manage Covid related schemes had been received. Thanks was extended to the Capital Estates Team for the extraordinary response and rapid working to provide green zones. The following business cases were highlighted as due for approval: • Business Case for Electrical Engineering infrastructure in Llandough • Genomics outline business case (being finalized for February Board). Independent Member – Estates (IM-E) queried the Rookwood relocation overspend of £0.7M and asked how this additional funding would be secured. The EDSP responded that this had been discussed in the Capital Management Group and would fall against the discretionary capital allocation; an RCA to understand the overspend was being done, it was understood that some were down to new fire standards (post Grenville) and some Covid associated.	

	Resolved that: (a) the content of the paper and supporting documentation was noted. (b) the Committee was assured that the capital programme was being closely monitored to ensure the UHB meets its statutory and mandatory obligations referred to within the report.	
S&D 21/01/010	Performance Reports (a) Organization Key Performance Indicators The Chief Operating Officer (COO) advised that there were a number of challenges in performance, the most dominating factor being the current Covid challenge. Pressure continued to rise in unscheduled care, with the end of 2020 being especially difficult however some respite had been seen in the last few days, partly due to some reconfigurations made by the Health Board and partly due to a slightly slower admission rate across the region. Surge capacity in Lakeside Wing at UHW was open. 50 of 400 beds were in use as of 27th December and patients would continue to be placed there. The COO added that the challenge had been in regards to the ability to right size bed space around Covid, Non-Covid and Suspected Covid into the hospital. In the last week, the Covid Medical Rota had been re-introduced where clinicians had stood down other activities to support the overall Covid effort and expand the Covid bed space. He added that the main event in supporting this was the cessation of elective activity in the UHB from the start of this calendar year. The COO informed Committee of the impact on planned care highlighting the: • Rising 36 week breach position • Fall in 26 week compliance • Overall waiting list – waiting list growth has decreased slightly in the last month by 1000 against a 92,000 figure. There has been re-engagement with the independent sector for further support with elective activity and a good response received, a histogram highlighting work with the independent sector was provided. The COO assured the Committee that Cancer services and emergency and urgent operating would continue as in the first wave. The aim was to limit cessation of activity throughout January but this would be dependent on the progression of the pandemic which was being reviewed daily. He advised that the Single cancer pathway came into play in December so future reports would show compliance against a single cancer pathway. Director of Operations - Mental Health (DO-MH) explained that mental Health was regarded as an essential service and that during the first wave, a principled approach to manage resources across the pathway from primary through to tertiary services was taken.	

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In the first wave only the alcohol detoxification service was closed and this was restarted when the first wave eased. There was an opportunity between first and second wave to do an audit on the health of the service based on the impact of the first wave specifically looking at:

- Routine outpatients
- First appointments following referrals
- Assessment response times

The service remained largely intact therefore the approach had not changed much during the second wave. Unfortunately alcohol detoxification had to again close, this was currently being reviewed and risk assessments being done for those patients on the list for detoxification who could not be safely managed in the community, with a view to bring them in on an individual basis based on their risk score.

The DO-MH provided the Committee with an overview of the service's formal targets which were:

- Targets attached to the Crisis team – all intact
- Targets attached to High intensity psychological interventions – currently compliant
- Mental Health Measure – parts 2, 3, 4 all compliant – part 1a of the measure was now non-compliant due to demand into the service in addition to staff shortages adding further pressures

He assured Committee that best efforts were being made to manage demand through accelerated recruitment in addition to returning staff.

A re-assessment of the health of core routine services, as we exit the second wave, was underway to pinpoint areas requiring management/leadership attention. The service was generally in a good position, the only part of the service that Welsh Government would be taking down would be detox, and this would be reviewed on a weekly basis with a particular focus on primary care services.

Director of Operations – PCIC (DO-PCIC) provided an update on primary care and community services. Throughout the pandemic these services had been under various levels of pressure. In addition, primary care contractors and how they operated had been directed at a national level in terms of what was expected. In relation to GMS services, they had returned to the early March position where some services were relaxed. There were still some exceptions as they were expected to deliver enhanced services to care homes to help deliver the vaccination. The GMS status was currently Amber and there was formal escalation of 5 practices reporting either level 3 or 4.

Dental, Optometry and Community Pharmacy were all Green. Community Pharmacy had been running throughout the pandemic even when there were periods of working behind closed doors. Dental and Optometry had been running their usual services but with reduced capacity due to IP&C requirements.

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	Community Services were currently Amber due to issues such as staff absence due to Covid. The COO confirmed that the aim was to preserve as many services as possible and the ambition had been for activity to get to 80% of pre covid levels by the end of this quarter, although with the current position this target may be unattainable. (b) Workforce Key Performance Indicators The Executive Director of Workforce and Organisational Development (EDWOD) informed the Committee that Rachel Gidman, Assistant Director of Workforce and Organisational Development (ADWOD) would be taking over his role pending his departure from the NHS. The EDWOD stated that the current position provided the “perfect storm” with regards to workforce; wave 1 delivered a new challenge, wave 2 saw a tired workforce in addition to new Covid pressures, winter pressures, and vaccination work therefore our workforce resource was spread very thin. Efforts to maintain services as long as possible were frustrated over the Christmas and New Year period when some had to cease due to workforce issues. The ADWOD would now be running a daily co-ordination team for the next 3 months to ensure that the Health Board’s workforce resources were in the right place at the right time. The ADWOD continued that a daily workforce hub now met every day for half an hour to see: • Where we were • How flexible we were with our workforce • Whether Ensuring safety was happening The ADWOD reported that generally the workforce was sustained although there had been pinch areas i.e. Christmas period when there was a high level of sickness. The recruitment campaign and people returning from sickness meant that the current picture was improving daily. Resolved that: a) the year to date position against key Organisational performance indicators for 2020-21 but in the context of current operating framework principles was noted.	
S&D 21/01/011 Saunders,Nathan 03/16/2021 16:15:11	Staff Well Being Plans The ADWOD stated that the paper was for information and provided a high level update. She highlighted that there was reference to staff feeling exhausted even pre-Covid. She reinforced as a Health Board we put caring for people and keeping well at the forefront of everything we do, not just for the population but for staff and employees as well. She explained that there was a strategic wellbeing group chaired by the EDWOD with membership of physiologists and clinicians and that the Staff haven, supported by the Gareth Bale fund, was ready and available for staff to use from next week.	

	Resolved that: a) the recommendations be noted and wellbeing actively supported wherever possible.	
S&D 21/01/012	Service Change Update The EDSP commented that it was important for the Committee to be aware that a number of service changes had been made in response to Covid. Some the UHB would want to maintain post Covid and some related to tertiary services as highlighted earlier. The paper was to assure the Committee that there would be a process around this which would be developed in discussion with the CHC. Resolved that: a) The Committee noted and agreed the service change proposals being progressed.	
S&D 21/01/013	Employment Policies for Approval (a) Equality, Inclusion and Human Rights Policy The Equalities Manager (EM) stated that the new policy replaced the previous Equality, Diversity and Human Rights Policy. It recognized Socio-Economic Duties and Welsh Language standards. The new strategic equality plan was about enforcing our ongoing commitment to inclusion, which also took into account recent events i.e. BLM, Covid-19, etc. Resolved that: a) the revised Equality, Inclusion and Human Rights Policy be approved.	
S&D 21/01/014	Update of Healthy Eating Standards for Hospital Restaurant and Retail Outlets The Executive Director of Public Health (EDPH) stated that as a Health Board, we were an outlier in Wales with minimum standards in restaurant and retail where 75% of the food and drink consists of healthier options. The EDPH mentioned that it was agreed to put this on hold last year due to the challenge of providing 24 hour food provision, external providers had offered help. In addition staff, both in catering and Public Health were needed to provide support to the Covid arena. The EDPH highlighted that this was still on pause but a light touch audit mechanism was being introduced. She stated that the concourse redevelopment was a key arena for this and offered the possibility of healthier options being provided. Resolved that: (a) the reintroduction of the audit schedule, applicable to in-house catering outlets at this time be supported (b) continued development of this work to include an assessment of the market and potential impact of the standards on external providers be supported (c) new UHB retail space EOI process and procedure re-commenced in January 2021 directly due to current levels of uncertainty in the retail sector, to fully inform a realisation and impact assessment of UHB	

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	Retail market positioning, in order to accurately inform our Strategic Plan going forward and to mitigate identified risks be supported.	
S&D 21/01/015	Mass vaccination paper The EDPH commented how the vaccination had gained a huge amount of interest particularly on social media. The aim was to protect the Cardiff and Vale population as quickly as possible with vaccination for Covid-19. The EDPH highlighted the key achievements to date, advising that figures were constantly changing and developing: • 13,596 vaccines had been delivered to date • Splott Mass Vaccination Centre opened on 8 December 2020 (capacity increased from 225 – 1000 vaccines per day) • Booking Centre established 1 December 2020 – when opened up to all Health and social care staff the demand increase proved a challenge • Three sentinel GP practices started vaccination of 80s & over on 6 January 2021 • Care Home Mobile Vaccination team started 6 January 2021 (3 homes vaccinated) • Two satellite Vaccination Hubs at UHW on 8 January and UHL on 11 January. The EDPH provided a pictorial representation of phases for each group. Timescales were being worked through for phase one and movement into phase two, the aim was for a 12 week duration but it could be achieved much quicker and then phase 3 would be the remaining adult population outside the prioritization groups. The EDPH provided a reminder that they were currently delivering to the priority groups 1-4 with information on who those were. Total population: 115,000, 80-100% uptake: 97,000. An update was provided on the type of vaccine supply being received: Pfizer – frozen – 5 days expiry after defrost of 1000 dose increments and only 2 journeys; stock managed at Wales level; dilution and multidose (6 doses per vial). The EDPH mentioned that currently there were not enough predicted vaccines to vaccinate groups 1-4 by mid-February although the health board's position remained that it was ready to vaccinate. The EDPH provided a representation of how many vaccines we needed to deliver though all the different sites, representing how much in terms of volumes would be given at each site. The EDPH provided the latest vaccination data with C&V delivering 13,596 vaccines, currently third in Wales behind Aneurin Bevan and Betsi. The EDPH provided an update on care home residents and the care home plan. She reminded the Committee that a lot of care home staff had now already been vaccinated. Currently a total 130 Care Homes to vaccinate (86 Cardiff; 44 Vale). Detailed plan would be shared with Local Authorities and Care Homes.	

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	The EDPH shared the Primary Care Operational Plan: • GMS to deliver 80+ and 70+ (just over 43,000 people) • Option for GMS (or other primary care contractors) to deliver to clinically extremely vulnerable (just under 15,000 people) • All 60 GP Primary Care practices committed to deliver requirements by 15 February 2021 - 3 practices already live (supplied with 100 vaccines each and a further 50 each to be delivered 14 January) - 14 practices go live on 11 January (same vaccine supplies) - 40 practices go live by 15 January (will have 50 vaccines each by 14 January) • Remaining 3 practices to be confirmed • All Practices using WIS • Positive feedback from initial delivery • Rapidly pulling together plan for involving other contractors – community pharmacy, dental and optometry to increase capacity. Independent Member – University (IM-U) queried the second re-enforcing dose logistics given the predicted short supply of the first few weeks as more people would also be due their second dose. The EDPH responded that with the Pfizer vaccine, Welsh Government would keep that second dose at a sufficient quantity to be able to provide the second dose to them to then be weaved into the system with people already booking in for their second doses. She added that with the modelling, they were making sure the 11 week point from when the first Oxford dose was given, that some of that supply was to be given for second doses. Independent Member – Third Sector (IM-TS) asked in regards to the groups of people who had experienced disproportionate levels of Covid such as the minority ethnic communities where there may be issues around getting the message across, whether reaching into those communities had been specifically factored into the GP plan. The EDPH responded that Cardiff Council had hosted an evening session with BAME and wider faith leaders around Covid with mass vaccination being discussed. There was also a network of healthcare BAME workers in South Wales looking at an approach. In addition the test, trace and protect has a BAME subgroup that has been working on engagement with the local population around the messages, risks, and testing. She stated that there were a lot of myths and misperceptions and there was work to be done around understanding those issues and concerns as well as the positives. Resolved that: a) The Committee noted the report.	
S&D 21/01/016	Review of the Meeting	
	The CC was happy with the format of the meeting and the members attending the meeting were in agreeance.	
S&D 21/01/017	Date & Time of Next Meeting:	
	Tuesday 9 th March 2021 at 09:00am Via MS Teams	

**Confirmed Minutes of the
Mental Health and Capacity Legislation Committee
Held on 20th October 2020 – 10am until 12pm.
Via Skype**

Present:

Sara Mosely	SM/CC	Interim Chair/Independent Member Third Sector
Eileen Brandreth	EB	Independent Member – ICT
Steve Curry (part)	SC	Chief Operating Officer
Nicola Foreman	NF	Director of Corporate Governance
Akmal Hanuk	AH	Independent Member - Community
Michael Imperato	MI	Independent Member - Legal
Ruth Walker	RW	Executive Nurse Director

In Attendance:

Julia Barrell	JB	Mental Capacity Act Manager
Jeff Champney-Smith	JCS	Chair, Powers of Discharge sub-Committee
Robert Kidd	RK	Consultant Clinical and Forensic Psychologist
Amanda Morgan	AM	Service User
Sunni Webb	SW	Mental Capacity Act Manager
Ian Wile	IW	Director of Operations, Mental Health

Secretariat:

Nathan Saunders	NS	Corporate Governance Officer
Raj Khan	RK	Corporate Governance Officer

Apologies:

Richard Desir	RD	Director of Nursing
Scott McLean	SMc	Director of Operations

MHCL 20/10/001	Welcome & Introductions The Interim Committee Chair (CC) welcomed everyone to the meeting.	ACTION
MHCL 20/10/002	Apologies for Absence Apologies for absence were noted.	
MHCL 20/10/003	Declarations of Interest The CC declared an interest in the meeting as the Director of Mind Cymru.	
MHCL 20/10/004	Minutes of the Committee Meeting held on 21st July 2020 The Committee reviewed the minutes from the meeting held on 21 st July 2020. Resolved that:	

	The CC noted one clarification regarding point 20/10/015 – The title of the paper was not correct. This was corrected for the public minutes. (a) The Committee approved the minutes of the meeting held on 21st July 2020 as a true and accurate record.	
MHCL 20/10/005	Action Log following the meeting held on 21st July 2020 The updates to the action log were noted. Action: MHCL 20/02/005 – Medical compliance. It was noted that the Strategy and Delivery Committee would take this action forward.	
MHCL 20/10/006	Chair's Action taken since last meeting The CC had spoken to and corresponded with service users. The CC had also linked with Cardiff and Vale Action for Mental Health in specific relation to BAME service users which she would discuss at the end of the meeting.	
MHCL 20/10/007	Any Other Urgent Business Agreed with the Chair No Urgent Business was noted.	
MHCL 20/07/008	Patient Story The Executive Nurse Director (END) noted the purpose of Patient Stories. The END advised the Committee that future Patient Stories would be obtained from Cardiff and Vale University Health Board service users.	
MHCL 20/10/009	Mental Capacity Act Mental Capacity Act Monitoring Report– The END advised the Committee that this was a regular report that discussed the activity in Mental Health Legislation. The CC noted that the paper informed the committee that there was no direct assurance of compliance with the Act. The Mental Capacity Act Manager (MCAM) advised the Committee that the only way to ensure compliance was to go through patient notes. Resolved that: a) The Committee noted the report.	

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Internal Audit Report on DoLS – The END advised the Committee that the Internal Audit 2018 raised significant areas of concern with the Mental Capacity Act, particularly DoLS.

The END advised the Committee that she had taken up the responsibility for this in April 2020 and had seen improvements from 2018 but she recognised that there was still more work to do. She noted that it would help to have the new legislation in place but due to COVID-19 there was a delay. She hoped that new legislation would be in place by spring 2020. The END noted that there were challenges progressing without the new legislation.

The END advised that to measure the significance of the system in place a review should be undertaken when a new approach was implemented alongside new legislation and when this is in place. Such a review would be brought to the committee.

The CC asked if there was a date when the new legislation would be in place.

The MCAM responded that the Liberty Protection Safeguards which would replace DoLS, would not be in place until April 2022.

The END responded that due to the increase in her expected timeline, she would go back to the team and have a discussion on how system measures could be put in place without the new legislation. She added that the Executive Medical Director (EMD) and she would work on that together.

The Consultant Clinical and Forensic Psychologist (CCFP) asked about section 49 (S49) reports and how as an organisation we note the demand. He advised the Committee that the quality of S49 reports needed to be developed and asked the END to add this to the work that she would undertake with the EMD.

Independent Member – Legal (IML) asked what other Health Boards do with audits on DoLS.

The END responded that Cardiff and Vale University Health Board (UHB) had a different way of dealing with DoLS in comparison to other Health Boards and noted that she was reluctant to chase something that might change when the new legislation comes into place.

The END advised that the Health Board needed to sharpen up and monitor what was happening to make sure that people understood what their responsibilities were.

Independent Member – ICT (IMI) asked how other health boards assure themselves of compliance.

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	The END responded that the internal audit is not giving the assurance which is why the work alongside the EMD needed to be undertaken. The CC advised the Committee of the mentioned interim actions. A review of the current system. Measuring long term effects and what needed to change to ensure compliance with new legislation. The END advised that an implementation plan would be brought to the Committee when new legislation is in place. The MCAM advised the Committee that there is an issue with clinicians across Wales and parts of England not understanding the Mental Capacity Act. The CC advised the Committee that the audit reports indicate that the Health Board was going in the right direction. The CC noted that appendix 2 in the board papers for the report highlighted that there was a difficulty in engaging professionals with the general understanding and acknowledgement across the UHB in relation to the role of the IMCA. The END noted that it was very clear that if the health Board were not educating people, people could be deprived of their liberty. Resolved that: a) The Committee noted that further work needed to be undertaken to progress the audit outcomes by the next meeting.	
MHCL 20/10/010 Saunders Nathan 03/16/2021 16:15:11	Mental Health Act Mental Health Act Monitoring Exception Report The CC asked what learning had taken place in preparation for the next COVID-19 wave. The Director of Operations, Mental Health (DOMH) responded that due to COVID-19 there had been bed losses within mental health and this meant that the concentration of people detained had risen. There was a focus on people not being detained in hospital and this balanced back out when moving into September and October. For the next COVID-19 wave, there was hope that the system had adjusted accordingly. The CCFP asked for clarity on the position regarding section 136 (S136) and voluntary assessments. IMI also queried S136 in under 18s and the increase noted in these.	

Saunders, Nathan 03/16/2021 16:15:11	The DOMH responded that there had been a 25% increase in young adults going into adult beds and that during the year, the figures continued to reflect that meaning that another 25% increase was expected. IMI asked if the root cause was known for the increase. The DOMH responded that it was a mixture. The UHB had commissioned a steering group consisting of staff from various areas such as CAMHS and Women and Children. The collective aim of the steering group was the prevention of crisis and to understand what a good service looked like. The DOMH advised the Committee that there was Welsh Government Policy in place which legitimises the placement of young adults into adult beds. The DOMH advised the Committee that the number of S136 cases in younger people had increased and that he was involved in an emerging piece of work with the Police Crisis Care Concordat. The END advised the Committee that some of the wording used by South Wales Police was not quite right surrounding Mental Health and that this would be looked at to ensure the correct wording and terminology was being used in documents. The END advised the Committee that it was good to highlight that during that quarter there had not been any fundamentally defective applications. Training and other measures had been reinstated with local authorities. The END advised the Committee that in relation to section 132 (S132) an audit was carried out to measure compliance with the Mental Health Act. Compliance was good and the number of non-compliances was decreasing with an aim of zero. The CC noted that page 78 of the papers indicated an exclusion of visitors due to COVID-19. The CC asked what was being done to keep people in touch with any external support. The END noted that there was good access to iPads and that there was visitation allowed upon the easing of lockdown measures, however this had changed due to new COVID-19 government advice coming into force around local lockdowns and a national lockdown. The END noted that visiting was allowed in certain circumstances. The patient Experience Team coordinated this. There was an ongoing effort with volunteers to help with technology and also by placing Student Nurses into the Patient Experience Team to help with this effort.	

	Resolved that: a) The Board supported the approach taken by the Mental Health Clinical Board to ensure compliance with the MHA.	
MHCL 20/10/011	Mental Health Measure Mental Health Measure Monitoring Report including Care and Treatment Plans Update Report The DOMH advised the Committee that this was a routine report. Part 1 : PMHSS The DOMH advised the Committee that Part 1A of the report noted that it has been a “bumpy ride” during the prevalent COVID-19 months. In August the ability to meet targets stopped and it was predicted that the target would be met in November. The DOMH noted that due to the reduction in numbers, people had been getting a much better service however, the Committee was advised that there was potential for a drop in referrals with new lockdown measures in place. The DOMH noted to the Committee that the Primary Care Liaison Team had helped and taken the pressure off other areas. Part 2 : Care and Treatment Planning The DOMH advised the Committee that it was standard for all relevant service users in secondary care to have an outcomes based holistic co-produced care plan. The DOMH noted that a new policy, RAMP, recognises service users in MH who do not meet relevant status under the Measure and this was currently being monitored to see if it was beneficial to patients. The DOMH advised the Committee that Care Aims had been introduced and involves a number of staff to help transform cultural elements and noted that improvements in quality were expected. The DOMH advised the Committee that the Transformation and Innovation Lead, Daniel Crossland, and a Doctor from South East Cardiff were talking with various consultants about the position patients were in and they were also reviewing care plans. The DOMH advised the Committee that from a compliance view, the team were very close to target. Part 3: Right to request an assessment by self –referral.	

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	The DOMH noted that by missing just one or two outcome letters being sent to patients, results could be affected. Compliance had been good since January 2020. Part 4: Advocacy – standard to have access to an IMHA within 5 working days The DOMH advised the Committee that ASC (Advocacy support Cymru) had been unable to meet with clients due to COVID-19, but had offered support virtually. The DOMH noted that they had been missed on the wards but that there was still 100% compliance. The DOMH advised the Committee that the Recovery College was launched in Mental Health and this helped to raise the expectations of service users and promote a better quality of interaction. IMI asked if there was any measure on how service users feel regarding the suitability of care and treatment plans. The DOMH responded that there was partly a measure on this and noted that the delivery unit offered their evaluation template which was being used on a day to day basis. The DOMH advised the Committee that there was a need to give more consideration to audit.	
MHCL 20/10/012 Saunders Nathan 03/16/2021 16:15:11	CAMHS Compliance The CC asked the Committee if there were any questions that could be fed back to the Children and Women Clinical Board Director of Operations (DO). IML advised the Committee that he had spoken to Rose Whittle (Head of Operations CAMHS). It was noted that referrals would spike in September. It was not known if that was normal due to schools returning as there were no figures for October yet. The CC noted that an update was required at the next meeting. IMI advised the Committee that care and treatment plans seemed to be trending downwards and requested that more information was provided on this at the next meeting including what the profile was for referrals. Amanda Morgan, a Service User (SU) advised the Committee that there had been no activity from the people leading the consultation. The SU requested to have a general understanding regarding the present position at the next meeting. IML again, advised the Committee that he had spoken to Rose Whittle (Head of Operations CAMHS) and discussed the approach	

	to schools and advised that there was a Welsh Government initiative to take a whole school approach and to map out what was on offer in schools. The CC noted that the above point from IML was important but not strictly dealt with by the Committee. CAMHS Compliance The CC requested an update behind the figures in the report. The Chief Operating Officer (COO) advised the Committee that the figures on primary assessments were good. COVID-19 had provided challenges on the specialist front but gave the primary front an opportunity to catch up during the COVID-19 prevalent months. The COO advised the Committee that the sudden increase was challenging. The COO noted to the Committee that feedback within Patient Mental Health Services had been accepting of virtual and online options. The COO added that the Strategy & Delivery Committee were getting some items in regards to Mental Health picked up on their agenda.	
MHCL 20/10/013 Saunders Nathan 03/16/2021 16:15:11	Items to bring to the attention of the Committee for Noting / Information Sourcing & Supporting Patient Stories Update – RW The END advised the Committee that the report was self-explanatory and that she was happy to open it up for discussion. The CC asked if this was the standard format. The END responded that it was. The SU asked for clarification on the Patient Story Submission Form as it was unclear who fills this in. The END responded that the majority of the report involved formal paperwork which was the last piece of the puzzle. The form would be filled in by Staff and it was hoped that good conversations would be had with Patients to find a balance which ensured that stories were told towards the end of a period of care whilst remaining sensitive.	

Saunders, Nathan 03/16/2021 16:15:11	Independent Member – Community (IMC) asked for information on the engagement process, in particular in relation to inclusivity of the BAME community due to not seeing that many examples. The END acknowledged the lack of BAME representation and advised the Committee that there was currently a post out to advert in the Patient Experience team whose role would be to pick up that particular agenda. The END noted that Swansea Bay Health Board had a library of Patient Stories and that the aim of Cardiff and Vale University Health Board was to take a similar approach and to increase the speed in which this was being done. CCFP advised the Committee that there was opportunity within Mental Health to get stories from Patients, who do not necessarily want to be, or see themselves as Patients and noted that this sort of story had not been told before so could prove beneficial to the UHB. The END advised Committee that during the process of Patient Stories there is a natural want to “fix” problems Patients have had but noted that this was not the function of Patient Stories. The CC noted that there were a good set of principles in place and thanked the END for strengthening the team. The CC noted that it was good to see how the DOMH was working with other organisations which could benefit the UHB. The END noted that growing relationships with staff would help with these processes. The Chair, Powers of Discharge sub-Committee (CPDSC) asked if there was a role for the advocacy service to help with Patient Stories. The END responded yes. Resolved that: a) The Committee noted the work the Patient Experience Team were undertaking in partnership with patients and the Clinical Boards on Patient stories. Feedback on Committee Training Session & Review The Director of Corporate Governance (DCG) noted to Committee there had been positive feedback from training sessions. CCFP noted that Guardianship under the Mental Health Act was managed by the Local Authority and that they also have involvement with DoLS.	

10/13 Saunders Nathan 03/16/2021 16:15:11	CCFP advised the Committee that it needed to look at the connections the Committee has with the Local Authority. The END confirmed that a discussion needed to be had around who attends the committee and whether a local authority representative was needed. The END requested a conversation outside of Committee with the DCG. The CC requested that a recommendation was made and brought back to Committee in future. The COO noted that training was very helpful and that he learnt a lot from The DOMH's team and added that it highlighted how this had not be done before. The CC advised the Committee that 2 more sessions were planned and that people needed to co-ordinate their diaries to ensure maximum attendance. The DCG responded that this was helpful and would be picked up for the next session. Resolved that: a) The Committee noted the feedback on the first Committee training session and the plan for further training and review of Committee Terms of Reference including function and membership. Self Assessment of Committee Effectiveness & Forward Action Plan The DCG noted that this report was straight forward and that it is the second time the self-assessment has been done so the committee were able to compare the update with the previous year's report. The DCG advised the Committee that there was a responsibility to do this every year. Resolved that: a) The Committee noted the results of the Committee's self-assessment Effectiveness Review for 2019-20 and approved the action plan for improvement to be completed by March 2021 in preparation for the next annual self-assessment which will feed into the 2020-21 Annual Governance Statement.	

	Hospital Managers Power of Discharge Minutes The CPDSC noted that minutes were self-explanatory and advised the Committee that there were still concerns at the issue of care and treatment plans. The CPDSC noted that there was nothing of pressing attention to be brought to the attention of the Committee. 2) Mental Health Legislation and Governance Group Minutes The CCFP noted that operational issues were discussed. The CC asked how cases were being dealt with where patients are not happy with virtual sessions and/or technology. The CPDSC responded that there had been no issues and feedback implied that people may prefer virtual/online sessions. IMI asked the CPDSC to clarify what “CAMHS RC” meant on page 131 of the board papers. The CPDSC responded that it means “responsible Clinician”.	
MHCL 20/10/014 Saunders,Nathan 03/16/2021 16:15:11	Items for Approval Ratification IMCA Procedure The MCAM advised Committee that this item sets out what IMCA is and the circumstances around this in which Clinicians must instruct IMCA. The MCAM advised the Committee that Clinicians need a guide on what they need to do. The CCFP noted that the procedure had been revised slightly and queried whether the Health Board had been advised of the changes. The MCAM responded to assure the CCFP that the procedure had been out to consultation and had been to a Vulnerable Adult risk management working group. IMI asked if Power of Attorney supersedes the IMCA.The MCAM responded that an IMCA is only used if there is not anyone available who knows the patient. The CC advised the Committee that this item had been approved. Resolved that: a) The Committee approved the Independent Mental Capacity Advocacy procedure	

- b) The Committee approved the full publication of the Independent Mental Capacity Advocacy procedure in accordance with the UHB Publication Scheme

Lasting Power of Attorney and Court Appointed Deputy Procedure

The MCAM advised the Committee that this was another aspect of the Mental Capacity Act. The procedure sets out who these people are and then what the Clinicians need to do.

The MCAM advised the Committee that it was an important issue and that there was already mandatory training in place for Clinicians.

IML asked why Aaron Fowler, Head of Risk and Regulation came under the “useful contacts” in the Appendix for this procedure.

The DCG responded that all of the legal aspects have now been centralised through Aaron Fowler. He will source any external legal advice if needed.

The DCG noted that this centralisation has saved the UHB a significant amount of money.

Resolved that:

- a) The Committee is approved the Lasting Power of Attorney (LPA) and Court Appointed Deputy (CAD) procedure
- b) The Committee approved the full publication of the Lasting Power of Attorney (LPA) and Court Appointed Deputy (CAD) procedure in accordance with the UHB Publication Scheme

The CC advised the Committee that she had one more item to raise in relation to equality and the mental health act.

The CC noted that a background knowledge, awareness and information would be helpful to the Committee. The CC asked the Committee if this could be something for consideration.

IMC responded that it was very important to get this information and that he was happy to support this alongside other organisations.

The CC asked if this was needed to be taken offline or if we could join a different session in future.

The DCG responded that this would be picked up with the Executive Director of Workforce & Organisational Development (EDWOD).

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	The DCG advised the Committee that a number of other Committees had also expressed interest in addressing this issue and that it needs to be looked at globally. The DCG advised the Committee that she will action this. IMC highlighted that a number of different Committees needed to have Mental Health put into their agendas and for this to be focussed on across the board. IML advised the Committee that at the last S&D meeting, a discussion was had around a draft strategic equality plan and how this could be fed into all areas. IMI noted that the purpose of the Committee was to look at legislation and reports and noted that no figures had been represented in the reports surrounding equality. The COO advised that a meeting he had chaired that morning had the same conversation surrounding equality and the lack of BAME data and he acknowledged that there was something more general about this that needed to be done. The CC noted that a larger conversation had been opened up surrounding this but it was an important one to have. The CC noted that the DOMH had been looking at data tracking issues.	
MHCL 20/10/015	Review of the Meeting The CC facilitated a review of the meeting. Members confirmed that: • It was a very well chaired meeting. • Sharing of video on screen needs to work in future meetings • Skype worked well but an overall preference for Microsoft Teams in future meetings CCFP asked if one person (administrative) could put each paper up on the screen during the presentation. The DCG responded that she would look into this with the team. The CC thanked the Committee.	
MHCL 20/10/016	Date & Time of next Committee Meeting 19th January 2020 – 10am via MS Teams	

**MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE GROUP
MEETING HELD ON TUESDAY 24 NOVEMBER 2020
CONDUCTED VIA MICROSOFT TEAMS**

Present:

Sam Austin	Llamau (Chair)
Frank Beamish	Volunteer
Mark Cadman	WAST
Sarah Capstick	Cardiff Third Sector Council
Janice Charles	Vale of Glamorgan Council
Amy Faulkner	Carers Trust
Zoe King	Diverse Cymru
Jason Evans	South Wales Fire and Rescue
Paula Martyn	Independent Care Sector
Tim Morgan	South Wales Police
Lani Tucker	Glamorgan Voluntary Services
Geoffrey Simpson	One Voice Wales
Siva Sivapalan	Third Sector, Older Persons

In Attendance:

Cath Doman	Director for Health and Social Care Integration, UHB
Abigail Harris	Executive Director of Strategic Planning, UHB
Anne Wei	Strategic Partnership and Planning Manager, UHB
Keithley Wilkinson	Equality Manager, UHB

Apologies:

Iona Gordon	Cardiff Council
Shayne Hembrow	Wales and West Housing Association
Linda Pritchard	Glamorgan Voluntary Services

Secretariat:

Gareth Lloyd, UHB

SRG 20/32

WELCOME AND INTRODUCTIONS

Abigail Harris thanked Sam Austin for agreeing to become the SRG Chair. It was anticipated that her appointment would be ratified by the UHB Board on 26 November.

The Chair thanked Geoffrey Simpson for chairing the Group on an interim basis and welcomed Cllr Janice Charles, Amy Faulkner and Siva Sivapalan to the SRG. All members then introduced themselves to the Group.

SRG 20/33 APOLOGIES FOR ABSENCE

The SRG **NOTED** the apologies.

It was **NOTED** that although not members of the SRG, apologies had been received from Nikki Foreman, Angela Hughes and Wendy Orrey.

SRG 20/34 DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 20/35 MINUTES AND MATTERS ARISING FROM STAKEHOLDER REFERENCE GROUP MEETING HELD ON 23 SEPTEMBER 2020

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 23 September 2020.

UHB Strategic Equality Plan 2020/24

The UHB Strategic Equality Plan 2020/24 had been published on the UHB's website and a link circulated to SRG members.

Clinical Services Plan

Anne Wei reported that the UHB's Clinical Services Plan had been branded 'Shaping Our Clinical Services'. The engagement process would commence during early 2021 and SRG members would be asked for their support in publicising via their networks and encouraging people to get involved. The aim would be to bring it to SRG in January as part of the engagement.

SRG 20/36 FEEDBACK FROM BOARD

The draft minutes of the UHB Board meeting held on 24 September 2020 had been circulated to the SRG for information.

It was agreed that SRG members should address any questions relating to them to Anne Wei or Gareth Lloyd.

SRG 20/37 UPDATE ON UHB'S QUARTERS 3 AND 4 SERVICE DELIVERY PLAN

Abigail Harris provided the SRG with an update on the UHB's Quarters 3 and 4 Service Delivery Plan, a link to which had been circulated in advance of the meeting.

The SRG was reminded that the usual NHW Wales planning process had been suspended at the start of the COVID-19 pandemic. Health Boards were normally required to submit a three year Integrated Medium Term Plan (IMTP) to Welsh Government (WG) before the start of each fiscal year for approval by the Minister for Health and Social Services. The Minister had approved the UHBs IMTP but due to the pandemic WG had quickly introduced a quarterly planning cycle. WG had informed the UHB that it would not require a three year IMTP in 2021 but that UHBs would be asked to produce a one year annual plan. The plan would set the UHB's proposals in the context of its overall strategy.

Abigail Harris explained that it had not been possible to set out a fixed plan for the quarter 3 and 4 period due to the unpredictable nature of the pandemic. Three broad scenarios had therefore been developed: C-19 'worst case'; C-19 'best case'; and C-19 'central'. For the purpose of the Plan, the UHB has adopted the C-19 'central' as its triangulation point. The UHB has used these scenarios to shape the description of our response around the 'four harms' association with C-19 i.e. harm from C-19 itself, the indirect harm of C-19, harm from an overwhelmed NHS and social care system and harm from wider societal actions.

The SRG was informed that at present, Wales was tracking against the 'worst case scenario' in terms of the overall incidence of C-19 in the population however the numbers requiring admission to intensive care were more encouraging.

At the beginning of the pandemic the UHB had suspended all elective activity except life-saving interventions. During quarter 2 the UHB began to recommence elective activity. The UHB has now created 'green' (C-19 free) and 'red' (C-19) zones within its hospitals to enable it undertake more elective activity. Elective activity was currently approximately 65% of its pre-pandemic levels. This figure was higher for outpatients but only around 50% efficiency is being achieved in theatres due to the need to introduce far more rigorous cleaning regimes. The UHB is using theatre capacity in Spire Hospital and is looking to see if it could utilise further additional capacity in other independent hospitals.

The UHB's bed capacity has been increased and it is not currently utilising all of its C-19 capacity. In addition, a temporary modular build known as the Lakeside Wing was being constructed on the UHW site. The first phase of 166 beds would become available later that week and a further circa 230 beds would become available at the end of January 2021 when the second phase

is due for completion. Staffing levels rather than infrastructure are the biggest constraint on activity and the UHB is undertaking a large recruitment drive.

Abigail Harris informed the SRG that plans for a mass C-19 vaccination programme were being refined. It was anticipated that the vaccination of priority groups would commence prior to Christmas and it could be as soon as week commencing 30 November. The vaccination programme would be another draw on staffing resources. People must have received the flu vaccination before they receive the C-19 vaccination. There is no problem with the supply of the flu vaccination at present. The uptake amongst the over 65s in Wales is around 65% against a target of 75%. SRG members were asked to use their networks to encourage people to have the flu vaccination.

Action: All

The UHB is providing the Test Trace Protect service for Cardiff and the Vale of Glamorgan in partnership with Cardiff and Vale of Glamorgan local authorities. The service has a very good trace rate and provides extremely good data on which to make decisions.

The SRG enquired how staff were coping and how the UHB was looking to increase its staffing numbers. Abigail Harris explained that the past few months had been challenging for everyone and particularly traumatic for UHB colleagues. Staff had adapted incredibly well to the changing practices but they were now understandably tired. The challenges facing the NHS during December and January were likely to be more severe than during the first wave of the pandemic due to a combination of all the other usual winter pressures and the need to maintain elective services. The Health Board's Management Executives had received a presentation on staff wellbeing and were keen to ensure staff are given appropriate support, adequate breaks and refreshments and receive mental health support. Consideration may have to be given to reviewing the qualified/non-qualified staff ratios but this would be in extremis. It was agreed that the slides from the wellbeing presentation to Management Executives be shared with the SRG and consideration should be given to SRG receiving a presentation at a future meeting.

Action: Gareth Lloyd

The SRG enquired whether the UHB had any proposals to address the elective backlog, for example, will non-NHS resources be used under the guidance of the NHS. Abigail Harris explained that the UHB was working with WG and looking at all potential options including potential regional solutions and further outsourcing and in-sourcing. Cases will have to be prioritised according to clinical need and it could take 2-3 years to clear the backlog. It was likely to be several months before plans to address the backlog are confirmed. Additional WG funding would be required but it was encouraging

that WG had hitherto made quick decisions on the release of funding to address the pandemic.

Abigail Harris explained that it was imperative that anyone worried about their health sought appropriate medical advice and did not put off contacting their GP due to concerns about C-19. She asked for the SRG's support in getting this message out to the public.

In response to an enquiry, Abigail Harris confirmed that the UHB wanted to retain some of the changes that had been introduced in response to the pandemic where these changes had resulted in patient benefits. On 1 December the UHB and Community Health Council would be discussing engagement for three or four service changes that the UHB would like to make permanent. Engagement and Equality Health Impact Assessments would be required for any permanent service changes.

The UHB had introduced CAV24/7 and it was interesting to note that WG wanted to roll out the model across the whole of Wales.

Mark Cadman informed the SRG that Welsh Ambulance Services NHS Trust had been required to implement some significant savings plans.

Concern was raised about the closure of the X-ray Department in Barry Hospital and the impact on elderly people who had to travel to Llandough Hospital. Anne Wei agreed to find out more and share the position with SRG.

Action: Anne Wei

SRG 20/38 REGIONAL PARTNERSHIP BOARD WINTER PROTECTION PLAN

The SRG received a presentation from Cath Doman on the Regional Partnership Board's Winter Protection Plan, a link to which had been circulated to members in advance of the meeting.

The Plan reflects the increased demand during the winter months and the continued circulation of C-19 which make the winter period even more challenging than usual. The focus of the Plan is on increasing capacity to ensure effective and timely discharge from hospital when individuals are ready to the most appropriate location and with proactive support to reduce the chance of readmission. All partners should contribute and support delivery of the Plan and ensure alignment of their own organisational plans and resources.

The cost of the proposals contained in the Plan is £2.77m against approved funding of £1.35m. The funding received will only take the region through to January therefore a further £1.42 m has been requested from WG.

The SRG noted that the number of carers had increased during the pandemic and it was increasingly difficult for them to fulfil their carers' roles. Cath Doman confirmed that the crucial role of carers is acknowledged in the Plan indeed the timely discharge of people from hospital necessitates very close liaison with carers.

Following an enquiry, Cath Doman agreed to provide the SRG with details of the UHB's re-admission rates.

Action: Cath Doman

SRG 20/39 NEXT MEETING OF SRG

Microsoft Teams meeting, 1.30pm-4pm, Tuesday 26 January 2021.

Confirmed Minutes of the Public Digital Health & Intelligence Committee
Thursday 8th October 2020 9:30am – 12:30pm
Via MS Teams

Chair:		
Eileen Brandreth	EB	Committee Chair / Independent Member - ICT
Members:		
Michael Imperato	MI	Committee Vice Chair / UHB Interim Vice Chair
Charles Janczewski	CJ	UHB Chair
Gary Baxter	GB	Independent Member
In Attendance:		
Nicola Foreman	NF	Director of Corporate Governance
Christopher Lewis	CL	Interim Executive Director of Finance
Angela Parratt	AP	Director of Digital Transformation – IM&T
David Thomas	DT	Director of Digital & Health Intelligence
James Webb	JW	Information Governance Manager
Secretariat:		
Raj Khan	RK	Corporate Governance Officer
Apologies:		
Allan Wardaugh	AW	Chief Clinical Information Officer
Stuart Walker	SW	Executive Medical Director
Len Richards	LR	Chief Executive Officer

DHIC 20/10/001	Welcome & Introductions	Action
	The Committee Chair (CC) welcomed everyone to the public meeting.	
DHIC 20/10/002	Apologies for Absence	
	Apologies for absence were noted.	
DHIC 20/10/003	Declarations of Interest	
	There were no declarations of interest.	
DHIC 20/10/004	Minutes of the Committee Meeting held on 9th July 2020	
	The Committee reviewed the minutes of the meeting held on 9 th July 2020	
	Resolved that: (a) The Committee approved the minutes of the meeting held on 9 th July 2020 as a true and accurate record.	
DHIC 20/10/005	Action Log following the Committee Meeting held on 9th July 2020	
	Actions were noted as complete or on the agenda save for:	
	20/02/009 Data Repository Governance – The Information Governance Manager (IGM) updated Committee that this work had not yet been progressed and requested that it be deferred to the next meeting.	JW
	20/02/017 Information Governance Policy EHIA – this had been deferred to the February meeting.	

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DHIC 20/10/006	Chair's Action taken since the Committee Meeting held on 9th July 2020 There were no Chair's Actions.	
DHIC 20/10/007	Digital Strategy – Final Version The CC highlighted that this was approved by Board on 30th July and had come back to Committee to update on changes since, mainly in relation to governance arrangements. The Director of Digital & Health Intelligence (DDHI) advised that following Board approval there was one change made to the governance structures to manage the implementation of the strategy being the establishment of Delivery Programme Boards. The UHB Chair queried whether the structure was too bureaucratic to enable decisions to be made at speed. The DDHI responded that there was a balance between ensuring appropriate representation and the ability to make decisions at pace. He considered that this current structure was the best way going forward and the only problem would be in how quickly they could work through the massive transformation programme. He highlighted that they did not underestimate the complexity of the situation. The CC queried where the financial approvals sat and who managed any contingencies. The DDHI responded that it ultimately sat with the Management Executive. He added that there would be finance representation within the Programme Boards and a number of business cases over the next year. The Interim Executive Director of Finance (IEDF) added that a Business Case Group had been established and depending on review of that group, a recommendation went to the Management Executive to consider approval depending on funding so there was a well-rehearsed system in place to manage such things. The CC queried the part played by the Digital Service Management Board. The DDHI responded that the Digital Service Management Board would oversee how the work programs were being delivered and prioritization. He would follow up with the IEDF with regards to ToR and how they are consistent with BCAG. Resolved that: (a) the final version of the Digital Strategy for the UHB for 2020-2025 be agreed.	
DHIC 20/10/008 Saunders, Nathan 03/16/2021 16:15:11	Digital Strategy - Plan on a Page The DDHI explained that the challenge was capturing what they wanted to achieve from the Digital Strategy on one page. It was a first draft and provided a useful outline but did not give the detail behind or timelines on the delivery of all items but including too much detail could make it illegible. The CC commented that it should show progress made, risks and budgeting information and in addition a dashboard so that the Committee	

	could easily consume the full scope of the Programme. The Committee would like to see this evolve and get more structure introduced in each of the themes to see what the plan was, the timescales, where approval/funding was obtained, the spend, key risks etc. to provide assurance of progress and status. Resolved that: (a) the progress being made in developing a plan on a page to support the roadmap for delivery of the Digital Strategy be noted.	
DHIC 20/10/009	Digital Mobile Strategy – Final Version The DDHI stated that the Mobile Strategy had been developed late last year ahead of big changes made due to the pandemic, he added that it was focused on the community services component of the UHB. They had since been able to mainstream this as part of other programs to further enable true mobile working: • National mobilization program • Office 365 • MS Teams From this, a high level roadmap had been produced to ensure the right resources in investment and correct implementation of the Strategy. A number of personas were also developed to understand what we were trying to deliver as part of the mobile strategy. The Director of Digital Transformation (DDT) advised that it was about more than homeworking. She updated on the current position with regards to the personas and how staff had to be equipped with the right tools for the job and ensure that it was accessible and secure for the individuals using it. It was hoped to improve the quality of data to inform clinical decision making, speed up decision making and free up time to care. She confirmed that the personas had been developed by staff, informed by direct clinical input and highlighted that it was not complete yet due to the size and complexity of the organization but that the building blocks of the strategy could be seen. It was acknowledged that progress had been immense but the timescales for Office 365 were queried. The DDHI responded that implementation of Office 365 was due within the next 6 weeks. He highlighted resourcing considerations set out within the paper and commented that securing adequate resourcing would affect the timescales. Resolved that: (a) progress with the Digital Mobile Strategy for the UHB be noted.	
DHIC 20/10/010 Saunders,Nathan 03/16/2021 16:15:11	Self-assessment of Committee Effectiveness & Forward Action Plan The Director of Corporate Governance (DCG) advised that the self-assessment was completed on an annual basis at the end of the financial year; this was the first time it had come to this Committee. Appendix 1 showed the results of questions raised and appendix 2 provided an action plan for where there was an “adequate” or “no” response.	

	The CC was reassured by the positive outcomes and considered the action plan a very pragmatic and sensible approach going forward. She wanted to encourage the availability of information in a timely fashion. Resolved that: (a) the results of the Committee's self-assessment Effectiveness Review for 2019-20 be noted (b) the action plan for improvement to be completed by March 2021 in preparation for the next annual self-assessment which will feed into the 2020-21 Annual Governance Statement be approved.	
DHIC 20/10/011	GP Pilot Action Plan The CC advised that this was to close an historic action. The DDHI informed Committee that this was a pilot of GP access of CAV patient records, it had started in 2018 and not progressed as planned. It had been picked up, expanded, lessons learned and now the action was complete. Resolved that: (a) the actions taken to achieve closure on this plan be noted and ratified.	
DHIC 20/10/012	Digital Transformation Progress Report (Digital Dashboard) The DDHI informed Committee that he was unable to bring the dashboard format to this meeting but would bring to a future one. The DDHI informed Committee that there had been a lot of progress over the last 5 or 6 months despite the Covid pressures on the Digital teams i.e. commissioning/decommissioning of Dragon's Heart, mass immunisation program, progress on the data repository on personal health records PARIS, lightfoot support. The DDHI assured the Committee that projects were moving forward and aimed to provide a simplistic view via a dashboard to highlight the risks and issues. Resolved that: (a) the progress across the IT Delivery Programme be noted.	DT
DHIC 20/10/013	IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training) The IGM informed the Committee that the paper provided an update on key IG compliance performance measures, in summary the IG structure remained largely unchanged overall, however following a retirement and departure the IG workforce had been reduced. The IGM is hopeful to reappoint vacancies which would depend upon ongoing CRP and restructuring of the digital health department. The IGM reported that the number of incidents reviewed continued to be large but those reported to ICO low. A national reporting tool was awaited to ensure a consistent approach for IG breaches across Wales. With regards to Medical compliance, subject access request compliance had been sustained throughout the year which he emphasized was a	

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	fantastic achievement for the department considering the circumstances faced. In regards to FOI Compliance, this area had suffered due to the fact they had decided not to chase senior members of the Health Board due to Covid however they were processing them. The CC praised the efforts in improving the level of compliance and queried the NIOS position. The IGM responded that earlier this year they had received training and picked up responsibility, he mentioned that NIOS was an audit tool on number of national systems to look at members of your own house, celebrities, and members of your department. They had run the system once but unfortunately as a response to covid had to prioritise work and dropped audit function but intended to resume this work. He added that there was also a consequence on services as they would be running it however they would not be running the investigations as it did not differentiate between lawful and unlawful. The CC noted why it was paused and requested at the next Committee meeting an update on this item. IM-University queried progress in regards to IG mandatory training and if there was any particular pattern to note. The IGM responded that the figures presented were a point in time from August with a 3% drop since last Committee in February, he mentioned there was a huge variance across patch. He highlighted that he had not broken down the staffing groups i.e. medics – only 25% of doctors had completed the mandatory IG training. The CC commented that as so many more people were now working from home this became more vital. IM-University was interested to know if there was a trend and if 70% was normal or whether we had seen a real drop during the last 6 months and if it had ever approached 100%. The IGM responded that it had never been close to 100% and that they had aspirations for 85 %. At the last Committee figures across Wales showed C&V as lowest for IG, he would bring back a communications plan for the next Committee meeting. Resolved that: (a) a series of updates relating to significant Information Governance issues be received and noted.	JW JW
DHIC 20/10/014	Clinical Coding Performance Data The IGM reported that this took a dip in February and March due to Covid however they now had recovered and were above the Welsh Government targets of 95%. Audits were rearranged for the end of the year. Also a 42% reduction on FCE compared to last year was seen, last year we were above average as we were this year. Resolved that: (a) the performance of the UHB's Clinical Coding Department be noted.	
DHIC 20/10/015	Joint IMT & IG Corporate Risk Register The CC was pleased to note that the interim Cyber staff had been deployed to mitigate risk and extra resource had arrived to manage the Windows 10	

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	work with the Dell managed service team. The CC referred to an audit action around cyber staff marked as closed and wanted the DDHI to confirm that it had been fully closed. The DDT commented that resourcing was an issue and should now be included on the risk register. The DDHI responded that this was there against top 3 risks in infrastructure referencing insufficient capital this year to deliver against the necessary plans in terms of the server infrastructure, but given it impacted against other things we may need to resource more wisely rather than aligning it to another risk where it has an impact. Resolved that: (a) progress and updates to the Risk Register report be noted.	DT
DHIC 20/10/016	IMT Audit Assurance Tracker The CC noted that the action was closed in the audit tracker but queried this when only interim resources were provided with no assurance of ongoing funding. The DDHI responded that interim resources would remain until they had recruited to permanent resources. The DCG further commented that these now linked in to the Audit Committee Tracking Reports. Resolved that: (a) progress and updates to the IMT Audit Assurance report be noted.	
DHIC 20/10/017	IG Audit Assurance Tracker The CC noted all but one action had been closed but queried had they been closed as they had been moved onto the ICO tracker. The IGM confirmed that not all had been closed but as some had been duplicated in the ICO report, for ease they had been consolidated into one action plan. The IGM also highlighted that the one action that had not been closed related to FOI structure which was being progressed as part of the overall wider restructure of Digital Health. Resolved that: (a) progress and updates to the Information Governance Audit Tracker be noted.	
DHIC 20/10/018	ICO Recommendations and Action Plan The IGM highlighted that appendix 1 was a full list of recommendations, without the Cyber elements for security reasons, and appendix 2 a work plan. He reminded Committee that the 60+ recommendations had been broken down into 5 actions. The CC noted the progress made on the 5 prioritized actions. The IGM confirmed that at the next Committee the recommendations would be replaced by another 5 as they were able to work through them and progress. Resolved that: (a) the Information Governance Department's action plan which would ensure that the ICO's recommendations were addressed be noted.	JW

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DHIC 20/10/019	IMTP Work Plan Exception Report The Committee noted the report. Resolved that: (a) the areas of exception which required further attention and consideration be noted.	
DHIC 20/10/020	Schedule of Control Documents (Policies & Procedures) The CC observed that even though the report listed all policies and procedures that would be presented to the Committee, it did not show when they should have been reviewed or provide a plan for when they would come to future meetings. Committee was advised that the list would be shared out within the team to review and the DDHI committed to complete this by the end of the financial year. It was proposed that the DCG work with the DDHI's team to bring those to the Committee for review that have changed significantly and advise: • What can be deleted as superseded • Those that need minor change • Those that need Committee review and include in next year's timetable. Resolved that: (a) progress to date and plans to address the review of remaining documents be noted.	NF/DT
DHIC 20/10/021	Minutes: i. Capital Management Group 17/08/20 Resolved that: (a) The minutes were noted.	
DHIC 20/10/022	Items to bring to the attention of the Board / Committee None	
DHIC 20/10/023	Review of the Meeting The CC conducted a review of the meeting. All present confirmed the meeting had run very smoothly and good, positive discussions were held.	
DHIC 20/10/024	Date & Time of Next Meeting Thursday 11 th February 2021 9:30am – 12:30pm Via MS Teams	

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Confirmed Minutes of the Board of Trustee Meeting
Tuesday 17th November – 14:00 – 16:00
Via MS Teams

Present

Charles Janczewski	CJ	Trustee & UHB Chair
Christopher Lewis	CL	Trustee & Interim Executive Director of Finance
Martin Driscoll	MD	Trustee & Executive Director of Workforce & Organisational Development
Susan Elsmore	SE	Trustee & Independent Member – Local Authority
Michael Imperato	MI	Trustee, UHB Vice Chair & Independent Member – Legal
Fiona Jenkins	FJ	Trustee & Executive Director of Therapies & Health Sciences
Fiona Kinghorn	FK	Trustee & Executive Director of Public Health
Sara Moseley	SM	Trustee & Independent Member – Third Sector
John Union	JU	Trustee & Independent Member - Finance
Dr Rhian Thomas	RT	Trustee & Independent Member – Capital and Estates
Eileen Brandreth	EB	Trustee & Independent Member – ICT
Abigail Harris	AH	Executive Director Strategic Planning
In Attendance:		
Joanne Brandon	JB	Director of Communications
Nicola Foreman	NF	Director of Corporate Governance
Secretariat:		
Nathan Saunders	NS	Corporate Governance Officer
Apologies:		
Steve Curry	SC	Trustee & Chief Operating Officer
Stuart Walker	SW	Trustee & Executive Medical Director
Dawn Ward	DW	Trustee & Independent Member – Trade Union
Akmal Hanuk	AH	Trustee & Independent Member - Community
Ruth Walker	RW	Trustee & Executive Nurse Director
Len Richards	LR	Trustee & Chief Executive Officer

BT 20/11/001	Welcome & Introductions The UHB Chair welcomed everyone to the public meeting in English and Welsh.	Action
BT 20/11/002	Apologies for Absence Apologies for absence were noted.	
BT 20/11/003	Declarations of Interest There were no declarations of interest.	
BT 20/11/004	Minutes of the Committee Meeting held on 22nd September 2020	

	The Director of Corporate Governance (DCG) advised the Trustees that Independent Member – University and Independent Member – ICT should be noted as “present” and not “in attendance” in the last minutes. Resolved that: a) Subject to the above amendment, the Trustee approved the minutes as an accurate and true record of the meeting held on 22nd September 2020.	NS
BT 20/11/005	Action Log following the Meeting held on 22nd September 2020 The UHB Chair advised the Trustees that there were 4 complete items and 1 item in progress. The UHB Chair advised that the item in progress, BT 20/09/008 would be received at the next full Board of Trustee meeting.	NS
BT 20/11/006	Chair’s Action taken since last meeting The UHB Chair advised of Chair’s Action relating to the purchase of a Faxitron imaging machine for breast cancer patients from available monies within the breast cancer funding stream. The Executive Director of Therapies and Health Sciences (EDTHS) was invited to comment and as the lead for medical equipment for the UHB advised that the Faxitron imaging machine had a good evidence base and would benefit a lot of patients. The Chair’s Action information would be circulated to Trustees by the Head of Risk and Regulation.	AF
BT 20/11/007	Children’s Hospital for Wales Legacy The DCG advised that she had been contacted by the Children’s Hospital for Wales General Manager to see whether the UHB Charity would object to them receiving a legacy donation of £175,000. The DCG advised that the Business/Operational Manager from the Health Charity was also involved in the conversations and that looking at the donation, it could be argued either way as to who it was intended for. The DCG advised that she had asked the Head of Risk and Regulation to go back to the solicitors for the Executor of the will and to obtain their view on the best way forward. The paper provided set this out and it was recommended that the Trustee approve the position proposed. Resolved that: a) The Trustee noted the contents of the report;	

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	b) The Trustee approved the recommendations of the DCG so that no objection would be raised on the payment of the legacy to the Noah's Ark Children's Hospital Charity.	
BT 20/11/008	Bids recommended for approval following the CFC meeting on 03.11.20 Gareth Bale Fund Proposals – Applications for Funding The Director of Communications (DC) advised that the Gareth Bale Family donated £500K to the Health Charity and specified the following specific criteria for the monies: • The donation should be spent at UHW; • The donation should be put towards the Covid effort. The DC advised that the Gareth Bale donation had been discussed at the Trustee and CFC Committee on a number of occasions. The report referenced the agreement of the Trustees at the last meeting and that the monies would to be spent on: • Staff wellbeing – providing permanent areas for rest and reflection; • Bereavement – providing support for families who have been bereaved during Covid-19 and those who had experienced significant illness during Covid-19; • A link with the ARTS programme to discuss a permanent memorial which could also be moved into UHW. The DC advised that a total of 11 bids had been received which were taken to the CFC Committee for consideration and there were 3 bids that it felt should be brought to the Trustee for consideration. These were: • Keeping me Well and Recovery from Covid-19; • Proactive Wellbeing Support for Staff and Managers; • Staff Haven UHW. The DC advised that the CFC Committee had asked the bid applicants to look at value for money and the benefit to staff and patients and that detail was contained within the bid papers. The DC advised that the 3 bids equated to the £500K that the Charity had available to spend and the Trustee was asked to consider the recommended proposals of the CFC Committee and to agree that the Charity write to the Bale family confirming: • The Trustees had agreed on the bids and recommendations; • The placing of that information into the public domain; • An invitation to the Bale Family to become involved in the development of those funded projects and bids. The UHB Chair advised the DC that it appeared the figures in the bid papers did not marry with the recommended figures on the lead report and	

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asked if the Trustees could safely be assured that the figures in the lead report were the correct figures.

The DC advised that the figures should equate to the £500K and that applicants were asked to revise their bids to ensure this.

The UHB Chair advised the DC that the bid "Keeping me Well and Recovery from Covid-19" was showing as £590,410 in the bid and asked the EDTHS to comment.

- **Keeping me Well and Recovery from Covid-19**

The EDTHS advised that the original bid equated to more than the available Bale Family money however recognising that there were more bids being put forward, it became apparent that the bid would need to be looked at again. The bid had been taken to Management Executive (ME) and agreement for the bid to be split obtained so that the bid brought today was just for the website. The other part which was for staffing the multidisciplinary team was to be taken separately.

The EDTHS advised that there was a benefit in splitting the bid in that, to meet the Bale Family criteria, the programme would have had to run from UHW rather than running across Cardiff and the Vale and being delivered more as a community based programme rather than hospital based.

The EDTHS advised that there had also been deliberation as to whether this was a core service but it was deemed not so as it was not included in IMTP plans.

The ME gave the go ahead to recruit staff to provide the MDT service and to engage with Primary Care clusters to seek a contribution to this from their cluster funding.

The Interim Executive Director of Finance (IEDF) advised that out of the many bids discussed at the CFC Committee, only the 3 brought to the Trustee really met the Bale Family criteria. Also it was decided at the Committee that the bids would be capped at the £500K enabling the Charity to confirm to the Bale Family that this was the total allocation of their donation rather than it being a contribution towards something bigger.

The IEDF confirmed that with regards to the Keeping me Well and Recovery from Covid-19 bid, it was proposed that the web development side of the bid be taken from the Bale Family fund and the rest be seen more as a core service for which funding would be worked through separately.

The UHB Chair advised therefore that the accompanying paper for the £594K was not appropriate and that a revised bid for £164K, geared to the website design and implementation as described was required.

- **Proactive Wellbeing Support for Staff and Managers**

The DC advised that the bid equated to £282K which was a revised figure.

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The DC advised that this was a 2 year project aimed at embedding wellbeing throughout the career pathway of all UHB staff, as such it would need to be discussed with the Bale family to extend their criteria from UHW to the wider UHB.

The DC advised that the intention of this bid was to help staff rebuild their psychological resilience and to provide a building block and foundation for good mental health and wellbeing. There was already evidence to show that the programme was working and this was about investing in staff and rolling the programme out more broadly.

The DC advised that the bid of £282K worked out at a spend per head of the UHB staff population of £9.03 per member of staff.

The Executive Director of Workforce & Organisational Development (EDWOD) was invited to comment and advised that this had been discussed before at Board level and that since then, the impact of Covid-19 had heightened and made the need more immediate. There had been a significant increase in staff members accessing the Health and wellbeing service and the time spent with the service, in relation to treatment, had increased.

The Executive Director of Public Health (EDPH) commented that she was really supportive of all the bids. She added that she would like to see this bid linked to her report as the lead for public health right across the career pathway into early retirement and planning for retirement and to think about community staff not just acute sites.

Independent Member – Third Sector (IMTS) commented that it was really good to see this being acknowledged as a priority as people who worked for and with the UHB were at the heart of everything. In addition, it would be good to see the linkages with other programmes aimed at reducing barriers and stigma in coming forward for mental health support and so that it is joined up with other things that are going on.

The EDWOD confirmed that this bid would complement the money made available last year and the year before by the UHB for staff wellbeing. He added that even with the current investment there was still a requirement beyond what we can meet at the moment.

The DC advised that the Health Charity would be looking at the output and outcomes for staff.

The UHB Chair advised that the Trustee was happy to support this bid, subject to the necessary conversations with the Bale Family surrounding extension of the criteria.

- **Staff Haven UHW**

The DC advised that this bid related to a designated space for staff and was a revised bid following CFC Committee recommendations. The bid was asking for £52K for 6 months commission and then to roll out a designated space. It was proposed to keep the name Staff Haven as this

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was what the areas were called in the first wave. Staff had fed back that this was a place to get out of PPE and relax which was invaluable. Important things like a quiet area, a place for just staff available 365 days a year and also flexibility around its use were included.

The DC advised that the caveat to this bid was that these costs were indicative but once the lakeside wing project had been completed and open, it was understood that this was one of the areas that would be revisited, but this would give the envelope to work within.

The Independent Member – Capital and Estates (IMCE) commented that this was a neat trio of bids covering both the public and staff. Noting that the costs added up to the £500K, she sought assurance that the cost assumptions against each bid were robust and would enable us to deliver the desired outcomes as there was no scope for slippage.

The DC responded that the Charity had returned to the bid owners and it was of note that:

- The Keeping me Well and Recovery from Covid-19 bid was costed out with actual costs;
- The Proactive Wellbeing Support for Staff and Managers bid had been costed out;
- The Staff Haven UHW bid was the only bid where absolute assurance was outstanding.

The DC further advised that the bid applicants would have to work within the cost envelope that they had given or the Charity would have to carry the risk around that. Working with NHS Charities Together also meant that there was constant opportunity to bid for further money from a national pot.

The IEDF was invited to comment and responded that there was a degree of flexibility within the bids which meant they could be scaled up or scaled down, the bid that was more fixed than the others was the Keeping me Well and Recovery from Covid-19 bid which was why that bid was to be funded in full.

The Trustee & Independent Member – Local Authority (IMLA) assured the Trustees that the bids had been heavily interrogated at the CFC Committee meeting and the questions being asked today were similar to those raised at Committee.

The Independent Member – Legal (IML) asked the DC to comment further on the fact that other places already had a staff haven and therefore was this money being used charitably to pay for something that should be provided anyway. The DC responded that most of the places that had provided a staff haven had used their own charity funds and heavily supported by voluntary funds rather than trust funds.

The UHB Chair responded that it was important to note that when Dragon's Heart Hospital opened, a staff haven was very much at the heart of that and Welsh Government funded it but this had now been discontinued.

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Saunders, Nathan 03/16/2021 16:15:11	The IML responded that he could see the value of the staff haven but wanted to advise the Trustee that there could be some adverse publicity around it not being UHB funded. The EDTHS commented that the bids were truly valuable and the fact that the UHB did not have them already in place showed that they were not essential. The item would definitely respond to the need to support staff which fitted in with the charitable aims. The UHB Chair advised that the Trustees supported the recommendations of the CFC Committee. Resolved that: a) The Trustee accepted the recommended proposals for funding of applications of Bale Fund monies. b) The Trustee agreed to write to the Bale Family confirming the funding and placing the information in the public domain, thanking them for their support pending discussion with their agents about spreading the money further across the UHB. c) The Trustee agreed to invite the Bale Family to become involved in the development of the funded projects. Over £125K Applications for Charitable Funds The DC advised the Trustee of a Conscious Inclusion Bid for £298,500 discussed at CFC Committee meeting. It was clarified that the money was not being requested but the consideration to include in stage 2 application process of NHS Charities Together. The DC advised that the CFC committee felt this was a very important bid put together by the EDWOD's team about reaching out into our seldom heard communities and embedding inclusion, equality and diversity within the organisation. The EDPH very much supported this proposal which fitted in well with the work being done with the test, trace, protect partnership around inclusion with BAME communities and engagement with them. The EDWOD assured the Trustee that this was discussed at length at the CFC Committee meeting and was very much supported by members. The UHB Chair advised the Trustee that the only query he had when putting the bid forward was the need to emphasise that this was not core funding and that we would need to be prepared to defend that position. Resolved that: a) The Trustees considered and approved in principle the bid CFCcovid04 – Conscious Inclusion Bid of £298,500 for inclusion in the application for Stage 2 and 3 NHS Charities Together Covid funding.	JB

BT 20/11/009	Charitable Funds Committee Minutes: 1st September 2020 The Trustee received and approved the CFC confirmed minutes of the meeting on 1st September 2020. Resolved that: a) The Trustee approved the minutes of the meeting held on 1st September 2020.	
BT 20/11/010	Charity Trustee Annual Report The DC advised that the annual report was in draft as feedback would be received from the auditors. The report provided assurance publicly regarding the use of Charity money over the year. The DC advised that it was recommended at the CFC Committee meeting that the report should be the annual report of the Trustees rather than the CFC Committee and an opening by the UHB Chair included and approval by the Trustee. The DCG advised that it should be a Charity Trustee Annual Report given that the Trustee was the accountable body. The UHB Chair advised that he would like to see a joint statement from himself and the Chair of the CFC Committee; it was agreed that this would be acceptable. It was also suggested that more case studies and testimonials from people who had benefited from the Charity be included. Resolved that: (a) the Trustee approved the Annual Report 2019-20 pending amendment.	
BT 20/11/011	Chair's Reports - i. Charitable Funds Committee – 3rd November 2020 Resolved that: a) The Trustee noted the report.	
BT 20/11/012	REVIEW OF THE MEETING All confirmed that they were happy with the meeting. The UHB Chair requested a different breakdown of the agenda at future meetings for more clarity.	NS
BT 20/11/013	Any Other Business There was no other business to discuss.	

BT 20/11/014	Items to bring to the attention of the Board There were no items to being to the attention of the Board.	
BT 20/11/015	Date & Time of Next Meeting Tuesday 26 th January 2021 10:00am – 11:00am Via MS Teams	

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EXTRAORDINARY LOCAL PARTNERSHIP FORUM MEETING

Wednesday 9 December 2020 at 2pm, via Teams

Present

Martin Driscoll	Exec Director of Workforce and OD (co-Chair)
Mike Jones	Chair of Staff Representatives/UNISON (co-Chair)
Jonathan Strachan-Taylor	GMB
Julie Cassley	Deputy Director of WOD
Peter Hewin	BAOT/UNISON
Ceri Dolan	RCN
Fiona Salter	RCN
Rhian Wright	RCN
Stuart Egan	UNISON
Steve Gauci	UNISON
Pauline Williams	RCN
Lorna Bennett	Consultant in Public Health
Fiona Kinghorn	Executive Director of Public Health
Joe Monks	UNISON
Bill Salter	UNISON
Mat Thomas	UNISON
Dawn Ward	Independent Member – Trade Union
Rebecca Christy	BDA

Secretariat

Rachel Pressley	Workforce Governance Manager

LPF 20/070 STAFF VACCINATION PROGRAMME

Mr Driscoll welcomed everyone to this extraordinary LPF meeting which had been arranged at the request of staff side members to discuss the COVID -19 vaccination programme for the workforce.

Mrs Kinghorn reminded the Forum that the previous day had been a historic one, with the first COVID-19 vaccinations given. She delivered a presentation and the following highlights were noted:

- The types of vaccine – the Pfizer mRNA vaccine has been approved by the MHRA and 40m doses have been purchased by the UK Government. It is anticipated that the next one to be approved will be the Astra-Zeneca vaccine and the UK Government has ordered 100m doses. Neither of these are live vaccines.
- The process for developing these vaccines has been greatly speeded up due to government funding and by running simultaneous evidence reviews. The rigour around the clinical trials have not changed
- The Joint Committee of Vaccination and Immunisation (JCVI) have set out a prioritisation for persons at risk, based on age as this is the biggest risk factor. The resilience and protection of the health care system has been built into the top 3 groups. It will take time to roll the vaccine out to the wider population but it will be progressed as quickly as possible
- The vaccine is not mandatory, but the evidence is convincing

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Mrs Bennett took over delivery of the presentation, noting the following:

- There is a robust governance structure with a programme board and 5 workstreams
- There is a blended model of delivery planned for the next 9-12 months, including 3 mass vaccination centres the first of which opened in Splott the day before
- The booking system is now live and is being used
- There will only be a small supply for the next few weeks and consideration has been given to where we have staff with the highest rate of infection. It isn't possible to deliver the vaccination to everyone at the same time and they are now working up the next priority group.
- The public will receive a letter but UHB staff will be informed through their line manager (not by individual letter) when they have the opportunity to book an appointment. N.B. staff should not share the booking details with colleagues. It was noted that a potentially confusing email had been sent to staff stating that emails about booking appointments could be phishing scams. Mrs Bennett agreed to follow this up with the communications team to ensure that the message to staff was clear.
- The potential side effects and the groups who are not able to have the vaccine were examined. This group includes pregnant women but this is precautionary rather than because of a known risk.

Members were referred to the Public Health Microsite for further information. A copy of the slides would be shared following the meeting

ACTION: Dr Pressley

LPF members were very appreciative of the presentation and the information it contained, as well as all of the work that had gone into preparing the vaccination programme. Questions and comments were invited and the following points were raised:

- Mrs Wright noted that wards E7 and E8 in UHL had both had high levels of COVID among members of staff but were not on the priority list. Mrs Bennett explained that the Consultant in Infectious Diseases had been involved in developing the priority list and had looked at the data and also the levels of PPE available but this would be looked into. Mrs Kinghorn advised that staff age would also be considered in future tranches.
- Ms Ward asked if race and ethnicity would also be considered when determining future tranches. Mrs Kinghorn advised that this was a difficult issue as the prioritisation was based on the JCVI list and ethnicity was not included.
- Mr Monks noted that people with allergies were not eligible to receive the vaccine and asked for more information on this. Mrs Kinghorn explained that this applied where an individual had had a significant allergic reaction previously and would carry an epi-pen. Advice would be available for individuals at the immunisation centres.
- Ms Christy said that dieticians had been receiving conflicting advice – in some areas they were included by the ward managers when booking details had been issued, but in other areas they were being told that they would need to go through their Directorate. Ms Bennett advised that booking details could be received through either route. She advised that one lesson they had learnt very quickly was that they needed to be more inclusive of staff working in an area in their communications and for the booking centre to be made aware. She indicated that specific issues like this could be raised with her directly.

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- Mr Strachen-Taylor asked if the side effects of the Astra-Veneca vaccine were known yet and was advised that this information only becomes available once MHRA approval is given.
- Mr Gaucci asked if sickness absence due to side effects would be counted for absence management purposes. Mr Driscoll advised that this had not been discussed on an All-Wales level but that his personal view was that absence due to vaccine side effects should be discounted. Mrs Kinghorn emphasised that severe side effects were unlikely to occur so this should not be an issue.
- Mr Thomas asked what information was being provided to staff about how long the vaccine provides protection. Mrs Bennett said that it was difficult to give a definitive answer as this research was still taking place, however, we do know that the maximum protection is given if both doses of the vaccine are given. Individuals who receive the vaccine are currently advised to continue to follow guidance on social distancing and hand washing until we know more. Mrs Kinghorn added that although the vaccine is 95% effective this means there is still a small chance of catching COVID after immunisation
- Mrs Williams asked if staff who had previously tested positive would be offered the vaccine. Mrs Bennett confirmed that they would and stated that this was very important as currently we don't know how long immunity lasts. However the vaccine cannot be given until 28 days after a positive test/symptoms. Mr Driscoll asked about individuals with long COVID and was advised that the same information was given currently as there had been nothing to the contrary issued.
- Mr Monks asked what steps were being taken to encourage those who might be reluctant to have the vaccine. Mrs Bennett advised that there were lots of communications around eligible and front line staff and sharing experiences etc, however the most important tool was sharing personal experiences
- Mrs Williams noted that St David's did not appear to be on the list even though they have elderly clientele and the day hospital etc. Mrs Kinghorn assured her that she would look into this
- Miss Salter asked how the roll out to the rest of the staff would be conducted once priority groups had been completed. Mrs Bennett advised that this would need to be done as quickly as possible but in a managed way with front line and patient facing staff first.
- Mrs Bennett was asked about wasted vaccines but advised that the aim was to sequence them over 5 days with no wastage. Mrs Kinghorn added that there will be more vaccine than staff over the next few weeks though so there was a potential staffing issue.

Mrs Kinghorn concluded the discussion by mentioning a number of teams who had been involved in developing and implementing this programme and thanking everyone involved.

Mr Jones thanks Mrs Kinghorn and Mrs Bennett for a very informative and welcome discussion.

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LOCAL PARTNERSHIP FORUM MEETING

Wednesday 16 December 2020 at 10am, via Teams

Present

Martin Driscoll	Exec Director of Workforce and OD (co-Chair)
Mike Jones	Chair of Staff Representatives/UNISON (co-Chair)
Ceri Dolan	RCN
Jonathan Strachan-Taylor	GMB
Chris Lewis	Interim Director of Finance
Peter Welsh	General Manager, UHL and Barry Hospitals
Lorna McCourt	UNISON
Rachel Gidman	AD of OD
Fiona Salter	RCN
Rhian Wright	RCN
Abigail Harris	Executive Director of Strategic Planning
Mat Thomas	UNISON
Dawn Ward	Independent Member – Trade Union
Rebecca Christy	BDA
Len Richards	Chief Executive
Stuart Egan	UNISON
Steve Gauci	UNISON
Joe Monks	UNISON

In attendance:

Charles (Jan) Janczewski	UHB Chair
Tracy Meredith	Vale Integrated Locality Manager
Ceri Butler	Head of LED
Ed Hunt	Programme Director, UHW Redevelopment
Victoria Legrys	Programme Director, Strategic Clinical Redesign

Apologies

Julie Cassley	Deputy Director of WOD
Fiona Jenkins	Exec Director of Therapies and Health Sciences
Fiona Kinghorn	Exec Director of Public Health
Andrew Crook	Head of Workforce Governance
Stuart Walker	Medical Director
Nicola Foreman	Director of Corporate Governance
Julia Davies	UNISON
Janice Aspinell	RCN
Pauline Williams	RCN
Peter Hewin	BAOT/UNISON

Secretariat

Rachel Pressley	Workforce Governance Manager

LPF 20/071 WELCOME AND APOLOGIES

Mr Driscoll welcomed everyone to the meeting and apologies for absence were noted. There were no declaration of interest in respect of agenda items.

LPF 20/072 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 22 October were agreed to be an accurate record subject to the following amendment:

Pauline Williams, RCN had been present

LPF 20/073 ACTION LOG

The Action Log was noted. Mr Driscoll advised that one action was missing – this related to concerns raised about managers accessing employee's COVID test results without consent (LPF 20/059). Tracy Meredith was in attendance to provide some further information and assurances about this issue:

- A robust pathway is in place which ensures good governance. Guidance was sought from Information Governance when putting the pathway into place.
- There is a results team which access and cascade the results of staff who have been tested – this means that no-one else needs to access results through any other route.
- Each Clinical Board has a lead and deputy and the results of members are staff are issued to them as well as being texted to the individual. If there is a problem contacting the individual by text they are put onto an 'exceptions list' and contacted by phone.
- There have been clear messages issued to inform colleagues that they must follow this pathway and must not access results from any other route
- The results are sent to the Clinical Board because the test is requested by the Clinical Board. This is to ensure we have a workforce in place to deal with the pandemic. Staff are made aware that their results will be shared with their Clinical Board
- Tests usually happen within 24 hours and results are issued 3 times a day. If the individual goes onto the exception list they are contacted within 30 hours with their results.
- The number of false negative tests is currently low – this is because the prevalence is high and false negative results usually occur when the prevalence is low
- Tests that are conducted outside of this pathway (ie lighthouse labs) do not come under the Health Board and we do not have access to the results

(Tracy Meredith left the meeting)

LPF 20/074 OPERATIONAL UPDATE

Before proceeding with the published agenda, Mr Driscoll asked Ms Bird to provide an operational update in light of current pressures. Ms Bird advised that it was very challenging operationally and there was sustained pressure both within Primary Care and the hospitals. She said that it felt different to the first wave, partly because of increased non-covid demand but also because staff resilience has changed. Four sets of actions were being taken to mitigate against this and the fact that bed capacity was compromised:

1. Focus was placed on increasing discharges
2. We were looking at IP&C constraints e.g. closed wards and empty beds to find a balance between risk and patient flow
3. Building resilience into the system through increased staffing e.g. recruitment, enhanced rates, external bank and agency
4. Opening additional capacity through the lakeside surge hospital (though there were staffing challenges there).

In addition there was increased visibility from the Execs and senior leaders.

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Ms Bird emphasised the fantastic job being done by our staff and asked staff representative members to pass her thanks on.

Ms Ward asked to what extent the capacity issue was a local one, or were there regional factors as well, and what recognition there was from Welsh Government. Ms Bird advised that Welsh Government recognised the sustained pressure the system is under, and that there are a number of weekly calls with them. She said that the regional picture was interesting with the whole of the south east Wales corridor under pressure, but that while we would help our neighbouring Health Boards when we could, it was incumbent on us to meet our own populations demands at present.

Miss Salter asked if the staff havens would be opened again, particularly as it was not possible to socially distance in many staff rooms. Mr Driscoll advised that this was the intention and that there were regular conversations between the Health and Wellbeing Group and Capital, Estates and Facilities about this. He understood that they would be opened imminently. It was also hoped to develop a click and deliver service but Mrs Harris advised that they were only in the early days of developing this app. Mr Thomas asked if this service would be available to residents who lived on site when self isolating and Mrs Harris indicated that this was the plan.

(Rebecca Christy and Caroline Bird left the meeting, Ruth Walker joined the meeting)

LPF 20/075 NHS WALES STAFF SURVEY

Mrs Butler provided the Forum with a high level summary of the 2020 NHS Wales Staff Survey process and initial results. She outlined the timescales and responsibilities and reminded the Forum of the questions asked. The response rate was 22%, which while lower than hoped for was not too bad given that there were no hard copies and the survey was only open for 3 weeks. In 2018 the response rate was 23%. The highest number of responses were from Primary Care (85%) and the lowest were from Housekeeping, Portering and Security (5%).

Respondents were asked 3 'free text' questions which provided qualitative results – these were around what we did well, what we could do better and one thing to improve our work. The results had only just become available and had not been analysed properly yet, but initial themes were starting to emerge.

Once the results are shared Clinical Boards will be encouraged to use 'post-survey prompts' to help them respond to the feedback received.

Mrs Harris noted the low response rate within Housekeeping. She acknowledged that these staff groups don't have email accounts and PCs but said that she would follow this up with the Assistant Director of Capital, Estates and Facilities as this staff group were under represented. It was noted that QR codes had been used and the survey was promoted on teamphoria, but due to the tight timescales involved and social distancing requirements it had not been possible to engage fully with this staff group in the way that we would have liked to.

It was agreed that the results would be examined in more detail at a future LPF or Workforce Partnership Group meeting, and there would be a discussion at that time about how to drive and move it forward.

Action: Mrs Butler

LPF 20/076 CHIEF EXECUTIVES REPORT

Mr Richards advised the Forum of the following points:

- the rate of COVID cases in over 60s had increased significantly, especially in Cardiff. There were 170 positive cases in hospital, but at the time of the LPF meeting there were fewer cases in ICU than during the first wave.
- The team had reviewed the way they worked for that there was a 7 day Executive presence. The also had a 'buddy' system for the on-call rota so that the non-operational Executives had an operational team member to support them by phone.
- Efforts were being focused through a site based system, which worked well last time, but it does feel different this time so it is necessary to think about other approaches.
- TTP is more active now and the mass vaccinations programme is up and running, but this is also an additional draw on staff.
- We are trying to maintain essential services alongside COVID – Welsh Government recognise this and we have been allowed to make decisions re cancellation if required. The Execs are working hard around proactive, targeted cancellations in areas that won't create long term harm
- The first part of the Surge Hospital is finished with 166 beds but staffing is an issue. The plan is to open between Christmas and New Year and to be agile in how we use our surge capacity.
- A communication had been issued the previous day advising staff to work at home wherever possible – if you don't need to be in work, then you shouldn't be. We know that COVID is spreading in workplaces and homes and are encouraging people to avoid mixing over Christmas if at all possible as there are concerns that we are going into a period of relaxation from a point of escalation.
- 1450 people were vaccinated within the first week of the vaccination programme. An outbreak among admin staff and management meant that it was paused for a couple of days but is now back up and running. Mr Richards stated that the work by Tracy Meredith and team was nothing short of remarkable and he was very proud to be CEO of this organisation.

Mr Jones indicated that some staff were still struggling to get laptops to enable them to work from home. Mr Richards stated that there were laptops available and if any issues were encountered they should be flagged with the relevant Exec. He stated that it was our responsibility to provide equipment so that individuals could work from home.

Ms Ward asked what the financial position was and asked for assurances that finance isn't a barrier. Mr Richards advised that the financial position is stable and that Welsh Government are really supportive of the Health Boards. However, this is not recurrent so while we can forecast a break even position for this year and the Clinical Boards are able to work without constraints, 2021/22 may be more challenging.

Mr Janczewski reinforced the comments already made to thank staff for their efforts and for the caring service we give our patients. He also stated that he was very pleased with the wellbeing programme that had been put into place to support our staff.

(Mr Richards left the meeting)

LPF 20/077 SHAPING OUR FUTURE CLINICAL SERVICES PROGRAMME

Mrs Harris introduced Ms Legrys and Mr Hunt who were in attendance to discuss the clinical services redesign and transformation programme and business case for UHW2.

Ms Legrys advised that the transformation of our clinical services will be key in delivering our vision, this includes the infrastructure, digital infrastructure and the workforce for the future. She

provided the Forum with information on the programme as part of a 6 week engagement process to gain high level feedback which would inform the next phase/ Key points from her presentation included:

- learning from the past year had been built into the programme, recognising the need to change to delivery, but also to recover.
- The 3 workstreams (programme definition, future care and engagement) and timeline were summarised. A key date is the deadline for the UHW2 business case in 2021
- It is important to engage staff from the beginning – this is happening initially by testing the aims, scope and approach through LPF and a series of workshops
- A number of principles have been developed and these also need to be tested
- The pathways being looked at for transformation are: emergency clinical pathways; planned care pathways; surgical pathways; rehabilitation and re-enablement pathways; and regional, national clinical pathways

Mr Hunt reminded the Forum that UHW is old, cramped, unreliable and tough from a staff experience perspective, and there are areas (e.g. EU) with no natural light. Although COVID made us pause, we are now proceeding again with plans for UHW2 and Welsh Governments are currently receptive to this. There is now a need to create a compelling case, starting with the clinical model.

Mr Hunt shared a number of images which are an artist's impression of what the new hospital might look like, but he emphasised that the clinical model will define the digital infrastructure and workforce that we need. Current thinking is:

- It will be a new acute facility with an enhanced role for UHL
- There will be an enhanced relationship with the University and the possible opportunity for enhanced R&D
- We are still a long way from defining the physical characteristics e.g. bed numbers as we are still determining the functionality

Consideration is being given to how this can help stimulate the South Wales economy, and the intention is to build the Wellbeing of Future Generations thinking into the programme (e.g. carbon neutral, renewable energy, sustainable travel). The UHW2 programme is part of the UHBs sustainability action plan

The next step is to move quickly to develop a business case setting out what we want to achieve, the scope, benefits, timescales, dependencies and resources.

Mr Hunt offered to go out to groups to talk and engage with them, and this will continue as we start to consider the physical attributes. A further update will be provided to the LPF in the future as the programme develops.

LPF 20/078 FINANCE REPORT

Mr Lewis provided an update on the financial position up to 31 October 2020. The net expenditure due to COVID was £88m to date with a forecast expenditure of £150m. Mr Lewis was confident that this would be received from Welsh Government but noted that we were being heavily audited. He pointed out that capitol was tight, however, which meant that the ability to invest in infrastructure was limited.

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LPF 20/079 WOD PERFORMANCE KPI REPORT

The Local Partnership Forum noted the WOD KPI report. Mr Driscoll advised that the current priority was recruitment, with the next tranche of overseas nurses arriving in February or March. Between 350 and 400 people had been recruited over the last 8 weeks or so. Finance was not a constraint, the issue was finding the recruits and keeping them here, well and engaged.

LPF 20/080 PATIENT QUALITY, SAFETY AND EXPERIENCE REPORT

The Local Partnership Forum noted the Patient Quality, Safety and Experience Report.

Mrs Walker took the opportunity to talk to the Forum about some of the issues facing the nursing workforce at the current time:

- Some colleagues are concerned about returning to clinical practice if they have been away from it for some time. Their concerns are welcomed, and a bespoke programme of education and training will be provided as required. The NMC recognises that nurses are being asked to work in a different context to before and this would be considered in cases of errors reported to them, but they also have a duty to speak out if they believe there are capability issues. Mrs Walker offered to have this conversation with individuals if they wanted to talk to her.
- There is a need to move people around. It isn't necessary for staff to take a temporary contract – we will support them and move them while protecting their contract.
- At the beginning of the pandemic Mrs Walker wrote an open letter to the nursing workforce and offered to do this again if the Forum felt that it would be helpful.
- A daily meeting is held to look at the outbreak position and review every ward in details. As of the previous day there were 13 clinical areas infected, and 9 of these were classified as outbreaks. 75 staff had been tested as positive as a result of the outbreak management process, and a smaller number of patients. Beds had been closed but could be opened at risk for admissions if necessary due to the speciality
- We are not always seeing social distancing and other rules e.g. wearing masks by our staff. This is not helped by the fact that some spaces e.g. staff rooms are too small
- There are no PPE issues at present

The Forum thanked Mrs Walker for the update and raised the following points:

- Mr Thomas asked if there was an update following the discussion at the previous meeting re face coverings vs surgical masks. Mrs Walker advised that the rules hadn't changed i.e. in clinical areas a water repellent mask should be worn but in corridors and non-clinical areas face coverings could be worn
- Mr Thomas said that some staff felt that they were being told rather asked to move to another area. Mrs Walker agreed that they should be approached with respect and in a supportive manner
- Miss Salter suggested that an open letter from Mrs Walker was a good idea – she said that the nursing workforce were reassured by hearing from her and knowing that they were being listened to
- With regards to small staff rooms, Miss Salter acknowledged that the havens had already been discussed but asked what the long term plan was for staff rest areas. Mrs Walker said that this had been taken into consideration in the Lakeside Wing and would be in UHW2 as well. In the meantime, if breaks are allocated over a period of time, staff can go singularly.

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Mrs Walker emphasised that this should be happening already and that it is very important that staff have breaks.

- Mr Monks said that social distancing was not always taking place in areas like the concourse, aroma etc. and asked what was being done about this. Mrs Walker advised that volunteers had been put into the concourse over the last two weeks but that unfortunately they were receiving abuse from staff and the public. She did not know what the solution was and would discuss it again with her Management Executive colleagues, but indicated that any suggestions would be welcome.
- Mr Monks said that he had received queries from worried nurses who had been informed (not asked) that they would be going to the Surge Hospital. He asked if they would receive the vaccine? Mrs Walker advised that currently it is not known if the Surge Hospital will be for COVID patients only, or if it will be post-COVID, as these decisions have not been made yet. However she reiterated that staff should be asked and the reasons explained to them.
- Mrs Dolan said that she had heard reports of names being picked out of a hat. Mrs Walker suggested that in some areas maybe they have asked and ran out of volunteers to move, but there was still a way of doing this respectfully and she would reinforce this message.

LPF 20/081 ITEMS FOR BOARD

There were no specific items which the LPF wanted to be brought to the attention of the Board.

LPF 20/082 ANY OTHER BUSINESS

Mr Janczewski thanked Forum members for their contribution. He said that the Board appreciated and he had seen for himself the constructive way challenges were offered up.

LPF 20/083 FUTURE MEETING ARRANGEMENTS

The next meeting will be held on Wednesday 10 February 2021 at 10 am with a staff representatives pre-meeting at 9am. The meeting will be held remotely.

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WELSH HEALTH SPECIALISED SERVICES COMMITTEE JOINT COMMITTEE MEETING – MARCH 2020

The Welsh Health Specialised Services Committee held its latest public meeting on 9 March 2021. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening in Welsh Health Specialised Services.

The papers for the meeting are available at:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2020-2021-meeting-papers/>

Minutes of Previous Meetings

The minutes of the meetings of 10 November and 15 December 2020 were taken as read and approved.

Action log & matters arising

Members noted there were no outstanding actions or matters arising.

Chair's Report

The Chair's Report referred members to Chair's Actions taken to approve proposals to utilise forecast underspend in 2020-21 and a Chair's Action taken to approve the conversion of a locum plastic consultant surgeon post in the South Wales Trauma Network to a substantive post, which were ratified.

In addition, the Chair reported that Ian Phillips has agreed to stand for a further two years as an Independent Member, in accordance with the WHSSC Standing Orders. His initial term expires on 31 March. The Chair recommended his re-appointment with effect from 1 April 2021 which was supported by members.

Managing Director's Report

The Managing Director's report, including updates on the PET CT Programme Business Case and the revised WHSSC Risk Management Strategy, was taken as read.

In addition, an oral report was given on UHW2, explaining that, on 23 February, the CEO and representatives from CVUHB met with the WHSSC

Executive team to present an overview of their programme business case for the development of a new strategic model for services, including specialised services, in Cardiff including the redevelopment of hospital based services. The current proposal does not set a physical location for hospital services but rather the key elements of the service model. The CVUHB team emphasised that core to the development of the case has been partnership working with other Welsh providers and commissioners. In addition they emphasised the opportunities of strengthening and building upon academic partnerships and business partners in the field of biotechnology. Following on from the meeting the team from CVUHB have agreed to extend the scope of the engagement to NHSE providers where synergies may exist or be developed.

The WHSSC Executive team support the scope and approach to the development of the programme business case.

CAMHS Tier 4 Services

Members received a paper that sought to inform them of the current Tier 4 CAMHS commissioning issues and risks. It also highlighted a number of wider pathway concerns that are having an impact on Tier 4 and the actions being proposed to address them.

A progress update will be provided to the May Joint Committee meeting.

Members (1) noted the current Tier 4 CAMHS commissioning issues affecting service delivery outlined in the report; and (2) supported the proposed actions to address these issues including the wider pathway concerns.

2.5 Disestablishment of the All Wales Posture and Mobility Partnership Board

Members received a paper that provided a brief overview of the work that has been undertaken to improve the Posture and Mobility Service in Wales and sought support to disband the All Wales Posture and Mobility Service Partnership Board and its sub-groups with Stakeholder and Partnership Engagement events continuing twice yearly under 'business as usual' arrangements.

Members (1) noted the work undertaken by the Posture and Mobility Service and the Partnership Board; (2) supported the proposal to disband the All Wales Posture and Mobility Service Partnership Board along with the sub-groups; and (3) supported the recommendation to hold Stakeholder and Partnership Engagement events twice yearly.

Socio-economic Duty

Members received a paper that briefed them on the new Socio-economic Duty that comes into effect from 31 March 2021 and the work done by the WHSS Team to prepare for compliance with the Duty.

Members noted the content of the report.

WHSSC Joint Committee Annual Business Cycle 2021-22

Members received a paper that provided them with the Draft Joint Committee Annual Business Cycle 2021-22.

Members noted and supported the content of the report, including the schedule of meetings for 2021-22.

Integrated Commissioning Plan 2021-22 (ICP)

Members received and supported the final version of the ICP that reflected the changes agreed by the Joint Committee on 16 February 2021.

Activity Report for Month 9 2020-21

Members received a paper that highlighted the scale of the decrease in activity levels during the COVID-19 period, and whether there are any signs of recovery in specialised services activity. These activity decreases are shown in the context of the potential risk re patient harms and of the loss of value from nationally agreed financial block contract arrangements.

Members noted the information presented in the report.

Financial Performance Report – Month 10 2020-21

Members received a paper that set out the financial position for WHSSC for month 10 of 2020-21, including an under spend to Month 10 of £16.7m and a forecast under spend of £14.7m at the year end.

The under spend related mainly to months 1-10 underspend on the pass through elements of Welsh provider SLA's, NHS England anticipated underperformance against agreed block contracts where provider activity is forecast at > 20% below agreed baseline and Q1 – Q3 2020-21 development slippage.

Members noted the current financial position and forecast year-end position.

Other reports

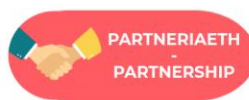
Members also took as read the update reports from the following joint Sub-committees and Advisory Groups:

- Management Group;
- All Wales Individual Patient Funding Request Panel;

- Quality & Patient Safety Committee; and
- Integrated Governance Committee

South Wales Neonatal Transport

Members received a letter from clinicians working in the south Wales Neonatal Transport Service expressing their concerns with the current proposal to commission a permanent 24/7 service based on a lead provider model. Members were advised that the WHSS Team had agreed the next steps in commissioning the service in discussion with C Shillabeer and the Director of the NHS Wales Health Collaborative, whereby a paper outlining the issues will be taken to the NHS Wales Health Collaborative Executive Group meeting on the 16 March 2021.



Saunders Nathan
03/16/2021 16:15:11

Report Title:	Cardiff and Vale University Health Board’s Implementation of the Smoke-Free Premises and Vehicles (Wales) Regulations 2020									
Meeting:	Cardiff and Vale University Health Board Meeting						Meeting Date:		25 March 2021	
Status:	For Discussion		For Assurance	X	For Approval	X	For Information		X	
Lead Executive:	Executive Director of Public Health									
Report Author (Title):	Principal Public Health Specialist									

Background and current situation:

Introduction:

The Public Health (Wales) Act 2017 set out the intention for new smoke-free regulations which included prohibiting smoking on hospital grounds with enforcement of Fixed Penalty Notices (FPNs) of £100.00. The Minister for Health and Social Services issued a written statement on 29 September 2020 confirming the decision to implement these new requirements on 1 March 2021.

The new legislation will affect a number of settings including hospitals, school, pre-school, nursery and children's recreation grounds and guidance has been issued by Welsh Government to support understanding and implementation. The Guidance is listed here: www.gov.wales/smoke-free-legislation-wales

Current Situation:

1. Smoke-Free school, pre-school, nursery settings and children's recreation grounds

Public health measures relating to smoke free environments are key priorities of the Cardiff and Vale Public Health Team's Work Plan. All schools in CVUHB area are part of the Welsh Government's Healthy School Network – all having a No Smoking Policy in place. This legislation requires all schools to actively implement no smoking outside on school grounds with agreed processes in place to work with local enforcement teams if required. Many primary and pre-school settings have participated in 'Smoke Free School Gates', and 12 secondary schools have received the 'JustBe' peer education programme delivered by Public Health Wales. Others actively participate in the Smokefree Class Competition and 'Operational Thunderclap' – an internet based tobacco control package.

All 119 enclosed, local authority owned children's playgrounds are part of the 'Smoke Free Playground' initiative launched in 2016. From 1 March 2021 smoking is prohibited, enforced by a FPN.

2. Cardiff and Vale University Health Board (CVUHB) 'No Smoking and Smoke-Free Environment Policy'

CVUHB's No Smoking and Smoke-free Environment Policy was introduced in 2013 and prohibits smoking across all sites (to include grounds). In 2018 this Policy was extended, following extensive consultation and planning, to include all mental health units with in-patients - although some outside provision has now been re-introduced for specific wards at Hafan y Coed, University Hospital Llandough (UHL).

CVUHB has been instrumental in supporting a smoke-free hospital environment and was the first health board in Wales to introduce a full No Smoking Ban across all hospital sites. This has required significant engagement and support from all sectors over a 7 year period resulting in the health board being in an excellent position to embrace the new legislation. The extensive actions have been implemented to help reinforce the Policy include:

- Improved signage across all hospital sites
- Removal of smoking shelters and waste bins containing integral ashtrays
- Loudspeaker announcement system (at Children and Women's Unit, University Hospital Wales)
- Litter patrols
- Social media promotion including intranet/internet, radio and TV segments
- Road and pavement etchings
- Improved HR procedures relating to disciplining staff and messages to promote no smoking on payslips and other intranet platforms
- Amending the No Smoking Policy to include all mental health patients – prohibiting smoking outside (other than in dedicated, enclosed areas of Hafan Y Coed, UHL)
- Patient letters advising of the No Smoking Policy prior to visiting/admittance to hospital
- Introduction of the Optimising Outcomes Policy (OOP) for pre-operative patients
- Systematic identification of smokers on admission/booking at Clinic, and referral to smoking cessation services
- Visitor information packs
- Creation of a full-time 'Models for Access to Maternal Smoking Cessation Support (MAMSS) post (as part of Welsh Government's 'Prevention funding') to help increase acceptance of smoking cessation support at booking clinic

As part of this commitment to reducing the incidence of smoking on hospital sites, and acknowledging that behaviour change alone was not reducing smoking incidence, CVUHB introduced in 2014, a dedicated No Smoking Enforcement Officer to challenge smokers and reinforce the No Smoking Policy. 19,500 smokers have been challenged at University Hospital Wales (UHW) since October 2014, 65% of these visitors, 25% patients and 7% staff. Working in partnership with Cardiff Council, an innovative role - as part of the Local Authorities Waste Enforcement Team - was established in January 2019 via a Service Level Agreement (SLA) to implement a No Smoking and Waste Enforcement Officer post, enabling (in addition to challenging smokers) FPNs to be issued for waste - which includes cigarette butts and other tobacco related material. Due to COVID-19 restrictions the Local Authority have been unable to carry out patrols and the SLA ceased in June 2020 with an agreement to review the arrangement once further guidance was released by Welsh Government.

Required Health Board Actions to implement the Smoke-Free Regulations at hospital sites:

Welsh Government has set out what the changes in the law mean for hospitals and the actions required to implement the Regulations. These include:

- Hospital grounds in Wales will be required to be smoke-free
- It will be an offence to smoke in hospital grounds. Smoking in a smoke-free space from the 1 of March 2021 could result in a £100 fine
- The manager or person responsible for the hospital grounds must take reasonable steps to stop smoking
- The display of 'No smoking' signs will be required

- Designated smoking areas within the hospital grounds can be provided if the hospital wishes to do so

Authorised officers within the local authority will enforce the new laws across Wales.

The Regulations also amend who can use designated smoking rooms in adult care homes and adult hospices. Mental Health Units will also be required to phase out any smoking rooms by 1 September 2022. CVUHB does not permit any smoking indoors at any mental health Unit and therefore, this action has already been undertaken.

CVUHB Implementation of the required hospital Smoke-Free Regulations

Planning to implement the new Smoke-Free Regulations, as part of the Public Health (Wales) Act 2017, commenced once draft guidance was released over 12 months ago and reflects the extensive work carried out from 2013.

As CVUHB already implements a No Smoking Policy, many of the actions required are included and will not need significant change - although it is noted that some refinements will be required to comply with the Regulations and these are underway.

Additionally, as part of the planning process, and working in partnership with CVUHB's Communication Team, a comprehensive Communication and Engagement Plan has been agreed using Welsh Government's 'Communication Toolkit', recently circulated to aid with this process.

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

The implementation of the Smoke-Free Regulations is dependent on widespread public awareness and understanding and it is noted that Welsh Government is working with a communications company to undertake a public awareness campaign. The communication materials to support this were circulated to health boards to help in the promotion and these have been used to as part of the UHB's Communication and Engagement Plan.

Welsh Government anticipates, based on the introduction of the 2007 'No Smoking Regulations (Wales)', that there will be high compliance to the new smoke-free legislation which will be helped in part, by reduced numbers of visitors on hospital sites due to COVID-19 restrictions. Data collected at UHW shows that overall, visitors are more routinely challenged smoking on site than other groups such as patients and staff. However, as both patient and visitor numbers increase at hospitals, experience to date shows that smoking incidence will increase and may need more proactive enforcement.

The key issue for the UHB will be to ensure that 'reasonable steps' are being taken to stop smoking on hospital grounds. The Guidance states that the person who controls or is concerned with the management of the hospital grounds must take reasonable steps to stop a person smoking. There is an offence in relation to this duty and in failing to take reasonable steps to stop a person smoking the UHB themselves may face a fine. This will be particularly important for UHL, where smoking incidence is higher in patient groups such as those with mental health conditions.

Ensuring signage is compliant with Regulations and the No Smoking and Smoke Free Environment Policy reflects all agreed procedures – including disciplinary procedures for staff, procedures for challenging smokers, documenting 'hot spots' and repeat offenders and

engagement with the Local Authority to enforce the Regulations will be important in evidencing 'reasonable steps'. A review of the current No Smoking Policy is underway and will be presented at the April Board Meeting.

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

Assessment

The Smoke Free Regulations commenced on 1 March 2021. As the UHB already has a comprehensive No Smoking and Smoke Free Environment Policy in place (which has been actively enforced to date), the agreed processes and procedures reflect the Regulations with amendments needed to reflect the FPN enforcement. New signage to reflect the statutory wording has been installed.

Enforcement via the Local Authority has been agreed for hospitals in Cardiff (based on identifying need when required) however, the provision of a specific enforcement officer has been instrumental in reducing smoking incidence on hospital sites - responding to incidents as notified, collating smoking data, referring smokers to cessation services and working with staff to implement processes - have all helped in highlighting the health boards commitment to reducing smoking prevalence and this has been acknowledged by Welsh Government.

With no specific enforcement team working within the Vale of Glamorgan Council, Barry Hospital and UHL may need further consideration in terms of issuing FPNs if required.

In 2018, following engagement with staff and patients, smoking was prohibited for all mental health patients outside – in line with the No Smoking Policy - including the enclosed garden areas within the perimeter of Hafan y Coed at UHL. This has been reviewed and some specific wards within this unit have re-introduced dedicated smoking area. No patients are permitted to smoke outside, in UHL grounds. When issuing FPNs, enforcement officers are trained to identify vulnerable adults and if appropriate, verbal warnings only will be given and no fine issued.

Risk and Mitigations

Risk	Mitigation
Smoking incidence on hospital sites continues to be observed, potentially allowing CVUHB to be at risk of prosecution by not taking 'reasonable steps' to implement the Regulations	Ensure all 'reasonable steps' as outlined are implemented to include working with local Enforcement Agencies if required SLA for Enforcement Officer post with Cardiff Council to issue FPNs (SLA approximately £25,000 for 3 day provision)
Hospitals in Vale of Glamorgan not able to access Local Authority based Enforcement (as Vale of Glamorgan Council does not have a dedicated Enforcement team)	Currently working with Vale of Glamorgan Council to agree how enforcement can be actioned Potential to engage (via a SLA) with another Enforcement Agency (private) to enter Vale of Glamorgan Hospital sites
Mental health patients smoking on hospital sites	Working with Mental Health Clinical Board to reduce smoking incidence by increasing awareness with staff and patient groups and to

		advise local authority officers on site	
Recommendation: • NOTE the content of this report • SUPPORT the implementation of the Smoke-Free Regulations • SUPPORT the drive for dedicated, proactive Enforcement Officer support for Cardiff hospitals with Cardiff and Vale of Glamorgan Councils			
Shaping our Future Wellbeing Strategic Objectives <i>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</i>			
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 <i>Please tick as relevant, click here for more information</i>			
Prevention	X	Long term	X
		Integration	
		Collaboration	X
		Involvement	
Equality and Health Impact Assessment Completed:		Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>	

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Report Title:	Corporate Risk Register						
Meeting:	Public Board Meeting				Meeting Date:	25 th March 2021	
Status:	For Discussion	✓	For Assurance	✓	For Approval	✓	For Information
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Head of Risk and Regulation						

Background and current situation:

The Corporate Risk Register has been developed to enable the Board to have an overview of the key operational risks from the Clinical Boards and Corporate Directorates. Since the onset of Covid-19 key operational Covid-19 related risks, including those related to the Surge Hospitals have also been recorded. The Corporate Risk Register includes those risks which are rated 15 (out of 25) and above.

The Board will now have oversight of strategic risks via the Board Assurance Framework and extreme Operational Risks (Corporate Risk Register) for the Health Board.

The Corporate Risk Register Summary is attached at Appendix A. The detail of each risk listed is discussed and reviewed at the appropriate committees of the Board. Since January's Board meeting all entries linked to Patient Safety in the Board Assurance Framework (14 in total), were discussed at the Private Session of February's Quality, Safety and Patient Experience Committee for further scrutiny and assurance. Moving forward these entries and those relevant to other committees will be discussed in public.

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

The Risk and Regulation Team ("the Team") continue to work alongside Clinical Boards and Corporate Directorates to ensure that risks are clearly defined and appropriately scored in line with the Health Board's Risk Management Strategy and Procedure.

The Team will also deliver a programme of education and training to risk leads within Clinical Boards and Corporate Directorates and will host weekly virtual Risk Management training sessions to Health Board Staff generally. It was hoped that the weekly Risk Management training sessions would be delivered from February 2021 however due to the demand placed on the IT and Communications teams by the Covid-19 vaccination campaign this has been pushed back to April 2021.

Alongside that programme of training the Risk and Regulation team will continue to deliver bespoke training sessions to meet the individual needs of Clinical Boards/Corporate Directorates, to ensure that a consistent approach to the recording of risk and risk appetite is adopted across the Health Board.

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

There are currently 25 Extreme Risks (risks rated 15 and above) on the Corporate Risk Register as the table below shows. This represents a decrease of 2 Extreme Risk entries since January’s Board meeting. Whilst two extreme entries have been removed from the Corporate Risk Register the scores allocated to all 25 risks have remained stagnant since January 2021.

It is the Risk and Regulation teams’ intention to ensure that the Corporate Risk Register is a dynamic document that helps to mitigate risk and put in place actions to remove or manage risk in a timely manner. With that in mind the Team will continue to meet with risk leads and Clinical Board directorates to provide support and guidance on the management and treatment of risk. By way of an example, the Team have met with the Surgery Clinical Board Clinical Triumvirate in March and provided training at their monthly quality and safety meeting. The output from those meetings was that the Team will provide further bespoke training to all nursing leads and general managers over the course of the following 8 weeks.

On this occasion no extreme risks have been returned by the Children and Women Clinical Board nor the Emergency Planning or Human Resources/Workforce Corporate Directorates. The Risk and Regulation Team are now also in discussion with the Health Board’s Health and Safety team (who have historically managed risk internally) and it is hoped that Extreme Health and Safety risks will be recorded on the Corporate Risk Register moving forward.

It should be noted that the Command Centre risk registers for UHW and UHL have not been received. It has therefore been assumed that their entries have remained stagnant for the purpose of this report and that no extreme risks are reportable.

Risk Registers for the Surge Hospitals (Dragon’s Heart Hospital (DHH) and the Lakeside Wing (LSW)) have now been closed. Financial risks linked to the closure of the DHH are no recorded and managed by the finance team and the risks previously recorded at the Lakeside Wing have be transferred to appropriate Clinical Boards who now occupy the site.

The Team have also had sight of and reviewed the risk register for the Bayside Mass Vaccination Centre which has recorded no extreme risks for notification to the Board.

Assuming that scores do not increase prior to the next board meeting a total of 2 entries (those shaded grey) will be removed from the Corporate Risk Register prior to May’s Board meeting.

The present position is as follows:

January 2021	
7 risks rated 15 (extreme risk) 9 risks rated 16 (extreme risk) 11 risks rated 20 (extreme risk)	7 risks rated 15 (extreme risk) 8 risks rated 16 (extreme risk) 10 risks rated 20 (extreme risk)

Over the course of time, as the impact of Covid-19 reduces and with further scrutiny and review of risks, it is hoped that these risks should reduce either in number or rating. It should also be noted that the register, despite being over scored in some areas, does provide the Board with an indication of the risks that the organisation is dealing with operationally. Each risk can also be

linked back to the Strategic Risks detailed upon the BAF.

ASSURANCE is provided by:

- Ongoing discussions with Clinical Boards and the Corporate Directorates regarding the scoring of risk.
- The programme of education and training that is being implemented by the Risk and Regulation team to ensure that the Health Board's Risk Management policy is engrained and followed within Clinical Boards and Corporate Directorates.

RECOMMENDATION

The Board is asked to:

NOTE the Corporate Risk Register and the work which is now progressing.

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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



CORPORATE RISK REGISTER SUMMARY MARCH 2021

Risk Ref	Risk (for more detail see individual risk entries)	Clinical Board / Corporate Directorate	Link to BAF	Initial Risk Score	Risk Score Jan 20	Risk Score Mar 21	Trend	Target Risk Score
1	Backlog of Diagnostics and Therapies	CD&T	Patient Safety	4x5=20	4x4=16	4x4=16	→	4x3=12
2	Suboptimal estate in some areas making delivery of safe and sustainable healthcare difficult	CD&T	Capital Assets	4x5=20	4x4=16	4x4=16	→	4x3=12
3	Suboptimal IT provision	CD&T	Capital Assets	4x5=20	4x4=16	4x4=16	→	4x3=12
4	Non compliance with All Wales Staffing Act	Medicine	Workforce	4x5=20	4x4=16	4x4=16	→	5x2=10
5	Risk of patient and staff harm due to inadequate social distancing.	Medicine	Patient Safety	5x5=25	5x4=20	5x4=20	→	5x2=10
6	Risk of patient harm due to patients remaining on ambulances longer than agreed time frames	Medicine	Patient Safety	5x5=25	5x4=20	5x4=20	→	5x2=10
7	Risk of serious incidents due to delayed cancer diagnosis	Medicine	Patient Safety/Planned Care Capacity	4x5=20	4x5=20	4x5=20	→	4x3=12
8	Lack of sufficient capacity and resilience to deliver consistent and high quality service delivery at times of high demand	PCIC	Workforce/Planned Care Capacity	4x5=20	4x5=20	4x5=20	→	4x2=10
9	Risk of breakdown of complex care packages leading to hospital admission , patient flow issues and impact upon patients and their families	PCIC	Sustainable Primary and Community Care	4x5=20	4x4=16	4x4=16	→	4x3=12
10	Covid-19	PCIC	Test Trace and Protect	4x5=20	4x4=16	4x4=16	→	4x3=12
11	Risk that GP Practices are becoming unsuitable in the current climate.	PCIC	Sustainable Primary and Community Care	5x4=20	5x3=15	5x3=15	→	5x2=10
12	Risk to patient safety causing serious incidents due to patients not being admitted to Critical Care Department in a timely manner due to insufficient nursing workforce	Specialist Services	Patient Safety/Planned Care Capacity	5x5=25	5x4=20	5x4=20	→	5x2=10
13	Risk to patient safety causing serious incidents due to patients not being reviewed within the Critical Care Department in a timely manner due to insufficient medical workforce	Specialist Services	Workforce	5x5=25	5x3=15	5x3=15	→	5x2=10
14	Risk to patient safety causing serious incidents due to patients not being admitted to Critical Care Department in a timely manner due to lack of bed capacity	Specialist Services	Patient Safety	5x5=25	5x4=20	5x3=15	→	5x2=10
15	Risk that patients will not receive care in a suitable environment due to a number of facility shortcomings.	Specialist Services	Patient Safety/Capital Assets	5x5=25	5x5=25	5x4=20	→	5x2=10
16	Risk of increased rates of cross infection and compromised delivery of medical and nursing care due to facility issues	Specialist Services	Patient Safety/Capital Assets	5x5=25	5x4=20	5x4=20	→	5x2=10
17	Risk to patient safety due to different approaches to Chemotherapy prescription for TYA Cancer patients between sites.	Specialist Services	Patient Safety	5x4=20	5x3=15	5x3=15	→	5x1=5
18	Risk that patients will not receive access to emergency care due to reduced theatre capacity for Major Trauma	Specialist Services	Patient Safety/Capital Assets	4x4=16	4x4=16	4x4=16	→	4x2=8

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19	Cardiothoracic - Risk to patient harm due to clinical area relocations and reduced footprints	Specialist Services	Patient Safety	5x5=25	5x4=20	5x4=20	→	5x2=10
20	Risk of safety to patients on the cardiac waiting list due to failure to meet the RTT 36 week wait	Specialist Services	Patient Safety/Planned Care Capacity	5x4=20	5x3=15	5x3=15	→	5x2=10
21	Compliance with Data Protection Legislation	Digital Health Intelligence	Patient Safety	4x4=16	4x4=16	4x4=16	→	5x2=10
22	The opening underlying deficit in 20/21 is planned to be £11.5m. The IMTP planned c/f underlying deficit in 2021/22 is £4m.	Finance Committee	Financial Sustainability	5x5=25	5x4=20	5x4=20	→	5x2=10
23	Deliver 3.5% cip (£29m)	Finance Committee	Financial Sustainability	5x4=20	5x4=20	5x4=20	→	5x2=10
24	There is a risk that reinstatement costs at the DHH will exceed project provision	Finance Committee	Financial Sustainability	4x4=16	4x4=16	4x2=8	↓	4x3=12
25	Poor WAST response to MH services with conveyancing of 1) detained patients to hospital from community and 2) transferring medically unwell patients on the UHL site from MH to Physical health facilities	Mental Health and Capacity Legislation Committee	Patient Safety	5x4=20	5x4=20	5x2=10	↓	5x2=10
26	Risk to the health and wellbeing of a minor inpatient following admission to adult mental health services	Mental Health and Capacity Legislation Committee	Patient Safety	5x5=25	5x5=25	5x3=15	→	5x1=5
27	Failure to provide timely access to surgery.	Surgery	Patient Safety/Planned Care Capacity	4x5=20	4x4=16	4x4=16	→	4x3=12

Report Title:	FINANCE COMMITTEE KEY ISSUES REPORT					
Meeting:	Board Meeting			Meeting Date:	25 th March 2021	
Status:	For Discussion		For Assurance		For Approval	
					For Information	X
Lead Executive:	Catherine Phillips, Executive Director of Finance					
Report Author (Title):	Dr Rhian Thomas, Chair of Finance Committee					

Background and current situation:

To provide the Board with a summary of key issues discussed at the Finance Committee held on the 27th January 2021.

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

With the operation imperative being managing the impact of COVID 19, the initial financial focus was on justifying additional expenditure incurred in dealing with the pandemic. Welsh Government has now set out the resources available to support the COVID 19 response and there is an expectation that NHS bodies will manage within these resources to deliver their original planned position, which for the UHB is a break even position by year end.

How the UHB recovers from the pandemic is also key and in this context the UHB needs to avoid adding recurrent expenditure to its underlying position and to embed the many transformation changes that have been delivered at pace.

Assessment and Risk Implications

Financial Performance Month 9

The report updated the Committee on the UHB's financial plan.

The UHB developed plans at pace for managing COVID 19 including the deferral of elective work and an increase to available bed capacity to manage surges in activity.

The Welsh Government amended the monthly financial monitoring returns to capture and monitor net costs due to COVID 19 that were over and above LHB plans. The financial position reported to Welsh Government for month 9 was an underspend of £0.303m as summarised in table 1 below:

Table 1: Month 9 Financial Position 2020/21

	Month 1 £m	Month 2 £m	Month 3 £m	Month 4 £m	Month 5 £m	Month 6 £m	Month 7 £m	Month 8 £m	Month 9 £m	Total £m
COVID 19 Additional Expenditure	38.438	17.290	5.330	6.565	10.597	7.939	8.561	8.776	11.877	115.373
COVID 19 Non Delivery of Savings Plans	2.118	2.150	2.056	2.094	1.752	(1.704)	1.960	1.946	1.944	14.316
COVID 19 Reductions in Planned Expenditure	(2.522)	(4.241)	(2.921)	(1.626)	(1.885)	(0.965)	(1.230)	(0.299)	(1.234)	(16.923)
COVID 19 Release of Planned Investments	0.000	(0.168)	(0.679)	(0.089)	(0.244)	(0.142)	0.044	(0.142)	(0.031)	(1.451)
Net Expenditure Due To COVID 19	38.034	15.030	3.786	6.944	10.220	5.129	9.335	10.281	12.556	111.315
Operational position (Surplus) / Deficit	0.191	(0.048)	(0.204)	0.244	(0.361)	(0.094)	(0.091)	(0.099)	0.158	(0.303)
Welsh Government COVID 19 funding received			(11.016)	(0.306)	(34.950)	(32.871)	(9.335)	(10.281)	(12.556)	(111.315)
Financial Position (Surplus) / Deficit	38.225	14.982	(7.434)	6.882	(25.091)	(27.836)	(0.091)	(0.099)	0.158	(0.303)

The table shows that in December, the in month net expenditure of £12.556m as a consequence of COVID 19 was matched by an equal amount of additional Welsh Government funding.

The additional COVID 19 expenditure in the 9 months to the end of December was £115.373m. Within this, the costs of the Dragon's Heart Hospital were significant, especially the set up costs which allowed for significant expansion. At month 9 costs of £53.357m related to the Dragon's Heart Hospital (DHH). There were also £62.016m of other COVID 19 related additional expenditure.

COVID 19 was also adversely impacting on the UHB savings programme with underachievement of £14.316m against the month 9. Further improvement was not anticipated until the COVID 19 pandemic passed.

Elective work had been significantly curtailed during the first 9 months of the year as part of the UHB response to COVID 19 and this had led to a £16.923m reduction in planned expenditure.

The UHB had also seen slippage as a commissioner of £1.451m on the WHSSC commissioning plan due to the impact of COVID 19.

The net expenditure due to COVID 19 was £111.315m and this was matched by an equal amount of additional Welsh Government COVID 19 funding. The UHB also had a small operating underspend of £0.303m leading to a net reported surplus at month 9.

Whilst the UHB expected the non COVID related operational position to remain broadly balanced as the year progressed, the additional costs arising from plans to manage COVID 19 were expected to continue. The month 9 forecast of net expenditure due to COVID 19 in 2020/21 was £162.935m and this was offset by additional COVID 19 funding of £162.935m as summarised in table 2 below:

Table 2 : Summary of Forecast COVID 19 Net Expenditure

	Cumulative Month 9 £m	Forecast Year-End Position £m
COVID 19 Additional Expenditure	115.373	166.328
COVID 19 Non Delivery of Savings Plans	14.316	19.799
COVID 19 Reductions in Planned Expenditure	(16.923)	(20.203)
Total Release/Repurposing Of Planned Investments/Development Initiatives	(1.451)	(2.989)
Net Expenditure Due To COVID 19	111.315	162.935
Operational position (Surplus) / Deficit	(0.303)	0.000
Welsh Government COVID funding received / assumed	(111.315)	(162.935)
Net COVID 19 Forecast Position (Surplus) / Deficit £m	0.000	0.000

The forecast additional Welsh Government funding was based upon the resource assumptions set out in the NHS Wales Operating Framework 2020/21 for Q3 and Q4

Within the forecast the Dragon's Heart Hospital costs were assessed at £59.4m with a further £2.7m capital costs.

It was noted that the forecast was based on a number of variable assumptions and assumed Welsh Government funding to help meet the additional costs arising from COVID 19.

The forecast year end underlying deficit was £25.3m which was £21.3m more than the planned £4m identified in the submitted IMTP as a result of the slippage against savings schemes.

Risk Register

The 2020/21 Finance Risk register was presented to the Committee.

It was highlighted that 2 of the risks identified on the 2020/21 Risk Register were still categorised as extreme risks (Red) namely:

- Reduction in the £11.5m underlying deficit c/f to 2020/21 to the IMTP planned £4m c/f underlying deficit in 2021/22.
- Delivery of the 3.5% CIP (£29m)

The Committee agreed to the removal of the 3 risks below where Optimum controls were in place.

Financial Plan 2021/22

The UHB intended to base an approvable annual plan on the following four parts:

1. Underlying Deficit.
2. Delivering in-year financial balance.
3. Continuation of non-recurrent response to COVID 19.
4. Recovery.

It was noted that the £21.3m shortfall against the recurrent savings plan was treated as a cost of COVID 19 in 2020/21. However, the UHB had not yet received confirmation of how the £21.3m increase in the underlying deficit due to Covid-19 is to be treated in the 2021/22 financial plan.

The plan included a 1% recurrent savings target alongside a further 0.5% non recurrent target.

Saunders Nathan
03/16/2021 16:15:14

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	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:

Yes / No / Not Applicable

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



Report Title:	FINANCE COMMITTEE KEY ISSUES REPORT					
Meeting:	Board Meeting			Meeting Date:	25 th March 2021	
Status:	For Discussion		For Assurance		For Approval	
Lead Executive:	Catherine Phillips, Executive Director of Finance					
Report Author (Title):	Dr Rhian Thomas, Chair of Finance Committee					

Background and current situation:

To provide the Board with a summary of key issues discussed at the Finance Committee held on the 24th February 2021.

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

With the operation imperative being managing the impact of COVID 19, the initial financial focus was on justifying additional expenditure incurred in dealing with the pandemic. Welsh Government has now set out the resources available to support the COVID 19 response and there is an expectation that NHS bodies will manage within these resources to deliver their original planned position, which for the UHB is a break even position by year end.

How the UHB recovers from the pandemic is also key and in this context the UHB needs to avoid adding recurrent expenditure to its underlying position and to embed the many transformation changes that have been delivered at pace.

Assessment and Risk Implications

Financial Performance Month 10

The report updated the Committee on the UHB's financial plan.

The UHB developed plans at pace for managing COVID 19 including the deferral of elective work and an increase to available bed capacity to manage surges in activity.

The Welsh Government amended the monthly financial monitoring returns to capture and monitor net costs due to COVID 19 that were over and above LHB plans. The financial position reported to Welsh Government for month 10 was an underspend of £0.208m as summarised in table 1 below:

Table 1: Month 10 Financial Position 2020/21

	Month 1 £m	Month 2 £m	Month 3 £m	Month 4 £m	Month 5 £m	Month 6 £m	Month 7 £m	Month 8 £m	Month 9 £m	Month 10 £m	Total £m
COVID 19 Additional Expenditure	38.438	17.290	5.330	6.565	10.597	7.939	8.561	8.776	11.877	12.114	127.487
COVID 19 Non Delivery of Savings Plans	2.118	2.150	2.056	2.094	1.752	(1.704)	1.960	1.946	1.944	2.579	16.895
COVID 19 Reductions in Planned Expenditure	(2.522)	(4.241)	(2.921)	(1.626)	(1.885)	(0.965)	(1.230)	(0.299)	(1.234)	(1.418)	(18.341)
COVID 19 Release of Planned Investments	0.000	(0.168)	(0.679)	(0.089)	(0.244)	(0.142)	0.044	(0.142)	(0.031)	(0.098)	(1.549)
Net Expenditure Due To COVID 19	38.034	15.030	3.786	6.944	10.220	5.129	9.335	10.281	12.556	13.177	124.492
Operational position (Surplus) / Deficit	0.191	(0.048)	(0.204)	0.244	(0.361)	(0.094)	(0.091)	(0.099)	0.158	0.095	(0.208)
Welsh Government COVID 19 funding received			(11.016)	(0.306)	(34.950)	(32.871)	(9.335)	(10.281)	(12.556)	(13.177)	(124.492)
Financial Position (Surplus) / Deficit	38.225	14.982	(7.434)	6.882	(25.091)	(27.836)	(0.091)	(0.099)	0.158	0.095	(0.208)

The table shows that in January, the in month net expenditure of £13.177m as a consequence of COVID 19 was matched by an equal amount of additional Welsh Government funding.

The additional COVID 19 expenditure in the 10 months to the end of January was £127.487m. Within this, the costs of the Dragon's Heart Hospital were significant, especially the set up costs which allowed for significant expansion. At month 10 costs of £53.797m related to the Dragon's Heart Hospital (DHH). There were also £73.690m of other COVID 19 related additional expenditure.

COVID 19 was also adversely impacting on the UHB savings programme with underachievement of £16.895m against the month 10. Further improvement was not anticipated until the COVID 19 pandemic passed.

Elective work had been significantly curtailed during the first 10 months of the year as part of the UHB response to COVID 19 and this had led to a £18.341m reduction in planned expenditure.

The UHB had also seen slippage as a commissioner of £1.549m on the WHSSC commissioning plan due to the impact of COVID 19.

The net expenditure due to COVID 19 at the end of January was £124.492m and this was matched by an equal amount of additional Welsh Government COVID 19 funding. The UHB also had a small operating underspend of £0.208m leading to a net reported surplus at month 10.

Whilst the UHB expected the non COVID related operational position to remain broadly balanced as the year progressed, the additional costs arising from plans to manage COVID 19 were expected to continue. The month 10 forecast of net expenditure due to COVID 19 in 2020/21 was £161.947m and this was offset by additional COVID 19 funding of £161.947m as summarised in table 2 below:

Table 2 : Summary of Forecast COVID 19 Net Expenditure

	Cumulative Month 10 £m	Forecast Year-End Position £m
COVID 19 Additional Expenditure	127.487	164.983
COVID 19 Non Delivery of Savings Plans	16.895	19.789
COVID 19 Reductions in Planned Expenditure	(18.341)	(21.081)
Total Release/Repurposing Of Planned Investments/Development Initiatives	(1.549)	(1.744)
Net Expenditure Due To COVID 19	124.492	161.947
Operational position (Surplus) / Deficit	(0.208)	0.000
Welsh Government COVID funding received / assumed	(124.492)	(161.947)
Net COVID 19 Forecast Position (Surplus) / Deficit £m	0.000	0.000

The forecast additional Welsh Government funding was based upon the resource assumptions set out in the NHS Wales Operating Framework 2020/21 for Q3 and Q4

Within the forecast the Dragon's Heart Hospital costs were assessed at £58.0m with a further £2.4m capital costs.

It was noted that the forecast was based on a number of variable assumptions and assumed Welsh Government funding to help meet the additional costs arising from COVID 19.

The forecast year end underlying deficit was £25.3m which was £21.3m more than the planned £4m identified in the submitted IMTP as a result of the slippage against savings schemes.

Risk Register

The 2020/21 Finance Risk register was presented to the Committee.

It was highlighted that 2 of the risks identified on the 2020/21 Risk Register were still categorised as extreme risks (Red) namely:

- Reduction in the £11.5m underlying deficit c/f to 2020/21 to the IMTP planned £4m c/f underlying deficit in 2021/22.
- Delivery of the 3.5% CIP (£29m)

The Committee agreed to the removal of the 2 risks below where Optimum controls were in place

Financial Plan 2021/22

The plan had been refined further during the month and it was intended to base an approvable annual plan on the following three parts:

1. Core Financial Plan : Delivering in-year financial balance and maintaining the current level of underlying deficit
2. Continuation of non-recurrent response to COVID 19.
3. Covid-19 recovery (service)

It was noted that the £21.3m shortfall against the recurrent savings plan was treated as a cost of COVID 19 in 2020/21. However, the UHB had not yet received confirmation of how the £21.3m increase in the underlying deficit due to Covid-19 is to be treated in the 2021/22 financial plan.

The Savings requirement within the plan had increased from 1.5% to 2% (1.5% recurrent / 0.5% non recurrent) in order to deliver in year financial balance.

Finance Committee -Terms Of Reference

The Finance Committee reviewed the Finance Committee Terms of Reference and subject to a small number of agreed changes recommended the revised Terms of Reference to the Board

for approval.

Finance Committee - Annual Workplan

The Finance Committee reviewed and recommended approval of the 2021/22 Finance Committee workplan.

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	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:

Yes / No / Not Applicable

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



Report Title:	Audit & Assurance Committee – Chair's Report					
Meeting:	Board Meeting				Meeting Date:	25/03/2021
Status:	For Discussion		For Assurance		For Approval	
					For Information	X
Lead Executive:	Chair, Audit & Assurance Committee					
Report Author (Title):	Corporate Governance Officer					

SITUATION

To provide the Board with a summary of key issues discussed at the Audit & Assurance Committee held on 9th February 2021.

Internal Audit reports for information

1. Mental Health Outpatient Clinic Cancellations

The Head of Internal Audit (HIA) stated that the report was their final report from an audit looking at the management of outpatient clinic cancellations within the Mental Health clinical board. The audit looked at, amongst other things, whether there was a consistent documented procedure in place for managing cancellations, whether there were appropriate justifications for cancelled outpatient appointments, the processes for booking and replacing of appointments and the wider reporting and monitoring of those cancellations within the clinical board.

The HIA stated that the bulk of report reflected on findings and areas of good practices and the action plan at appendix A provided the full detail of each of the issues that had been highlighted with management responses to address those issues.

The COO stated essentially there was no real reason why the Health Boards overall rules for cancellations could not apply in Mental Health with some nuances. It was agreed that the Mental Health Clinical Board would be adopting Health Board guidance immediately but due to the nature of some of the appointments and the models of care in Mental Health, (a mix of community, primary and secondary care services) there maybe changes in how cancellations are systematically recorded those going forward. Nevertheless the general principles would apply.

The COO then spoke about recommendation number five in regards to performance reporting and how this was expected to be in place by April. There was some work to be done around PARIS and he highlighted that some of the information in Mental Health was coming through Biz and some through PARIS which reflected the transformation work in that area to move to a more community based model through the 8 CMHT's., He added that they had committed to ensuring performance would be reported through that model and proceeded to discuss the three medium recommendations.

Internal Audit Progress and Tracking Reports

The HIA stated that this was the usual report that came to the committee detailing progress made against the internal audit plan for the year. He highlighted section 2 that detailed the audits planned to be delivered in February of which 9 weren't finalised in time due to difficulties in progressing work in the prevailing climate. Section **2.1** of the report provided reasons for

each delay.

Section 3 of the report detailed the 3 reports that have been finalised since the last committee meeting. The mental Health report was discussed earlier in meeting and the other 2 reports summaries were provided at section 6. Full copies of the reports were available as part of the meeting agenda at item 9.1.

The HIA confirmed that the:

- Specialist CB report – Patient Assessment and Provision of Equipment by ALAS – this received a substantial assurance rating and there was nothing that he wanted to bring to the attention to the committee regarding this.
- The Asbestos Management report received a reasonable assurance rating with positive outcomes and a few medium priority recommendations around compliance with contractors signing in and out of UHW premises.

Section 4 of the report addressed delivery of the Audit Plan.

Section 5 of the report provided an update on work undertaken to validate completion of recommendations within the Health Boards Internal Audit recommendations tracker.

Internal Audit Plan to Complete 2020/2021

The HIA stated that the report was for information rather than approval and to provide more detail on the adjustments made to the plan for the year and the potential impact on the HIA's opinion for the year.

He highlighted that due to the fact he anticipated delivering fewer audits than in 2019/20 it had been agreed with the Board Secretaries Group to remove the formal use of the domain approach to arrive at the Head of Internal Audit Annual Opinion for Health Boards in 2020/21.

The HIA then highlighted the key areas that Internal Audit would look to gain assurance over as part of the work throughout the year:

- Governance And Risk Management
- Controlled Activity within Health Board –
- The HIA added that there were 4 further reviews identified that could not be completed (the reasons for this were detailed within the report).

The HIA informed the committee that his team planned to deliver 31 audits as part of the year's plan, which compared to 39 from previous year. He stated that although there was a reduction it still demonstrated that they were getting good coverage across the Health Board.

The HIA concluded that given all the considerations into account and where they were within the plan, he still intended to deliver a full HIA Opinion for the year which was very positive for the Health Board and would be the ideal outcome.

Audit Wales Update

Anthony Veale – Audit Wales (AV-AW) firstly discussed the letter sent by the AGW to the Health Board and to other Chief Executives in Wales. He said that it sets the context on how Audit Wales will conduct its work against the backdrop of the pandemic

AV-AW continued to discuss the Audit Wales update and stated that it can be taken as read by the committee and asked Darren Griffiths – Audit Wales (DG-AW) to highlight key areas from the report.

DG-AW highlighted the approach undertaken for structured assessment work for that year. He stated that they are planning to take the work in 2 phases:

- Phase 1 – Health Board Operational Planning Arrangements
- Phase 2 – Corporate Governance And Financial Management Arrangements

Doing it Differently, Doing it Right? Governance in the NHS During the COVID-19 Crisis

The CC asked AV-AW if any further comments were required for the report.

AV-AW was happy for the committee to take the report as read.

The CC confirmed with committee members that they had, had the opportunity to read the report and no further queries were raised

Follow-up of Operating Theatres

The CC asked AV-AW if any further comments were required for the report.

AV-AW was happy for the committee to take the report as read.

The CC confirmed with committee members that they had, had the opportunity to read the report and no further queries were raised

Declarations of Interest and Gifts and Hospitality Tracking Report

The DCG advised that the report was shared for members to review.

Since the previous meeting a further 705 declarations had been received in addition another 400 had been received since the report had been written.

Of those declarations received and recorded:

- 144 declared an interest – identified 3 potential conflicts – 2 relate to other employment and other one was procurement issues
- returns
- 11 gifts declared up to November 2020

Regulatory Compliance Tracking Report

The DCG confirmed that there had not been a lot of activity in this area due to the external agencies that undertake inspections being unable to attend in the usual way. She made the committee aware that since November 2020 only 3 further inspections had taken place.

The DCG highlighted the list of upcoming inspections in the following quarter and advised that it was still uncertain whether these inspections would be undertaken in the prevailing climate.

Internal Audit Tracking Report

The DCG stated that this report concerned internal audit recommendations that had been made between 2017/18 and 2018/19 with additional entries for 2021/22 added to the report added for the first time.

She highlighted that they have been reduced from 111 to 110 but 19 recommendations were added meaning that 20 had completed since the previous meeting. She mentioned that these were followed up with the executive colleagues between each committee meeting to ensure that recommendations and actions against them are continually monitored.

The DCG added that those recommendations which were listed as completed would be taken off for the next meeting but were displayed for reporting purposes similar to an action log.

The HIA mentioned that he would look to meet with the DCG and her teams to agree a process of reducing outstanding areas.

IM-ICT queried if any of the outstanding audits were high priority and whether management in the areas couldn't complete these due to lack of resource, or they had made a decision that the

action was no longer necessary. She also asked whether a mechanism was available to close the action with those conclusions.

Audit Wales Tracking Report

The DCG advised that the report tracked progress against recommendations made by Audit Wales in the same manner that internal audit recommendations were tracked and discussed in the previous item.

Since the previous meeting 3 recommendations had been added

- 2 in relation to the effectiveness in Counter Fraud Arrangements
- 1 in relation to the Structured Assessment 2020

She highlighted that the tracker demonstrated that 3 recommendations had been completed since November and a further 12 recommendations had been partially completed.

Final Accounts Timetable and Plans

The IDF stated that the purpose of the report was to provide members an opportunity to comment on the draft timetable for the production of the Health Board's annual report. The IDF reminded the committee that the annual report and accounts came in 3 parts

- Performance report
- Accountability Report
- Financial Statements

The IDF highlighted that the previous year the Health Boards accounts received a 'qualified with limitation of scope' opinion as Audit Wales were unable to sufficiently evidence the inventory balances due to remote work and Covid. He stated that the same was likely to apply for the accounts going forward for 2021 and he informed the committee that they are highly likely to end up with a qualified set of accounts due to limitation of scope.

Review Committee Terms of Reference

The DCG confirmed that it was an annual requirement that the Committee review its terms of reference. She added that the TOR's and work plan for all committees would be submitted to the Board at the end of March. She highlighted that very few changes had been made from the previous year's terms of reference.

Audit Committee Annual Report

The DCG stated that the report provides a summary of the work undertaken by the committee over the course of the financial year and provides assurance to the committee that it is doing what it should be in line with its TOR.

Annual Work Plan

The DCG stated that the work plan is prepared and approved to ensure that the committee gets through the work it is supposed to, in alignment with the Terms Of Reference, during the next financial year.

Audit Wales 2021 Audit Plan

AV-AW – reminded members that the plan sets out who they are, what they will do, and how much it will cost.

He stated that their work is defined in two strands

1. Audit of the accounts
2. Performance Audit works

Mark Jones – Audit Wales (MJ-AW) spoke in regards to the NHS Finance Wales Act 2014 which is about the rolling 3 year revenue resource limit and capital resource limit which is very relevant to the regularity opinion of the annual accounts. He mentioned that HEIW have qualified their accounts for the last 4 years in this area because on a 3 year rolling basis there has always been a deficit, which was likely to continue in the 2021 accounts because in 2018/19 the Health Board had a £9.8 Million deficit which was still within that 3 year period. He provided the example of the Health Board needing to make a surplus of £9.8 Million to not have this 3 year deficit.

Items for Information and Noting - Internal Audit reports for information

The Committee received the following 3 reports:

1. Pre-Employment Checks – Reasonable assurance
2. Surgery CB – Theatres Directorate Sickness Absence Management – Reasonable assurance
3. Regional Partnership Board – Reasonable assurance

The Committee noted the Internal Audit reports.

Shaping our Future Wellbeing Strategic Objectives

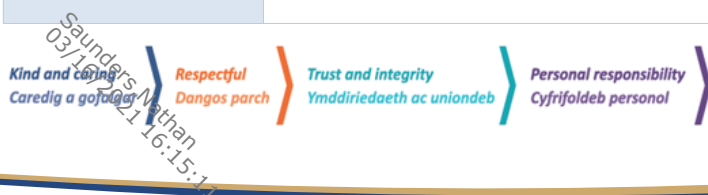
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	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		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	X	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X

Five Ways of Working (Sustainable Development Principles) considered

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

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



Report Title:	Quality, Safety & Experience Committee – Chair’s Report					
Meeting:	Board Meeting				Meeting Date:	25/03/2021
Status:	For Discussion		For Assurance		For Approval	
					For Information	X
Lead Executive:	Chair - Quality, Safety & Experience Committee					
Report Author (Title):	Corporate Governance Officer					

SITUATION

To provide the Board with a summary of key issues discussed at the Quality, Safety & Experience Committee held on 16th February 2021.

Hot Topics

Specialist Clinical Board Assurance Report

The Specialist Clinical Board had taken a safe response to the pandemic and wanted to focus on what had been learnt, achieved and enabled despite COVID and not just in terms of what had been done to develop the patient safety agenda but also how it was done.

The Specialist Services clinical board had worked to key principles which were assumed in everyday practice but were very clear and explicit. These were:

- 1) Symbiotic Relationship between leadership culture and patient safety.
- 2) Servant Leadership model.
- 3) Patient Experience.
- 4) Staff engagement –staff are the biggest asset.
- 5) Performance
- 6) Innovation – Clinically driven changes.

The Committee was advised that the team wanted to be become leaders in their field. Their work would be underpinned by financial integrity, the use of data to understand, demonstrate and prove change and to provide a focus on operational excellence.

The following achievements were highlighted:

- 1) Clinical innovation – This had enabled the UHB to become the second unit in the UK to undertake hepatitis C transplantation for both kidney and pancreas patients, the first unit in the UK to have undertaken Normothermic Perfusion, enabled the delivery of CAR-T therapy and the UHB was a pilot site for Catheter Directed Therapies.
- 2) Quality Improvement – They had implemented a Blood Count Analyser in the Haematology Day Unit, implemented a support care programme, started work on a STEP

UP programme and had started work on a Patient at Risk Team (PART)

- 3) They had achieved a reduction in All Key HCA Metrics – reduced across the board using data to improve performance and sharing successes.

The Committee was advised that Cardiac surgery were going through a journey and one of the headlines was that before COVID-19 hit, the service was carrying significant risk with long waiting times associated with high morbidity and mortality.

The CBDS advised that the decision was made to move services to Llandough Hospital (UHL) where a green pathway was instigated.

The Committee was advised that there had been no COVID-19 deaths via the green zone and that initially it was thought that the move to UHL was the “least worst” option but had realised that it was a successful move.

It was advised that that the team appeared to be more stable and morale had increased.

The Committee was advised that the cardiac surgical services would need to be repatriated to UHW but it was hoped that it could be done with some of the changes implemented to make the service of the very best quality.

The Committee was advised that the Major Trauma Service was designed to go live in April 2020 but due to COVID it was delayed. The polytrauma unit was repurposed as the Coronary Care Unit (CCU) and they had pulled together a team ready to deliver the Major Trauma Service but those staff members were kept in their existing employment or redeployed to support other units in COVID-19.

The decision was then made for the Major Trauma Service to go live in September 2020 which brought a number of challenges.

The Committee was advised that all of the policies had to be revisited which involved cross collaboration with other Health Boards and other directorates within the UHB to make sure everybody would be aware of the impact of the service.

The Committee was advised that the Haematology Service was being looked at as a new project which included:

- 1) Accreditation of JACIE – The current service did not meet the clinical needs for accreditation.
- 2) Meeting the needs of the future population.
- 3) Collaboration with Medicine, Specialist Services and Velindre.
- 4) Planning and Capital Involvement.

The Committee was advised that CAR-T therapies had progressed as per pre-pandemic levels throughout all of 2020 and that they had developed a green pathway which enabled the safe delivery of the CAR-T programme.

Quality Indicators Report

The Committee was advised that work had been undertaken to work on what could be reported into each Committee.

The Committee was advised that the number of serious incidents (SI) being reported had reduced significantly over the last two years and that the number of SI closure forms submitted to Welsh Government (WG) had dropped.

The Committee was advised that there were some concerning trends around stroke data, in particular, patients getting to the stroke unit within 4 hours which had reduced to 17%. This would be discussed in detail at a future clinical effectiveness meeting.

The Executive Director of Therapies & Health Science advised the Committee that she had an update on that stroke position. She noted that the UHB performed better than other Health Boards and that it needed to be recognised that the impact of COVID-19 had dictated the data and that the stroke team had been outreaching to other wards.

The Committee was advised that due to the ongoing agenda item of pressure ulcer issues, a report would be brought to the next Committee meeting to get a better understanding of the functionality and aims of the Pressure Ulcer Group.

The Committee was advised that inpatient falls appeared to be going up and the Assistant Director of Patient Safety and Quality (ADPSQ) noted that she would look closely at the data and would monitor that over time. She added that Annie Burrin had joined the Patient Safety Team recently who would be undertaking focused work to support falls prevention in the UHB.

The Committee was advised that there had been a thematic review of dental surgery and supervision was a recurring theme and that work around never events had occurred whereby dental had linked up with centres of excellence from England and had agreed that when appropriate, somebody would come in and have a look at the processes in place in an external review process would be undertaken.

Exception Reports

The Committee was advised that in COVID-19 there was a general slow down into the summer of patients presenting with COVID-19, but gains in hospital acquired COVID and that there had been a peak in hospital acquired COVID during January 2021, particularly at UHL.

To address that concern teams had undertaken the following actions:

- Increased lateral flow testing of staff.
- Tested patients 3 days post admission in amber areas.
- Continued with point of care testing in EU
- Refreshed the communication plan across the UHB with a particular attention to staff behaviour.
- Asked Gwen Low, Consultant in Public Health, to provide a fresh look at the work they were currently undertaking.
- Increased focus on core IP&C and cleaning standards
- Maintained the good working between the IP&C team and the Local Command Centres.

The Committee was advised that individual behaviours played a big part in this such as car sharing, sitting together at lunch and not wearing masks.

The Committee was assured that the team were looking at the things within the Health Board's own control such as those staff behaviours.

The Committee was advised that it had been agreed that lateral flow testing and the retesting of patients 3 days into their hospital stay would be taken forward.

Progress on Mass Vaccination

The Committee were given an overview of the Mass Vaccination work.

The majority of vaccines were being delivered through 3 mass vaccination centres.

- 1) Splott, which had opened in December 2020
- 2) Penwyn Leisure Centre
- 3) Holm View in Barry

The following figures were shared with the Committee:

Total vaccinations: 111,658

Total for groups 1-4: 96,503 (89%)

Group 1: care home staff and residents: 81%

Group 2: people 80+: 87%

Group 2: frontline health and care staff: 98%

Group 3: people 75-79: 88%

Group 4: people 70-74: 90%

Group 4: clinically extremely vulnerable: 74%

The Committee was advised that there were also a small number of people who had declined the vaccine or did not turn up to an appointment.

The Committee was advised that vaccinating patients had happened in hospitals and had vaccinated patients in the lakeside wing, Barry Hospital, Rookwood Hospital and St. Davids Hospital.

The Committee was advised that that there would be a formal review by (Health Inspectorate Wales) HIW and that they would be visiting 2 mass vaccination sites in March 2021. A self-evaluation report would be also be required which could be shared in the future.

The Executive Director of Public Health advised the Committee than an analysis on the BAME community had started which was not complete as ethnicity data was only completed on 49% of those who had had the vaccine.

The Committee was advised that workforce aspects of Mass Vaccination was challenging.

Board Assurance Framework – Patient Safety

The Committee was updated on the work being undertaken with the Board Assurance Framework (BAF) to ensure that each of the risks were allocated to appropriate Committee to provide an extra level of assurance and to open up risks for check and challenge before going back to the board.

HIW Activity and Reports Update

The Committee was advised that the HIW had stepped down their activity during COVID-19 and since the last report, HIW had quality checked MEAU at UHL and an improvement plan had been submitted.

The Committee was advised that communication with the HIW was ongoing in terms of the maternity review and that an update would be brought to the next QSE Committee meeting.

Health Care Standards Self-Assessment Plan and Progress

The Committee was advised that every year a self-assessment was undertaken against Health Care Standards, however due to the pressures of 2020, a full assessment was not carried out and it was noted that a self-assessment would be undertaken in 2021 against 17 of the standards.

Terms of Reference

The Committee was advised that the Terms of Reference (ToR) feed into the end of year arrangements and are reported through to the annual report.

The Committee was advised that Audit Wales had delayed and slowed down their quality review due to ongoing pressures relating to Covid 19.

Work Plan

The Committee was advised that the Work Plan had been drafted broadly and that it reflected what was in the ToR.

Committee Annual Report

The Committee was advised that the Committee annual report provided a summary of all the work undertaken by the committee during the year.

Policies and Procedures

The Committee was advised that ratification was needed for the following policies:

- 1) Ultrasound Risk Management Policy and Procedure.

- 2) Use of Antimicrobial Agents Policy.
- 3) Blood Component Transfusion Policy and Procedure.
- 4) New Procedure Policy.

Minutes from Clinical Board QSE Sub Committees

The Committee was advised that the Clinical Boards (CB) had managed to keep their Quality and Safety meetings wholly in place throughout COVID-19 and that items of importance could be found in the QSE Committee meeting minutes.

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	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		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	X	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X

Five Ways of Working (Sustainable Development Principles) considered

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

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

Saunders Nathan
03/16/2021 16:15:14

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

Report Title:	Mental Health Capacity and Legislation Committee – Chair’s Report					
Meeting:	Board Meeting				Meeting Date:	25/03/2021
Status:	For Discussion		For Assurance		For Approval	
					For Information	X
Lead Executive:	Chair, Mental Health Capacity and Legislation Committee					
Report Author (Title):	Corporate Governance Officer					

SITUATION

To provide the Board with a summary of key issues discussed at the Mental Health Capacity and Legislation Committee held on 19th January 2021

Patient Story

No patient story was presented at the meeting. It was agreed that efforts would be made to ensure that stories were shared at future meetings.

Any Other Urgent Business Agreed with the Chair

The Committee was provided with an update around the prevailing Covid-19 situation within Mental Health services.

The Committee was advised that work would start over the following weeks to ensure that patients had the appropriate facilities in place and it was noted that all hearings were taking place remotely and that no patients had attended the Mental Health Act office.

The Committee was advised that the Mental Health service had continued to run as an essential service and the approach during the 2nd wave had been to put a resource ring in place around inpatients, the community specialist services and primary care.

The Committee was advised that Primary Care were getting, on average, 2500 referrals per month across all Primary Care services and that some services had struggled with staff loss through Covid-19.

The Committee was advised that full use of the third sector had been utilised and that the responsiveness and flexibility to demand had been magnificent.

The Committee was advised that from a clinical perspective in relation to Infection Prevention & Control (IP&C) the Mental Health Service had managed a number of outbreaks and the work undertaken was extremely impressive.

Saunders, Nathan
03/16/2021 16:15:14

Mental Capacity Act Monitoring Report:

The Committee was advised that there had been a drop in the use of the Independent Mental Capacity Advocates (IMCA) service and the Committee Chair (CC) asked if this was due to restrictions on contact.

The Executive Nurse Director (END) responded that there had been some feedback from the IMCAs around the flexibility of letting them on site and acknowledged that it had been difficult to get the position right but had not received any concerns.

The Committee was advised that overall the IMCA service was doing as much as they could remotely but on some occasions there had been a need to see the patient.

The Committee was advised that there had been some challenges around availability which had seen a significant drop in referrals and was advised that the main drop was the use in IMCAs as the relevant person's representative under DoLS.

The Committee was advised that the DoLS supervisory body function would appoint and that if there was nobody else appropriate to appoint to the position of relevant person's representative then the referral would be made to IMCA.

The Committee was advised that there was a persistent issue with low compliance with staff training and it was noted that it should be added onto the risk register.

The Committee was advised that the issue needed to be addressed and a plan would need to be put in but was advised that the release of staff was difficult especially at the time of the meeting.

DoLS Report.

The Head of Risk and Regulation (HRR) advised the Committee that he monitored the section 49 requests that came in and that they acted as a point of contact and reference to assist colleagues. He advised the Committee that it was unknown whether all colleagues were reporting s.49 requests to him.

The Committee was advised that one of the greatest challenges was how many DoLS orders the organisation managed, where did they occur and whether there was a process in place to understand how the system was measured.

The Committee was advised that it would be good to know where DoLS predominantly originated because there were places that they had been expected, like locked wards, but they had not been received.

An insight on how other health boards reported on DoLS was requested and the Executive Nurse Director (END) responded that there were people reporting DoLS in a more robust way compared to Cardiff and Vale UHB (CVUHB) and that the Health Board could learn from others.

The Committee was advised that new legislation would be coming into force in the near future but that a date was not set.

Mental Health Act Monitoring Exception Report

The Committee was advised that the Mental Health Act (MHA) team had met with the Police in regards to ethnicity monitoring. It was noted that there was confidence that an improvement in the data would be seen moving forward and in particular the data for between October and December.

The Committee was advised that discussions were continuing around the time that the clock began ticking under the MHA for patients within Accident & Emergency (A&E) and it was confirmed that the team had been in discussion with Richard Jones (of Blake Morgan Solicitors) on the topic to finalise a stance.

The Committee was advised that the ethnicity data seemed to be emerging too slowly which had a great significance given the impact of Covid-19 which appeared to effect ethnic minorities more.

The Committee was advised that CVUHB should be position itself to be on top of these issues before the new Mental Health Act came into force.

Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report.

The Committee was advised that the report covered all 4 parts of the measure and that part 1A drew attention to pre-COVID-19 activity numbers which had now been reached and exceeded in terms of referrals. Given staff losses and high-volume activity it had not taken much to breach and a lot of the activity around the 28-day referral to assessment had occurred over the course of the previous week.

The Committee was advised that CAMHS figures always appeared to be missing from Committee and the CC was asked to advise the Director of Operations for Mental Health (DOMH) that the figures should be a standing item on future agendas.

The Committee was advised that part 1A of the report was symptomatic of broader pressures within Primary Care and that the Mental Health service would be investing in tier 0 capacity with the third sector and would also support GPs to ensure that they refer into the appropriate areas.

The Committee was advised that care and treatment planning was the heartbeat of the therapeutic relationship for mental health and that compliance with part 2 of the report was very good. It was the first time that the service had hit 90% in a long time.

Corporate Risk Register – Mental Health Clinical Board Risks

The Committee was advised that items discussed that day and recommended for inclusion within the Corporate Risk Register, DoLS Training and CAMHS reports would not sit on the Corporate Risk Register and should instead be noted as actions.

The Committee was advised Committee that work had been done to refine the Mental Health Clinical Board's extreme risks which would be reported at that month's Board meeting and were

shared at the meeting for further scrutiny and assurance that appropriate mitigating action would be taken.

The Committee was advised that the downward trend shown to the Committee was not intended to suggest the risk had reduced in terms of severity and that it was the score that had reduced following a rescoring using the risk management scoring matrix correctly.

Terms of Reference

The Committee was advised that when the function of the Committee was explored it had become clear that it was a Committee about providing assurance to the board in relation to the application of the Mental Health legislation which included the Mental Health Act and DoLs and that it was not a wider Committee than that.

The Committee was advised that it was time to narrow down and be very clear about the focus of the Committee and who should be “around the table” as well as the accountable officers for the areas of responsibility brought to the Committee.

The Committee was advised that more thought would need to be given to the role of Service Users and Carers within the Committee.

The Committee was advised that Primary Care input was missing and that it would be useful to understand what was going on from the Primary Care perspective.

Work Plan and Committee Annual Report 2020/21

It was agreed that the Committee Work Plan and Annual Report would be brought to the next MHCLC meeting.

Shaping our Future Wellbeing Strategic Objectives

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

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	X
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing	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		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	X	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X

Five Ways of Working (Sustainable Development Principles) considered

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

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

Saunders Nathan
03/16/2021 16:15:14

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

Report Title:	Digital & Health Intelligence Committee – Chair’s Report				
Meeting:	Board Meeting			Meeting Date:	25/03/2021
Status:	For Discussion		For Assurance	For Approval	For Information X
Lead Executive:	Chair, Digital & Health Intelligence Committee				
Report Author (Title):	Corporate Governance Officer				

SITUATION

To provide the Board with a summary of key issues discussed at the Digital & Health Intelligence Committee held on 11th February 2021.

Information Governance Policy EHIA

The CC reviewed the policy and stated that the policy applies equally to everybody irrespective of their protected characteristics and asked members of the committee if they were content to approve.

The CC asked the UHB Vice Chair to pick up the concerns of the committee outside of the meeting to which the IGM could bring back an update on the EHIA to the next meeting

Digital Transformation Progress Report - (Digital Dashboard)

Director of Digital Health Intelligence (DDHI) stated that they have produced a brief progress report which they have been working through the last few months, with the aim to produce this into a dashboard format but has proven slightly difficult as moving from a reporting to dashboard format requires a bit of time. He said that the focus of the report is based on what they have been doing around Covid highlighting the first 2 pages of the report which details some of the activities they are continuing to do. He mentioned that the Mass Immunisation piece has diverted a number of resources away from other activity to provide digital support to this programme across C&V. he highlighted that the other progress is to demonstrate that although the focus has been on focus but other activities have been carried on in the background so that things have not been halted

Digital Strategy - Plan on a Page

Director of Digital Transformation – IM&T (DDT-IMT) stated that this is still considered as a draft as they continue to iterate on it but said that this is the outline of transformation activity that they are looking to undertake to enhance and increase their digital maturity over the next 5 years. She mentioned that it is not set out as a priority order and highlighted EPMA saying that it may not be done until 2025 but they are mobilizing it now but requires 37 months to implement. She said in terms of which initiatives they are working on now she highlighted a roadmap of activities which have been given RAG ratings.

She highlighted from her presentation achievements, opportunities, the strategic questions that need to be considered, and the Risks and issues

She then went onto discuss the ENT new model of delivering Planned care which is currently a work in progress but is making huge strides.

Digital Strategy – Case for Investment

The DDT – IMT stated that the purpose of this is to properly enable C&V to achieve its ambitions and is making the case it is not possible to achieve this if we do not become digitally enhanced or mature and that it requires additional funding. She said that the paper also offers options on how these funding requirements can be met, she added that the paper has been socialized with the Management Executives.

The DDHI stated that this was sent to the Management Exec team in December for consideration with a further discussion in February where it was recognised in order for them to achieve the ambitions of the Health Board there needs to be a sustainable investment programme within digital.

He stated that he does not underestimate the ask although they are requesting a large sum of money it reflects the legacy and lack of investment over a long period of time.

The CC was encouraged to see the different approaches being tried and supports the need to find ways to create a sustainable flow of money to roll and replace the underpinning infrastructure. She added that more so than ever the services are reliant on having adequate IT services and as this digital transformation agenda rolls forward, if you are not sitting on a firm base it will fail. She emphasized the need for the Health Board to consider the provision of funding to the underlying infrastructure to be equally important to the provision of oxygen to ICU, although no one may die but there won't be any access to the services if the IT fails and said that there has been a consistent lack of investment in the underpinning infrastructure of the Health Board.

The DDHI stated that there is a need for the Board to be aware that without adequate investment the Digital Strategy will not succeed to which the CC concurred and confirmed the support of the Committee for the need of investment in the digital arena.

Wales Audit Reports

The CC said that this was asked to be included on the agenda from the Audit Committee receive and approve the findings of the reports.

IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)

•Update on NIIAS Position

The CC wanted to commend the information governance team for maintaining some standard when the pressures have been on them to support the Covid effort in the way that they are, she said the failure to meet targets is understandable given the current situation and is confident that this will return to a normalized situation in due course

Clinical Coding Performance Data

The CC noted the consistent achievements of the Welsh Government targets despite the Covid pressures and noted the performance of the UHB's Clinical Coding Department.

Joint IMT & IG Corporate Risk Register

The CC queried that the WCCIS risk had reduced on this report and given the conversation to be had in the private session and was surprised by this.

The DDHI responded that this relates to some of the pressure being removed in terms of the uptake of the WCCIS, he said there is annual funding allocated through the integrated care fund for preparation work and is being used to date. He informed the committee that they will not be accepting funding for the new financial year as there is no further prep work required which will be further discussed in the private session.

IMT Audit Assurance Tracker

The CC wanted to congratulate all involved as there is all but one outstanding action are closed and stated fantastic work had been done.

The Committee noted the progress and updates to the IMT Audit Assurance report.

IG Audit Assurance Tracker and Work Plan

The CC stated that very good progress has been made

The IGM stated that the ICO will be re-auditing them in October and will be expected to disclose to them in advance of that meeting on all work undertaken on high/urgent recommendations.

The Committee noted the progress and updates from the Information Governance Audit Tracker.

IMTP Work Plan Exception Report

The Committee noted the areas of exception which require further attention and consideration

Schedule of Control Documents (Policies & Procedures)

The CC stated that this forms the basis for renewal review of policy and procedures. She highlighted that there is a policy that is due in February and if it has been completed as suggested this needs to come to the committee to be approved as all policy relating to IG and IMT is approved by committee procedures. She asked that this policy be brought to the next committee meeting to be formally approved by the committee

IG Training, Communications & Engagement Plan

The Committee noted the proposed engagement plan

Minutes:

- i. **IMT Capital Management Group Report**
- ii. **Capital Management Group 16/11/2020**

The Digital Health & Intelligence Committee noted the IT Infrastructure priority spend programme outlined at appendix 1

Shaping our Future Wellbeing Strategic Objectives

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1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	X
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing	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		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	X	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X						
Five Ways of Working (Sustainable Development Principles) considered Please tick as relevant, click here for more information									
Prevention		Long term	X	Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:		Not Applicable							

Saunders,Nathan
03/16/2021 16:15:14

Report Title:	Stakeholder Reference Group Report							
Meeting:	UHB Board				Meeting Date:	25 th March 2021		
Status:	For Discussion		For Assurance		For Approval		For Information	X
Lead Executive:	Abigail Harris							
Report Author	Sam Austin, 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 26 January 2021..

REPORT

BACKGROUND

This is a report provided to the Board by the Chair of the UHB SRG.

ASSESSMENT

The SRG considered the following.

Membership

New members Duncan Innes (Cardiff Third Sector Council) and Tom Hurlock-Norton (Carers Trust) were welcomed and introduced to the SRG.

Re-admission Rates

The SRG was informed that the UHB's re-admission rates for medical patients over the age of 65 for the period April 2018 to December 2020 had been around 15%. The UHB was not an outlier on its re-admission rates.

Quarters 3 and 4 Service Delivery Plan and Mass Vaccination Programme

The SRG received an update on the Quarters 3 and 4 Service Delivery Plan and the Mass Vaccination Programme. The UHB was tracking slightly above the worst case scenario described in the Plan. Prior to Christmas, the UHB had taken the decision to step back some non-urgent elective activity. The UHB had' however been able to continue to undertake all urgent cancer work and indeed had offered to support neighbouring Health Boards by treating some of their cancer patients.

Approximately 42,000 individuals had already been vaccinated against C-19 in Cardiff and the Vale and the UHB was on track to vaccinate all individuals in the top four priority groups by mid-February dependent on the supply of vaccines being as anticipated. The UHB was working with local authority partners to see how the vaccine could be rolled out to individuals over the age of 18 who were not within the top 9 priority groups. The UHB was working closely with community leaders and would be tracking the vaccination rates to see if they identified any issues with take up amongst certain communities. Plans for community pharmacies to participate in the vaccination programme was being considered as part of the national discussions on the roll out to those not in the nine priority groups. The SRG sought assurance that there would be sufficient the supply of vaccine to ensure that people receive their second doses within the required timescales. The SRG was informed that this had been factored into the UHB's vaccine capacity planning.

Draft Sustainability Action Plan

The SRG received a presentation on the UHB's draft Sustainability Action Plan (SAP). The UHB has a strong track record of reducing its environmental footprint and has a number of projects planned to make further improvements. A working group had been established to develop the SAP. The working group decided to adopt the four pillars advocated by the Centre for Sustainable Development which are:

prevention; patient self-care; lean service delivery; and low carbon alternatives. A proposed set of actions grouped under the eight themes of energy, waste food, water, procurement, people, built environment, green infrastructure biodiversity, transport and clinical were shared with the SRG.

The SRG supported the aim of reducing the number of cars on the UHB's sites and increasing the use of active travel but noted the challenge that this would present as people. A suggestion was made that some people are reluctant to cycle due to concerns about bike security. The SRG suggested that all items sold in the UHB's retail outlets should be recyclable and enquired how the UHB was addressing the significant increase in 'sharps' waste created by the mass vaccination programme. The SRG was informed that this waste is incinerated and the UHB would look to ensure that as much heat as possible is recovered through the incineration process. The SRG was informed that UHB staff were encouraged to recycle wherever possible. The UHB was also looking at possible options for resterilizing some personal protective equipment although this was at a very early stage.

The SRG was informed UHB Executives were working representatives from Cardiff local to discuss the UHB's role in the Council's One Planet Cardiff strategy. The UHB was also working with Vale of Glamorgan Public Services Board on its Climate Change Charter.

The SRG was asked how patients should be engaged/consulted on regarding the SAP. It was agreed that it would be appropriate to engage/consult when there's service change proposed such as the Shaping Our Clinical Services Programme.

Shaping Our Future Clinical Services

The SRG received a presentation on the draft questions that it was proposed would be used during the Shaping Our Future Clinical Services (SOFCS) engagement process, the timeline for which had been agreed with the Community Health Council. The SRG enquired how SOFCS integrated with the UHB's Shaping Our Future Wellbeing (SOFW) Strategy and was informed that the UHB had taken stock of SOFW last year to see if it needed to be revised or accelerated. The UHB had concluded that the underlying principles remained appropriate but that several programmes of work should be accelerated including SOFCS. The SRG suggested that it would be important for consideration to be given as to how to engage with the traditionally hard to reach groups.

Keeping Me Well Website

A link to the website had been circulated to the SRG in advance of the meeting. The SRG was informed that it had been developed as a rehabilitation, therapist led, first-line intervention to support self-management and recovery strategies for the identified four populations of those affected by C-19. The SRG was then asked the following specific questions:

- Do you think we have covered those populations mentioned? What have we missed?
- The site needs to be accessible to all including those marginalised by difficulties accessing digital resources. Any suggestions on how we tackle this?
- Is the site easy to navigate? Are the pages easy to read? Is the language accessible?

The SRG considered the website to be extremely helpful. It suggested that consideration be given to how those with sight loss can access the resource and the third sector could be used to get the information out to hard to reach communities.. It also recommended that consideration could be given to including a simple diagram that explains what resources are available for specific symptoms. The website should also include a section where users can leave comments.

RECOMMENDATION

The Board is asked to:

- **NOTE** this report.

Shaping our Future Wellbeing Strategic Objectives

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

Saunders, Nathan
03/16/2021 16:15:11

Report Title:	Local Partnership Forum Report					
Meeting:	UHB Board				Meeting Date:	March 2021
Status:	For Discussion		For Assurance		For Approval	
					For Information	x
Lead Executive:	Interim Executive Director of Workforce and OD					
Report Author (Title):	Workforce Governance Manager					

Background and current situation:

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 usually 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.

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

This report provides Board with a summary of the key issues discussed at the meeting held on 10 February 2021.

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

- The Executive Director of Public Health provided an update on the mass vaccination programme. It was noted that it was going well and was on schedule to have delivered the first vaccine to the first 4 priority groups by the middle of February. The centres in Barry and Pentwyn had opened in addition to the one in Splott and any teething problems around issues such as parking were being ironed out with the Local Authorities. Work was taking place with partners in the BAME Community and within other seldom heard groups e.g. the homeless to encourage uptake. Mrs Kinghorn reminded the Forum that the vaccine was not a panacea and that it was important to continue with social distancing, hand washing and PPE/face coverings.
- The Assistant Director of OD provided an update on Health and Wellbeing matters. Key points to note included:
 - The Staff Haven at the Lakeside Wing (LSW) had opened and plans were in place for Havens in UHL and a second in UHW in the near future.

Saunders Nathan
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- Employee Wellbeing Service waiting times were low - employees can be seen quickly in all areas except trauma pathway services and plans are in place to increase this service
 - Wellbeing sessions are being held twice a week to support Managers
 - The Health and Wellbeing lead is visiting ward areas to see staff and discuss wellbeing
- The Deputy COO gave an operational update and took the opportunity to thank staff for the phenomenal efforts they had made under extremely challenging circumstances
 - The Forum received a presentation from the Head of HR Operations on recruitment and workforce activity which has taken place in the Hub over the last 10 months or so. Since September 2020 a further 1000+ temporary staff (excluding nurses and doctors) have been recruited. In addition, a significant number of Bank staff have been offered fixed term contracts and there have been deployments both within the UHB and with other NHS Organisations using the mutual aid principles. Mrs Morse gave assurances that safe and efficient governance processes are in place but by working this way we have been able to do things differently e.g. advertising on social media, telephone interviews etc and noted that by being in control we had been able to fix things quickly when they went wrong.
 - The Chief Executive provided an update report – this included information about the current covid position and the move to thinking about recovery and the IT/digital situation.
 - A brief overview on the IMTP planning process for 2021/22 was provided by the Executive Director of Strategy and Planning.
 - LPF received the Finance Report, Workforce KPI Report and Patient Safety, Quality and Experience Report for December 2020.

Recommendation:

The Board is asked to:

- **NOTE** the contents of this report

Shaping our Future Wellbeing Strategic Objectives

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

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

3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	
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	
Equality and Health Impact Assessment Completed:		Not applicable	

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Kind and caring
Caredig a gofudgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol