










Board Meeting - 24 September 2020

24 September 2020, 12:00 to 17:00

Agenda

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|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 1. | HIW Annual Report 2019-20 - Annual Summary for CAVUHB | Alun Jones / Vanessa Davies |
| 1.1. | Welcome & Introductions | Charles Janczewski |
| 2. | Apologies for Absence | |
| 3. | Declarations of Interest | |
| 4. | Minutes of the Board Meeting held on 30th July 2020 | Charles Janczewski |
| |  04. Draft Board Minutes July 2020.NF.pdf (10 pages) | |
| 5. | Action Log - 30th July 2020 | Charles Janczewski |
| |  05 - Action Log - 24.09.20.pdf (2 pages) | |
| 6. | Standing Items | |
| 6.1. | Chair's Report & Chair's Action taken since last meeting | Charles Janczewski |
| |  6.1 Chairs Report Sep 2020 Final version.pdf (7 pages) | |
| 6.2. | Chief Executive Report | Len Richards |
| |  6.2 Board Chief Executive Report - Sept 2020.pdf (4 pages) | |
| 6.3. | Board Assurance Framework | Nicola Foreman |
| |  6.3 BAF Report -Sept 2020.pdf (3 pages) | |
| |  6.3 BOARD ASSURANCE FRAMEWORK (SEPT 2020).pdf (22 pages) | |
| 6.4. | Patient Safety, Quality and Experience Report | Ruth Walker / Stuart Walker |
| |  6.4 Patient Safety Quality and Experience Report FINAL v2.pdf (13 pages) | |
| 6.5. | Performance Report | Steve Curry / Bob Chadwick |
| |  6.5 Performance report September 2020 (Final).pdf (11 pages) | |
| 7. | Items for Review and Assurance | |
| 7.1. | Outbreak at UHL – Learning Outcomes | Ruth Walker |
| |  7.1 Incidents and Outbreaks on COVID-19 in Hospital Settings - FINAL.pdf (5 pages) | |
| 7.2. | Socio-economic Duty | Abigail Harris |



7.2 Socio-economic duty - Board Paper - Sept 2020.pdf

(6 pages)

7.3. Winter Protection Plan – Verbal Update

Abigail Harris

7.4. COVID-19 Vaccination Plan Update – Verbal Update

Fiona Kinghorn

7.5. Public Services Ombudsman for Wales Annual Letter

Ruth Walker



7.5 Ombudsman Annual Letter Board report.pdf

(3 pages)



7.5 Appendix 1 - Cardiff and Vale University Health Board.pdf

(6 pages)



7.5 Appendix 1 - Bwrdd Iechyd Prifysgol Caerdydd & Fro.pdf

(7 pages)

7.6. Nurse Staffing Act

Ruth Walker



7.6 Annual Assurance Report on compliance on the Nurse Staffing Levels (Wales) Act - FINAL.pdf

(9 pages)



7.6 Appendix 1.pdf

(2 pages)



7.6 Appendix 2.pdf

(8 pages)

8. Items for Approval / Ratification

8.1. Board Champion Roles and Responsibilities

Nicola Foreman



8.1 Board Champion and Lead Report.pdf

(2 pages)



8.1 Appendix 1 BOARD LEADS AND CHAMPIONS updated Sept 20 Appendix 1.pdf

(1 pages)



8.1 Appendix 2 Board Champions Role Description.pdf

(2 pages)

8.2. Director of Public Health Annual Report 'Re-Imagining Ageing into the Future'

Fiona Kinghorn



8.2 Board paper DPH report 2019 September 2020.pdf

(4 pages)



8.2 DPH SUMMARY CALL TO ACTION.pdf

(22 pages)



8.2 CVUHB Board 24 Sep 2020v2.pdf

(11 pages)

8.3. Committee Minutes

Nicola Foreman

8.3.1. Audit and Assurance Minutes – 7 July 2020

John Union



8.3 i Audit Minutes - 7 July 2020.pdf

(5 pages)

8.3.2. Finance Committee – 29 July 2020

Rhian Thomas



8.3 ii Finance Committee Minutes - 29 July 2020.pdf

(7 pages)

8.3.3. Quality Safety & Experience – 16 June 2020

Susan Elsmore



8.3 iii QSE Minutes - 16 June 2020.pdf

(7 pages)

8.3.4. Strategy and Delivery Committee – 14 July 2020

Charles Janczewski

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8.3 iv Strategy & Delivery Minutes - 14 July 2020.pdf

(8 pages)

8.3.5. Local Partnership Forum – 18 June 2020

Martin Driscoll



8.3 v. CONFIRMED LPF minutes 18.06.20.pdf

(5 pages)

8.3.6. Emergency Ambulance Services Committee – 14 July 2020

Gwenan Roberts



8.3 vi Confirmed minutes EASC 14 July 2020 approved EASC 8 Sept 2020.pdf

(12 pages)

9. Items for Noting and Information to Report

9.1. Reports from Committee Chairs:

9.1.1. Audit and Assurance Committee – 8 September 2020

John Union



9.1 i Audit Assurance Chair's Report - 08 Sept 2020.pdf

(3 pages)

9.1.2. Finance Committee – 29 July & 26 August 2020

Rhian Thomas



9.1 ii Finance Committee Chairs Report JULY 2020 Public Meeting.pdf

(4 pages)



9.1 ii Finance Committee Chairs Report AUGUST 2020 Public Meeting.pdf

(4 pages)

9.1.3. Strategy and Delivery Committee – 15 September 2020

VERBAL UPDATE

Michael Imperato

9.1.4. iv. Quality Safety & Experience – 8 September 2020

Susan Elsmore



9.1 iv Quality Safety Experience Chairs Report - 08 Sept 2020.pdf

(4 pages)

9.1.5. Digital Health Intelligence Committee – 9 July

Eileen Brandreth



9.1 v DHIC Chair's Report July 2020.pdf

(2 pages)

9.1.6. Stakeholder Reference Group- 22 July 2020

Abigail Harris



9.1 vi SRG Chairs Report for - July 2020.pdf

(3 pages)

9.1.7. Local Partnership Forum – 3 August 2020

Martin Driscoll



9.1 vii. LPF Chair's Report Aug 2020.pdf

(3 pages)

9.1.8. vi. Emergency Ambulance Services Committee – 14 July 2020

Gwenan Roberts



9.1 viii EASC Chair's Report 8 Sept 2020.pdf

(6 pages)

9.2. TTP Prevention and Response Plan

Fiona Kinghorn



9.2 TTP Prevention and Response Plan.pdf

(31 pages)

10. Agenda for Private Meeting:

10.1. Private Committee Minutes

10.2. COVID-19 Board Governance Group Minutes

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- 10.3.

Corporate Risk Register
11.

Review of the meeting

Charles Janczewski
12.

Date and time of next meeting: Thursday, 26th November 2020 at 1.00pm Nant Fawr 1, 2 & 3 Woodland House

Charles Janczewski

Unconfirmed Minutes of the Board Meeting
Held on Thursday, 30th July 2020 at 12:30pm – 3:00pm
Via Zoom

Present:		
Charles Janczewski	CJ	UHB Chair
Len Richards	LR	Chief Executive Officer
Robert Chadwick	RC	Executive Director of Finance
Steve Curry	SC	Chief Operating Officer
Martin Driscoll	MD	Deputy Chief Executive Officer / 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 Science
Fiona Kinghorn	FK	Executive Director of Public Health
Sara Moseley	SM	Independent Member – Third Sector
Rhian Thomas	RT	Independent Member – Capital and Estates
John Union	JU	Independent Member - Finance
Stuart Walker	SW	Executive Medical Director
Ruth Walker	RW	Executive Nurse Director
Dawn Ward	DW	Independent Member – Trade Union
Allan Wardhaugh	AW	Chief Clinical Information Officer
In Attendance:		
Nicola Foreman	NF	Director of Corporate Governance
David Thomas	DT	Director of Digital & Health Intelligence
Sue Bailey	SB	Associate Board Member
Secretariat		
Laura Tolley	LT	Corporate Governance Officer
Observers:		
Stephen Allen	SA	Chief Executive Officer - South Glamorgan Community Health Council
Joanne Brandon	JB	Director of Communications
Darren Griffiths	DG	Audit Wales
Raj Khan	RK	Corporate Governance Officer
Malcolm Latham	ML	Chair - South Glamorgan Community Health Council
Helen Thomas	HT	Chief Executive Officer - NWIS
Ian Virgil	IV	Head of Internal Audit
Apologies:		

	of interest were noted.	
UHB 20/07/004	<p>Minutes of the Board Meeting held on 28th May 2020</p> <p>The Board reviewed the Minutes of the meeting held on 28th May 2020.</p> <p>The Board resolved – that:</p> <p>(a) the minutes of the meeting held on 28th May 2020 be approved as a true and accurate record.</p>	
UHB 20/07/005	<p>Board Action Log following the Meeting held on 28th May 2020</p> <p>The Director of Corporate Governance (DCG) introduced the action log and updated Board Members on progress which had been made.</p> <p>The Board reviewed the Action Log following the May Board Meeting and the following updates were provided:</p> <p>20/05/014 – This would be brought to the Board in September 2020;</p> <p>20/05/011 – This action had been completed;</p> <p>20/03/014 – Move More, Eat Well had been rolled out across the UHB and would be discussed at the Strategy & Delivery Committee in September. The Chair confirmed that the initiative had the support of the UHB;</p> <p>20/01/016 – This item would be picked up by the COVID-19 recovery programme and would be brought to the Board meeting in September 2020.</p> <p>The Board Resolved that:</p> <p>(a) the action log and updates upon it be received and noted.</p>	
UHB 20/07/006	<p>Chair's Action taken since the Board meeting held on 28th May 2020</p> <p>The Chair confirmed Chair's Action taken had been detailed and included within the Chair's report.</p>	
UHB 20/07/007	<p>Chair's Report</p> <p>The Chair introduced his report and asked that it be taken as read by all Board Members. The Chair highlighted the major</p>	

	<p>thank you to all staff who had demonstrated significant care and love to patients' during a difficult period.</p> <p>The Board resolved that:</p> <ul style="list-style-type: none"> (a) the Chair's report be noted. (b) the affixing of the Common Seal be endorsed. (c) the Chair's Actions and the signing of legal documents be approved. 	
UHB 20/07/008	<p>Chief Executive Report</p> <p>The Chief Executive Officer (CEO) introduced the report and acknowledged the formal appointment of Charles Janczewski as Chair of the UHB, in addition to wishing Bob Chadwick well in his retirement.</p> <p>The CEO highlighted to the Board that CAV247 would launch on 5th August 2020, this was a phone first service for patients who required access into the A&D department. This initiative would keep patients safe in addition to not overloading the Emergency Department Unit. The CEO added that there had been interest across the UK on how this would be rolled out and work would be undertaken with the Community Health Council to monitor patient's views and experience during the programme, this would enable the UHB to adapt the model to ensure it was 'fit for purpose'. The CEO informed the Board that there had been significant media interest, which included a feature within the BBC News.</p> <p>The Independent Member – Community (IM-C) asked how the Board could be assured that the UHB were prepared in relation to the number of calls that would be received. In response, the CEO confirmed that CAV247 had been clinically led, and significant training had been undertaken. The Chief Operating Officer (COO) added that the three main staffing risks identified for CAV247 were;</p> <ol style="list-style-type: none"> 1. Administration team – To receive calls; 2. Doctors / GP's – To oversee calls received; 3. Clinical Nurse Specialist – To handle calls and access patients, either advising them or booking them. <p>The COO advised all positions to accommodate this had been filled on a temporary basis with clinical and operational teams in place to ensure processes were monitored.</p> <p>The Chair advised that it was important to note that the initiative was clinically led and it was hoped this would improve patient experience going forward.</p> <p>The CEO advised the Board of the prominent position the UHB had occupied throughout COVID-19 within research. The</p>	

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	<p>Executive Medical Director (EMD) added that this would feature in a Board Development Session, however, a number of positive changes had been implemented during this period, with a significant number of individuals being placed into interventional and observational studies. The research work undertaken had been acknowledged by the Prime Minister during a National Briefing, this highlighted how the research and development staff had worked during COVID-19, which had effectively saved lives.</p> <p>The Chair added that the Strategy & Delivery Committee had received the Research & Development Annual Report at it's last meeting and the Committee expressed thanks to the team, specifically to Chris Feagan who had lead within the department.</p> <p>The Board resolved that:</p> <p>(a) the Chief Executive Officer Report be noted.</p>	
UHB 20/07/009	<p>Board Assurance Framework</p> <p>The Director of Corporate Governance (DCG) introduced the report and asked that it be taken as read.</p> <p>The DCG confirmed that 10 risks to the delivery of Strategic Objectives would be developed and presented at the Board meeting in September 2020.</p> <p>The Board resolved that:</p> <p>(a) the Board approved the 10 risks to the delivery of Strategic Objectives which will be developed into a full BAF for presentation to the September Board;</p> <p>(b) the Board noted 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.</p>	NF
UHB 20/07/010 <div style="transform: rotate(-45deg); transform-origin: left bottom; font-size: small;"> Bricknell Helen 09/22/2020 15:54:58 </div>	<p>Patient Safety, Quality & Experience Report</p> <p>The Executive Nurse Director (END) introduced the report and was pleased to inform the Board that the outbreak position on East 2, University Hospital Llandough had closed, this would be discussed openly at the next Quality, Safety & Experience Committee. In relation to issues around PPE, during the early stages of the pandemic the UHB undertook an audit of PPE equipment with staff, this had resulted in the level of anxiety being reduced.</p> <p>The IM-CE queried how data was used to identify longer term themes and trends in terms of serious incidents. In response, the END confirmed that a meeting was held with herself, the</p>	

	<p>EMD and the Corporate Team to review any themes and trends and the Quality, Safety & Experience Committee meeting in October would be dedicated to themes and trends to ensure learning was taken forward. The END added that the UHB needed a learning committee to ensure learning was embedded across the UHB, this would be considered with operational colleagues.</p> <p>The Independent Member – Trade Union (IM-TU) commented in relation to PPE, the Trade Unions are assured by the way the UHB handled the situation and asked if the UHB were supplied in case of a second wave. In response, the END advised that Claire Salisbury, Head of Procurement had been exceptional and was ordering for the UHB and on an All Wales basis.</p> <p>The Board resolved that:</p> <p>(a) the content of the report be noted.</p>	RW/SW
UHB 20/07/011	<p>Integrated Performance Report</p> <p>The COO introduced the report and advised the Board that the report differed from the standard report due to the suspension of target reporting by Welsh Government. The COO added that the overall approach had been moved from time based to risk based.</p> <p>The UHB had maintained essential services throughout the pandemic and had introduced a revised operating model. The team were actively monitoring the establishment on green zones, a key part to the approach was working with the private sector. Planned care would be looked at and this would be clinically led.</p> <p>The COO added that it was recognised the curve of the COVID demand profile was yet to arrive in Mental Health. The Mental Health Team had been very active during the pandemic and are working closely with the third sector to address this. An excellent presentation had been shared with the Health System Management Board and Mental Health and Capacity Legislation Committee which set out an understanding picture of activity in terms of demand in the coming months.</p> <p>The Chief Executive Officer – Community Health Council (CEO-CHC) confirmed the presentation had been shared with the CHC and the UHB needed to be commended as the steps implemented demonstrated improvement which was positive. The CEO-CHC asked for assurance that the Quarter 2,3 and 4 plans would demonstrate building capacity to address the peak expected. In response, the COO confirmed that performance had improved significantly and the team were</p>	

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	<p>confident that the capacity would be sufficient.</p> <p>The Executive Director of Finance (EDF) advised the Board that capital expenditure was difficult at present, Welsh Government had promptly given funds to support COVID-19, however, this had slowed. There had been mixed messages in relation to green and red zones and it was unknown if Welsh Government would be funding these, as funding was slow, the UHB needed to monitor capital reserves.</p> <p>The EDF advised the Board for 2020-21, the UHB needed to monitor the CIP and track underlying deficit and investments.</p> <p>The Board resolved that:</p> <p>(a) the content of the report be noted.</p>	
UHB 20/07/012	<p>Nurse Staffing Act - Update</p> <p>The END introduced the report and highlighted to the Board that the content of the report was accurate at the time of writing. The END added that an update would be provided to the Board on a number of occasions due to constant changes.</p> <p>The IM-TU asked if the UHB were in a secure position going forward if there was a second wave of COVID-19. In response, the END explained that she is less concerned about a second wave due to the behaviour and commitment of the staff. The UHB were trying, where possible, to keep staff together. Track and trace could potentially cause some issues, however this was being addressed by engaging staff and patients to ensure they are kept safe on a shift by shift basis.</p> <p>The Independent Member – Third Sector (IM-TS) commented on the importance of keeping staff together for their mental wellbeing and added the role of a senior nurse was not just quality and care, it was flow and ensuring colleagues were looked after well. The END commented that feedback had been received from staff expressing low morale where teams had been separated, therefore the senior nursing team were trying to address this.</p> <p>The Board resolved that:</p> <p>(a) the revised establishments in line with the Act, acknowledging the continuing service changes to support the delivery of NHS Wales COVID-19 Operating Framework – Quarter 2 (20/21) be agreed.</p>	
UHB 20/07/013	<p>Service Delivery Plan 2020 – 21 Quarter 2</p> <p>The Executive Director of Strategic Planning (ESDP) introduced the report and confirmed the Service Delivery Plan</p>	

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	<p>2020-21 Quarter 2 had been submitted to Welsh Government and a meeting had been held with Welsh Government to discuss feedback.</p> <p>The EDSP explained that the plan described the operations delivery for the past quarter, being COVID-19 ready and re-introduction of as much non COVID-19 activity in addition to the continuation of essential services.</p> <p>It was expected that the Minister would announce a Winter Protection Plan.</p> <p>The EDSP thanked colleagues at the CHC for their engagement and feedback provided and advised the Board that overall feedback from Welsh Government was positive.</p> <p>The Chair commented that a process needed to be developed to ensure the Board were sighted on plans before they were submitted to Welsh Government.</p> <p>The Board resolved that:</p> <p>(a) the draft Quarter 2 Update to the UHB's Service Delivery Plan for 2020-21 be approved.</p>	
<p>UHB 20/07/014</p> <p>Bricknell Helen 09/22/2020 15:54:58</p>	<p>Wellbeing Hub@Maelfa - Full Business Case</p> <p>The EDSP advised the Board that work had been undertaken with Cardiff Council and the Practice at Maelfa to develop plans for the Wellbeing Hub.</p> <p>The IM-LA commented that this development would significantly improve services for the population of Maelfa and would be significantly important for the prevention agenda.</p> <p>The IM-CE added that it would be an exciting project and asked what post project evaluation would be undertaken to identify lessons learned. The project was very reflecting of the UHB Strategy, therefore it would be interesting to see outcomes. The EDSP explained that lessons had already been learned in relation to how long the business case process takes. The EDSP added that it was hoped that the Hub would be running by 2021, however it was dependent on how long Welsh Government take to approve the business case.</p> <p>The Board resolved that:</p> <p>(a) the submission of Wellbeing Hub@Maelfa – Full Business Case to Welsh Government for capital funding from the Primary Care Pipeline Fund be approved.</p>	

UHB 20/07/015	Digital Strategy <p>The Director of Digital & Health Intelligence (DDHI) introduced the strategy and advised the Board that digital was not just about technology, it was a culture and a key enabler to transformation. The DDHI added that the strategy aligned to the Shaping our Future Wellbeing Strategy and had been developed internally with clinical input.</p> <p>The EDSP added that digital was recognised as a key enabler at the Regional Partnership Board Meeting, therefore endorsed the strategy.</p> <p>The DDHI explained that the digital work would be essential for UHB sustainability going forward and added that the UHB had signed up to the Digital Inclusion Charter to ensure no patient or service user was left behind.</p> <p>The Board Resolved that:</p> <p>(a) the Digital Strategy for the UHB 2020-25 be approved.</p>	
UHB 20/07/016	Standing Orders Amendments <p>The DCG introduced the report and advised the Board that approval was being sought for the WHSSC and EASC amendments.</p> <p>The Board Resolved that:</p> <ul style="list-style-type: none"> (a) the changes as set out in Appendix 1 to Cardiff and Vale University Health Board Standing Orders be approved; (b) the changes as set out in Appendix 2 to the Standing Orders for the Welsh Health Specialised Services Committee to be incorporated into the Standing Orders of Cardiff and Vale University Health Board as a Joint Committee of the Board be approved; (c) the changes as set out in Appendix 3 to the Standing Orders for the Emergency Ambulance Services Committee to be incorporated into the Standing Orders of Cardiff and Vale University Health Board as a Joint Committee of the Board be approved; (d) the temporary arrangements will cease to have effect on the 31st March 2021 be noted. 	
UHB 20/07/017 <i>Bricknell Helen 09/22/2020 15:54:58</i>	Committee Minutes <ul style="list-style-type: none"> i. Audit and Assurance Minutes – 21 April, 28 May & 29 June 2020 ii. Finance Committee – 29 April, 27 May 2020 iii. Quality Safety & Experience – 14 April 2020 	

	<p>iv. Local Partnership Forum – 12 February, 21 May 2020</p> <p>v. Stakeholder Reference Group – 29 January 2020</p> <p>The Board resolved that:</p> <p>(a) the minutes outlined above be ratified.</p>	
UHB 20/07/018	<p>Care Home Engagement and Support During COVID-19</p> <p>The Executive Director of Public Health (EDPH) advised the Board that the report outlined the work that the UHB had undertaken from February 2020 onwards to support Care Homes during COVID-19 with the support of the Local Authorities.</p> <p>The Board resolved that:</p> <p>a) the Care Home Engagement and Support During COVID-19 be noted.</p>	
UHB 20/07/019	<p>Reports from Committee Chairs:</p> <p>i. Audit and Assurance Committee – 28 May, 29 June & 7 July 2020</p> <p>ii. Finance Committee – 27 May & 24 June 2020</p> <p>iii. Strategy and Delivery Committee – 14 July 2020</p> <p>iv. Quality Safety & Experience – 16 June 2020</p> <p>v. Stakeholder Reference Group</p> <p>The Board resolved that:</p> <p>a) the Committee Chair reports outlined above be noted.</p>	
UHB 20/07/020	<p>Any Other Business</p> <p>There was no other business raised.</p>	
UHB 20/07/021	<p>Review of the Meeting</p> <p>All present confirmed the meeting had run well via Zoom.</p>	
UHB 20/07/022	<p>Date, Time & Venue of Next Board Meeting:</p> <p>Thursday 24th September 2020 1:00pm – 5:00pm Via Skype / Microsoft Teams <i>(Final details to be confirmed)</i></p>	

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ACTION LOG
Following Board Meeting
30th July 2020

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Actions Completed					
20/03/014	Move More, Eat Well Plan	To ask Public Health how we provide this information to older persons who may not have digital access	15.09.20	F Kinghorn	Complete – presented to Strategy and Delivery on 14 th September 2020
20/05/011	Assurance on the Reporting of Deaths	To share an update on the procedure for the reporting of deaths in the community and within different faith settings.	24.09.20	F Kinghorn	Complete
Actions In Progress					
20/05/014	The Nurse Staffing Levels for Adult Acute Medical and Surgical Wards	A further discussion to be had at an executive level to consider Mental Health Nurse staffing levels for feedback to the Board.	24.09.20	R Walker	Discussion to be tabled at Management Executives then report into November Board
20/01/016	Recognising and Responding to the Climate Emergency	To bring back an action plan to a future meeting	24.09.20	A Harris	This work was part of the Recovery Plan and will be presented to the Board in November
20/07/001	Patient Story	It was requested the COVID related patient story be brought back to a future meeting	24.09.20	R Walker	To be considered at the September Board
20/07/012	Nurse Staffing Act	An update report would be provided to the Board on a number of occasions due to constant changes	24.09.20	R Walker	On agenda for September Item 7.6

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
20/07/009	Board Assurance Framework	The BAF would be developed and presented to the Board Meeting in September.	24.09.2020	N Foreman	On agenda for September Item 6.3
20/07/010	Patient Safety, Quality & Experience Report	A 'Learning Committee' would be discussed and considered with operational colleagues.	13.10.2020	R Walker / S Walker	Workshop scheduled for 17/09/2020 Learning Committee will be considered following the workshop.
Actions referred to Committees of the Board/Board Development					

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Report Title:	Chair’s Report to the Board						
Meeting:	Board Meeting				Meeting Date:	24 th September 2020	
Status:	For Discussion	For Assurance	For Approval	For Information	x		
Lead Executive:	Chair of the Board						
Report Author (Title):	Senior Executive Assistant						

Background and current situation:

This report provides an update of key activities that have taken place since the last Board meeting on the 30th July 2020.

Updates on the work of the Public Services Boards (PSBs)

Since the beginning of the pandemic, the PSBs have provided a forum for public service leaders to share intelligence, discuss challenges in the delivery of services and identify areas requiring a joint response in the face of COVID-19. More latterly, the focus has been on plans for restart and recovery of services. For the UHB, the PSBs have also provided an opportunity to test plans to introduce the innovative CAV 24/7 urgent care service and to seek partner support for this phone first delivery model.

During this period, both PSBs have maintained an eye to issues of longer term wellbeing, putting their collective energy into the launch of the Cardiff and Vale of Glamorgan Move More Eat Well plan. This three year strategic plan aims to encourage and support activities that keep people active and healthy, representing such a key component of both PSB Well-being Plans.

Vale of Glamorgan PSB

The July meeting of the Vale PSB saw the approval of the PSB Annual Report 2019/20 capturing progress made in the second year of the Well-being Plan in implementing the four well-being objectives. Partners have shared learning from the way services are being delivered differently during the pandemic and discussed the opportunities these present going forward. The October meeting will be a workshop session to discuss future PSB priorities and alignment with the Regional Partnership Board.

Cardiff PSB

The July and September meetings of the Cardiff PSB have both commenced with updates from the UHB Director of Public Health giving the latest local COVID-19 facts and figures, providing a starting point for each organisation to share key issues they face and an overview of services restarting. Following the July meeting, I signed a statement from the PSB as its Vice-Chair that was issued to all public service staff in Cardiff reiterating our thanks for their incredible efforts over the course of the COVID emergency and emphasising the importance of a continued collective effort to tackle the disease.

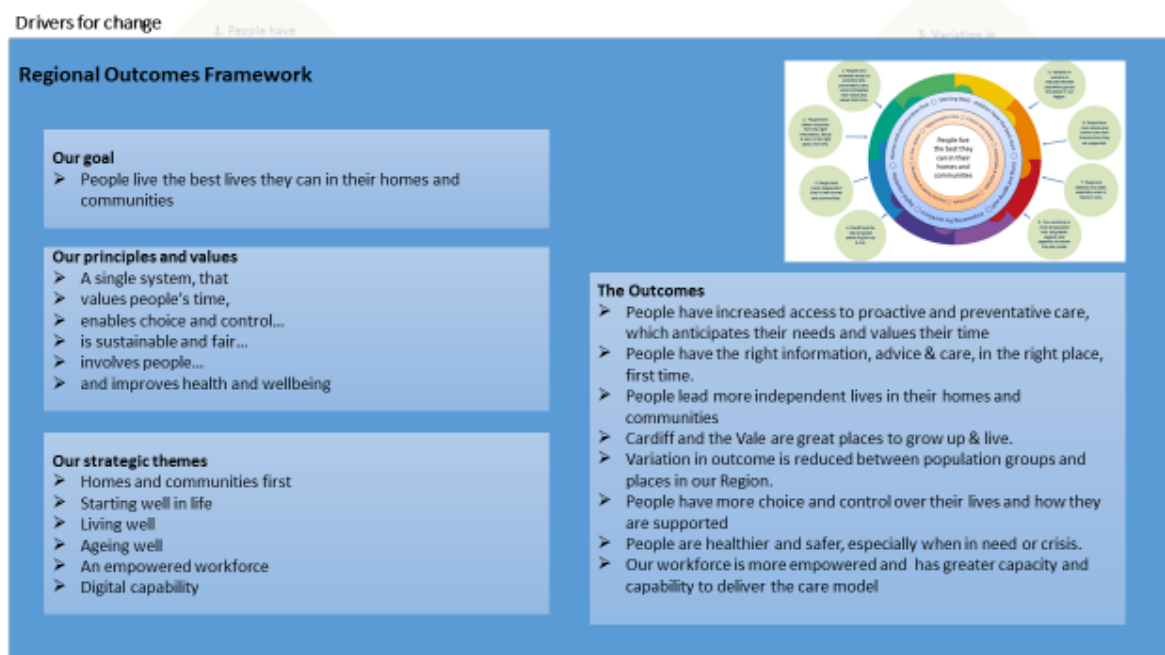
The PSB meetings have also provided an opportunity for Cardiff Council to share its proposals to establish a Race Equality Taskforce and to consult on the Taskforce priorities. Alongside other

partners, the UHB expressed a strong interest in working collaboratively as part of the Taskforce, to drive co-ordination and strategic action to tackle racial inequality in the City.

The Cardiff and Vale of Glamorgan Regional Partnership Board (RPB)

The RPB was established in response to requirements of the Social Services and Well-being (Wales) Act 2014. Its purpose is to manage and develop services to secure better joint working between Local Health Boards, Local Authorities and the Third Sector; and to ensure effective services, care and support that best meet the needs of our population. An overview of the key priorities being progressed by the RPB is outlined below.

- The RPB is developing a **Regional Outcomes Framework** which clearly defines the shared principles and values that will now shape the future work of the RPB.



- In line with further development of this Framework, the RPB has embarked on a review of its governance structure review, ensuring that it is well placed to achieve the outcomes.
- The Regional Partnership Board includes oversight of the following **funding streams**:

£11.803m Integrated Care Fund Revenue stream;
£13.335m Integrated Care Fund Capital scheme;
£6.947,943m Transformation Fund.

All these funding streams are aimed at developing innovative ways of collaborative working to support the ongoing independence of individuals in their own homes. Examples of some of the projects are contained in the hyperlinks below:

[A case study demonstrating the impact of the ICF capital and revenue funding for Ty Gwyn Special School can be viewed here.](#)

- [A case study showing how the Transformation-funded Get Me Home Pink Army has](#)

[been extended to support the COVID19 response can be viewed here.](#)

The funding streams are scheduled to conclude over the next 18 months and so an Exit Planning exercise has already been initiated to identify key priorities for ongoing funding and / or conclusion of the services as appropriate.

- The following work plans are also underway currently:
 - a) Delivery of an action plan in response to the emerging recommendations from a Rapid Review of Cardiff and Vale's approach to Care Homes during the COVID-19 Pandemic;
 - b) Accommodation with Care: the RPB is undertaking a baseline assessment to inform planning for a unified, long term response to housing with care needs for the Cardiff population.
- Leading a co-ordinated response to the Children's Commissioner for Wales' report, No Wrong Door and its recommendations to improve services for children and young people with complex needs experiencing emotional wellbeing or mental health issues.
- Delivering a multi-agency review of local efforts against COVID-19 via the Cardiff and Vale of Glamorgan Research, Innovation and Improvement Co-ordination (RIIC) Hub. It is hoped that the lessons learned will help to inform planning priorities and service developments in the long term.

Audit Wales - Structured Assessment

The Structured Assessment is an annual review undertaken by Audit Wales (previously Wales Audit Office) and sets out the findings from the Auditor General's 2020 structured assessment work at Cardiff and Vale University Health Board. The work has been undertaken to help discharge the Auditor General's statutory requirement, under section 61 of the Public Audit (Wales) Act 2014, to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency and effectiveness in their use of resources.

This year's Structured Assessment work took place at a time when Cardiff and Vale were responding to the unprecedented and ongoing challenges presented by the Covid-19 pandemic. On 13 March 2020, the Minister for Health and Social Care issued a framework of actions to help prepare the system for the expected surge in Covid-19 cases. The framework included the cessation of non-urgent planned activity and the relaxation of targets and monitoring arrangements across the health and care system. Emergency funding arrangements were also introduced to facilitate the wide range of actions needed to respond urgently to the Covid-19 pandemic.

The key focus of the work is on the corporate arrangements for ensuring that resources are used efficiently, effectively and economically. Auditors also paid attention to progress made to address previous recommendations where these related to important aspects of organisational governance and financial management especially in the current circumstances.

The report groups Audit Wales findings under three themes:

governance arrangements;

managing financial resources; and

operational planning: to support the continued response to the pandemic balanced against the

provision of other essential services.

The report is currently in draft form and yet to be signed off and agreed by the Health Board. It is proposed that the full report will be presented to the Board in November for approval.

Internal Audit - Governance Arrangements during COVID-19

At the time the work was undertaken for the report, the number of cases of COVID-19 in Wales was in decline and there was an opportunity for NHS Wales organisations to take stock following the initial peak of cases experienced between March and May 2020.

This rapid advisory review was requested by the Executive Director of Finance to assess the adjusted financial and overall governance arrangements that were put in place to enable Cardiff and Vale University Health Board to maintain appropriate governance whilst enabling its senior leadership team to respond to the rapidly developing emergency.

At the time that many of the adjustments to governance arrangements were being made, the Cardiff and Vale area was experiencing a relatively high number of cases within its population. It is against this backdrop that our Internal Auditors have assessed the effectiveness of those arrangements and whether they complied with Welsh Government guidance. The key objective of the review was to provide independent, timely feedback to enable changes to be made to temporary governance arrangements if they had to be used in the future.

A key element of the Health Board's response was the establishment of the Dragon's Heart surge hospital within the Principality Stadium. The governance arrangements around the establishment and operation of the Dragon's Heart Hospital have been subject to separate review by KPMG and were therefore not included within the scope of the Internal Audit advisory review.

This rapid review was completed during late June and July and involved interviewing key members of the Health Board and reviewing associated documentation supplied, where available.

The report has been received in draft form and yet to be signed off by the Director of Corporate Governance, Chief Executive and Chair of the Board.

Principality Stadium Field Hospital Due Diligence – KPMG Review

Following the outbreak of COVID-19 in early 2020, Welsh Government (WG) rapidly put in place measures to manage the demand across health and care systems in Wales. Similar to other parts of the UK, a number of temporary Field Hospitals were set up in Wales to cope with anticipated additional bed capacity requirements. WG provided 'reasonable worst case' scenario capacity assumptions to support the planning of additional capacity at Health Board level. The opening of additional capacity was led by the Health Boards with support from WG, Public Health Wales and national guidance.

As part of this response, Cardiff and Vale University Health Board (C&V HB) rapidly stood up a field hospital at the Principality Stadium in Cardiff which was a significant achievement. The Principality Stadium was identified as the most suitable option by the Health Board and WG for a facility which could accommodate 2000 beds and was accessible within the Cardiff and Vale area, most notably due to the requirement for a single site use and facilitated by the agreement with the Welsh Rugby Union (WRU). The capacity was revised to 1,500 following local updates to the demand projections.

KPMG was appointed by WG on 20 April 2020 to provide due diligence support to WG for the new Field Hospitals, with the initial request being the Principality Stadium (in Cardiff), known as Ysbyty

Calon y Ddraig or Dragon's Heart Hospital. This was to help WG work with the Health Board to address residual risks and learn from the work over the past few months in specific areas of:

- Financial Due Diligence
- Contracts & Commercial review
- Financial governance & Decision Making review

The report was commissioned by WG and prepared for them and cannot be copied, referred to or disclosed in whole or in part. However, key contributors to the report have signed it off as a true and accurate reflection.

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

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

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
939	Licence to carry out alterations relating to Unit 4 Parc Ty Glas, Llanishen, Cardiff	DWF Law LLP – Cardiff & Vale UHB

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

Date Signed	Description of Document	Background Information
13/08/2020	Variation of Agreement for Lease	Le Gros Solicitors – Garrison Barclay Equity Limited & Cardiff and Vale UHB
24/08/2020	Wayleave Agreement	Hugh James LLP – Park View, Ely
04/09/2020	Lease Extension (Star Centre)	Legal Services – County Hall

Chair's Action was taken (and approved by the COVID-19 Board Governance Group) in relation to:

12/08/2020	Maintenance of Radiology Equipment
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13/08/2020	Steam Equipment PPM & Surveys
26/08/2020	Provision of Postal Services
08/09/2020	Maintenance of Lifts
11/09/2020	Pre Installation works for CT Scanner
10/09/2020	400 Bed Surge Hospital

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 and signing of legal documents undertaken at the Board Governance Group.

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
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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:	24.09.2020
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:						
<p>This is the fifteenth written report being presented and, where appropriate, has been informed by updates provided by members of the Executive Team.</p> <p>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.</p> <p>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.</p>						
Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:						
New Website now Live						
<p>Over a number of months our Communications Team has been working to develop a new website for the Health Board, and I am pleased to confirm that it is now live.</p> <p>The launch of the new website is part of a wider project that is seeing Health Boards and other NHS organisations across Wales moving their websites to the new 'MURA' platform, which offers a range of benefits including the websites looking far more modern, improved functionality, and making the websites far easier to navigate and use on mobile and tablet devices. The new platform will also enable Health Boards to comply with digital accessibility legislation.</p> <p>The existing website will remain available until December, but will no longer be updated by our Communications Team. You can view the new website at cavuhb.nhs.wales.</p>						
Museum of Military Medicine						
<p>In August, we announced we are working in partnership with the proposed Museum of Military Medicine, located at Cardiff Bay. This fantastic new facility will host a Veterans' NHS Wales Hub which will provide specialist mental health support for those who have served in the Armed Forces. It is also hoped that services, such as art therapy, will be delivered at the Museum, which would be accessible for those throughout Cardiff and the Vale. Read more about this project here.</p>						

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09/22/2020 15:54:58

Advanced Therapies Wales Launch

The Advanced Therapies Wales (ATW) programme officially launched its service to the public in August and I had the opportunity and the privilege of joining other healthcare and industry leaders in a panel discussion which was attended by over 200 participants. The virtual event which was co-hosted by Life Sciences Hub Wales and ATW highlighted the opportunities Advanced Therapeutic Medicinal Products (ATMPs) offer for Wales.

As the Senior Responsible Officer for ATW I am very hopeful Wales will continue to harness the 'game changing' potential precision medicine offers. I have been inspired by the collaboration, innovation and can-do attitude of everyone involved in making the launch a success. May I take this opportunity to extend a massive congratulations to the team for the fantastic work they have done to date.

Visit www.advancedtherapies.wales for more information about the service.

Video Consultation

I have been pleased to see services throughout the Health Board continuing to increase the use of video consultations over recent weeks, with approaching 3,000 consultations having now taken place on the preferred Attend Anywhere platform.

As most of us will have recently experienced through Skype, Zoom or Teams meetings with colleagues working remotely, video can offer a degree of human connection. Feedback that we have received from patients has strongly emphasised that this is has also been the case when they have used Attend Anywhere with us, receiving a sense of personal care that can be more difficult to achieve in a phone call.

Joint Research Office

I am delighted to report that in collaboration with Cardiff University we are progressing our plans to open an integrated research support service, ensuring that in an increasingly competitive environment we continue to attract government and industry investment to Cardiff and Wales.

The [Joint Research Office](#) (JRO) is of significant strategic importance, the rationale and impetus for creating a single research facility is founded upon the opportunities and advantages presented of combined services. The shared office will be based in 'Lakeside' on the UHW site, where staff will be able to integrate their activities in an appropriately managed space.

Modern research involving patients is a major component of our current portfolio and delivering outstanding patient care is at the centre of everything we do as a clinical academic health sciences partnership. To help us to drive this partnership forward and realise our ambition, we are in the process of recruiting a Director of the Joint Research Office, an individual with experience in research in both Higher Education and the NHS.

COVID-19 Prevention and Response Plan for Cardiff and the Vale agreed

A regional plan for preventing the transmission of COVID-19 and responding to any outbreaks of the virus for Cardiff and the Vale has been agreed ahead of an anticipated rise in cases during autumn and winter.

The plan details how Cardiff and Vale University Health Board, Cardiff Council and the Vale of

Glamorgan Council will continue to work together to prevent the spread of the virus, how any rise in local cases and clusters will be identified, the nature of the local response, and how decisions will be agreed and action taken in the event of an outbreak.

Six principles underpin the plan:

- The primary responsibility is to make the public safe.
- Build on public health expertise and use a systems approach.
- Build consensus between decision-makers to secure trust, confidence and consent.
- Be open with data and insight so everyone can protect themselves and others.
- Follow well-established communicable disease control and emergency management principles.
- Consider equality, economic, social and health-related impacts of decisions.

Central to much of the plan is the role of the regional Test, Trace, Protect service. The Cardiff and Vale of Glamorgan Test, Trace, Protect service, delivered by the same three key partners alongside Shared Regulatory Services and in collaboration with Public Health Wales has been operating successfully since early June.

The plan covers the Cardiff and Vale University Health Board area and draws together the huge amount of work undertaken as a region over the past three months to deliver an effective regional Test, Trace, Protect service.

We know there are many great challenges still to come in responding to COVID-19 but this plan and the arrangements that underpin it demonstrate that we could not be better prepared.

An update on the CAV 24/7 system

I would like to take this opportunity to once again thank patients for using the CAV 24/7 system appropriately, although we still have some way to go and still need their help in promoting the 'Phone First' CAV 24/7 system to friends, family and colleagues.

The comments we have received so far have been encouraging, it is pleasing to hear the system is working for our patients. Please find a selection of them below:

"Excellent attention to detail and care"

"I love the new booking system and reducing waiting times. The hospital was clean and staff were fab. Keep up the good work"

"A quiet environment with friendly, non-judgemental staff. Thorough assistance from start to finish. A much better experience prior to COVID-19. A pleasant change from the norm."

"Please pass on my heartfelt thanks to the clinical team in Children's A&E on 05/09/20. My toddler had quite a bump to the head so we made our way to A&E via CAV24/7. The HCSW and nurse doing the screening at the door were lovely and talkative, helping me feel more at ease. The nurse who initially saw my daughter was fabulous but I was so impressed with the Nurse Practitioner. She was so very reassuring, gave really good practical and wise advice and hints to spot any warning signs and we ended up having a real giggle. Me and my daughter felt very reassured and were in for less than half an hour. It was easily the best care I have received in CAVUHB. Thank you all very much."

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

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

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

Not Applicable



Report Title:	Board Assurance Framework (BAF)					
Meeting:	Board			Meeting Date:	24 th September 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 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.

At the last Board Meeting it was agreed that a new BAF would be developed which would comprise the following 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. Risk of Delivery of IMTP
9. The risk of inadequate capacity to manage future COVID 19 peaks and introduce planned work safely
10. Brexit

The risk in relation to Brexit has not been added to the BAF due to the fact that there is a separate document already in place which details all the risks in relation to Brexit. It would also be very difficult to wrap 'Brexit' up into just one risk on the BAF. The Brexit Risk document is in the form of a Business Continuity Plan and is regularly reviewed by the Brexit Task and Finish Group. The plan details the risks, likely impact and mitigating actions. The last review of the Brexit Business Continuity Plan was undertaken on 9th September 2020. The Chair of the Group is the Executive Director for Strategic Planning.

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 meeting of the Board the risk in relation to Sustainable Primary and Community Care has been reviewed by the Strategy and Delivery Committee on 15th September 2020.

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

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 Strategy & Delivery 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'	This was reviewed during a Board Development session and approved by the Board in July 2019. This now requires revisiting to see what progress has been made and how our 'Risk Appetite' is being used in decision making. A review of an organisation's 'Risk Appetite' should take place annually but has slipped due to COVID-19. Review to take place at Board Development Session in October (29th October 2020).
Review Risk Management and Board Assurance Framework Strategy.	This was approved by the Board 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', in November (26th November)
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.
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.
Move to web based risk reporting	On track: Action due by April 2021.

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.
- Draft Internal Audit report providing 'reasonable' assurance.

Recommendation:

The Board is asked to:

- **Approve** the 9 risks to the delivery of Strategic Objectives detailed on the attached BAF.
- **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 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	
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Equality and Health Impact Assessment Completed:

Not Applicable



BOARD ASSURANCE FRAMEWORK 2020/21 – September 2020

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

Strategic Objectives

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

Principle Risks

Risk	Corp Risk Register Ref.	Gross Risk	Net Risk	Target Risk	Context	Executive Lead	Committee
1. Workforce	13,14,19,39,	25	10	5	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	6,12,27,28,31,32,33,34,35,36,37,38,	25	20	15	Across Wales, Health Boards and Trusts are seeking to manage their financial pressures by driving out inefficiencies, while at the same time looking to derive greater value from their resources through innovative ways of working and practicing prudent healthcare. As well as the NHS, public sector services, the third sector, and the public have significant roles	Executive Director of Finance	Finance Committee

Bricknell Helen
09/22/2020 15:54:58

					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.		
3. Sustainable Primary and Community Care	15,16,17,	20	15	10	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.	Chief Operating Officer	Strategy and Delivery Committee
4. Patient Safety	1,7,8,9,10,11,18,20,21,24,25,26,29,41,42,43,45,46	25	15	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 <i>Bricknell Helen 09/22/2020 15:54:58</i>	15,16,17	16	8	4	In line with UHB's Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to transfer our services to ensure we can meet our future challenges and opportunities. Creating a belief which continues to build upon our values and behaviours framework will make a positive	Executive Director of Workforce and OD	Strategy and Delivery Committee

					cultural change in our health system for our staff and the population of Cardiff and the Vale.		
6.Capital Assets	3,4,22,23,30,	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
7.Test, Trace and Protect	11,17	20	15	10	<p>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.</p> <p>Test, Trace, Protect will mean asking people to report symptoms, testing anyone in the community who is showing symptoms of COVID-19, and tracing those they have come into close contact with. Contacts will be advised to self-isolate in order to stop further spread among family, friends and the community. Contact tracing is a long established public health approach to containing the spread of many infections and has proven effective in controlling coronavirus in other countries.</p>	Executive Director of Public Health	Strategy and Delivery Committee
8.Planned Care Capacity	9,25,26,18,45,46,13	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	12,36,	20	15	10	The Integrated Medium Term Plan is the key planning	Executive Director of	Strategy and

Bricknell Helen
09/22/2020 15:54:58

				<p>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.</p> <p>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.</p>	Strategic Planning	Delivery Committee
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1. Workforce

Across the UK 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.

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 as well as business as usual.		
Cause	<p>Increased vacancies in substantive clinical workforce – most recently to cover MTC specialist skill requirement</p> <p>Requirements of the Nurse Staffing Act and BAPM Standards</p> <p>Ageing workforce</p> <p>Insufficient supply of registered Nurses at UK national level</p> <p>High nurse turnover in Medicine and Surgery Clinical Boards</p> <p>Insufficient supply of Doctors in certain specialties at UK national level (e.g., Adult Psychiatry, Anaesthetics, General Medicine, Histopathology, Neurosurgery, GP)</p> <p>Changes to Junior Doctor Training Rotations (Deanery)</p> <p>Brexit</p> <p>COVID-19 – bed expansion, community testing, high staff absence, increased demands on step up and step down demand for GP and CRT</p>		
Impact	<p>Impact on quality of care provided to the population</p> <p>Inability to meet demands of both pandemic and business as usual</p> <p>Potentially inadequate levels of staffing</p> <p>Increase in agency and locum usage and increased workforce costs</p> <p>Rates above Welsh Government Cap (Medical staff)</p> <p>Low Staff moral and higher sickness absence</p> <p>Poor attendance at statutory and mandatory Training</p>		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	<p>Nurse Recruitment and Retention Programme</p> <p>Recruitment campaign through social media with strong branding</p> <p>Job of the week, Skype Interviews</p> <p>Social Media Campaign Open Days (currently via virtual technology)</p> <p>Nurse-led leadership embedded within recruitment drive</p> <p>Values based recruitment</p> <p>Comprehensive Retention Plan introduced from October 2018 – internal movement scheme for band 5 nurses in place</p> <p>Nurse Adaptation Programme commenced October 2018 (in house OSCE programme)</p> <p>Returners Programme in conjunction with Cardiff University</p> <p>Student Nurse clinical placement and on-going nurturing of talent</p> <p>International Nurse Recruitment in place – international supply plentiful, local support mechanism to support new recruits in place</p> <p>Medical international recruitment strategies</p> <p>Programme of talent management and succession planning</p> <p>Medical Training Initiative (MTI) 2 year placement scheme</p> <p>Collaboration with Medics to fill hard to fill roles, search and selection methods, CV scanning by speciality</p> <p>Link with Welsh Government Campaign <i>Train, Work, Live</i> to attract for Wales - GP, Doctors, Nursing and Therapies</p> <p>Operationally, the development of Green Zones etc. which help stratify the workforce and maximise availability</p> <p>Review of staff shielding to maximise home working, track and tracing etc.</p> <p>Central workforce hub continues to meet demand of recruiting temporary workforce</p> <p>On-going review of medical rotas to flex and increase medical cover capacity</p> <p>Temporary recruitment of medical and nursing students</p>		

Bricknell Helen
09/22/2020 15:54:58

Retirement returners			
Current Assurances The pace of demand is not currently exceeding capacity available Workforce metrics reported to COVID-19 Operation Meetings, HSMB and Strategy and Delivery Committee High level temporary recruitment achieved at pace since March 2020 High conversion rates from media campaign and Open Day (some virtual ongoing) Again, this summer, student streamlining produced the biggest intake at C&V in Wales due to the way we engage, attract and support students Nurse monitoring at Nurse Productivity Group (NPG) Trajectory showing next vacancies in nursing Majority of MTC posts filled successfully and high engagement Predicted to be at 95% by October 2020 with some outliers in Surgery and Specialist CBs Deep dive monitoring at Clinical Board and operational level being undertaken monthly to ensure nursing capacity to meet BAU, Covid-19 and winter pressures 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 3.8 % gap (96% fully established) - on permanent nursing lowest its been for 3 years			
Impact Score: 5	Likelihood Score: 2	Net Risk Score:	10 (High)
Gap in Controls Ability to retain flexible recruitment methods as level of permanent recruitment resumes Clarity on any further extension of Government CMO shielding letters			
Gap in Assurances			

Actions	Lead	By when	Update since July 20
1. Internal Nurse Transfer Scheme	RW	Relaunched in April 2020 and continuing	This scheme started in September 2019 but will be re-launched in April 2020 Has been re-launched and first cases working well
2. Nurse recovery plan for Medicine and Surgery as part of financial recovery plan and business case for international recruitment	SC	31/03/21	Plan in place with 2 nd part of International Nurse Recruitment approved. This will continue until March 2020. Financial Savings still being monitored and actions include Switch Off Sunday to help manage costs. Some international nurses delayed due to worldwide travel restrictions. Expect to resume in October.
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. Proactively recruiting to positions for the MTC and filling vacancies	MD	31/10/2020	Majority of posts filled
5. Local Social Media and Virtual Interview Campaigns to resume to support permanent nurse recruitment	MD	31/10/2020	Campaign took place for 20-25 July - new plan being developed to make this routine.
Impact Score: 5	Likelihood Score: 1	Target Risk Score:	5 (Medium)

2. Financial Sustainability

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 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. At this point there is uncertainty over the funding available to support this. Therefore the UHB continues to manage the impact of COVID 19 without knowing the total amount of additional resources available to cover it.

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 resources available.		
Cause	<p>Budgets are overspent at month 4 by £52.7m against a balanced plan.</p> <p>The UHB has incurred net COVID 19 costs of £63.8m and this includes the non delivery of savings plans.</p> <p>It also has an operational deficit of £0.2m.</p> <p>These costs are partially offset by £11.3m additional COVID 19 funding received from the Welsh Government.</p>		
Impact	<p>Unable to deliver a year end balanced financial position.</p> <p>Reputational loss.</p> <p>Increase in the underlying financial position which is dependent upon recurrent funding provided.</p>		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	<p>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.</p> <p>The financial position is reviewed by the Finance Committee which meets monthly and reports into the Board.</p> <p>Financial performance is a standing agenda item monthly on Management Executives Meeting.</p>		
Current Assurances	<p>COVID 19 expenditure is monitored, reviewed and approved by Management Executives on a weekly basis.</p> <p>Financial performance is monitored by the Management Executive.</p> <p>Finance report presented to every Finance Committee Meeting highlighting progress against mitigating financial risks.</p>		
Impact Score: 5	Likelihood Score: 4	Net Risk Score:	20 (Extreme)
Gap in Controls	No gaps currently identified.		
Gap in Assurances	<p>Agreement of funding from Welsh Government to cover the impact of COVID 19.</p> <p>Management of non COVID 19 operational pressures</p>		

Actions	Lead	By when	Update since July 20
1. Continue to work with Welsh Government to secure additional funding to fully cover the costs of managing COVID 19.	CL	31/10/2020	New action
2. Clinical Boards to provide assurances on their financial performance.	CL	31/10/2020	New action
Impact Score: 5	Likelihood Score: 3	Target Risk Score:	15 (high)

3. Sustainable Primary and Community Care

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

Risk Date added: 12.11.2018	The risk of losing resilience in the existing service and not building the capacity or the capability of service provision in the Primary or Community care setting to provide the necessary preventative and responsive services.		
Cause	<p>Not enough GP capacity to respond to and provide support to complex patients with multiple co-morbidities and typically in the over 75 year age bracket.</p> <p>GP's being drawn into seeing patients that could otherwise be seen by other members of the Multi-disciplinary Team.</p> <p>Co-ordination of Health and Social Care across the communities so that a joined up response is provided and that the patient gets the right care.</p> <p>Poor consistency in referral pathways, and in care in the community leading to significant variation in practice.</p> <p>Practice closures and satellite practice closures reducing access for patients.</p> <p>Lack of development of a multidisciplinary response to Primary Care need.</p> <p>Significant increase in housing provision</p>		
Impact	<p>Long waiting times for patients to access a GP</p> <p>Referrals to hospital because there are no other options</p> <p>Patients turning up in ED because they cannot get the care they need in Primary or Community care.</p> <p>Poor morale of Primary and Community staff leading to poor uptake of innovative solutions</p> <p>Stand offs between Clinical Board and Primary care about what can be safely done in the community</p> <p>Impact reinforces cause by effecting ability to recruit</p>		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	20 (red)
Current Controls	<p>Me, My Home , My Community</p> <p>Signals from Noise to create a joined up system across Primary, Community, Secondary and Social Care.</p> <p>Development of Primary Care Support Team</p> <p>Contractual negotiations allowing GP Practices to close to new patients</p> <p>Care Pathways</p> <p>Roll out of MSK and MH First Point of Contact Services by Cluster</p> <p>Implement new urgent care Phone First helpline at Primary Care Level (CAV24/7)</p> <p>Implement nationally supported digital supported enablers (Consultant Connect and Attend Anywhere)</p>		
Current Assurances	<p>Improved access and response to GP out of hours service</p> <p>Sustainability and assurance summary developed to RAG rate practices and inform action</p> <p>Three workshops held to develop way forward with engagement of wider GP body in developing future models. Leading to the development of Mental Health and Risk Care Models at scale being implemented.</p> <p>Second peer review of PCOOH Services undertaken with commendations and exemplars referred to in WG reports</p>		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15 (red)
Gap in Controls	<p>Actively scale up multidisciplinary teams to ensure capacity</p> <p>Achieving scale in developing joint Primary/Secondary Care patient pathways</p> <p>Recruitment strategies to sustain and improve GP availability and develop multidisciplinary solutions</p>		
Gap in Assurances	No gaps currently identified.		

Actions	Lead	By when	Update since July 20
1. Health Pathways – to create a protocol driven of what should and can be done in Primary care/Community care.	SC 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	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
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
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 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	MD	Ongoing	GP Support Unit helps with

Bricknell Helen
09/22/2020 15:54:58

and non GP service solutions				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)

Bricknell Helen
09/22/2020 15:54:58

4. Patient Safety (Lead Directors 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 second COVID surge Or because some elective services are not currently available for non-COVID patients 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		
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.		
Impact	Worsening of patient outcomes and experience, higher death rate.		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25
Current Controls	<ul style="list-style-type: none">Plans developed to continue with expanded critical care and COVID bed capacity within footprint of hospitals, taken alongside patient cohorting in ‘non-COVID’ areas.Plans developed and deployed to optimise internal acute and critical care capacity with external options having been utilised for significant internal and external surge/field hospital capacity.Internal estates and facilities team deployed to provide infrastructure enhancements to enable internal capacity planPrincipality stadium available until 31st of October with further surge capacity to be identified and confirmedNational/local procurement processes for under-supplied resourcesMaintaining Training/Education of all staff groups in relation to delivery of care to COVID patientsUse of Spire Hospital as a dedicated facility for urgent cancer work - ongoingOngoing training and simulations for staff working in unfamiliar areas.Recruitment of additional staffCancer patients treatment being reviewed and prioritised where appropriate		
Current Assurances	<ul style="list-style-type: none">Internal capacity expansion plans commissioned and reviewed regularly at Operational and Strategic Group to ensure right phasingClarification sought and received from the Director General and Minister of Health & Social care on permission to process at pace with field hospital capacity developmentOperational 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 basisReview of clinical incidents and complaints continues as business as usual and has		

Bricknell, Helen
09/22/2020 15:54:58

Bricknell Helen
09/22/2020 15:54:58

<p>been aligned with core business and reviewed at Management Executives</p> <ul style="list-style-type: none"> 69 days with no hospital acquired COVID 19 			
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	15
Gap in Controls .			
Gap in Assurances			

Actions	Lead	By when	Update since July 20
1. Reconfiguration of COVID/Non-COVID capacity delivery in light of new pandemic modelling projections – ongoing process.	Steve Curry	31.03.21	Ongoing discussion currently and gearing plans developed. 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 continuing staffing mix being reviewed in line with action 1 above.
3. Internal COVID 19 outbreaks being reported to Quality, Safety and Experience Committee with lessons learnt been fed back into the organisation.	Ruth Walker	24.09.20	Internal outbreak reported to QSE and Board
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	10

Bricknell Helen
09/22/2020 15:54:58

5. Leading Sustainable Culture Change

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

Risk	There is a risk that the cultural change required will not be implemented in a sustainable way		
Cause	<p>There is a belief within the organisation that the current climate within the organisation is high in bureaucracy and low in trust.</p> <p>Staff reluctant to engage with the case for change as unaware of the UHB strategy and the future ambition.</p> <p>Staff not understanding the part their role plays for the case for change due to lack of communication filtering through all levels of the UHB.</p>		
Impact	<p>Staff morale may decrease</p> <p>Increase in absenteeism</p> <p>Difficulty in retaining and recruiting staff</p> <p>Potential decrease in staff engagement</p> <p>Transformation of services may not happen due to staff reluctance to drive the change through improvement work.</p> <p>Patient experience ultimately affected.</p> <p>UHB credibility as an employer of choice may decrease</p>		
Impact Score: 4	Likelihood Score: 4	Gross Risk Score:	16 (Extreme)
Current Controls	<p>Values and behaviours Framework in place</p> <p>Task and Finish Group weekly meeting</p> <p>Cardiff and Vale Transformation story and narrative</p> <p>Leadership Development Programme</p> <p>Management Programmes</p> <p>Talent management and succession planning cascaded through the UHB</p> <p>Values based recruitment</p> <p>Staff survey results and actions taken – led by an Executive (WOD)</p> <p>Patient experience score cards</p> <p>CEO and Executive Director of WOD sponsors for culture and leadership</p> <p>Raising concerns relaunched in October 2018</p> <p>“Neyber” launched to support staffs financial wellbeing with an emphasis on education</p> <p>Conducted interviews with senior leaders regarding learnings and feedback from Covid 19</p> <p>Lessons learnt document to be completed by September 30th 2020 looking at the whole system</p>		
Current Assurances	<p>Transformation activity reported to monthly to Management Executives, HSMB and Board.</p> <p>Engagement of staff side through the Local partnership Forum (LPF)</p> <p>Matrix of measurement now in place which will be presented in the form of a highlight report</p>		
Impact Score: 4	Likelihood Score: 2	Net Risk Score:	8 (High)
Gap in Controls			
Gap in Assurances			

Bricknell Helen
09/22/2020 15:44:00

Actions	Lead	By when	Update since July 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)	MD	01.04.2021	Currently all the leadership programmes are on hold due to the recovery phase of covid. Awaiting Intensive learning academy bid if successful large leadership development. Programmes to restart 2021
2. Showcase	MD	31.10.20 30.09.20	There is slight slippage to the programme as Covid stopped this from happening The ware house is now the property of the UHB since June 2020 Feedback will be presented back to the Executives Sept / Oct 2020 and the senior leaders. Further feedback in small groups (CDs / DMs / clinicians) will be gathered during Aug / Sept 2020 and creatively fed back with the introduction of the showcase
3. Work on triangulating physical, mental and financial wellbeing service being developed	MD	30/04/2020	"Neyber" Financial wellbeing support with a focus on education being launched in the organisation in February. Complete - This was launched in April 2020
4. Welsh Language Standard being implemented.	MD	30.09.20	This action will continue to report to S&D Committee on progress being made The creation of the equality strategy , Welsh language standards group chaired by Executive Director of WOD – Sept 2020 Two Welsh Language translators are currently being recruited for the UHB
Impact Score: 4	Likelihood Score: 1	Target Risk Score:	4(Moderate)

Bricknell Helen
09/22/2020 15:54:58

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

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

Risk Date added: 12.11.2018	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	<p>Significant proportion of the estate is over-crowded, not suitable for the function it performs, or falls below condition B.</p> <p>Investment in replacing facilities and proactively maintaining the estate has not kept up the requirements, with compliance and urgent service pressures being prioritised.</p> <p>Lack of investment in IT also means that opportunities to provide services in new ways are not always possible and core infrastructure upgrading is behind schedule.</p> <p>Insufficient resource to provide a timely replacement programme, or meet needs for small equipment replacement</p>		
Impact	<p>The health board is not able to always provide services in an optimal way, leading to increased inefficiencies and costs.</p> <p>Service provision is regularly interrupted by estates issues and failures.</p> <p>Patient safety and experience is sometimes adversely impacted.</p> <p>IT infrastructure not upgraded as timely as required increasing operational continuity and increasing cyber security risk</p> <p>Medical equipment replaced in a risk priority where possible, insufficient resource for new equipment or timely replacement</p>		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	<p>Estates strategic plan in place which sets out how over the next ten years, plans will be implemented to secure estate which is fit for purpose, efficient and is 'future-proofed' as much as possible, recognising that advances in medical treatments and therapies are accelerating.</p> <p>Statutory compliance estates programme in place – including legionella proactive actions, and time safety management actions.</p> <p>The strategic plan sets out the key actions required in the short, medium and long term to ensure provision of appropriate estates infrastructure.</p> <p>IT SOP sets out priorities for next 5 years, to be reviewed in early 2019</p> <p>Medical equipment WAO audit action plan to ensure clinical boards manage medical equipment risks</p> <p>The annual capital programme is prioritised based on risk and the services requirements set out in the IMTP, with regular oversight of the programme of discretionary and major capital programmes.</p> <p>Medical Equipment prioritisation is managed through the Medical Equipment Group</p> <p>Additional discretionary capital £0.5m for IT and £1.0m for equipment which enabled purchasing of equipment urgently needing replacement.</p>		

Bricknell Helen
09/22/2020 15:54:58

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 July 20

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

Impact Score: 5

Likelihood Score: 2

Target Risk Score:

10 (high)

Bricknell Helen
09/22/2020 15:54:58

7. Risk that Test Trace and Protect Service will fail to deliver effective contact tracing in Cardiff and the Vale of Glamorgan

Risk	The Cardiff and Vale Test, Trace and Protect (TTP) Service fails to deliver effective mass population contact tracing		
Date added:	18.5.20		
Cause	<p>Setting up the TTP Service has been a complex and substantial partnership endeavour, delivered to a challenging timetable; Cardiff Council is hosting the TTP Service. Risks to effective delivery include:</p> <ul style="list-style-type: none"> • Upgrades to the national CRM (Customer Relationship Management) system are not sufficiently timely to support local delivery • Failure to maintain sufficient staff (either via redeployment or new appointment) at all levels to meet demand • Insufficient telephony/IT equipment to support home working model • Non coordinated working between partner organisations • Lack of engagement with the local population and settings in promote compliance with contact tracing, as well as adherence to infection control and preventative advice (including physical distancing) • Increased demand created by influx of students to the city with reopening of universities • Increased demand due to co-circulation of flu during the winter months • Surveillance system unable to detect local disease activity • Insufficient funding to support longer term service delivery • Inability to maintain service for up to a year 		
Impact	The TTP Service 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
Current Controls	<ul style="list-style-type: none"> • Governance structures in place with partnership representation. Strategic and operational boards meet regularly. Workstreams 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 service design and digital solution • Partnership communications plan in place. • Regular, multidisciplinary and multi-agency regional team meetings to review cases and incidents. Regional SOP developed. Proactive engagement with 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 • Partner organisations committed to offering staff for at least the first 6 months using a secondment arrangement. Service model based on home working, allowing shielded staff to contribute and increase the pool of available staff. Recruitment opportunities to further strengthen tracing capacity being investigated by Cardiff Council on behalf of the partnership. • Welsh Government has agreed funding to support TTP delivery • Student workforce identified through links with HEIW and Environmental Health • Comprehensive flu immunisation plan 		
Current Assurances	<ul style="list-style-type: none"> • Strengthened and functioning governance and operational arrangements in place 		
Impact Score: 5	Likelihood Score: 3	Net Risk Score: 15	15

Bricknell Helen
09/22/2020 15:54:58

Gap in Controls	<ul style="list-style-type: none"> Fully mature surveillance system
Gap in Assurances	<ul style="list-style-type: none"> Longer term funding Full functionality of national CRM

Actions	Lead	By when	Update since April
1. Governance structures to be agreed	Fiona Kinghorn	20/5/20	Complete
2. Shadow TTP Service to be in place to test the SOP	Fiona Kinghorn	26/5/20	Complete
3. Develop comprehensive SOP	Fiona Kinghorn	31/8/20	Complete
4. Develop comprehensive communication plan	Fiona Kinghorn	31/7/20	Complete
5. Develop a surveillance system with the ability to monitor local clusters	Fiona Kinghorn	30/9/20	On track
6. Further strengthen regional structures and processes to manage demand as we move in to winter	Fiona Kinghorn	30/10/20	
Impact Score: 5	Likelihood Score: 2	Target Risk Score: 10	10

Bricknell Helen
09/22/2020 15:54:58

8. Inadequate Planned Care Capacity

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.

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		

Actions	Lead	By when	Update since July 20
6. Establish green zones and increase activity	COO	July 2020	Green zones now established at UHW and UHL
7. Apply available risk stratifications	MD	July onwards	Royal College of surgeons classification in use
8. Roll out virtual consultation platforms	Information	July onwards	Consultant Connect and Attend Anywhere commissioned by WG –

				currently being rolled out
9. Establish private sector pathways for in-patients, outpatients and diagnostics		COO	April onwards	Spire hospital commissioned in advance of the National commissioning. Contract extended through to the end of calendar year. Negotiations to be begin on further extension.
Impact Score: 4	Likelihood Score: 3	Target Risk Score:		12 (High)

Bricknell Helen
09/22/2020 15:54:58

9. Risk of Delivery of IMTP (Lead Director – Abigail Harris)

Risk	There is a risk that the Health Board will not delivery the objectives set out in the IMTP due to the lack of a robust recovery plan for COVID 19		
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	<p>The UHB may not be appropriately prepared to manage the consequences of a protracted and disruptive emergency response particularly in terms of:</p> <ul style="list-style-type: none"> workforce (e.g. many will be exhausted and many will have built up leave) Infrastructure – decommissioning where appropriate (significant in respect of Principality Stadium) Planned care Unplanned care Financial delivery <p>The benefits of emergency changes may not be adequately captured. There may be learning opportunities missed.</p>		
Impact Score: 5	Likelihood Score: 4	Gross Risk Score:	20
Current Controls	<ul style="list-style-type: none"> 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. Q2 plan developed and submitted to WG by the deadline required. '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	<p>Recovery presentation to Board Development 30.04.20</p> <p>Q2 plan received by the Board in July.</p> <p>WG review meeting on Q2 plan completed with regular meetings with key officials and planning and operations teams.</p>		
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 July 20
1. Work is ongoing to review strategy road map in light of COVID19 and milestones needed to achieve SOFWB's goals by 2025. Milestones and metrics to be reflected in Q3/4 plan.	Abigail Harris	End of September	Presentation to Board development session in November.
2. Worked commenced on Q3/4 plan (including winter preparedness plan) despite WG planning guidance not yet available.	Abigail Harris	Deadline for Q3/4 plan not yet confirmed with WG.	Present outline plan at Board in September. Likely deadline for Q3/4 plan – October.
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

Bricknell Helen
09/22/2020 15:54:58

Report Title:	PATIENT SAFETY QUALITY AND EXPERIENCE REPORT					
Meeting:	Board Meeting			Meeting Date:	24.09.20	
Status:	For Discussion		For Assurance		For Approval	For Information
Lead Executive:	Executive Medical Director and Executive Nurse 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 July to August 2020.

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:

In July and August 338 concerns were received and the 30-working day performance has increased to 90%. This is a marked increase from the previous Board report.

Since 13th August 2020, normal Welsh Government Serious Incident reporting requirements have been re-instated. That, in addition to activity beginning to return to pre-lockdown levels, is resulting in an increase in the number of SIs being reported, which is now more in line with normal reporting levels.

The number of Personal Protective Equipment (PPE) incidents being reported continues to decrease. The PPE Cell chaired by the Executive Nurse Director, actively reviews all reported incidents so that the appropriate mitigations to address themes, trends and individual issues can be put in place.

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09/22/2020 15:54:58

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

Serious patient safety incidents (SIs reportable to Welsh Government)

How are we doing?

During July and August 2020, the following Serious Incidents and No Surprises have been reported to Welsh Government (WG):

Serious Incidents		
Clinical Board	Number	Description
Children & Women	• 1	A teenager admitted to Hafan Y Coed at UHL until a suitable placement for his age and presenting condition could be secured.
	• 1	A young person known to the CAMH Service required admission to Critical Care following an incident of significant self-harm.
	• 1	An instrument was unintentionally retained during an elective Caesarean section procedure. The incident is being managed as a Never Event.
Clinical Diagnostics & Therapeutics	• 1	A patient suffered complications during a cardiothoracic procedure.
Executive Nurse	• 1	The PRUDiC process was instigated following the accidental death of a young person.
Medicine	• 1	Delay in undertaking an ECG and subsequent treatment of an acute cardiac condition in a patient who subsequently died.
	• 1	A patient fall on a medical ward at UHW.
Mental Health	• 1	A patient under Mental Health Act Section was inappropriately allowed off the ward.
	• 1	A patient appeared in court having set fire to a property.
	• 8	Patients who were known to either Community Addictions or Mental Health services or both have died unexpectedly.
Primary Care & Intermediate Care	• 1	A patient required overnight admission to hospital following a prescription error with Phenobarbital.

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09/22/2020 15:54:58

	<ul style="list-style-type: none"> • 1 • 1 	Concern has been raised regarding the timeliness of a review of a patient with a urinary catheter problem in the community. A patient received an incorrect low dose of anticoagulation. The patient was subsequently admitted to hospital having suffered a transient ischaemic attack.
Specialist	<ul style="list-style-type: none"> • 1 	A patient sustained a fractured femur in a fall whilst mobilising to the bathroom on a cardiology ward.
Surgery	<ul style="list-style-type: none"> • 1 • 1 • 1 	A neonate experienced unexpected respiratory complications following transfer to the operating theatre Concern has been raised following the discharge arrangements of a patient who sadly died later that day at home. Concern has been raised regarding the care of a patient in relation to a lumbar drain that was in situ.
Total	24	

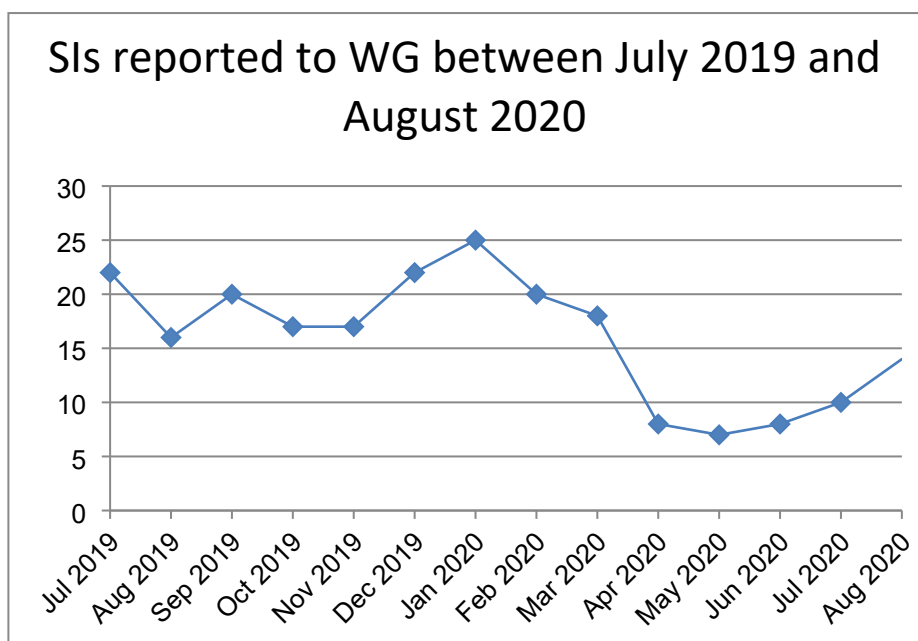
No Surprises		
Clinical Board	Number	Description
Surgery	<ul style="list-style-type: none"> • 1 	A period of increased incidence of Carbapenem-resistant Enterobacteriaceae (CRE) was monitored for a period of time on a surgical ward.
Total	1	

How do we compare to our peers?

The following graph depicts the number of SIs reported to WG by month between July 2019 and August 2020. WG wrote to organisations in NHS Wales on 18th March 2020 to set out SI reporting requirements during the pandemic and this led to a reduced volume of SI reportable incidents. However, since 13th August 2020, normal SI reporting requirements have been re-instated. That, in addition to activity beginning to return to pre-lockdown levels is resulting in an increase in the number of SIs being reported.

Information to compare organisations across NHS Wales is not currently available.

Bricknell Helen
09/22/2020 15:54:58



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

- Behaviour (including suicide, serious self-harm, absconsion)
- Patient accidents/falls
- Pressure damage

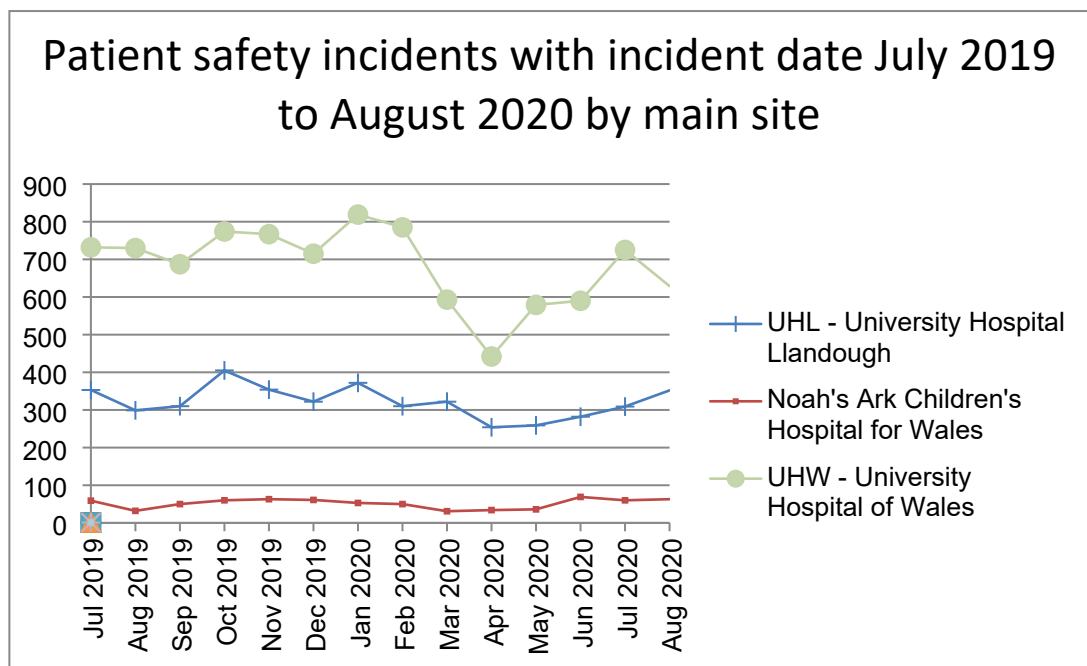
Patient Accidents/Falls and Pressure Damage

In view of WG SI reporting requirements changing in March 2020, low numbers of patient accidents/falls and pressure damage incidents have been reported to WG. The organisation would usually expect to report in the region of four such incidents per month. Review of the incident reporting system indicates anticipated numbers of these incidents have occurred and are under investigation in the Clinical Boards in line with normal processes.

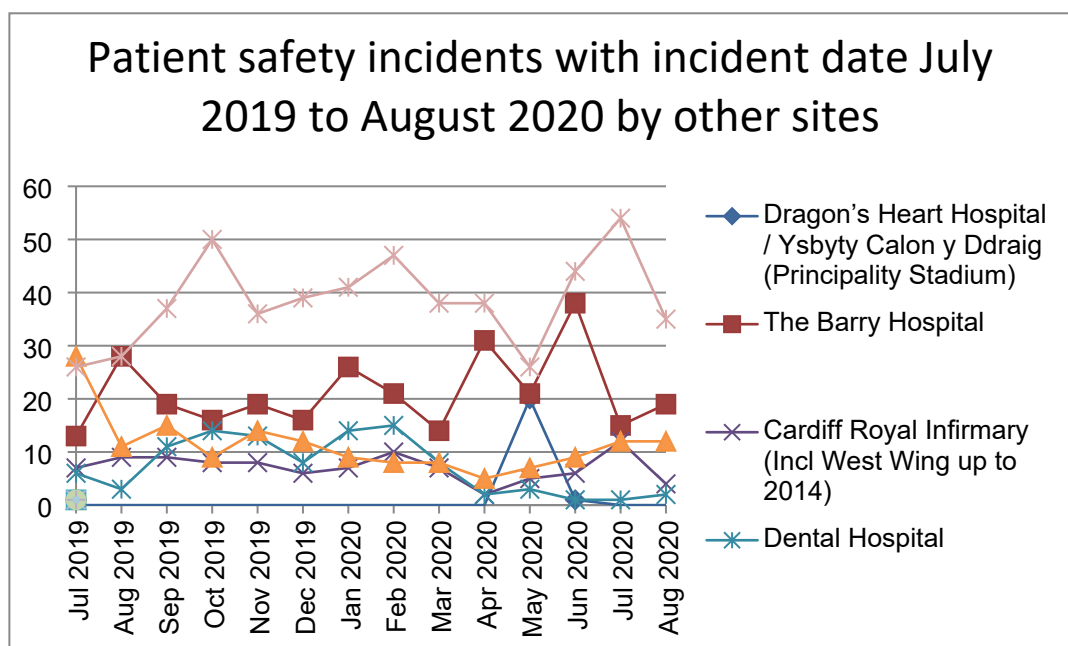
The UHB has put in place a process to record and continue to investigate all incidents which met the previous definition for a Serious Incident.

With regards to general incident reporting, it is evident that incident reporting rates fell initially during the pandemic, especially at UHW. 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 incident data suggests the profile of what is reported is in line with what would have been expected prior to the pandemic.

Bricknell Helen
09/22/2020 15:54:58

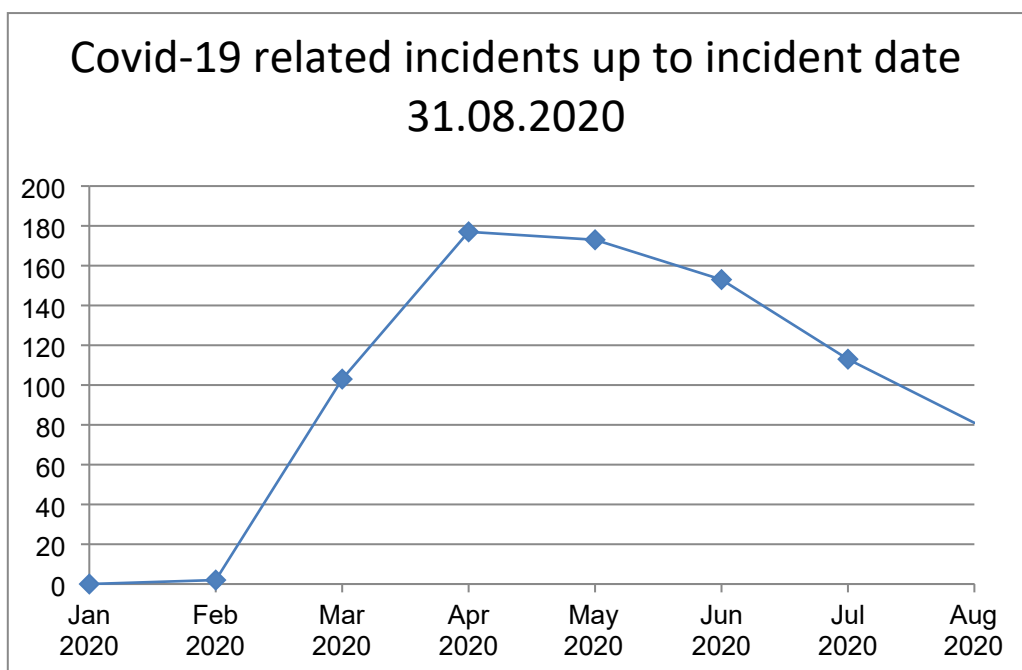


Review of incident reporting at other sites does not indicate any significant changes in volume of incident reports or categories of what is reported. They are predominantly patient accidents/falls and pressure damage.



The UHB has been capturing incident forms where staff are raising issues in relation to COVID-19. It is evident that the volume of incidents has been steadily decreasing following a steep initial incline in the early phase of the pandemic.

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09/22/2020 15:54:58



The following table demonstrates the top 10 categories of COVID-19 related incidents between July and August 2020.

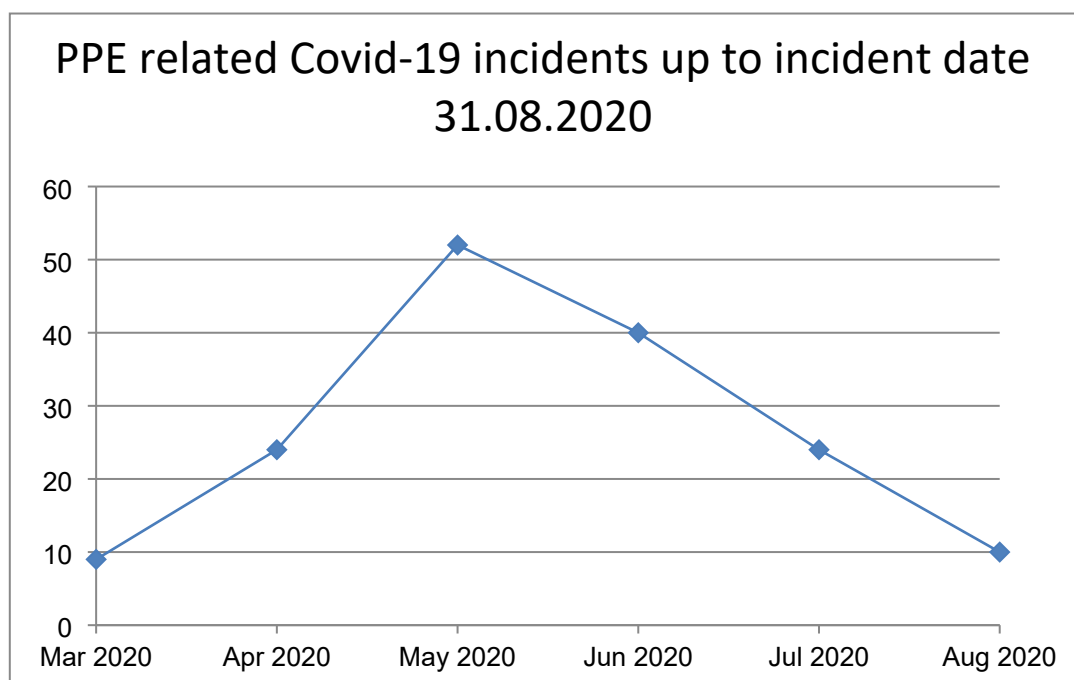
Top 10 covid related incidents -01/07/2020 - 31/08/2020	Total
Covid-19 Unavailability of Staff to treat	34
Covid-19 Disruption of usual service	28
Covid-19 Status - Uncertain Patient COVID-19 Status/Potential Exposure	13
Covid-19 Inadvertent Exposure to bloods/fluids from Infected Patient	11
Covid-19 PPE - Inadequate PPE (including fit/quality/Staff Overheating)	8
Covid-19 Unavailability of appropriate bed / area (unable to isolate)	8
Covid-19 Failure to follow Infection Control protocol	7
Covid-19 PPE - Adverse Reaction to	7
Covid-19 Aggressive/Inappropriate Behaviour	5
Covid-19 PPE - Breach of Integrity of PPE (including faulty PPE)	5
Total	126

The highest volume of incidents is in the 'Unavailability of staff to treat' category. The incidents are variable including where medical staff have failed Fit testing and so have been delayed in assessing patients in some higher risk clinical areas. The purchase of powered hoods for staff working in Critical Care and other high risk areas has significantly reduced the number of PPE related issues. Incidents are also reported by Seahorse Ward (Children's Emergency Assessment Unit) whereby staff presence in the department is diminished if they are having to leave to attend a trauma call in the Emergency Department.

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09/22/2020 15:54:58

Incidents involving aggressive/inappropriate behaviour between staff and from patients towards staff were a concerning trend in the earlier stage of the pandemic. Fortunately, this has not continued to be a reported theme.

It is encouraging to also see that incidents relating to PPE have reduced over the course of the pandemic. It is acknowledged however, that staff have experienced discomfort and concern regarding PPE, for example, during recent hot weather.



The overwhelming majority of Covid-related incidents continues to be reported by the Critical Care Directorate. The majority of these incidents report concerns in relation to PPE. The PPE cell group meets on a regular basis and reviews all reported incidents so that the required mitigation can be put in place to address trends and themes as well as individual issues. This has led to the reduction of incidents now being reported on a weekly basis as demonstrated in the graph above.

Regulation 28 Reports

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

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

Patient Experience

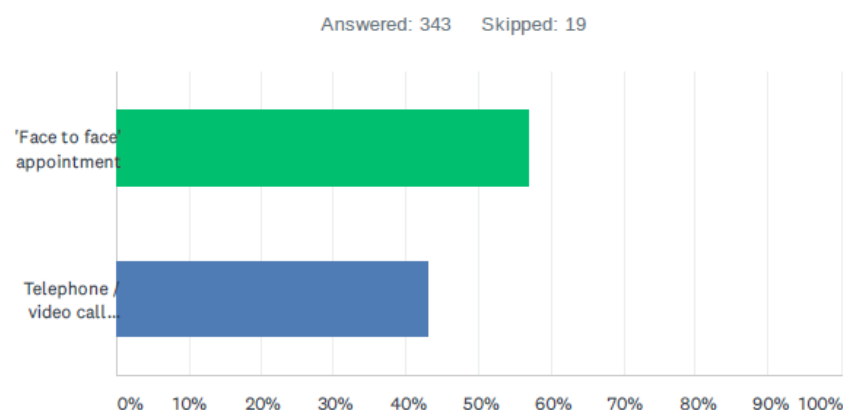
Since March 2020, the PET (Patient Experience Team) has worked very differently having modified working practices to a 7-day working system and utilised a variety of methods to gain patient feedback.

The team has been involved in the development of feedback tools for the Prehab to Rehab program. This work has been in collaboration with Swansea Bay UHB. Feedback tools have included the preparation for setting up Virtual Patient Focus groups, patient stories and development of electronic survey designs. Over 2,000 patients on elective pathways have been contacted and information about optimising their health whilst preparing for surgery has been shared. Feedback has been very positive.

The team have recently been involved in several bespoke studies. An example, is the **Physiotherapy virtual visit survey**. The aim was to gain patient feedback regarding the experiences of our services to inform the future re -design of the Out-patients Physiotherapy Department.

This was a retrospective study looking at feedback from patients whose last appointment was either a 'face to face' or virtual. There were two groups surveyed, those who attended in February and those in May/June. Overall, **362** responses were received and analysed. The graph below demonstrates that 43% of appointments were by video/ telephone.

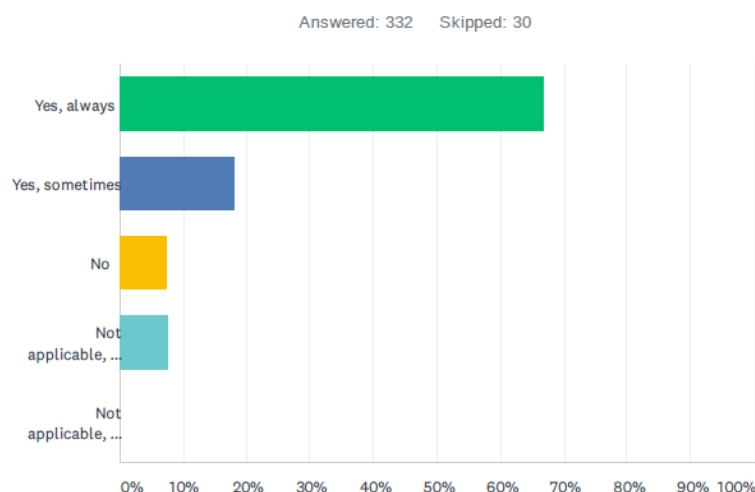
Q8 Was your recent Physiotherapy appointment a:



Pleasingly most people felt they were involved in the decisions about their care:

Bricknell Helen
09/22/2020 15:54:58

Q18 During the appointment, did you feel involved when decisions were made about your care/treatment?



During July, the routine surveying of areas using paper surveys restarted on a reduced site by site basis, with the help of Patient Experience Support workers. In total, **114** surveys were completed. (52 UHW, 38 UHL and 24 St David's). Of those, **91%** (96% UHW, 86% UHL and 88% St David's) stated that they were satisfied with their overall experience.

The compliments received related mostly to staff and the care received. It is unusual to receive so many compliments based on this sample size so we have chosen a selection to share.

The caring attitudes, humour and dedication of the staff is something I shall never forget. The volunteer scheme is a great idea and the student doctors were very helpful to me in my recovery. UHW

The staff re wonderful, worked off their feet, video calls with my son have been brilliant. Everyone UHW

Nurses are second to none. St. David's

Nurses and doctors gave good care and, explain things to you about your health, the food is good. Facilities on the ward are comfortable. UHL

Bricknell Helen
09/22/2020 15:54:58

Virtual Visiting Patient Experience Support Worker (PESW) Role Update

The project commenced on 27th of April 2020. Each cohort of nursing students were supported through an induction by the Patient Experience team, and a 'local induction' when the students arrived at their allocated hospital ward. In total there were 39 PESWs on the wards to facilitate Zoom calls. These PESWs were allocated across University Hospital Wales, University Hospital Llandough and St. David's Hospital. As the project moved forward, updates to the tablets meant that games and radio features were added for the patients to use. As of late August the students within the project have completed over 5,400 hours on the wards.

The current cohort of students finished on 28th August, however we have secured six students who will continue to support for ten hours a week until the end of September.

Covid Meet and Greet role

The original Meet & Greet volunteer role was revaluated, risk assessed and restructured to support the new restricted visiting model, ensuring visitors are welcomed and follow hospital guidelines on visiting and social distance awareness. Volunteers have been recruited into the role from the current cohort of volunteers who are happy to change roles. The Patient Experience team have been hosting the Visitor e mail and calls through our 7-day service. To date over 600 calls have been received.

Next of Kin Survey

A Next of Kin survey was conducted between 22nd June and 6th July, over the phone, with relatives of patients who had been discharged in May and June. The surveys were conducted by our Patient Experience Medical and Nursing Students. The purpose of the survey was to help us understand the experiences of family, who were unable to visit, while their relative was in hospital. A total of 35 next of kin completed the survey, covering hospital admissions in UHW, UHL and Dragon's Heart Hospital, highlights of the results are below:

95% of respondents said that they were able to contact their relative during their hospital stay.

For **88%** of these it was via the phone and **26%** was via facetime/WhatsApp/Zoom.

71% said they were very satisfied or satisfied with the amount of contact they had with their relative.

What we could have done to improve the contact?

- Better wi-fi
- More contact with the ward directly

Overall what did we do well?

- Fantastic care

- Staff fantastic

Overall what could we improve?

- Discharge process and information
- Continuity of staff
- Communication with staff/ward

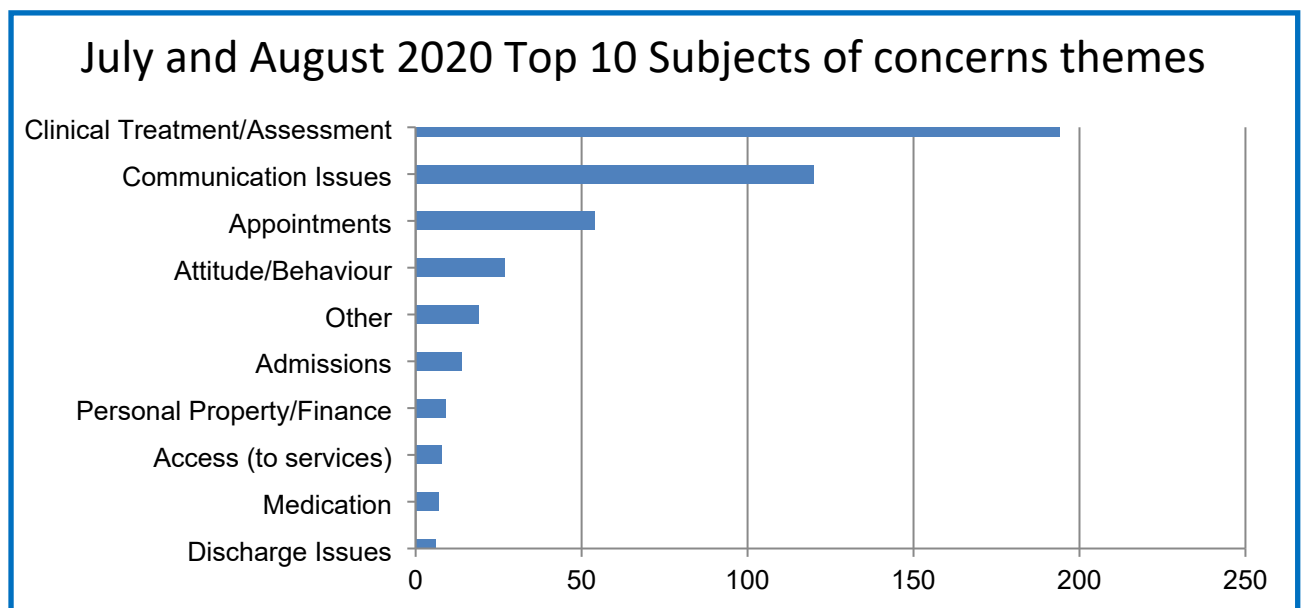
A particular digital Patient Story about a patient who had been in the Stroke Rehabilitation Centre encapsulated many of these issues. The story was told by his daughter who spoke about the difficulties of him being in hospital during Covid, keeping in touch through the help of the Patient Experience Support Workers on the ward and the difficulties experienced by the family during discharge home. The digital story has been shared with the ward staff to help with learning. The actions will be shared across Clinical Boards.

Complaints Management/Redress

The central Concerns Team have continued to work in accordance with the Putting Things Right Regulations.

In July and August 338 concerns were received and the 30-working day performance has increased to 90%. Which is a marked increase from the previous Board report.

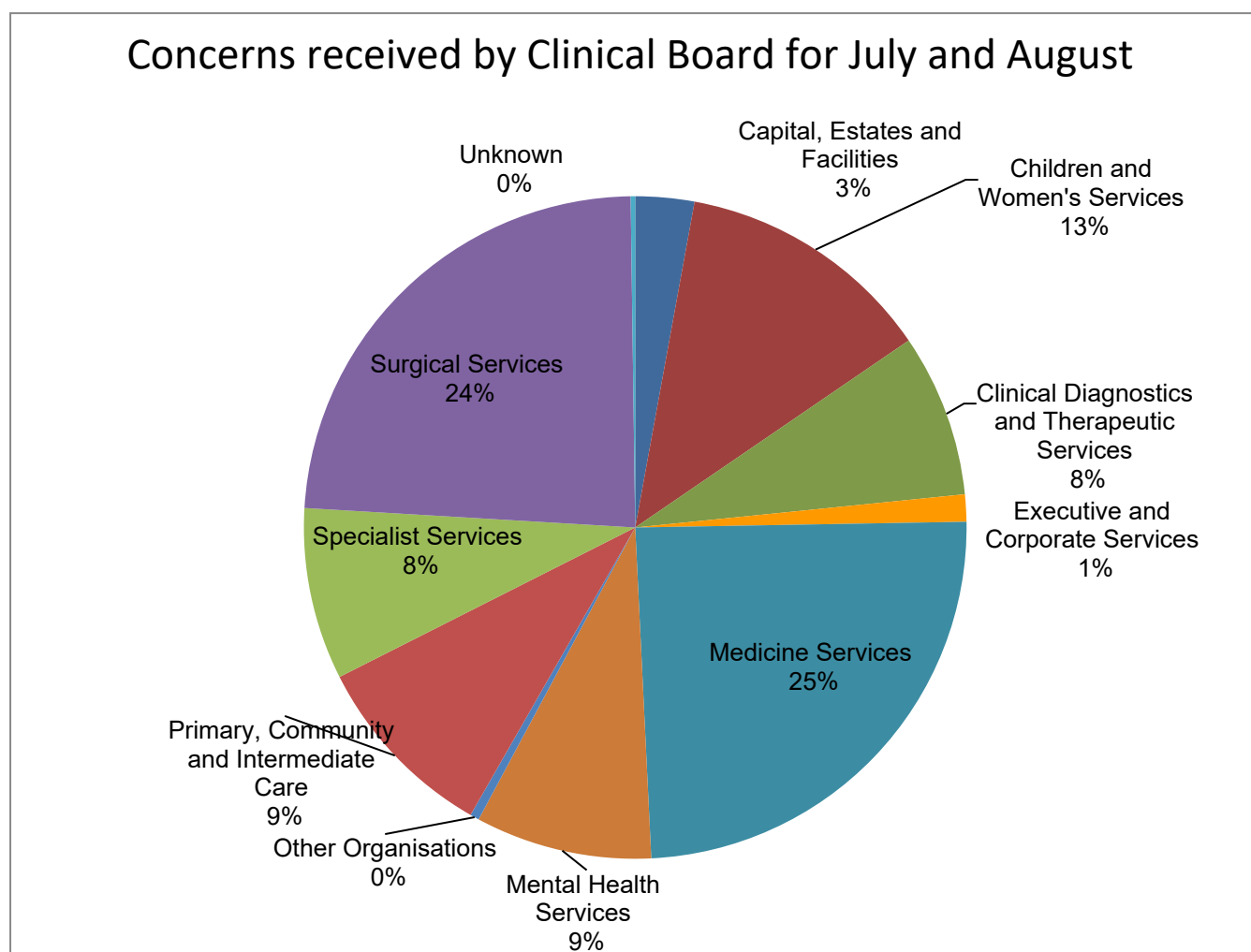
The numbers are less than July and August of 2019 when 444 concerns were received.



It should be noted that in comparison to the data provided for the last Board Report, there has been a notable increase in concerns raised regarding communication and clinical treatment and assessment.

Patients, visitors and staff continue express concern about staff not adhering to social distancing. To address this the UHB has continued to highlight the importance of social

distancing in the CEO Connects and posters displayed across all sites. The Executives and Communication Team are actively reminding people of the importance of social distancing through many social media and other routes. The Communications Team actively send out reminders about social distancing through all available media channels.



Both the Medicine and Surgery Clinical Boards received 49% of all concerns. However it should be noted the level of activity in these Clinical Boards is significant.

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.

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09/22/2020 15:54:58

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

Bricknell Helen
09/22/2020 15:54:58

Report Title:	PERFORMANCE REPORT						
Meeting:	Board Meeting				Meeting Date:	24/09/20	
Status:	For Discussion		For Assurance	x	For Approval		For Information
Lead Executive:	Chief Operating Officer and Executive Finance Director						
Report Author (Title):	Members of the Performance and Information Department - 029 20 745602 Deputy Chief Operating Officer - 029 21 741803						

Background and current situation:

The context for this performance report remains as per that reported to the Board on 30th July 2020 i.e:

- The Health Board continues to operate within its local operating framework, with the first principle being to be COVID ready. This is congruent with the national framework. Both frameworks focus on the need to minimise harm.
- The relaxation of targets and monitoring arrangements by Welsh Government has not changed. Publication of performance nationally remains suspended
- Comprehensive quarterly plans are developed and received by the Board. The focus of the service delivery element is to manage COVID demand, minimise the risk of in-hospital COVID transmission, maintain essential services and increase activity through the re-introduction of other more routine services when it is safe to do so.

The format developed for the last report to the Board is used again for this current reporting period, with the focus on indicators deemed as essential services and / or those that continue to be routinely reported. Normal actions associated with the measures in this report will continue to be covered in the Health Board's quarterly plan.

Bricknell Helen
09/22/2020 15:54:58

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

- Publication of performance remains suspended nationally – until at least 30th September 2020
- Prioritisation of need and service delivery continues to be based on clinical risk stratification rather than time based targets.
- The Health Board has continued to maintain access to essential services and is steadily re-introducing other services in a safe manner. Our actions continue to be guided by clinical advice and national guidance.
- The continued uncertainty regarding future demand, particularly in light of a potential second wave and the impending winter period, is such that it will be some time before services are fully re-instated. Additionally, clinical re-design of services will continue and for some services this will result in a move away from traditional ways of delivery.

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, particularly in light of a potential second wave and the impending winter period, 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**:

- The current position against specific performance indicators for 2020-21

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

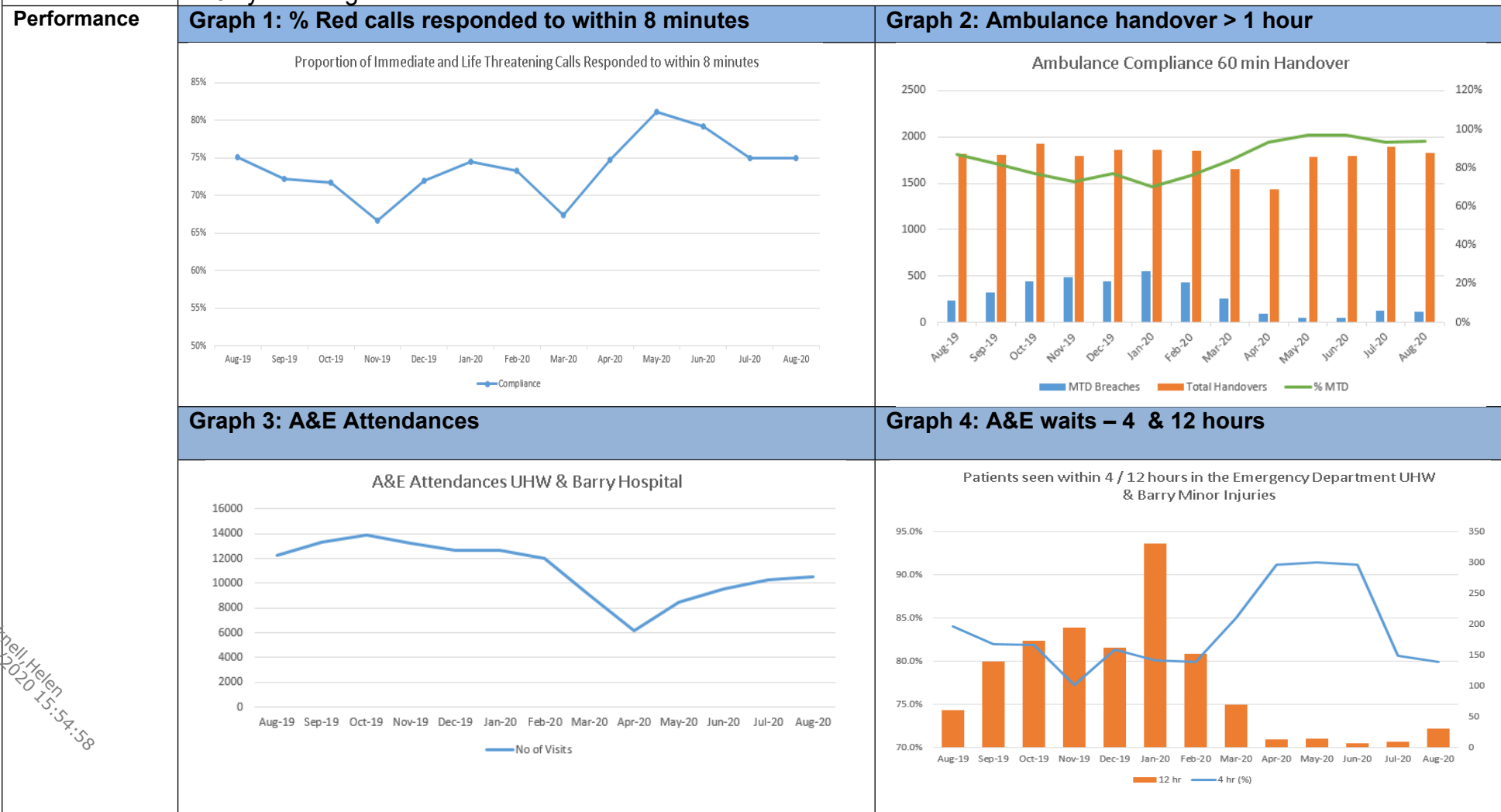
Please tick as relevant, click [here](#) for more information

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

Bricknell Helen
09/22/2020 15:54:58

Unscheduled Care

Overview Emergency Unit attendances have continued to rise and in August were back to 86% of previous levels. Patients who presented for emergency care experienced less timely access in July and August than preceding months – with 4 hour performance at 81% and 80% respectively. In-month 12 hour waits deteriorated with 9 and 31 patients waiting greater than 12 hours in July and August but volumes remain lower than previous years. Following an in-month rise in ambulance handover delays in July, these reduced to a lower level in August. 75% of red calls were responded to within 8 minutes in July and August.



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09/22/2020 15:54:58

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):

- 100% and 71% of patients prioritised as 'emergency' requiring a home visit were seen within one hour in July and August 2020
- 100% and 90% of patients prioritised as 'emergency' requiring a primary care centre appointment were seen within one hour in July and August 2020

Performance

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

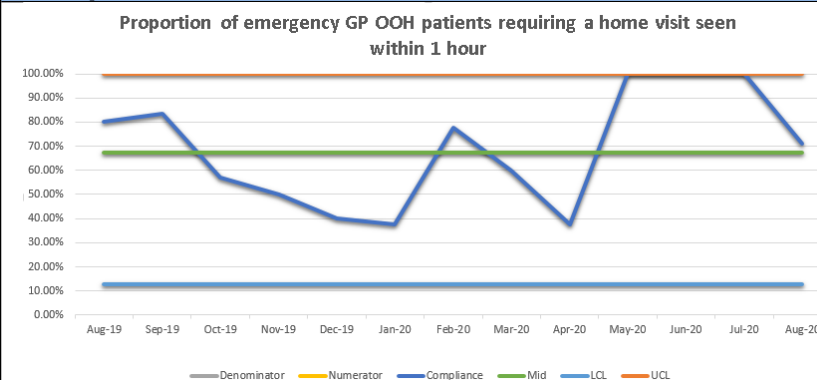
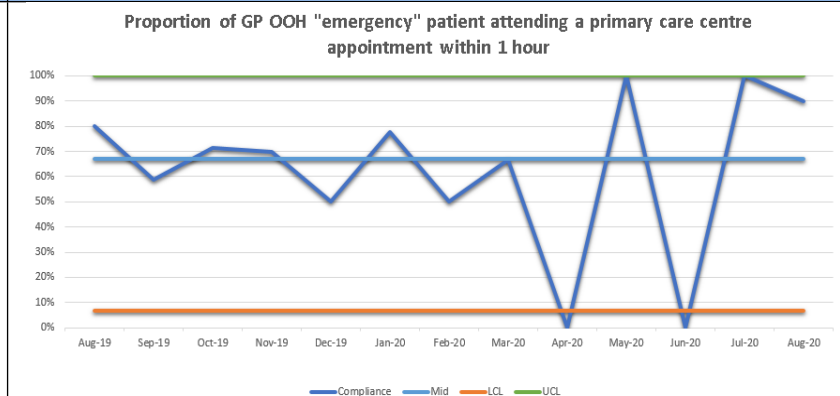


Chart 2: % of GP OOH "emergency" patients attending a primary care center appointment within 1 hour



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09/22/2020 15:54:58

Mental Health Measures

Overview

- Referrals for the Local Primary Mental Health Support Service (LPMHSS) have continued to rise and are back to 88% of previous levels in August 2020.
- Part 1a: The percentage of Mental Health assessments undertaken within 28 days is 94% overall and 81% for CAMHs in July 2020
- Part 1b: 86% of therapeutic started within 28 days following assessment in July 2020
- Part 2: 84% of health board residents in receipt of secondary mental health services have a valid care and treatment plan (CTP) as at June 2020
- Part 3: 82% of health board residents were sent their outcome assessment report within 10 days of their assessment in June 2020

Performance

Chart 1: Mental Health Referrals

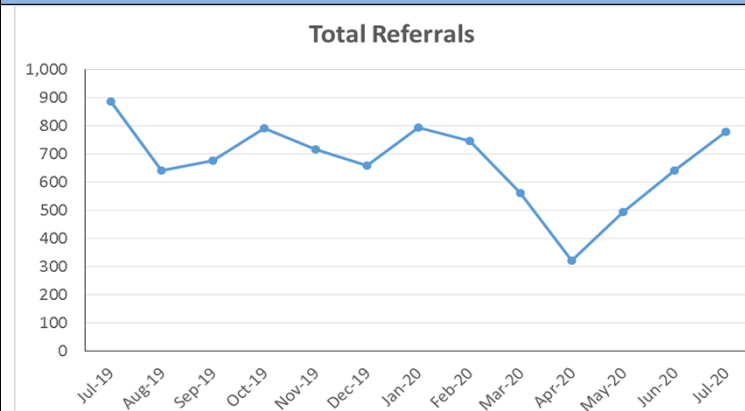


Chart 2: Performance against Mental Health Measures – Part 1a, 1b, 2 and 3

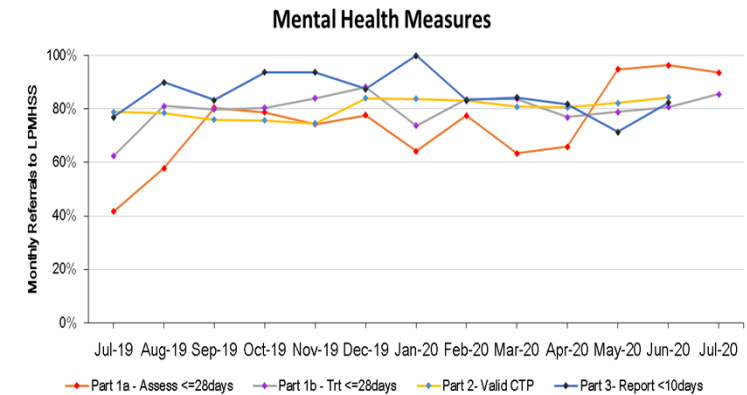
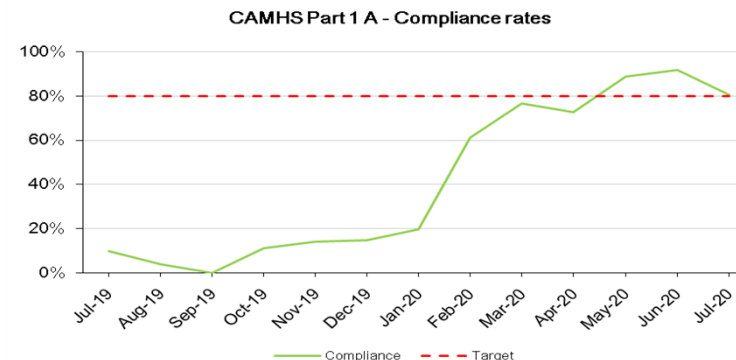


Chart 3: CAMHs Part 1a compliance



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09/22/2020 15:54:58

Cancer

Overview

- Referrals for patients with suspected cancer have continued to increase and are back to previous levels
- In July 2020:
 - 75% of patients on an urgent suspected cancer pathway were seen and treated within 62 days of receipt of referral
 - 93% of patients on a non-urgent suspected cancer pathway were seen and treated within 31 days of the date of decision to treat
 - 81% of patients on the single cancer pathway were seen and treated within 62 days of the point of suspicion

Performance

Chart 1: Cancer referrals

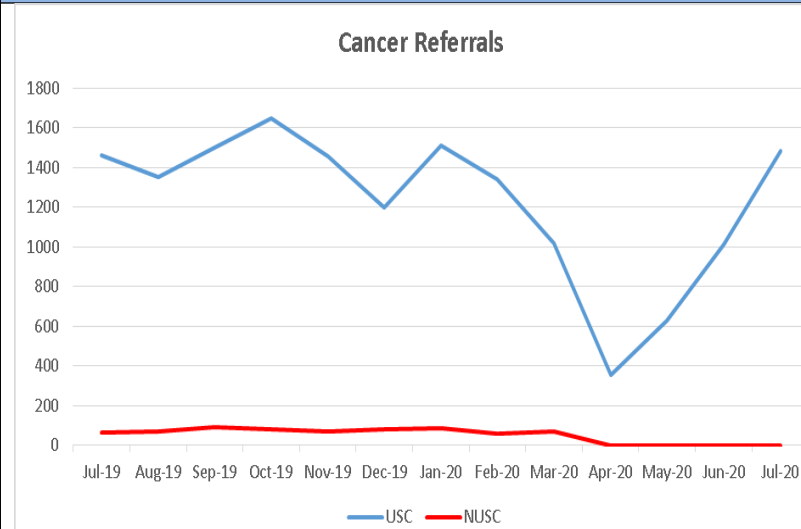
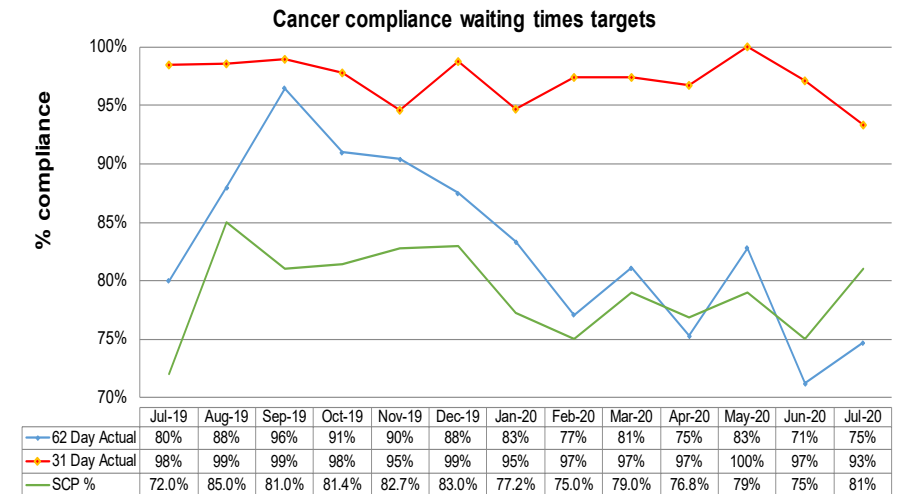


Chart 2: Performance against USC 61 day, NUSC 31 day and SCP performance



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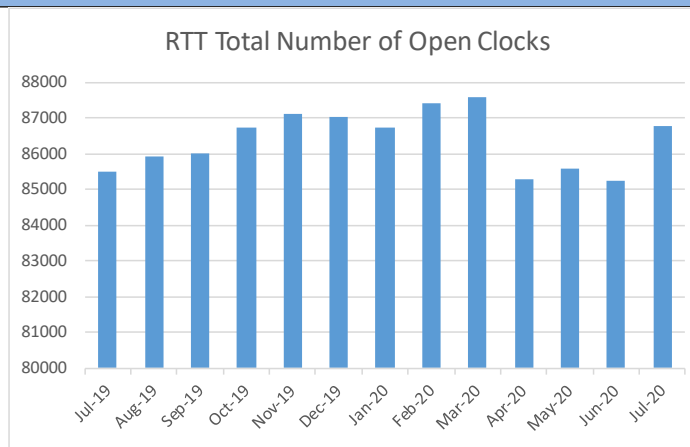
Elective access

Overview

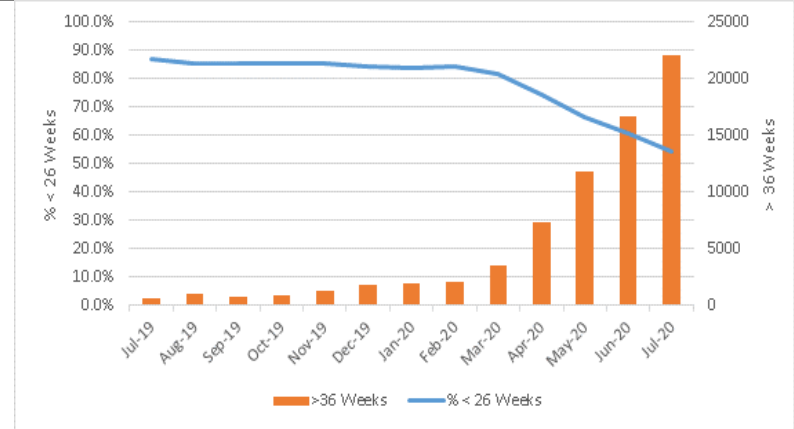
- The overall Referral to Treatment time waiting list increased in July to 86,804. Waiting times have continued to deteriorate with 54.4% of patients waiting under 26 weeks and 22,128 patients waiting greater than 36 weeks.
- Patients waiting greater than 8 weeks for a diagnostic decreased for the second consecutive month – to 9,557 in July 2020.
- The overall waiting list volume for a follow-up appointment continues to reduce – to 171,649 at the end of July. Waiting times, however, continue to deteriorate with 51,796 patients in the 100% delayed category.

Performance

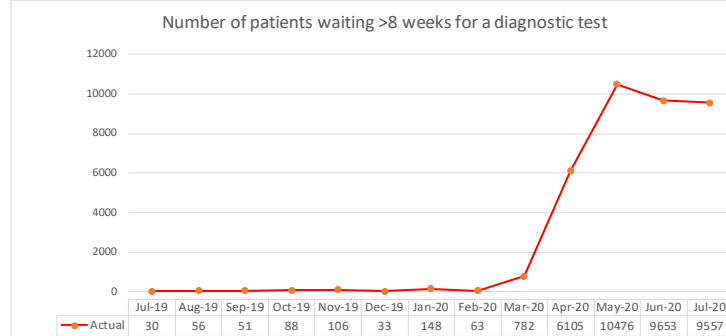
Graph 1: RTT total size of the waiting list



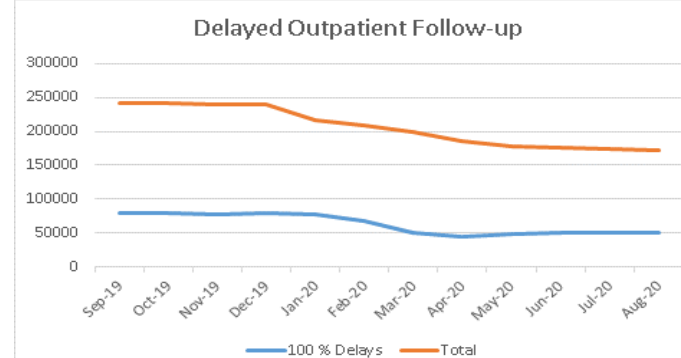
Graph 2: RTT % of patients 26 weeks and number of patients > 36 weeks



Graph 3: Diagnostics > 8 weeks



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



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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 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 however is still monitoring the UHB against its submitted plan with a focus on the financial impact of COVID 19.

At month 5, the UHB is reporting an overspend of £27.565m against this plan due to net expenditure of £74.014m arising from the management of COVID 19 which is offset by Welsh Government COVID 19 funding of £46.272m and an operating surplus of £0.177m.

Reported month 5 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 5 is a deficit of £27.565m and this is summarised in the Table below:

Table 1: Financial Performance for the period ended 31st August 2020

	Cumulative to Month 5 £m
COVID 19 Additional Expenditure	78.220
COVID 19 Non Delivery of Savings Plans	10.170
COVID 19 Reductions in Planned Expenditure	(13.195)
COVID 19 Release of Planned Investments	(1.180)
Net Expenditure Due To COVID 19	74.014
Operational position (Surplus) / Deficit	(0.177)
Welsh Government COVID 19 funding received	(46.272)
Financial Position (Surplus) / Deficit £m	27.565

This shows that the key driver of the month 5 financial position is the impact of COVID 19.

The additional COVID 19 expenditure in the 5 months to the end of August was £78.220m. At month 5 additional costs of £45.216m related to the Dragon's Heart Hospital (DHH). There was also £33.004m of other COVID 19 related additional expenditure.

COVID 19 is also adversely impacting on the UHB savings programme with underachievement of £10.170m against the month 5 target of £12.283m. It is not anticipated that this will significantly improve until the COVID 19 pandemic passes.

Elective work has been significantly curtailed during this period as part of the UHB response to COVID 19 and this has seen a £13.195m reduction in planned expenditure. The UHB has also seen slippage as a commissioner of £1.180m on its WHSSC commissioning plan due to impact of COVID 19.

The net expenditure due to COVID 19 is £74.014m. The UHB has a small operating underspend of £0.177m and has received additional Welsh Government funding of £46.272m to cover COVID related costs resulting in a Month 5 deficit of £27.565m.

Forecast Year End Position

The forecast financial position at month 5 is £93.617m which is summarised below:

Table 2: Forecast Financial Performance at month 5

	Forecast Year- End Position £m
COVID 19 Additional Expenditure	145.081
COVID 19 Non Delivery of Savings Plans	24.331
COVID 19 Reductions in Planned Expenditure	(19.430)
COVID 19 Release/Repurposing of Planned Investments/Development Initiatives	(1.180)
Net Expenditure Due To COVID 19	148.802
Welsh Government COVID 19 funding received	(55.185)
Net Covid 19 Forecast Position (Surplus) / Deficit £m	93.617

The Welsh Government has set aside £1.3bn for Health and Social Services to manage the financial impact of COVID 19 pandemic. What is not clear at this stage is how much Welsh Government intends to fund the UHB for this. The UHB is therefore progressing its plan at risk.

Underlying deficit position

The underlying deficit position brought forward into 2018/19 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 will be circa £21.4m less than planned and this will increase the underlying deficit to £25.4m. What is unclear at the moment is whether Welsh Government will provide any recurrent funding to underwrite this. In addition, there is a risk that a small component of the COVID response will have a recurrent costs. These risks are being identified so that mitigating actions can be taken.

Creditor payment compliance

Non-NHS Creditor payment compliance was 95.3% for the 5 months to the end of August, marginally above the 95% 30 day target.

Remain within capital resource limit

The UHB had an approved annual capital resource limit of £47.404m at the end of August 2020. Capital expenditure for the first 5 months of the year was £21.474m against a plan of £23.641m. The UHB expects the final 2020/21 capital outturn to be broadly in line with its capital resource limit.

Additional funding has been allocated to support the response to COVID 19 and the UHBs CRL has been updated to reflect this. The UHB has however requested further COVID 19 funding especially to support the provision of elective and routine services through the creation of green zones. The value of this is £2.5m and as this funding has not yet been confirmed, the UHB has reprioritized its capital plan to mitigate this risk.

What are the UHB's key areas of risk?

At month 5, the key financial risk is managing the impact of COVID 19 without knowing the total resources available to cover it.

What actions is the UHB taking to improve?

Continue to work with Welsh Government to secure additional funding to fully cover the costs of managing COVID 19.

Bricknell Helen
09/22/2020 15:54:58

Report Title:	Incidents and Outbreaks on COVID 19 in Hospital settings						
Meeting:	Executive Board				Meeting Date:	24/09/2020	
Status:	For Discussion		For Assurance		For Approval		For Information
Lead Executive:	Ruth Walker, Executive Nurse Director						
Report Author (Title):	Ruth Walker, Executive Nurse Director Jason Roberts, Deputy Executive Nurse Director						

Situation:

The Executive Nurse Director is informing the Board of the incidents and outbreaks of COVID-19 infection within the hospital settings in Cardiff & Vale UHB during the pandemic. She will also provide the Board with assurance on the actions taken to control these incidents and outbreaks, with particular emphasis to East 2, University Hospital of Llandough. The content of this report has been discussed in detail at the Quality, Safety and Patient Experience Committee on 8 September 2020.

Background:

Current UK definitions for healthcare acquired COVID-19:

- Positive specimen taken on day of admission or following day: community acquisition
- Positive specimen taken on days 3-7: indeterminate acquisition
- Positive specimen taken on days 8-14: probable healthcare associated infection

It has always been assumed during the extreme pandemic that a significant number of patients would be admitted to hospital with an unknown COVID-19 infection status. This was particularly relevant in the early stages with the initial testing and uncertainty around the epidemiology. Placing patients in hospital settings was very challenging, particularly while trying to manage the safe admissions of patients, with the identified length of incubation period (14 days)

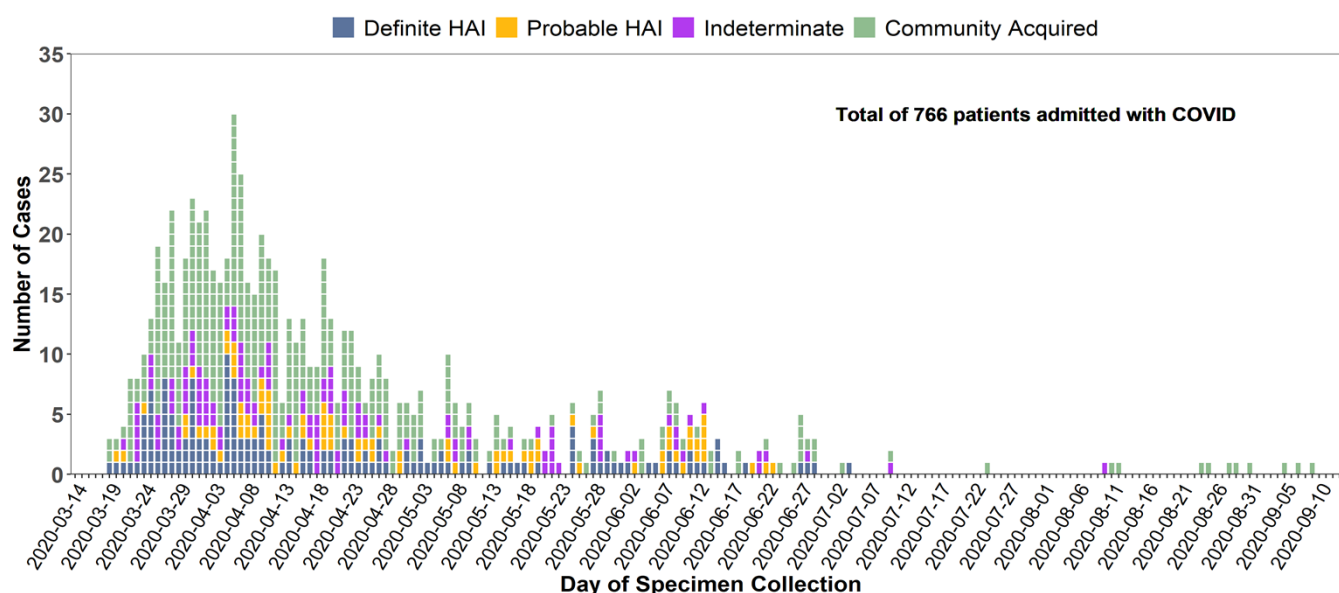
Cardiff & Vale UHB Situation up to 13 July 2020:

Positive specimen taken >14 days after admission: healthcare associated infection

- 5006 tests performed on inpatients
- 845 confirmed cases
- 16.9% positivity

Bricknell Helen
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The current position in Cardiff & Vale:



The above table has been broken down into two main areas:

Retrospectively identified clusters:

- UHW B5
 - 7 cases between 23/3/20 - 2/4/20
 - 2 HCAI
 - 5 community acquisition
- Rookwood ward 7
 - 11 cases between 22/3/20 – 14/4/20
 - All HCAI
- St David's Lansdowne
 - 7 cases between 1/4/20 - 7/5/20
 - 6 HCAI
 - 1 probable HCAI
- St David's Rhyddafer
 - 7 cases between 6/4/20 - 1/5/20
 - 4 HCAI
 - 3 probable HCAI
- UHL Mental Health Services
 - 43 cases 30/3/20 – 10/7/20
 - 34 HCAI
 - 2 probable HCAI
 - 1 indeterminate
 - 4 community acquired

Prospectively identified clusters:

- UHL East 2
 - 31 patient cases and 13 staff cases between 9/6/20 - 8/7/20
 - 11 HCAI
 - 11 probable HCAI
 - 2 indeterminate

- 4 community acquired
- UHL East 7
 - 5 patient cases and 5 staff cases between 21/6/20 - 9/7/20
 - 2 HCAI
 - 3 probable HCAI
- UHW B5
 - 3 patient cases and 2 staff cases between 23/6/20 – 8/7/20
 - 1 probable HCAI
 - 2 indeterminate

Factors influencing clusters:

- Recognition of broad symptomatology - Evolving case definition means early cases may have been misdiagnosed
- Transmission from healthcare workers - Early focus on protecting staff from positive patients, staff-staff and staff-patient transmission not recognised early on
- Changing PPE guidance – On review of early cases we know that National and local guidance evolved quickly as more evidence became available. This proved challenging at the time due to changing advice
- Overwhelmed IPC resources - Undersized team struggled to deal with rapidly escalating demands, to include Personal Protective Equipment (PPE) advice.

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

Throughout the management of the pandemic managerial, clinical and IP&C teams worked together to do all they could to keep patients and staff safe. Using the national and international guidance, reviewing data and adapting clinical practice. They continually reviewed actions and can demonstrate learning from these incident and outbreaks. They have used this learning to inform the zoning and practices as we open up services within the UHB.

Assessment:

The outbreak of particular concern within Cardiff & Vale UHB was East 2, University Hospital of Llandough, which identified the highest incidence of COVID-19 infection to date. East 2 is a 31 bedded nightingale ward. At the time of the outbreak the nightingale ward had 19 beds. 2 beds were removed to accommodate the 2 metre rule, following the initial outbreak.

- 10 June 2020 – Five patients tested positive for COVID-19 and a further 4 patients were symptomatic. One member of staff reported symptoms. The Nightingale area was closed
- 13 June 2020 – Patients in other bays tested positive and 6 staff members reported symptoms. Infection Prevention and Control recommended the whole ward be closed to admissions/transfers and Medicine Clinical Board complied
- By the 9 July 2020 - 31 patients tested positive to COVID-19
 - 13 staff members who tested positive to COVID-19 and
 - a further 6 who were symptomatic
- The timeline indicated that 20 of the patients had healthcare acquired COVID-19
- The remaining 11 patients we could not conclusively rule out healthcare acquisition
- There were 328 bed days lost over the outbreak period.

Hospital	Ward	Onset Date	End Date	Patients	Staff	BDLost	Reason	No of Confirmed
UHL	E2	09/06/20	09/07/20	31	13	328	COVID-19	44 (inc staff)

Factors influencing infection spread:

- Open Nightingale Ward
- Confused and wandering patients present during the time of the outbreak
- High footfall noted on the ward
- Office environment has limited space
- PPE not utilised by ward staff during handover
- Rooms having multipurpose - Staff room and store room
- Movement of staff across a number of wards
- Relaxed approach to PPE following ward re-branding to 'AMBER'
- Acquisition could be both patient to patient, staff to patient and patients to staff.

Actions Implemented:

- Daily UHL site meeting at 4pm from 15 June 2020 daily to review action plan as well as any cases of potential hospital transmission. Now undertaken on a weekly basis from 10 July 2020
- Six Outbreak meetings held between 16 June 2020 and 8 July 2020. These were attended by IP&C, Infection Control Doctors (4 out of 6), Consultant Physician (4 out of 6), Lead Nurse, Senior Nurses, Ward Manager, UHL General Manager, Operational Services and Estates. The meeting was chaired by the Deputy Executive Nurse Director on 4 occasions
- All meetings were attended by Consultant from Public Health Wales to provide external scrutiny
- Formal review of Nightingale bay set up
- 21 point action plan completed
- There was significant footfall noted on the ward – Split professions between two ends of ward and time of day to reduce volume.

Current situation:

- The ward is open to admissions and transfers
- There have been no new cases of COVID-19 originating from E2 for 28 days
- IP&C meetings continue on a weekly basis, examining issues raised by UHL as a whole
- All action points completed.

Summary:

- Significant impact to 31 patients and 13 staff who contracted COVID-19
- Excellent collaboration noted between staff – IPC, nursing in all specialties, facilities and AHPs
- No new cases of hospital transmission for 28 days
- Action Plan produced and all items now closed
- During discussions at the Quality, Safety and Experience Committee it was recognised that further work should be undertaken to raise the impact of failing to socially distance and patients, relatives, staff and service delivery.

09/12/2020 15:54:58
Helen

Recommendation:

The Board is asked to

- Note the incidents and outbreaks of COVID-19 infection within the hospital settings in Cardiff & Vale UHB during the pandemic
- Note the actions taken to control these incidents and outbreaks, with particular emphasis to East 2, University Hospital of Llandough
- To note that there have been no further incidents since this outbreak
- To action the request from QSE Committee to raise the impact of failing to socially distance.

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

Not Applicable



Report Title:	Commencement of the Socio-economic duty in Wales					
Meeting:	Board Meeting				Meeting Date:	24th September 2020
Status:	For Discussion	X	For Assurance	For Approval	For Information	X
Lead Executive:	Executive Director of Strategic Planning					
Report Author (Title):	Executive Director of Strategic Planning					

Background and current situation:

One of the priorities for the Welsh Government is to take action to safeguard equality and human rights, particularly in the context of the UK's exit from the European Union. For the Government, a key piece of this work is through commencing the Socio-economic Duty – a commitment from the First Minister's leadership manifesto. This involves enacting Part 1, Section 1 of the [Equality Act 2010](#) – the Socio-Economic Duty.

The overall aim of the Duty is to deliver better outcomes for those who experience socio-economic disadvantage. The Duty will require certain public bodies, including NHS organisations, when making strategic decisions to consider how their decisions might help to reduce the inequalities associated with socio-economic disadvantage.

The Socio-Economic Duty will come into force on the 31st of March 2021 (prior to COVID-19 the commencement date was the 1st of April 2020). From September 2020 the Welsh Government, working with partners, will be developing resources and engaging further with stakeholders, including the NHS, to support them prior to the commencement of the Duty and raising awareness of what the Duty will look like in practice.

As part of the commencement of the Duty an External Implementation Board was established at the end of 2019. Members of the Board includes the Welsh NHS Confederation, WLGA, National Parks Authority, Fire and Rescue services, Equality and Human Rights Commission and Natural Resources Wales.

In addition to the Implementation Board, a Working Group has been established to co-produce the interim and final guidance so that public bodies are well-equipped to meet the requirements of the Duty when it comes into force. The representative from the NHS on the Working Group is Director of Corporate Governance at Velindre University NHS Trust, who has been sharing information and liaising with Board Secretaries.

On 15 July 2020, the First Minister, announced that the Socio-Economic Duty was one of five areas confirmed to be added to the [Legislative Programme](#) for delivery before the end of this Senedd term. Subsequently on 16 July Jane Hutt confirmed via a [Written Statement](#) that the Duty would come into force on the 31st March 2021.

Bricknell Helen
09/22/2020 15:54:58

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

This Duty is welcomed. Within our communities, we have a significant proportion of the population living in circumstances of socio-economic disadvantage which is a real barrier to people having the same chance of a healthy life. We know that if the 'southern arc' of Cardiff was a separate Local Authority, it would rank the second most deprived in Wales. This Duty will require us to properly consider what positive impact our strategic decisions can and should have on socio-economic disadvantage.

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

The legislation

The Equality Act 2010 is a legal framework which aims to harmonise and strengthen discrimination law, supporting progress towards equality. It makes it unlawful to discriminate against those with a protected characteristic under the Act. The 2010 Act also places a '*due regard*' duty (public sector equality duty) on public bodies, to ensure that advancement of equality of opportunity is a key consideration for relevant public bodies when carrying out their functions. Despite the 2010 Act coming into force on 8th April 2010, Part 1 (the Socio-Economic Duty) lay dormant on the statute book as neither the UK Government, nor the devolved legislatures elected to commence it. Following the Wales Act 2017 the Welsh Government intended to use the new powers to commence Sections 1 to 3 of the Equality Act 2010 in Wales – the Socio-Economic Duty.

Section 1 requires relevant public bodies, when taking strategic decisions, to have due regard to the need to reduce the inequalities of outcome that result from socio-economic disadvantage.

The public bodies covered by the Duty are likely to be:

- The Welsh Ministers
- A Local Authority
- A Local Health Board
- An NHS trust
- Special Health Authorities (operating on a Wales-only basis)
- A Fire and Rescue Authority
- A National Park Authority
- The Welsh Revenue Authority

A list of relevant public bodies will be specified in the Regulations and corresponding statutory guidance, to be issued alongside commencement. However, the Welsh Government expect all public bodies, irrelevant of if they are captured by the Duty, to act in the spirit intended by the legislation.

Section 2 confers a power on the Welsh Ministers to make regulations, naming those relevant public bodies to which the Duty will apply.

Section 3 makes clear that the Duty will not create any new justiciable rights for individuals. In summary, the statutory requirement of the Duty places a legal responsibility on relevant bodies when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socioeconomic disadvantage.

The Duty is intended to complement and not compete with, or override, other statutory duties

incumbent upon relevant public bodies, for example the Public Sector Equality Duty, or the Well-being of Future Generations (Wales) Act 2015.

Reporting obligations: There is no reporting obligations attached to the Duty, however, it is a statutory Duty and relevant bodies should be able to demonstrate how they have discharged it. Once the Duty is commenced, if an individual or group whose interests are adversely affected by a relevant public body's decision, in circumstances where that individual or group feels the duty has not be properly complied with, they may be able to bring a **judicial review claim** against that public body.

Defining the key terms

DECISIONS OF A STRATEGIC NATURE: *In general, strategic decisions will be those which effect how the relevant public body fulfils its intended statutory purpose (its functions in regards to the set of powers and duties that it uses to perform its remit) over a significant period of time and will not include routine 'day to day' decisions.*

The Duty will apply to both new strategic decisions and when reviewing previous strategic decisions. The Duty is not retrospective, which means relevant public bodies do not have to give due regard to decisions which have been made before commencement.

Below are some examples of strategic decisions for relevant public bodies:

- Strategic directive and intent;
- Strategies developed at Regional Partnership Boards and Public Service Boards which impact on a public bodies functions;
- Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans);
- Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy);
- Changes to and development of public services;
- Strategic financial planning;
- Major procurement and commissioning decisions;
- Strategic policy development.

DUE REGARD: *Giving weight to a particular issue in proportion to its relevance.*

The concept of due regard should be well understood by relevant public bodies in relation to the public sector equality Duty. It means giving weight to a particular issue in proportion to its relevance. Existing practice for demonstrating evidence should be used, this might include impact assessment processes, systems for engagement and community involvement and use of local evidence and data. As with the public sector equality Duty, an individual or group may bring judicial review proceedings against a public body which is covered by the Duty, if they believe the public body has not considered socio-economic disadvantage when taking decisions of a strategic nature. It is for relevant bodies to evidence how they are meeting the statutory requirement and therefore it is recommended that relevant public bodies should evidence a clear audit trail for all decisions made under the 2010 Act.

SOCIO-ECONOMIC DISADVANTAGE: *Living in less favourable social and economic circumstances than others in the same society.*

Socio-economic disadvantage can be disproportionate in both communities of interest and communities of place, leading to further inequality of outcome, which can be further exasperated when considering intersectionality.

Those who share one or more of the protected characteristics listed in the Equality Act 2010 can be considered communities of interest. Groups of people who share an experience, for example, people who have experienced homelessness, the health and social care system or a local service. Accordingly, it is likely that people will reflect several communities of interest.

Communities of place refers to people who are linked together because of where they reside, work, visit or otherwise spend a substantial portion of their time. It is about understanding the way in which characteristics such as gender, race or class, can interact and produce unique and often multiple experience and disadvantage in specific situation.

INEQUALITIES OF OUTCOME: *Inequality of outcome relates to any measurable differences in outcome between those who have experienced socio-economic disadvantage and the rest of the population.*

Meeting the Duty when working in partnership

When a relevant body works in partnership with bodies not covered by the Duty, the Duty only applies to the relevant body. For example, local well-being plans are developed and owned by a range of partners, however those relevant public bodies subject to the Duty should ensure that they are discharging their Duty through consideration of how the elements of the plan they have responsibility for will reduce inequalities of outcome caused by socio-economic disadvantage.

Welsh Government support to public bodies

To support relevant public bodies in preparing for the future commencement of the Duty, the Welsh Government published non statutory guidance on the 1st April which can be accessed here - <https://gov.wales/socio-economic-duty>.

The guidance has been informed by feedback received through the consultation and the engagement events held across Wales. It has been co-produced with representatives of the bodies expected to be captured by the Duty. Further information, guidance and communication is being developed and will be shared in due course.

Wider alignment

Commencing the Duty will build on the good work that public bodies are already doing to tackle inequality, which links to plans to strengthen social partnership arrangements as both the Socio-Economic Duty and the potential Social Partnership Bill will help to address inequality from different perspectives.

Impact for the Health Board

In meeting the requirements of this new Duty, we will be building on the good work we are already doing in relation to improving people's life chances through the work we are doing with Public Service Board Partners. It will also build on the work we are progressing through our Equalities Action Plan. We already have a requirement to undertake Equality and Health Impact Assessments to ensure we fully understand the impact key plans, strategies and policies have in relation to the groups reflected in equalities legislation, and there will be an overlap with the specific requirement of this Duty to consider explicitly positive impact on socio-economic disadvantage.

It is recommended that we build the requirements of the Duty into our existing governance arrangements, with cover reports for Board and Committees explicitly confirming impact of a strategic decision in relation to socio-economic impact.

Failure to comply with the Duty would put the Health Board at risk of judicial review proceedings being brought against us by an individual or group.

Further information

The updated Factsheet, Q&A document and the Interim Guidance can be found on the Welsh Government website: <https://gov.wales/socio-economic-duty>

Recommendation:

The Board is asked to:

- Note the requirements of the Socio-economic Duty that comes into force in April 2020
- Support the approach recommended as set out above.

Shaping our Future Wellbeing Strategic Objectives

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

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	
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	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

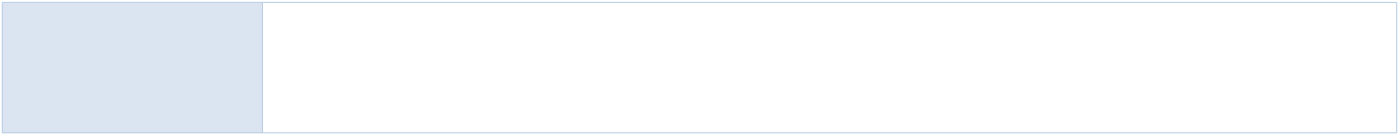
Five Ways of Working (Sustainable Development Principles) considered

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

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

Not Applicable



Bricknell Helen
09/22/2020 15:54:58

Kind and caring
Caredig a gofudgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol



REPORT TITLE:	OMBUDSMAN ANNUAL LETTER 2019/20				
MEETING:	Board			MEETING DATE:	24/09/20
STATUS:	For Discussion	For Assurance	For Approval	For Information	✓
LEAD EXECUTIVE:	Executive Nurse Director, Cardiff and Vale University Health Board				
REPORT AUTHOR:	Assistant Director of Patient Experience				
PURPOSE OF REPORT:					

SITUATION:

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.

Appendix 1 is a copy of the letter which will be published on the PSOW Website.

[Annual Letters](#)

A more detailed report and actions will be provided to the Quality, Safety and Experience Committee (QSE).

REPORT:

BACKGROUND:

The Health Board was below the average for complaints received and investigated with Health Board average adjusted for population distribution.

Factsheet

A. Complaints Received

Health Board	Complaints Received	Complaints received per 1000 people (population)
Aneurin Bevan University Health Board	140	0.24
Betsi Cadwaladr University Health Board	227	0.33
Cardiff and Vale University Health Board	100	0.20
Cwm Taf Morgannwg University Health Board	80	0.18
Hywel Dda University Health Board	92	0.24
Powys Teaching Health Board	23	0.17
Swansea Bay University Health Board	91	0.23
	753	0.24

Bricknell Helen
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B. Complaints Received by Subject with percentage share

Cardiff and Vale University Health Board	Complaints Received	
Children s Social Services - Adoption procedures	1	1.00%
Complaint Handling- Health	11	11.00%
Health - Appointments/admissions/discharge and transfer procedures	6	6.00%
Health - Clinical treatment in hospital	59	59.00%
Health - Clinical treatment outside hospital	11	11.00%
Health - Continuing care	3	3.00%
Health - De-Registration	2	2.00%
Health - Medical records/standards of record-keeping	3	3.00%
Health - Other	1	1.00%
Health - Patient list issues	2	2.00%
Various Other - Whistle-blowing	1	1.00%
		100

For context, across the UHB In 2019/20 we received 3166 concerns, 590 were managed under early resolution, providing a satisfactory outcome to the person raising concerns within 2 working days (including day of receipt). Therefore less than 0.3 % of people who raised concerns with the UHB in 2019/20 approached the Ombudsman because they were dissatisfied with the Health Board response.

The 11 concerns in relation to Complaints Handling were further reviewed and 6 related to a delay in responding, the current response time is 90% and we will continue to liaise directly with complainants at the outset to agree the questions for investigation.

C. Complaint Outcomes (* denotes intervention)

Complaints Closed	Out of Jurisdiction	Premature	Other cases closed after initial consideration	Early Resolution/ voluntary settlement*	Discontinued	Other Reports- Not Upheld	Other Reports Upheld - in whole or in part*	Public Interest Report *	Grand Total
Cardiff and Vale UHB	4	10	50	17	1	10	12	0	104
Percentage Share	3.85%	9.62%	48.08%	16.35%	0.96%	9.62%	11.54%	0.00%	

From the 100 concerns received by the Ombudsman a full investigation was undertaken into 22 cases and 12 were upheld whole or in part.

Public Interest reports

There were no public interest reports issued against Cardiff and Vale UHB.

In response to the annual letter the Health Board has been asked to take the following actions:

- Present the Annual Letter to the Board to assist Board Members in their scrutiny of the Board's Performance
- Work with the Ombudsman Improvement Officer and Complaints Standards Colleagues to improve complaint handling and standardise complaints data recording
- Inform the Ombudsman of the outcome of the Health Board's considerations and proposed actions on the above matters by **30 November 2030**

Assurance

The previous Internal Audit review provided Substantial assurance regarding the process within the Health Board for managing Ombudsman cases. All cases are managed via the corporate Concerns Team who support the Clinical Boards to respond to queries from the Ombudsman; cases are escalated to the Executive team as required. All recommendations are monitored to completion and closure by the Ombudsman's office.

The Health Board has a robust process in place to manage Concerns from the Ombudsman's office.

RECOMMENDATION:

The Committee is asked to **NOTE** the findings of the Ombudsman's Annual Letter 2019/2020

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

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

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

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


Sustainable development principle: 5 ways of working	Prevention	✓	Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓
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EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:


Not Applicable

Our ref: NB

Ask for: Communications

 01656 641150

Date: 7 September 2020

 Communications
@ombudsman-wales.org.uk

Mr Charles Janczewski
Chair of the Board
Cardiff and Vale University Health Board

By Email Only
charles.janczewski@wales.nhs.uk

Dear Mr Janczewski

Annual Letter 2019/20

I am pleased to provide you with my Annual Letter (2019/20) for Cardiff and Vale University Health Board.

I write this at an unprecedented time for public services in Wales and those that use them. Most of the data contained in this correspondence relates to the period before the rapid escalation in Covid-19 spread and before restriction on economic and social activity had been introduced. However, I am only too aware of the impact the pandemic continues to have on us all.

I am delighted to report that during the past financial year, we had to intervene in (uphold, settle or resolve early) a smaller proportion of complaints about public bodies in Wales: 20% compared to 24% last year.

With regard to new complaints about public bodies, 1020 or 45% related to NHS bodies— an increase of 1.3% compared to 2018/19.

Complaints about NHS bodies related predominantly to health (88%). However, as in previous years, a significant proportion of these complaints related to complaint handling (8%). We will continue to work with NHS bodies on reducing the number of these complaints, including as part of our new Complaints Standards role.

Work has already started as part of our Complaints Standards role for Wales, so far predominantly with Local Authorities. We have already seen great benefits already from this work, including the standardisation of complaints data recording. We look forward to working more closely with you in the coming months to help embed the new 'Once For Wales' system and, for the first time in Wales, provide complaints handling training to Health Boards, free of charge.

Page 1 of 6

Action for the Health Board to take:

- Present my Annual Letter to the Board to assist Board Members in their scrutiny of the Board's performance.
- Work with my Improvement Officer and my Complaints Standards colleagues to improve complaint handling practices and standardise complaints data recording.
- Inform me of the outcome of the Health Board's considerations and proposed actions on the above matters by **30 November**.

This correspondence is copied to the Chief Executive of your Health Board and to your Contact Officer. Finally, a copy of all Annual Letters will be published on my website.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Nick Bennett', with a stylized flourish at the end.

Nick Bennett
Ombudsman

CC: Len Richards, Chief Executive
Roz Meah, Contact Officer

Bricknell Helen
09/22/2020 15:54:58

Factsheet

A. Complaints Received

Health Board	Complaints Received	Complaints received per 1000 people (population)
Aneurin Bevan University Health Board	140	0.24
Betsi Cadwaladr University Health Board	227	0.33
Cardiff and Vale University Health Board	100	0.20
Cwm Taf Morgannwg University Health Board	80	0.18
Hywel Dda University Health Board	92	0.24
Powys Teaching Health Board	23	0.17
Swansea Bay University Health Board	91	0.23
	753	0.24

Bricknell Helen
09/22/2020 15:54:58

B. Complaints Received by Subject with percentage share

Cardiff and Vale University Health Board	Complaints Received	
Children s Social Services - Adoption procedures	1	1.00%
Complaint Handling- Health	11	11.00%
Health - Appointments/admissions/discharge and transfer procedures	6	6.00%
Health - Clinical treatment in hospital	59	59.00%
Health - Clinical treatment outside hospital	11	11.00%
Health - Continuing care	3	3.00%
Health - De-Registration	2	2.00%
Health - Medical records/standards of record-keeping	3	3.00%
Health - Other	1	1.00%
Health - Patient list issues	2	2.00%
Various Other - Whistle-blowing	1	1.00%

100

C. Complaint Outcomes (* denotes intervention)

Complaints Closed	Out of Jurisdiction	Premature	Other cases closed after initial consideration	Early Resolution/ voluntary settlement*	Discontinued	Other Reports- Not Upheld	Other Reports Upheld - in whole or in part*	Public Interest Report *	Grand Total
Cardiff and Vale UHB	4	10	50	17	1	10	12	0	104
Percentage Share	3.85%	9.62%	48.08%	16.35%	0.96%	9.62%	11.54%	0.00%	

09/12/2020 15:54:58
Helen

D. Number of cases with PSOW intervention

	No. of Interventions	No. of Complaints Closed	% Of Interventions
Aneurin Bevan University Health Board	55	165	33%
Betsi Cadwaladr University Health Board	67	217	31%
Cardiff and Vale University Health Board	29	104	28%
Cwm Taf Morgannwg University Health Board	9	59	15%
Hywel Dda University Health Board	29	92	32%
Powys Teaching Health Board	7	13	54%
Powys Teaching Health Board - All Wales Continuing Health Care cases	4	13	31%
Swansea Bay University Health Board	7	62	11%
Former Health Boards			
Abertawe Bro Morgannwg University Health Board	26	36	72%
Cwm Taf University Health Board	9	21	43%
Grand Total	242	782	31%

Bricknell Helen
09/22/2020 15:54:58

Appendix

Explanatory Notes

Section A compares the number of complaints against the Health Board which were received by my office during 2019/20, and the number of complaints per 1,000 residents (population).

Section B provides a breakdown of the number of complaints about the Health Board which were received by my office during 2019/20 with the percentage share.

Section C compares the complaint outcomes for the Health Board during 2019/20, with the percentage share.

Section D provides the numbers and percentages of cases received by the PSOW in which an intervention has occurred. This includes all upheld complaints, early resolutions and voluntary settlements.


Feedback

We welcome your feedback on the enclosed information, including suggestions for any information to be enclosed in future annual summaries. Any feedback or queries should be sent via email to communications@ombudsman-wales.org.uk


Bricknell Helen
09/22/2020 15:54:58

Ein cyf: NB

Gofynnwch am: Cyfathrebu

 01656 641150

Dyddiad: 7 Medi 2020

 Cyfathrebu
@ombwdsmon.cymru

Mr Charles Janczewski
Cadeirydd y Bwrdd
Cardiff and Vale University Health Board

Trwy Ebost yn Unig
charles.janczewski@wales.nhs.uk

Annwyl Mr Janczewski

Llythyrau Blynnyddol 2019/20

Mae'n bleser gennyf ddarparu fy Llythyr Blynnyddol (2019/20) i Fwrdd Iechyd Prifysgol Caerdydd a'r Fro.

Yr wyf yn ysgrifennu hyn yn ystod cyfnod na welwyd ei debyg o'r blaen ar gyfer gwasanaethau cyhoeddus yng Nghymru a'r sawl sy'n eu defnyddio. Mae'r rhan fwyaf o'r data yn yr ohebiaeth hon yn gysylltiedig â'r cyfnod cyn y cynnydd cyflym yn ymlediad Covid-19 a chyn cyflwyno cyfyngiadau ar weithgareddau economaidd a chymdeithasol. Fodd bynnag, yr wyf yn ymwybodol iawn o'r effaith y mae'r pandemig yn parhau i gael ar bob un ohonom.

Yr wyf yn falch o ddweud y bu'n rhaid inni, yn ystod y flwyddyn ariannol ddiwethaf, ymyrryd (cadarnhau, setlo neu ddatrys yn gynnar) mewn cyfran lai o gwynion am gyrff cyhoeddus: 20% o gymharu â 24% y llynedd.

O ran cwynion newydd am gyrff cyhoeddus, roedd 1020 neu 45% yn ymwneud â chyrff y GIG - cynnydd o 1.3% o gymharu â 2018/19.

Roedd cwynion am gyrff y GIG yn ymwneud yn bennaf ag iechyd (88%). Fodd bynnag, yn yr un modd â blynnyddoedd blaenorol, roedd cyfran sylweddol o'r cwynion hyn yn ymwneud ag ymdrin â chwynion (8%). Byddwn yn parhau i weithio â chyrff y GIG i leihau nifer y cwynion hyn, gan gynnwys fel rhan o'n rôl Safonau Cwynion newydd.

Tudalen 1 o 7

Public Services Ombudsman For Wales | Ombwdsmon Gwasanaethau Cyhoeddus Cymru, 1 Ffordd yr Hen Gae, Pencoed CF35 5LJ

 01656 641150

 01656 641199

 ask@ombudsman-wales.org.uk | holwch@ombwdsmon-cymru.org.uk

All calls are recorded for training and reference purposes | Bydd pob galwad yn cael ei recordio ar gyfer dibenion hyfforddi a chyfeirio

Brigefili Helen
09/22/2020 15:54:58

Mae gwaith eisoes wedi cychwyn fel rhan o'n rôl Safonau Cwynion yng Nghymru, hyd yn hyn yn bennaf ag Awdurdodau Lleol. Rydym eisoes wedi gweld buddion mawr yn deillio o'r gwaith hwn, gan gynnwys safoni cofnodi data cwynion. Edrychwn ymlaen at weithio yn agosach â chi yn y misoedd nesaf i helpu gosod y system 'Unwaith i Gymru' newydd ac, am y tro cyntaf yng Nghymru, darparu hyfforddiant ymdrin â chwynion i Fyrddau lechyd, yn rhad ac am ddim.

Camau i'w cymryd gan y Bwrdd lechyd:

- Cyflwyno fy Llythyr Blynnyddol i'r Bwrdd i gynorthwyo Aelodau'r Bwrdd yn eu swyddogaeth o graffu ar berfformiad y Bwrdd
- Gweithio a'm Swyddog Gwella a fy nghydweithwyr Safonau Cwynion i wella arferion ymdrin â chwynion a safoni cofnodi data cwynion
- Rhoi gwybod imi am ganlyniad ystyriaethau a chatau gweithredu arfaethedig y Bwrdd lechyd yng nghyswllt y materion uchod erbyn **30ain Tachwedd**.

Mae'r ohebiaeth hon yn cael ei chopïo i Brif Weithredwr eich Bwrdd lechyd a'ch Swyddog Cyswllt. Yn olaf, bydd copi o'r holl Lythyrau Blynnyddol yn cael eu cyhoeddi ar fy ngwefan.

Yn gywir



Nick Bennett
Ombwdsmon

Cc: Len Richards, Prif Weithredwr
Roz Meah, Swyddog Cyswllt

Bricknell Helen
09/22/2020 15:54:58

Taflen Ffeithiau

A. Cwynion a Gafwyd

Bwrdd Iechyd	Cwynion a Gafwyd	Cwynion a gafwyd fesul 1000 o bobl (poblogaeth)
Bwrdd Iechyd Prifysgol Aneurin Bevan	140	0.24
Bwrdd Iechyd Prifysgol Betsi Cadwaladr	227	0.33
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro	100	0.20
Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg	80	0.18
Bwrdd Iechyd Prifysgol Hywel Dda	92	0.24
Bwrdd Iechyd Addysgu Powys	23	0.17
Bwrdd Iechyd Prifysgol Bae Abertawe	91	0.23
	753	0.24

Bricknell Helen
09/22/2020 15:54:58

B. Cwynion a Gafwyd yn ôl Pwnc gyda chyfran ganrannol

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro	Cwynion a Gafwyd	
Gwasanaethau Cymdeithasol Plant - Gweithdrefnau mabwysiadu	1	1.00%
Ymdrin â Chwynion - Iechyd	11	11.00%
Iechyd - Apwyntiadau/derbyniadau/rhyddhau a gweithdrefnau trosglwyddo	6	6.00%
Iechyd - Triniaeth glinigol yn yr ysbyty	59	59.00%
Iechyd - Triniaeth glinigol y tu allan i ysbyty	11	11.00%
Iechyd - Gofal Parhaus	3	3.00%
Iechyd - Dadgofrestru	2	2.00%
Iechyd - Cofnodion meddygol/safonau cadw cofnodion	3	3.00%
Iechyd - Arall	1	1.00%
Iechyd - Materion rhestr cleifion	2	2.00%
Amrywiol Eraill - Chwythu'r chwiban	1	1.00%
100		

Bricknell Helen
09/22/2020 15:54:58

C. Canlyniadau Cwynion

(* yn dynodi ymyrraeth)

Cwynion a Gaewyd	Tu hwnt i Awdurdodaeth	Cynamserol	Achosion eraill wedi'u cau ar ôl ystyriaeth gychwynnol	Datrys yn Gynnar/Setli ad Gwirfoddol*	Wedi rhoi'r gorau iddi	Adroddiadau Eraill - Heb eu Cadarnhau	Adroddiadau Eraill wedi'u Cadarnhau - yn gyfan gwbl neu'n rhannol*	Adroddiad Budd y Cyhoedd*	Cyfanswm
BIP Caerdydd a'r Fro	4	10	50	17	1	10	12	0	104
Cyfran Ganrannol	3.85%	9.62%	48.08%	16.35%	0.96 %	9.62%	11.54%	0.00%	

Bricknell Helen
09/22/2020 15:54:58

D. Nifer yr achosion lle ymyrrodd OGCC

	Nifer yr Ymyriadau	Nifer y Cwynion a Gaewyd	% o Ymyriadau
Bwrdd Iechyd Prifysgol Aneurin Bevan	55	165	33%
Bwrdd Iechyd Prifysgol Betsi Cadwaladr	67	217	31%
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro	29	104	28%
Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg	9	59	15%
Bwrdd Iechyd Prifysgol Hywel Dda	29	92	32%
Bwrdd Iechyd Addysgu Powys	7	13	54%
Bwrdd Iechyd Addysgu Powys - Achosion Gofal Iechyd Parhaus Cymru Gyfan	4	13	31%
Bwrdd Iechyd Prifysgol Bae Abertawe	7	62	11%
Cyn Fyrddau Iechyd			
Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg	26	36	72%
Bwrdd Iechyd Prifysgol Cwm Taf	9	21	43%
Cyfanswm	242	782	31%

Bricknell Helen
09/22/2020 15:54:58

Atodiad

Nodiadau Esboniadol

Mae adran A yn cymharu nifer y cwynion yn erbyn y Bwrdd Iechyd a dderbyniwyd gan fy swyddfa yn ystod 2019/20, a nifer y cwynion fesul 1000 o drigolion (poblogaeth).

Mae adran B yn darparu dadansoddiad o nifer y cwynion am y Bwrdd Iechyd a dderbyniwyd gan fy swyddfa yn ystod 2019/20 gyda'r gyfran ganrannol.

Mae adran C yn cymharu canlyniadau'r cwynion ar gyfer y Bwrdd Iechyd yn ystod 2019/20, gyda'r gyfran ganrannol.

Mae Adran D yn darparu niferoedd a chanrannau'r achosion a dderbyniwyd gan OGCC lle bu rhaid ymyrryd. Mae hyn yn cynnwys yr holl gwynion a gadarnhawyd, datrysiadau cynnar a setliadau gwirfoddol.

Adborth

Rydym yn croesawu eich adborth ar y wybodaeth amgaeedig, gan gynnwys awgrymiadau am unrhyw wybodaeth sydd i'w hamgáu mewn crynodebau blynyddol yn y dyfodol. Dylid anfon unrhyw adborth neu ymholiadau drwy e-bost at cyfathrebu@ombwdsmon-cymru.org.uk

Bricknell Helen
09/22/2020 15:54:58

	Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act
Health board	Cardiff & Vale University Health Board
Date annual assurance report with compliance with the Nurse Staffing Levels (Wales) Act is presented to Board	September 2020 (Deferred from May 2020)
Reporting period	April 6 th 2019 – April 5 th 2020
<p>Requirements of Section 25A</p> <p>Section 25A refers to the Health Boards/Trusts overarching responsibility to ensure appropriate nurse staffing levels <u>in any area where nursing services are provided or commissioned, not only adult medical and surgical wards.</u></p> <p>Bricknell Helen 09/22/2020 15:54:58</p>	<p>The Nurse Staffing Act (Wales) 2016 states that Health Boards have an overarching duty to provide sufficient nurses to care for patient sensitively. This duty applies to all areas that provide a nursing service included commissioned services.</p> <p>The Executive Nurse Director has determined that a review of nurse staffing levels across all clinical areas in line with the requirement in Section 25A will provide assurance that the principles behind the Act are considered. Appendix 1 describes the standards and evidence that have been considered in determining the number of nurses required across the Health Board.</p> <p>The agreed process of signing off these establishments within the UHB have been followed within this time period from the Ward Sister/ Charge Nurse to the Director of Nursing for the Clinical Board and includes the Directors of Operations, Head of Finance and Head of Workforce from each Clinical Board. The Clinical Boards and Executive Nurse Director have agreed establishments that they consider will meet all reasonable requirements.</p> <p>We have now undertaken 5 formal reviews of Nurse staffing under section 25(A) within the UHB since the start of the Act. Within 2019-20, we undertook one annual calculation which was reported to Board in 28th November 2019. The second annual calculation which was due to be presented to Board in May 2020 was impacted on by the COVID-19 pandemic. A letter received by the Chief Nursing Officer date 24th March 2020, provided Executive Nurse Directors with clarity and assurances in relation to the Covid-19 pandemic. An exception paper was subsequently presented to Board in 28th May 2020 providing assurance in the changes to nurse staffing calculation aligned to the service and operations reconfiguration required at the</p>

time.

Under 25(A) of the Act, staffing levels for all inpatient areas throughout the UHB have been calculated to ensure that they can provide the level of care sensitive to the patient needs. To ensure that Nurse Staffing levels are maintained all Clinical Boards have a version of a daily safety briefing whereby senior teams determine staffing requirements and manage risk continually over a 24 hour period. During March – April 2020 (COVID-19 period) the Nurse Staffing levels have been managed through the COVID-19 Local Control Centre Silver meeting on a 4x daily basis through a dynamic risk managed basis.

In December 2019, the Health Minister announced plans to extend the Nurse Staffing Levels (Wales) Act 2016 to include paediatric in patient wards as part of Section 25(B). The purpose of the paediatric work stream is to devise an evidence based- workforce planning tool to determine appropriate nurse staffing levels within paediatric inpatient areas.

Cardiff and Vale continues to have excellent engagement with the All Wales paediatric inpatient work stream which has full engagement and representation from paediatric staff from all health boards across Wales.

In Cardiff and Vale we have worked with the 9 interim principles for nurse staffing on paediatric wards and are now fully compliant. As a health board we are working with the Paediatric Welsh Levels of Care draft document and continuing to score our patients once a day and monitor our compliance. With the Paediatric programme lead we have delivered a comprehensive training package for all staff to help to support the implementation of the methods and tool required to assess and record patient acuity.

Whilst there has been no formal announcement to extend the Act (in this reporting period) to any other speciality, in line with Section 25(B), however all clinical areas within the UHB are calculated in line with Section 25(A). It must be noted therefore of the exceptions within the Mental Health Clinical Board. The Mental Health Clinical Board management team and therefore, the Executive Nurse Director have not been able to sign off all the nursing establishments for this area as they remain non-compliant with section 25(a) of the Act as the

Bricknell Helen
09/22/2020 15:54:58

	<p>professional and service requirements do not meet the financial envelope. The Board will recall that this has been reported in all previous cycles since May 2018. The Board have asked the Executive Nurse Director, the Chief Operating Officer and Director of Finance to meet with the Clinical Board for Mental Health to resolve this issue. The Executive Nurse Director has been asked to update Board in November 2020. In order to manage this risk the Mental Health Clinical Board reviews staffing levels on a day to day basis by: Formal review of rosters every morning; Out-of-hours requests managed by silver manager on call; Shift coordinators move staff around on a daily basis; Use of temporary staffing when required. The Mental Health Clinical Board provided assurances to the Strategy and Delivery Committee in April 2019 that they are looking to address these issues in line with the IMTP processes with support from the wider UHB.</p> <p>The UHB is currently working with the lead for Commissioning within the UHB to revisit commissioning contracts.</p>
<p>Actions taken in relation to calculating the nurse staffing level on section 25B wards during the reporting period.</p> <ul style="list-style-type: none"> • Adult acute <u>medical</u> inpatient wards • Adult acute <u>surgical</u> inpatient wards <p>(Ref: paragraph 26-30)</p> <p>Bricknell Helen 09/22/2020 15:54:58</p>	<p>In the reporting period 2019-20 38 adult medical and surgical wards where Section 25(B) applies were presented to Board on 28th November 2019. Following the acuity audit undertaken in June 2019 as part of the Bi-annual recalculation process, all wards under Section 25(B) of the Act were reviewed in order to ensure the prescribed methodology was considered. Following this, there were no changes required to the Nurse Staffing levels on the wards.</p> <p>Appendix 1 provides detail of the number of wards where Section 25(B) applied.</p> <p>However due to the impact of COVID-19 and in response to the guidance presented by the Chief Nursing Officer for a requirement for a 'Once for Wales' approach, The All Wales Nurse Directors agreed to postpone presenting the Annual Assurance Report, due in May 2020, until September 2020.</p> <p>The letter dated 24th March 2020, confirmed that '<i>Adult Medical and Surgical wards that have been repurposed as novel wards to deal with the COVID-19 pandemic would be considered an</i></p>

	<p><i>exception under the definition of adult Medical and surgical ward, therefore would not be subject to the prescribed triangulated calculation methodology’.</i> Between March and April 2020 a number of wards under Section 25(B) were repurposed for COVID-19 and were presented in an exception report to Board in 28th May 2019 (Appendix 2). Since this time there has been a significant repurposing of wards throughout Cardiff & Vale UHB in order to respond to NHS Wales COVID-19 Operating Framework: quarter 2 2020 - 2021</p> <p>The UHB has continued to implement new ways of working in order to respond to the unprecedented demands experienced throughout the pandemic. This has required an extremely flexible approach to the deployment of nurses managed through the COVID-19 Local Control Centre Silver meeting.</p>
<p>Using the triangulated approach to calculate the nurse staffing level on section 25B wards</p> <p>(Ref: paragraph 31-45)</p> <p>Bricknell Helen 09/22/2020 15:54:58</p>	<p>The Nurse Staffing Levels (Wales) Act 2016 requires that all wards included in section 25(B) must calculate the number of Nurses using a triangulated approach utilising three sources of information. The information triangulated is both qualitative and quantitative in nature and must include:</p> <ul style="list-style-type: none"> • Professional judgement – the Clinical Board Nurse Director in conjunction with the Ward Sister/ Charge Nurse and Lead and Senior Nurses should use their knowledge of the clinical area to inform the levels of nurse staffing. The Operational Guidance for the Act provides detailed descriptions defining professional judgment. Included in this description is a suggestion that data on, compliance with mandatory training, vacancy and sickness rates, temporary staffing usage, bed occupancy and student feedback may be of use in supporting this aspect. • Patient acuity - use the prescribed evidence-based workforce planning tool to understand the level of acuity and activity that can influence nurse staffing numbers. The tool used to determine the acuity of each patient is the Welsh Levels of Care. • Quality indicators – there should be consideration of quality indicators that are particularly sensitive to care provided by a nurse as part of the calculation. To reduce the burden of

	<p>measurement, quality indicators that have an established data source have been detailed as a minimum data set within the Act and Statutory guidance. The indicators are:</p> <ul style="list-style-type: none"> • Patient falls - any fall that a patient has experienced whilst on the ward; • Pressure ulcers - total number of hospital acquired pressure ulcers judged to have developed while a patient on the ward; and • Medication errors - any error in the preparation, administration or omission of medication by nursing staff (this includes medication related never events). <p>A record of this process is documented for each clinical area using an All Wales Recording Template. These record details of the overall findings of the workforce planning tool, any evidence from the quality indicators for that recording period and a summary of the professional judgement of the team. The areas of responsibility in the sign off the nurse staffing levels in wards where Section 25B&C apply are presented to ensure that the professional opinions across the service are considered.</p>
<p>Informing patients</p> <p>(Ref: paragraph 20-25)</p>	<p>The UHB informs patients of the nurse staffing levels and date of agreement on information boards at the entrance to wards. The All Wales Template is used and this complies with Welsh Language requirements. The staffing levels for that day are displayed inside the ward area.</p> <p>In April 2019 the UHB Internal Audit department undertook a formal review of the UHB's compliance with the Nurse Staffing Levels (Wales) Act throughout 2019-20. The report provided substantial assurance in its compliance with the Act, however A recommendation from the audit required further action in relation to ensuring that up to date Nurse Staffing level information is displayed at ward level.</p>
	<p>Section 25E (2a) Extent to which the nurse staffing levels are maintained</p>

Bricknell Helen
09/22/2020 15:54:58

<p>The extent to which the nurse staffing levels have been maintained</p> <p>(Ref: paragraph 13-19)</p>	<p>When the second duty of the Nurse Staffing Levels (Wales) Act 2016 (the Act) came into force in April 2018, there was no consistent solution to extracting all of the data explicitly required under section 25E, and health boards were using a variety of e-rostering and reporting systems. During the reporting period 2019/20, all health boards/trusts in Wales have been working as part of the All Wales Nurse Staffing Programme to develop a consistent approach to capturing quantitative data on a daily basis (in lieu of a single ICT solution) to enable each organisation to demonstrate the extent to which the nurse staffing levels across the health board have been maintained in areas which are covered by Section 25B/C of the Act. As a result, since July 2019 we have been formally reporting the maintenance of staffing levels on a daily basis using the Health Care Monitoring System.</p> <p>For the 2019/20 annual report, this Health Board, together with all other health boards/trusts in Wales, is providing narrative to describe the extent to which the nurse staffing levels have been maintained in order to meet its statutory reporting requirement under Section 25E of the Act. All reasonable steps are set out within the Operational Framework</p> <p>For the 2020/21 reporting period, it is anticipated that this section of the annual report will contain quantitative data for part of the year at least. This data, once available for every health board in Wales, will be presented by all health boards in a consistent manner.</p> <p>The UHB continues to strategically monitor the nurse staffing position, with a focus on effective roster management, efficiencies of the temporary staffing office and the effective recruitment and retention of nursing workforce.</p>
<p>Process for maintaining the nurse staffing level</p> <p>(Ref: paragraph 13-19)</p>	<p>Monitoring the nurse staffing level is the responsibility of nurses throughout the system and the Health Board would encourage staff to raise concerns.</p> <p>In terms of the statutory responsibility as detailed in the Act the daily operational meetings as described look across in-patient ward areas and determine deviations from the planned rosters. This is a complex process involving professional and operational staff making</p>

	<p>decisions on maintaining nurse staffing levels throughout a 24 hour period. One of the challenges across Health Boards in Wales is how to record the 'extent' to which nurse staffing has been delivered and to record the mitigating actions that are taken at this granular level. In order to discharge this duty and provide meaningful data for the Board which can be aggregated in a report to Welsh Government a proforma is currently being tested in the daily meeting to record deviations from the roster, any actions undertaken and how risk was mitigated.</p> <p>During 2019-20 the UHB have implemented the use of the patient acuity data being captured on a daily basis for all Section 259B) wards across the UHB to inform risk management decisions and the deployment of nurses. The decision to formalise this across Wales was made in January 2020 with the continuation of the acuity assessment being recoded daily on the Health Care Monitoring System. The daily staffing continues to be monitored through the COVID-19 Local Control Centre Silver meeting.</p>
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((Ref: paragraph 43-44))		Section 25E (2b) Impact on care due to not maintaining the nurse staffing levels			
Patient harm incidents (i.e. nurse-sensitive Serious Incidents /Complaints)	1) Total number of closed serious incidents/complaints during <u>last</u> reporting period	2) Total number of closed serious incidents/complaints during <u>current</u> reporting period.	3) Total number of serious incidents/complaints not closed and to be reported on/during the <u>next</u> reporting period	4) Increase/decrease) in the number of closed serious incidents/complaints between reporting periods	5) Number of serious incidents/complaints where failure to maintain the nurse staffing level was considered to have been a factor

Hospital acquired pressure damage (grade 3, 4 and unstageable).	Provide quantitative data 94	Provide quantitative data 31	Provide quantitative data 0	Provide quantitative data ↓63	Provide quantitative data 1
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	Provide quantitative data 29	Provide quantitative data 11	Provide quantitative data 13	Provide quantitative data ↓18	Provide quantitative data 1
Medication related never events.	Provide quantitative data 1	Provide quantitative data 0	Provide quantitative data 	Provide quantitative data ↓1	Provide quantitative data 0
Complaints about nursing care	0	0	0	0	0
		Section 25E (2c) Actions taken if the nurse staffing level is not maintained			
Actions taken when the	An important requirement of the Act is to report episodes of harm that are associated with nurse staffing levels. The determination of the influence of staffing levels on an incident is complex It is acknowledged that correlation does not equal causation. A first step however is recognising those incidents where harm occurred when the staffing levels				

<p>nurse staffing level was not maintained</p>	<p>were below the agreed establishment, where the role of incident reporting is crucial. Any increase or pattern of incidents in a clinical area are considered as part of the Health Board Quality and Safety frameworks. In addition concerns arising from quality indicators or complaints would prompt the Health Board to consider whether the Nurse Staffing Level should be recalculated outside of the routine bi-annual process.</p> <p>The Operational Guidance lists the incidents that need to be formally reported to Welsh Government details of which are below. The Patient Safety Team have worked to adapt the process for the investigation and management of serious incidents including never events to ensure that the contribution of nurse staffing levels is considered. Investigating officers are required to provide evidence for the decision that they have reached and sign off is verified at Executive Nurse Director level.</p>
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<p>Conclusion & Recommendations</p>	
	<ul style="list-style-type: none"> • Whilst 2019-20 has seen progress in relation to fully meeting the requirements of the Act, it has presented significant challenges, particularly during the latter part of the reporting period 2019-20. This has enabled us to: • Significant service remodelling since March 2019 • Highlight the ongoing challenges of COVID-19 (rapid service remodelling, workforce issues) • Improve and maintain a flexible workforce • Highlight the importance (in readiness for the 3 yearly Report to Welsh Government) the need for daily monitoring. • Looking at the Once for Wales reporting system, Cardiff & Vale UHB current system does not support the future 'Safe care' Model in line with the rest of Wales. Work is currently ongoing to explore moving to the same rostering system that is used by all other Health Boards across Wales. • The National discussions with Safe care to provide the consistent approach to daily monitoring in line with the Welsh Levels of Care.

Bricknell Helen
09/22/2020 15:54:58

Appendix 1

Summary of Nurse Staffing Levels

Health board/trust:	Cardiff and Vale University Health Board					
Period reviewed:	April 2019 – September 2019					
Number of adult acute medical and surgical inpatient wards where section 25B applies:	Site: UHW				Site: UHL	
	Medical	Surgical	Specialist	Children & Women	Medical	Surgical
	8	9	9	1	7	4

Nurse staffing level per ward where section 25B applies (*)	RN (WTE)	HCSW (WTE)	TOTAL (WTE)
Heulwen Seasonal ward 18 beds	16.48	14.21	30.69
Heulwen South Seasonal ward 13 beds	12.37	11.37	23.74
A4 Seasonal ward	15.21	11.37	26.58
A1	29.70	17.06	47.76
A6S	15.24	11.37	27.61
B7	25.58	17.06	43.64
A7	25.58	19.90	46.48
C6	25.79	20.71	47.50
C7S	13.70	8.52	22.72
East 6	19.89	17.06	37.95
East 7	19.89	17.06	37.95
East 4	19.89	17.06	37.95

Nurse staffing level per ward where section 25B applies (*)	RN (WTE)	HCSW (WTE)	TOTAL (WTE)
C4N	18.5	20.41	38.91
B4N	30.66	19.9	50.56
C3/CCU	34.9	9.54	44.51
C5	31.92	8.53	40.45
B1	29.89	10.56	40.45
B6	27.67	17.06	44.72
C1	22.08	12.64	34.72
Anwen	7.78	4.50	12.30
Duthie			
A2	33.89	15.48	49.37
B2	16.48	8.53	25.01

Gwenwyn	10.51	2.78	14.29
CFU	11.11	2.78	14.89
West 6	19.90	14.21	35.11
West 1	19.90	14.21	35.11
B5	29.89	18.32	48.21
T5	30.7	13.64	44.34
B4H	39.13	15.99	55.12
TCT	20.10	6	26.10
SSSU	29.40	11.73	41.13
SAU	14.70	7.45	22.15

A1link	22.93	8.53	25/02
CAVOC	33.48	14.21	52.69
A5H&N	15.98	8.53	24.51
A5 Urology	15.98	8.53	24.51
West 4	15.21	11.37	26.58
West 5	20.9	9.58	30.47
A6N	19.32	14.21	33.54
A3 Link	20.9	8.53	29.43

Board/Executive level Authorisation	Designated person	Name & signature	Director of Operations	Name & signature	Director of Finance	Name & signature		
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Date presented to the Board by designated person	Date, name, title and signature of designated person
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(*) Points to consider: Uplift of 26% has be included applied to RN and HCSW wte, to cover staff absences 1wte ward sisters/charge nurse and managers are supernumerary and has been added

Bricknell Helen
09/22/2020 15:54:58

Appendix: Summary of required establishments on wards during COVID-19 pandemic

Site	Name of Ward	No. of beds	Establishment during COVID-19			Previous establishment			Record the date when the purpose of the ward changed & the rationale
			RN WTE	HCSW WTE	TOTAL	RN WTE	HCSW WTE	TOTAL	
UHW	Heulwen Seasonal Ward	31	28,85	22,74	51,59	28,85	22,74	51,59	Seasonal ward total 31 beds (Heulwen South and North combined) pre covid from 23rd March ward changed to covid suspected ward reduced total beds to 20 maintained establishment due to covid and AGP acuity.
UHW	B2 Seasonal Ward	18	15,21	11,37	26,58	15,21	11,37	26,58	B2N seasonal ward moved to A6S April 20 to accommodate suspected covid patients
UHW	A1	38	30,69	17,06	47,75	30,69	17,06	47,75	No Change
UHW	A6S	17	16,21	11,37	27,58	16,21	11,37	27,58	A6S moved to B2N April 20 and continued to care for stroke patients
UHW	B7	38	32,26	17,06	49,32	32,26	17,06	49,32	B7 change to covid AGP step up to ITU March 23rd, beds reduced flex dependent on clinical need / ICU capacity est was the same but 1:1 nurse patient ratio
UHW	A7	38	32,26	19,44	51,7	26	19,44	45,44	A7 RN establishment increase to support Covid step down ICU patients 23rd March
UHW	C6	38	32,26	20,71	52,97	26,79	20,71	47,5	C6 RN establishment increase to support Covid patients 23rd March
UHW	C7S	38	52,17	28,43	80,6	17,76	8,3	26,06	C7 open as a Covid ward on Friday 20th March - staffed by surgical nurses . Previous to this C7 was a medical Endocrine ward (19 beds)
UHL	East 6	30	20,9	17,06	37,96	20,9	17,06	37,96	No Change
UHL	East 7	29	0	0	0	20,9	17,06	37,96	Closed end March 20 in response to covid
UHL	East 4	30	20,9	17,06	37,96	20,9	17,06	37,96	No Change
UHL	Gwynwyn	8	0	0	0	11,51	2,78	14,29	Temporary closure to support Covid end March 20.

Site	Name of Ward	No. of beds	Establishment during COVID-19			Previous establishment			Record the date when the purpose of the ward changed & the rationale
			RN WTE	HCSW WTE	TOTAL	RN WTE	HCSW WTE	TOTAL	
UHL	CFU	7	12,11	2,78	14,89	12,11	2,78	14,89	No Change
UHL	West 6	29	20,9	14,21	35,11	20,9	14,21	35,11	No Change
UHL	West 1	28	20,44	13,89	34,33	20,44	13,89	34,33	March 23rd became suspected covid ward flex beds as per clinical need maintained establishment.
UHL	East 2	33	20,9	17,06	37,96	0	0	0	Opened to support covid March 23rd combined gwenwyn and Anwen staff
UHW	B5	27	29,89	15,48	45,37	29,89	15,48	45,37	No change
UHW	T5	19	29,81	13,33	43,14	29,81	13,33	43,14	No change
UHW	B4H	27	39,13	15,99	55,12	39,13	15,99	55,12	No change
UHW	TCT	8	18,22	5,69	23,91	18,22	5,69	23,91	No change
UHW	SSSU	33	36,13	13,23	49,36	29,4	11,73	41,13	since Nov 2019 SSSU has been staffed at weekends so the establishment has changed since Sept 2019 (winter pressures). However due to reduced elective and emergency work over the COVID period this work has reduced and staff have been sent to support Critical care
UHW	SAU	13 spaces	23,74	11,25	34,99	23,74	11,25	34,99	No Change
UHW	C4N	25	0	0	0	18,5	20,41	38,91	Closed as amalgamated with B4
UHW	B4N	29	30,66	19,9	50,56	30,66	19,9	50,56	No Change

Site	Name of Ward	No. of beds	Establishment during COVID-19			Previous establishment			Record the date when the purpose of the ward changed & the rationale
			RN WTE	HCSW WTE	TOTAL	RN WTE	HCSW WTE	TOTAL	
UHW	C3/CCU	8&10	28,82	5,69	34,51	35,96	9,54	45,5	1st April 2020 C3 closed and CCU relocated to A4South 8 Level 2 beds
UHW	C5	37	28,63	18,68	47,31	31,92	8,53	40,45	1st April 2020 Cardiothoracic amalgamated with Cardiology C5 opened as COVID/ Suspected COVID for medicine
UHW	B1	38	29,89	10,56	40,45	29,89	10,56	40,45	No Change
UHW	CRITICAL CARE	frequently changing	frequently changing	frequently changing		191,4	16,86	208,26	GRU expanded their footprint to open capacity across the 3rd floor (into old CCU and C3) and Level 3 beds utilised on T4/CITU. Establishment flexed up/down with capacity demands. Staff relocated from across UHB (80 staff at the beginning released from all areas to support ITU) increased therapy support to meet the needs of the capacity demand. Redeployed staff due to current capacity are incrementally being released back to their own areas on the premise if there is a second peak they will be released again
UHW	B6	38	0	0	0	27,67	17,05	44,72	The ward closed on the 23rd March in preparation for re-opening for additional covid capacity. Ward has remained closed. Trauma take moved to UHL- staff used to support the move to UHL and to staff C7 Covid ward requirement
UHW	C1	23 (19 at weekend)	0	0	0	22,08	12,64	34,72	30th March C1 closed during COVID and activity moved to UGG Obstetrics
UHL	Anwen	11	15,53	8,66	24,19	7,8	4,5	12,3	DUE TO COVID THIS WARD CLOSED AS a Breast surgery WARD ON 27TH MARCH 2020. It has reopened as a Trauma ward for 23 patients on the 10 April
UHW	Duthie	24 was 18 pre COVID	22,93	11,37	34,3	16,48	8,54	25,02	pre COVID was a 18 beded Colorectal ward on the on the 23rd march due to covid , Duthie bed capacity has been increased to 24 and the case mix has changed to medical gastro/ Surgery
UHW	A2	38	33,89	15,48	49,37	33,89	15,48	49,37	No Changes to establishment . A2 has changed from an upper GI liver ward to an elective surgical ward on 1st May
UHW	B2	19	16,48	8,53	25,01	16,48	8,53	25,01	B2 is a vascular surgical ward- no changes
UHW	A1Link	23	22,93	8,54	31,47	22,93	8,54	31,47	A1 link is an emergency surgical admissions ward - no changes

Site	Name of Ward	No. of beds	Establishment during COVID-19			Previous establishment			Record the date when the purpose of the ward changed & the rationale
			RN WTE	HCSW WTE	TOTAL	RN WTE	HCSW WTE	TOTAL	
UHL	CAVOC	51	38,49	14,21	52,7	38,49	14,21	52,7	no changes to establishment . Purpose of ward has changed from orthopaedics to trauma for the pupose of COVID
UHW	A5N&S	19	0	0	0	8,53	15,98	24,51	A5 north closed on Friday 20th March as a surgical ward - the staff transferred to ward C7 to open a COVID positive ward
UHW	A5 Urology	19	0	0	0	8,53	15,98	24,51	A5 north closed on Friday 20th March as a surgical ward - the staff transferred to ward C7 to open a COVID positive ward
UHL	West 4	22	15,21	11,37	26,58	15,21	11,37	26,58	No Change
UHL	West 5	29	0	0	0	9,58	20,9	30,48	Closed as a Orthopaedic surgical ward on 10th April. Staff have since moved to West 3 to reopen as a trauma ward
UHW	A6N	19	0	0	0	14,21	19,32	33,53	A6N was a regional spinal unit. It closed on the 25th March to prepare for COVID capacity which has not yet been required . The staff have moved to staff ward A3 link
UHW	A3Link	26	19,32	14,21	33,53	20,9	8,53	29,43	On the 25th March A3 link changed from a trauma ward to a combined trauma and spinal ward
HYC	Alder	5 (+4)	13,13	14,41	27,54	13,13	14,41	27,54	4 beds added to make isolation area for patints awaiting test results but unable to isolate due to their Mental Health from 30th March 2020. Flexibility has been added within the PINE staffing establishment to cover if needed. Uplift from WG through transformation fund for Alder for 2020/21 of 4 wte HCSW posts
HYC	Ash	10	11,73	23,29	35,02	11,73	23,29	35,02	No Change
HYC	Beech	17	13,13	12,19	25,32	13,13	12,19	25,32	No Change
HYC	Cedar	15	18,75	13,41	32,16	18,75	13,41	32,16	No Change
HYC	Elm	12	11,8	15,13	26,93	11,8	15,13	26,93	No Change

Site	Name of Ward	No. of beds	Establishment during COVID-19			Previous establishment			Record the date when the purpose of the ward changed & the rationale
			RN WTE	HCSW WTE	TOTAL	RN WTE	HCSW WTE	TOTAL	
HYC	Hazel	10	10,44	15,12	25,56	10,44	15,12	25,56	No Change
HYC	Oak	17	11,13	11,19	22,32	13,13	12,19	25,32	No Change
HYC	Maple	13	12,4	12,69	25,09	12,4	12,69	25,09	Reduction of 2 beds to create
HYC	Willow	17	9,4	11,69	21,09	12,4	12,69	25,09	No Change
HYC	Pine	10	27,13	9,04	36,17	12,13	5,04	17,17	Closed as Alcohol Detox ward on to be become COVID positive ward on 30th March 2020. Has returned to accepting Detox and releasing staff back to other wards and their community teams from 7th May.
UHL	East 10	16	24,94	40,04	64,98	9,47	17,38	26,85	Became Covid Positive Ward on 30th March 2020. Combined with East 12 on 6th April. (Extra staff were brought in from community teams to bolster staffing and hence the high numbers of staff in total.
UHL	East 12	16	0	0	0	9,47	16,66	26,13	Became Covid Positive Ward on 6th April combined off duty with E10, staufs now changed to Step Down Ward with ability to return back to COVID positive ward
UHL	East 14	16	0	0	0	10,17	21,32	31,49	No Change
UHL	East 16	16	0	0	0	10,17	21,32	31,49	No Change
UHL	East18	16	0	0	0	11,92	18,59	30,51	No Change
Comm	Park Road	14	12,47	10,07	22,54	12,47	10,07	22,54	Reduction of 2 beds to create isolation area for patients awaiting COVID result
Comm	Phoenix	8	9,96	8,05	18,01	9,96	8,05	18,01	No Change

Site	Name of Ward	No. of beds	Establishment during COVID-19			Previous establishment			Record the date when the purpose of the ward changed & the rationale
			RN WTE	HCSW WTE	TOTAL	RN WTE	HCSW WTE	TOTAL	
Llanfair	Meadow	10	10,44	10,98	21,42	10,44	10,98	21,42	No Change
Llanfair	Dafodill	16	9,47	16,16	25,63	9,47	16,16	25,63	No Change
Barry	St. Barrucs	15	15,33	22,43	37,76	15,33	22,43	37,76	No Change
UHW	Midwifery/Delivery	N/A	312,21	87,87	400,08	312,21	87,87	400,08	No Change
UHW	Theatre Nurses	N/A	11,33	0	11,33	11,33	0	11,33	No Change
UHW	Gynaecology Outpatients	N/A	14,8	4,39	19,19	14,8	4,39	19,19	No Change
UHW	Colposcopy	N/A	4,95	2,44	7,39	4,95	2,44	7,39	No Change
CRI	SARC	N/A	0	0	0	0	0	0	No Change
UHW	NICU/SCBU	32 cots	106,32	11,64	117,96	106,32	11,64	117,96	No Change
UHW	PICU	7 ITU/4 HDU	62,38	2,37	64,75	62,38	2,37	64,75	No Change
UHW	Jungle/Island/TCU	35	54,15	11,62	65,77	54,15	11,62	65,77	No Change
UHW	Seahorse & CIU	8 flat spaces	9,18	2,78	11,96	9,18	2,78	11,96	No Change

Site	Name of Ward	No. of beds	Establishment during COVID-19			Previous establishment			Record the date when the purpose of the ward changed & the rationale
			RN WTE	HCSW WTE	TOTAL	RN WTE	HCSW WTE	TOTAL	
UHW	Pelican	6	16,08	0	16,08	16,08	0	16,08	No Change
UHW	Children's Outpatients	N/A	5,08	4,73	9,81	5,08	4,73	9,81	No Change
UHW	Gwdihw/Bumblebee	37	52,51	13,09	65,6	52,51	13,09	65,6	No Change
UHW	Rainbow	13	36,41	7,79	44,2	36,41	7,79	44,2	No Change
UHW	HPV Vaccination Programme	N/A	0	0	0	0	0	0	No Change
C&W	School Nursing	N/A	19,49	2,13	21,62	19,49	2,13	21,62	No Change
C&W	CCNS	N/A	28,37	24,08	52,45	28,37	24,08	52,45	No Change
C&W	Special Schools	N/A	6,02	1,61	7,63	6,02	1,61	7,63	No Change
C&W	Special Needs Health Visiting	N/A	4,2	0	4,2	4,2	0	4,2	No Change
C&W	Looked After Children	N/A	4,2	0	4,2	4,2	0	4,2	No Change
C&W	Youth Offender Team	N/A	1	0	1	1	0	1	No Change
C&W	Continence Service	N/A	2,04	0	2,04	2,04	0	2,04	No Change

Site	Name of Ward	No. of beds	Establishment during COVID-19			Previous establishment			Record the date when the purpose of the ward changed & the rationale
			RN WTE	HCSW WTE	TOTAL	RN WTE	HCSW WTE	TOTAL	
C&W	Immunisation Team	N/A	6,19	2,21	8,4	6,19	2,21	8,4	No Change
C&W	St David's Outpatients	N/A	0	0	0	0	0	0	No Change
C&W	Health Visiting	N/A	84,55	8,67	93,22	84,55	8,67	93,22	No Change

Bricknell Helen
09/22/2020 15:54:58

Report Title:	Board Lead and Champion Roles						
Meeting:	Board				Meeting Date:	24.09.20	
Status:	For Discussion	x	For Assurance		For Approval	x	For Information
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Director of Corporate Governance						

Background and current situation:

In accordance with Standing Order 1.4.12 the Chair will ensure that individual Board Members are designated as lead roles or 'champions' as required by Welsh Ministers or as set out in any statutory or other guidance. Any such role must be clearly defined and must operate in accordance with the requirements set by the LHB, the Welsh Ministers or others. In particular no operational responsibilities will be placed upon any Independent Member fulfilling such a role. The identification of a Board Member in this way shall not make them more vulnerable to individual criticism, nor does it remove the corporate responsibility of the other Board Members for that particular aspect of Board business.

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

Board Lead and Champion Roles were last approved by the Board in May 2019. Since that time there has been a number of changes on the Board. It should also be noted that Welsh Government are removing the following Board Champion/Lead Roles from the list. The rationale for discontinuing the roles is also provided to give some context:

- Health Sustainability role (Board Member) : The Well-being of Future Generations (Wales) Act 2015 and the 'Healthier Wales: Our Plan for Health and Social Services' makes the role no longer necessary as the Act embeds sustainability into Boards' decisions, with the plan setting the direction for the NHS in Wales.
- Patient Champion for Cleaning (hospital environmental) (Non-Executive): It was viewed by the policy lead as now embedded best practice.
- Design role (Board Member): Concluded that the Champion role had been met and does not need to continue.
- Public and Patient Involvement (Executive and/or Non-Executive): Superseded by the Putting Things Right statutory roles.
- Estates (Non-Executive): Concluded that the Champion role does not need to continue.
- Security Management (Executive Board Member): Concluded that the Champion role does not need to continue.

Delayed Transfers of Care (Executive Board Member): The remit now falls within Director

Hicknell Helen
09/22/2020 15:54:58

responsible for performance. Champion role does not need to continue.

A Welsh Health Circular is being prepared which will be issued in due course.

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

Attached at Appendix 1 is a proposed schedule of Board Leads and Champions also attached at Appendix 2 is a proposed Board Champions Role Description to ensure that the role and responsibilities are clearly defined.

Recommendation:

The Board is asked to:

- (i) Approve the proposed Board Leads and Champions set out in Appendix 1.
- (ii) Approve the Board Champion Role Description set out at Appendix 2.

Shaping our Future Wellbeing Strategic Objectives

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

1. Reduce health inequalities	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		Integration		Collaboration	x	Involvement	x
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Equality and Health Impact Assessment Completed:

Not Applicable

Caredig a gofud

Dangos parch

Trust and integrity

Ymddiriedaeth ac uniondeb

Personal responsibility

Cyfrifoldeb personol

BOARD LEADS AND CHAMPIONS

The Standing Orders state that the Chair is required to ensure that individual Board Members are designated as lead roles or 'champions' as required by Welsh Government or as set out in any statutory or other guidance. In addition to the ones set out by Welsh Government, statute or other guidance the Board has also identified some local areas where an Executive Director or Independent Member Lead is required.

	Requirement / Area of responsibility	Board Level /Executive Lead	Current	Proposed
Champions (specific responsibilities)				
1	Welsh Language Champion	Board Member	Sara Mosely	Rhian Thomas
2	Older Persons Champion	Executive Director	Susan Elsmore	Abigail Harris
3	Violence and Aggression Champion	Executive Director	-	Martin Driscoll
4	Armed Forces and Veterans Champion	Executive Director	Fiona Jenkins	Fiona Jenkins
Independent Member and Executive Leads				
5	Lead for Children and Young People and Maternity	Independent Member Executive Director	Maria Battle Ruth Walker	Eileen Brandreth Ruth Walker
6	Caldicott Guardian	Board Level Clinician	Medical Director	Stuart Walker
7	Emergency Planning	Executive Director	Abigail Harris	Abigail Harris
8	Fire Safety	Board Member	Abigail Harris	Martin Driscoll
9	Wellbeing of Future Generations Act	Board Member	-	Charles Janczewski
10	Social Services and Wellbeing (Wales) Act	Board Member	-	Susan Elsmore
Local Areas Identified				
11.	Equality and Human Rights	Board Member	-	Sara Mosely

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09/22/2020 15:54:58

Board Champions – Role Description

1 The principal responsibility of a Board Champion

- 1.1 In addition to their responsibilities as a Board Member, the Board Champion will take a lead in an area of responsibility defined by Welsh Government or as set out in any statutory or other guidance and work with the Executive Team and other staff to help develop strategy and policy.

2 Representing the Board

- 2.1 To take a lead responsibility in a defined area of the business
- 2.2 To be consulted on the development of strategy and policy in relation to the defined area prior to consideration by the Board or Committee of the Board
- 2.3 To attend project Groups, working groups or action groups and offer a Board member's perspective to the meetings
- 2.4 To contribute to learning events

3 Working with Staff

- 3.1 To support the Executive Director or Lead Officer in the defined area in the preparation of strategy and policy papers
- 3.2 To offer advanced level of scrutiny on proposals prior to consideration by the Board or Committee of the Board
- 3.3 To support joint working between Board members and staff
- 3.4 To ensure that Board members roles and responsibilities do not cross in to the operational duties of the staff

All Champions can do the following things:

- Be clear about their role
- Advise on best practice
- Review and influence
- Review policies and procedures
- Create awareness – internal / community
- Scrutinise / critique e.g. Board reports
- Raise standards on materials
- Target areas for review / promotional activity
- Help to embed

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- Keep their areas on the agenda at senior level
- Raise profile of Cardiff and Vale UHB
- Point of contact for support and advice
- Network – other organisations

Champions cannot do the following things:

- Change the law
- Change people
- Feel fully responsible for their area
- Be experts
- Make decisions for others
- Please everyone
- Solve all issues relating to their area
- Change things over night
- Provide legal advice
- Replace a policy

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09/22/2020 15:54:58

Report Title:	Re-imagining Ageing into the Future The Annual Report of the Director of Public Health for Cardiff and the Vale of Glamorgan 2019						
Meeting:	Cardiff and Vale University Health Board Board Meeting				Meeting Date:	24 September 2020	
Status:	For Discussion		For Assurance	X	For Approval		For Information
Lead Executive:	Executive Director of Public Health						
Report Author (Title):	Principal Health Promotion Specialist						

Background and current situation:

Each year the Annual Report of the Director of Public Health (DPH), a statutory requirement of the Executive Director of Public Health role in the University Health Board (UHB), focuses on an issue of major public health significance. This year's report, 'Re-imagining Ageing into the Future' outlines the changing demographics of our communities and how the large and increasing population of people over the age of 65 years in Cardiff and the Vale of Glamorgan can be supported to have happy, healthy lives into older age.

In Cardiff and the Vale of Glamorgan, the number of people in the 65 to 84 age group and the 85+ age group are both predicted to increase from 2019 to 2039, whilst other broad age groups (0-15 years and 16-64 years) are predicted to decrease. The 85+ age group is predicted to double in number in over this time period. There are variations in the demographics across the Health Board area - the Vale of Glamorgan is predicted to have a larger population increase in the 65-84 and 85+ age groups than Cardiff. There are differences between primary care clusters: Western Vale has the largest proportion of people age 65-84 in relation to the cluster population (23%) while Cardiff South East has the lowest (5.5%).

Fifty six percent of people aged 65 and over in Cardiff and the Vale of Glamorgan say that they are in good health; for many people, getting older is a very positive experience, and they have much to look forward to. However, if people do develop health conditions as they age, it can start to make daily activities more difficult, such as washing and dressing. Healthy ageing is not just about the absence of disease and ill health, it is about being able to have positive, independent lives and being able to do the things we want to do for as long as possible.

Giving recognition to the important role that lifestyles, screening and immunisations play in healthy ageing is key, but there are also wider areas that play a part in health and wellbeing into later life. The DPH annual report focuses upon three of these key areas which we know matter to older people and which can support them to experience good health and wellbeing in later life:

- having purpose
- having social connections
- having active and healthy places to live.

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09/22/2020 15:54:58

Having purpose and enjoyment brings great benefits to individual wellbeing. It drives us to achieve goals, giving us a sense of meaning and direction. Evidence also shows that having purpose contributes to good health. Purpose and meaning can be found in many aspects of life, and as people age this could include work and then retirement, volunteering and hobbies or activities.

Being connected to others is important in being able to have a happy later life as social connections with family, friends, community and colleagues help to develop a sense of belonging, give purpose to life and increase a sense of wellbeing. Evidence shows that loneliness and social isolation have a negative impact on health, and there can be triggers for experiencing these as people move into later life, including retirement, bereavement, taking on a caring role or experiencing ill health.

The physical environment plays an important part in how well people are able to connect with others, and maintain health and wellbeing. Being able to get to shops, services and see friends and family enables people to have a good quality of life in a practical sense, but it also supports emotional needs as people can connect to others. Mobility and having social support are key to healthy ageing, and to improve these, there is a need to consider how to create age-supportive environments. The quality of housing is also a major influence upon health and wellbeing into later life.

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

Societies around the world are ageing faster than ever before, and in Cardiff and the Vale of Glamorgan this is reflected in our local population. In 20 years' time we will have more people in our local community who are over the age of 65 than we have ever had. This is something to be celebrated and valued as older people make such a strong contribution to society in so many ways, including the economy, volunteering and caring for others. We can all play a part in creating positive and healthy futures, with and for the older members of our community, and my aim with this year's report is to draw attention to the ways in which we and society in general can re-imagine healthy older age.

The actions outlined in the DPH report address each of the three themes, and will support the population of Cardiff and the Vale of Glamorgan to experience good health and wellbeing into older age.

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

Assessment

Systematic and coordinated action at strategic, operational and patient level is required if we are to ensure that the rapidly growing population of people aged 65 and over are able to have happy, healthy lives into older age. The DPH Report sets out a vision for Cardiff and the Vale of Glamorgan for the actions that will support this to happen across three key themes. There is recognition that the UHB has a role to play in enabling healthy ageing, but it is important that partnership work is developed to achieve the change. Making progress in this area of work will realise potential benefits of reduced demand for health and social care services through older people having improved physical and mental health and wellbeing; more cohesive communities and reduced social isolation; and environments that are age-friendly.

To make a significant and sustained improvement in health and well-being for older people, Cardiff and Vale UHB and its partners have the opportunity to take action now and over the coming years:

- Support our staff to ensure transition to retirement is well planned. Provide holistic information on financial planning, healthy lifestyles, volunteering opportunities, learning opportunities and activities
- Improve support for health literacy for older people and consider accessibility of information when designing or providing services to patients, providing information and advice, or when prescribing medication
- Train and support staff across the UHB to be able to recognise triggers for loneliness and social isolation amongst patients and colleagues and provide support to address the triggers
- Design and develop places and spaces (including new and existing facilities) that support our staff and older people in our communities to be active, have social connections and access facilities and services to maintain good health into older age

This DPH report will be presented through evidence based summaries of each of the three themes: purpose, social connections and place and calls to action in each section. The themes are supplemented with films which tell the stories of some of the older people and the organisations who work with them in Cardiff and the Vale of Glamorgan. In developing the report, several focus groups were undertaken with older people, and some of the thoughts and comments from these are included alongside infographics. The report will be web based and be accompanied by a printed summary booklet.

The full report is available [here](#)

No additional risk implications identified.

Recommendation:

- **NOTE** the Annual Report, including the impacts on health and well-being of the three key themes of having purpose, social connections and a physical environment that supports health and wellbeing into later life.
- **SUPPORT** current and future initiatives and interventions to deliver against the recommendations across the UHB and with wider partners.

Shaping our Future Wellbeing Strategic Objectives			
This report should relate to at least one of the UHB’s objectives, so please tick the box of the relevant objective(s) for this report			
1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing	X	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X

4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X
Five Ways of Working (Sustainable Development Principles) considered <i>Please tick as relevant, click here for more information</i>			
Prevention	X	Long term	X
Integration	X	Collaboration	X
Involvement	X		
Equality and Health Impact Assessment Completed:	Not Applicable		





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

'RE-IMAGINING AGEING INTO THE FUTURE'

SUMMARY AND CALL TO ACTION

Director of Public Health - Annual Report 2019



Bricknell Helen
09/22/2020 15:54:58



Fiona Kinghorn
Executive Director
of Public Health

FOREWORD

My report for this year focuses upon three key themes that we know influence people's ability to experience healthy ageing and have a good quality of life: feeling a sense of meaning and purpose in life; having good social connections; and living in places that enable us to remain safe, active and independent. There is a great deal of evidence which tells us that if people experience these three things, they are more likely to have happy, healthier lives into older age.

For many people, getting older is a very positive experience, and they have much to look forward to. Many people feel a sense of community, enjoy where they live and have good connections to family and friends. Despite the fact that many older people in Cardiff and the Vale of Glamorgan are in good health and are happy with their lives, there are some inequalities that need to be addressed, as there are people who are not ageing in good health, and are experiencing very different levels of wealth, happiness and security in later life.

This booklet provides a summary of the key themes and messages within this year's report, and some actions that we can take as individuals and as organisations to help the population of Cardiff and the Vale of Glamorgan experience healthy ageing into the future.

My thanks go to everyone who has contributed to this year's report, including: Kate Roberts, Laura Wilson, Louise Yau, Carl Rogers, Brian Marsh, Megan Luker, and Shelagh Maher.

Thanks to Cheryl Williams for bringing the report together and acting as chief editor.

I would like to extend my particular thanks to the members of the local community and local organisations who gave up their time to take part in focus groups, interviews and films.

Bricknell Helen
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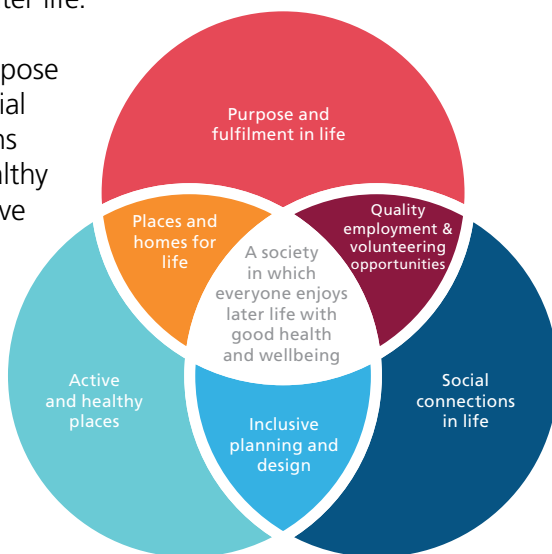
WHAT IS HEALTHY AGEING?

Before we start to outline each of the themes, it is important to understand what we mean by healthy ageing, and why we should be focusing our attention on it. Healthy ageing is not just about the absence of disease and ill health, it is about being able to have positive, independent lives and being able to do the things we want to do for as long as possible.

We need to recognise that although it is common for people to start to develop conditions and illness in older age, many people age in good health, and in fact 56.7% of people aged 65 and over in Cardiff and the Vale of Glamorgan say that they are in good health¹. However, if people do develop health conditions as they age, it can start to make daily activities more difficult, such as washing and dressing.

Giving recognition to the important role that lifestyles, screening and immunisations play in healthy ageing is key, but there are also wider areas that play a part in health and wellbeing into later life. This report focuses upon three of these areas which we know matter to older people and which can support them to experience good health and wellbeing in later life:

- having purpose
- having social connections
- having healthy places to live



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09/22/2020 15:54:58

Throughout our lives, having purpose and enjoyment in what we do brings great benefit to our well-being.

It drives us to achieve goals, giving us a sense of meaning and direction². It is also known to contribute to good health as evidence has shown a strong link between being purposeful and living longer. Having a purpose in life might help us to deal better with negative or stressful times by helping us to learn from these experiences constructively and to refocus on wider goals^{3,4}.

Purpose and meaning can be found in many aspects of our lives, and as we age that could include our work and then retirement.

Working in later life

Employers value older employees as a great asset and many are able to accommodate a diverse workforce through their employment policies which support people to work for longer if they wish to⁵. There are many ways which employers could support people to continue to work or take up new or alternative employment opportunities in later life:

Flexible working: One way to support employees, which could be of particular value to older workers, is flexible working⁶. This includes a range of elements such as a reduction in hours, flexible start/finish times, job sharing, compressed hours (working full time hours over fewer days), and work base. For example, working from home or a different location could allow employees to achieve a good work life balance.

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09/22/2020 15:54:58

Employer support for health and wellbeing:

Employers can help support their employees to adopt healthier lifestyles, which can help to prevent many long-term health conditions. Schemes around active travel, healthy eating, help to stop smoking and access to support for wellbeing can all help.

Training: Training can be provided in formal courses, or less formal ways for example through mentoring or by taking on differing projects or roles within an organisation.

Employer support with planning for the future: Many organisations do not have a process in place to discuss planning for future work, health needs and retirement with their employees, and support people with financial planning. This should be undertaken at an early stage with employees to give them the greatest benefit.



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09/22/2020 15:54:58

A purposeful retirement

When it comes to retirement many people do not have clear ideas of how they want to spend their time with many just reporting goals around 'living comfortably'⁷. This lack of expectations and planning is likely to lead to lower levels of purpose on retirement. Currently, much of the information, advice and support around retirement is aimed at financial or practical matters and neglects the emotional and social impact. Retirement planning courses should provide a holistic approach, helping people to identify what they may like to do in their retirement.

Keeping healthy in later life

People with higher levels of purpose are more proactive in taking care of their health, they have better impulse control, and engage in healthier activities⁸. In order to keep healthy in later life, it is important that people have the health literacy to be able to do so. In other words, having enough knowledge, understanding, skills and confidence to use health information, to be active partners in their care, and to navigate health and social care systems⁹. People should be able to access information in a way that they can understand and be able to learn skills around improving literacy, including digital literacy.



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09/22/2020 15:54:58

Being connected to others is also important in being able to have a happy later life¹⁰. Positive social connections with family, friends, community and colleagues help us to feel that we belong, give purpose to our lives and increase our sense of wellbeing.

Social connections

People differ in the way that they seek out company of others, but humans have a fundamental need to interact with others. People who have meaningful relationships are happier, have fewer health problems, and live longer than those who do not¹¹. Helping people to make and maintain social connections can be complex, and a range of interventions can support people, such as adequate transport and access to technology. The enablers to this can include volunteering, which can lead to new connections being made, and community connectors in organisations who can signpost people to activities and services that they need.

Supporting older people to make connections

There are many approaches to supporting older people to make and maintain social connections, and reduce the risk of loneliness and social isolation.

Recognise older people as assets

Assets are resources, skills, or knowledge which enhance the ability of individuals, families and communities to sustain their health and wellbeing¹². Asset based approaches value, nurture and use this potential to enhance local community connections, build resilience and improve wellbeing at individual and community levels¹³.

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09/22/2020 15:54:58



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Recognise the risks of loneliness and social isolation

Although loneliness is a subjective and personal experience, there are factors that can lead people to be more likely to feel lonely. It is important that we enable individuals, their families, friends and the professionals that work with older people to recognise some of the triggers that can lead to changes in social connections and potentially to loneliness.

Develop social prescribing approaches

Social prescribing, sometimes called community referral, links people to community services that can offer support emotionally, socially or practically. There are different models of social prescribing most of which involve a 'link worker' or 'navigator' who will help people to access local sources of support or activities.

Use technology to connect

Confidence in using, and having access to, digital technology has many benefits¹⁴ but many older people face barriers such as being worried about security risks, lack of knowledge, support and skills, access and disabilities. People should be supported to access technology and get online if they wish to do so, as this can help to alleviate social isolation and loneliness and enable access to many activities and services.

Volunteering opportunities

Older people have many skills and talents to share which can benefit fellow volunteers, organisations and communities. Volunteering in later life can increase the quantity and quality of social connections, enhance a sense of purpose and self-esteem and improve life satisfaction, happiness and wellbeing¹⁵.

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09/22/2020 15:54:58

The physical environment and where we live plays an important part in how well people are able to connect with others, and maintain health and wellbeing. Being able to get to shops, services and see friends and family enables people to have a good quality of life in a practical sense, but it also supports emotional needs as we can connect to others¹⁶. Mobility and having social support are key to healthy ageing, and to improve these, there is a need to consider how we can create age-supportive environments¹⁷. The quality of housing is also one of the key things that can impact on health and wellbeing¹⁸.

Age-friendly spaces

When planning and designing outdoor spaces and buildings, there are ways to ensure that the environment is age-friendly and supportive for people as they move into later life. Urban design can be highly beneficial for people with dementia, as well as wider society, to ensure that the local environment is as easy to navigate as possible. With approximately 5,000 people currently diagnosed with dementia living in Cardiff and the Vale of Glamorgan, this is an important element to consider in design of places.



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09/22/2020 15:54:58

The age-friendly outdoor spaces and buildings checklist from the World Health Organisation includes the following:

- Clean spaces with enforcement around noise levels and odours
- Well maintained green spaces with adequate toilet facilities
- Pedestrian friendly walkways in open spaces, free from obstructions with smooth surfaces
- Outdoor seating available, particularly in parks, transport stops, and public spaces. Spaced at regular intervals, and safe to access
- Pavements are well maintained, smooth, level, non-slip and wide enough to accommodate wheelchairs, with low curbs. Pedestrians have priority of use
- Sufficient pedestrian crossings over roads which allow enough time to cross where lights are included
- Separate cycle paths for cyclists
- Street lighting
- Services are close to where older people live and easily accessed (on ground floor), clustered together
- Adequate public toilets that are clean, well maintained and accessible, well signed and in convenient locations
- Buildings are accessible and have the following features:
 - o Lifts
 - o Ramps
 - o Adequate signage
 - o Railings on stairs
 - o Stairs that are not too high or steep
 - o Non-slip flooring
 - o Rest areas with comfortable chairs
 - o Sufficient numbers of public toilets

Bricknell Helen
09/22/2020 15:54:58

Source: World Health Organisation (2007) Global Age-friendly Cities: A Guide

Housing

Three key factors in homes have the highest health-related impact for older people: if a home poses a risk of falls due to trip and slip hazards; if a home is cold; and the location of the home as it can lead to isolation if people are far away from social contacts¹⁹. The vast majority of older people in Cardiff and the Vale of Glamorgan live in their own home. Wales has the oldest housing stock in the UK, and the highest treatment costs in relation to poor housing²⁰, so it is very important that investment be made in existing housing stock, as there are significant health benefits that can be achieved, and significant cost savings. Older people also need to be able to access information that help them to make informed decisions about housing options and finance to be able to plan for the future²¹. New home design should incorporate intergenerational living spaces²², and conform to design standards such as Lifetime Homes²³ that support older people's requirements to enable them to live in their own homes for longer.

Recommendations

We want to engage with the local community, with professionals and organisations in health, social care, transport, planning, education, sport and leisure, community, third and voluntary sectors, as well as public and private employers to make Cardiff and the Vale of Glamorgan a place where people can experience healthy ageing into the future.

A summary of the recommended actions is on the following pages.

For a full copy of this year's report please visit.....

<https://cavuhb.nhs.wales/patient-advice/keeping-people-well/about-public-health-in-cardiff-and-the-vale/key-publications/>

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Public

Plan early for retirement ensuring you consider existing or new activities that are purposeful and meaningful to you. Find out if your employer offers a retirement planning course and start planning, ensuring you understand your pension and have planned for your financial needs for retiring

Cardiff and Vale of Glamorgan Public Services Boards

Advocate for the development and implementation of age-friendly policies across public services

Cardiff and Vale University Health Board

Improve support for health literacy and consider accessibility of information when designing or providing services, providing information and advice, or when prescribing medication.

Workplaces and employers

Develop an age-friendly framework for the organisation, which incorporates the adoption of Ageing Better's guide to become an age-friendly employer, or uses the Welsh Government toolkit.

- Be flexible about flexible working
- Hire age positively
- Ensure everyone has the health support they need
- Encourage career development at all ages
- Create an age-positive culture

For employers of physically demanding job roles, consider how jobs can be adapted or assistive technology used to support people in their employment when needed.

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09/22/2026 15:54:58

Support employees to ensure transition to retirement is well planned. Provide holistic information on financial planning, healthy lifestyles, volunteering opportunities, learning opportunities and activities.

Offer retirement courses for employees to be able to receive specialist advice and information, at various stages in their employment, not just when they are close to retirement age

Seek support from Business Wales on training and skills development for your workforce



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09/22/2020 15:54:58

Public

If you find it difficult to use technology and access the internet, find out how you can get support to get connected by visiting your local library or Council hub.

Join a group, volunteer or try a new activity, as these are great ways of meeting people and making social connections. Your local library or hub can help you find activities

Be aware of the potential triggers for loneliness. If you are in contact with older people. 'Make every contact count' and ask them if they would like to know more about how to make social connections and help them to find out what is available in their local community.

Welsh Government

Develop a national campaign to raise awareness about loneliness to compliment the 'Connected Communities. A strategy for tackling loneliness and social isolation and building stronger social connections.'

Cardiff and Vale of Glamorgan Regional Partnership Board

Map the risk factors for loneliness and isolation and identify geographical areas to target interventions across Cardiff and the Vale of Glamorgan.

Cardiff and Vale of Glamorgan Public Services Boards

Support those with low levels of digital literacy through involvement with the Digital Communities project targeting those most in need of support.

Sign the Digital Inclusion Charter and implement its six principles

Implement principles of 'Age Friendly Communities'

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09/22/2020 15:54:58

Cardiff and Vale University Health Board

Promote the Royal College of General Practitioners 'Tackling Loneliness. A community action plan for Wales' amongst primary care colleagues and partners to raise awareness of loneliness and advise how lonely patients can be identified and supported.

Ask patients about social connections during their appointments in primary or secondary care and signpost them to social prescribers or community organisations when needed.

Workplaces and employers

Encourage all staff to 'make every contact count' and ask older clients and service users if they would like support to make social connections, and to be aware of triggers for loneliness.

Raise awareness of the opportunities and resources available in local communities to tackle loneliness and isolation. Promote www.Dewis.wales using accessible and appropriate communication tools for older people.

Support the provision of 'Time Credits' schemes to encourage older people to take up volunteering opportunities.

Use intergenerational activities to bring older and younger people together to learn from one another, tackle loneliness and improve community connections.

Promote volunteering opportunities for older people in the local community using methods such as fliers, posters and the local press alongside digital promotion.

Bricknell Helen
09/22/2020 15:54:58

Public

Take part in community consultation processes when new development is planned for your local area and the Local Development Plans are being drafted

Welsh Government

Develop more detailed guidance around the design of age-friendly spaces and communities addressing the needs of older people in urban planning and design

Develop stronger and clearer planning policies and guidance which will facilitate the provision of a wider range of homes for older people, set clear targets for levels of provision and promote the use of quality design standards such as Lifetime Homes or HAPPI (Housing our Ageing Population Panel for Innovation) to ensure housing for life is available across tenures

Enable older people to be able to access advice and information to guide them in moving home, whether purchasing or renting, including specialised financial advice and help to declutter and pack up their homes, and also get advice about maintaining their homes if they are not moving

Cardiff and Vale of Glamorgan local authorities

Undertake community engagement with older people as part of the local development plan review process and local developments

Include specific policy in local development plans to address the needs of older people, to include urban design standards such as the Age-friendly World Health

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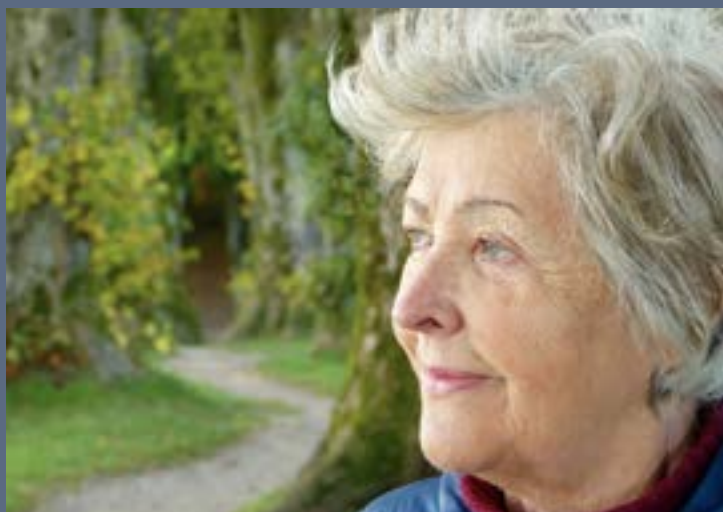
Organisation checklist and housing requirements for older people including intergenerational developments

Apply urban design standards and accessibility criteria when redesigning existing infrastructure, for example increasing timing on light controlled pedestrian crossings to 0.8m/sec to make it safer to cross at slower speed

Create partnership opportunities to further advance planning and design opportunities for older people through progressing a World Health Organisation Age Friendly approach in both Cardiff and the Vale of Glamorgan

Cardiff and Vale University Health Board

Incorporate urban design principles for older people when designing new buildings or redeveloping existing buildings, both in community and acute sites



Bricknell Helen
09/22/2020 15:54:58

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09/22/2020 15:54:58

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The Annual Report of the Director of Public Health for Cardiff and the Vale of Glamorgan 2019



Cardiff and Vale of Glamorgan University Health Board
24 September 2020

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Fiona Kinghorn, Executive Director of Public Health

GOFALU AM BOBL, CADW POBL YN IACH
CARING FOR PEOPLE, KEEPING PEOPLE WELL



GIG
CYMRU
NHS
WALES

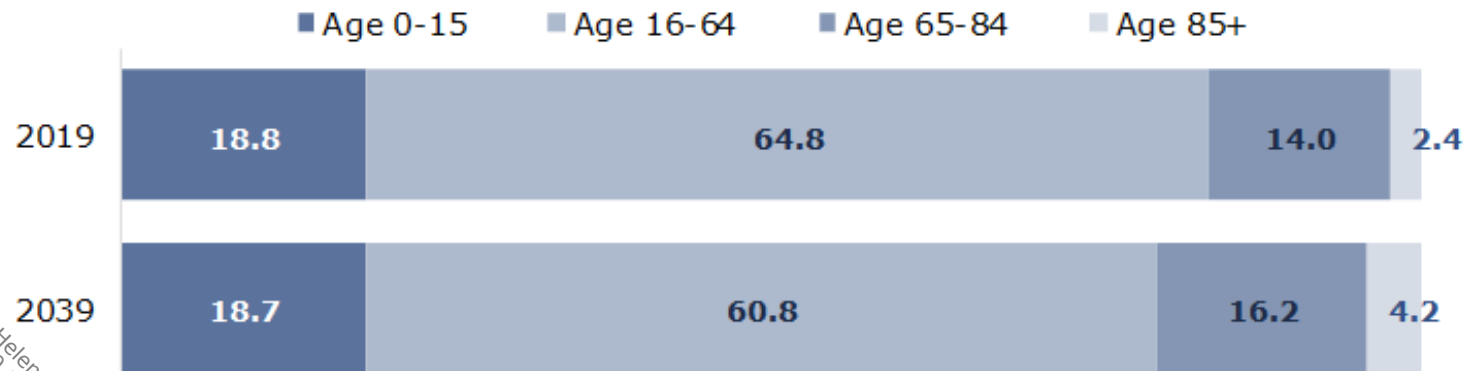
Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Population demographic changes in Cardiff & the Vale of Glamorgan

- Our demography is changing, and we have a rapidly growing number of older people
- In Cardiff and the Vale of Glamorgan, the number of people in the 65 to 84 age group and the 85+ age group are both predicted to increase, whilst other age groups are predicted to stay the same or decrease

Projected population, percentage, all persons, Cardiff & Vale UHB, 2019 and 2039

Produced by Public Health Wales Observatory, using 2014-based population projections



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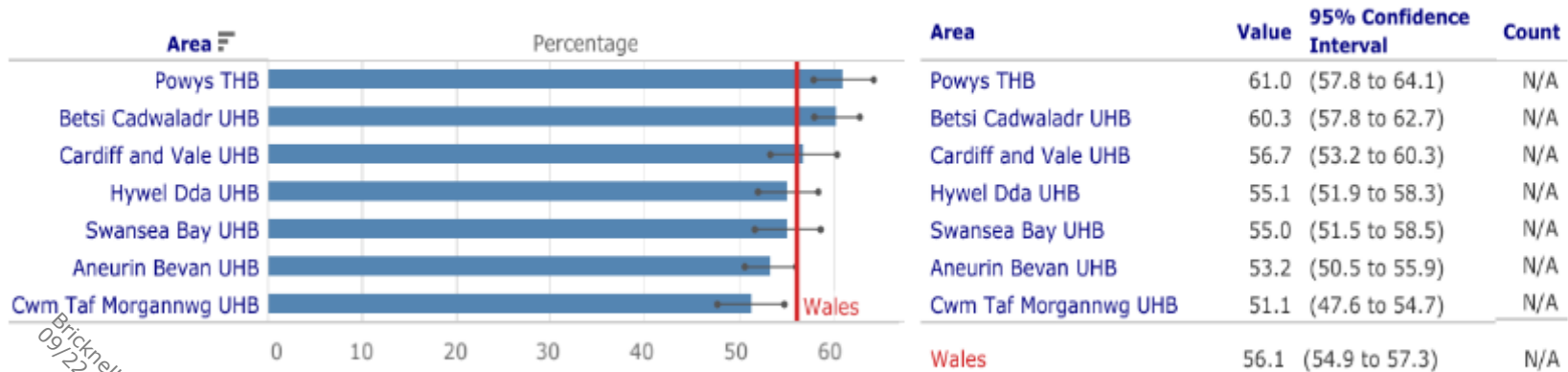


Ageing Well in Cardiff and the Vale of Glamorgan

- For many people, getting older is a very positive experience, and they have much to look forward to.
- 56.7% of people age 65+ are ageing in good health:

Percentage, persons aged 65+, health boards

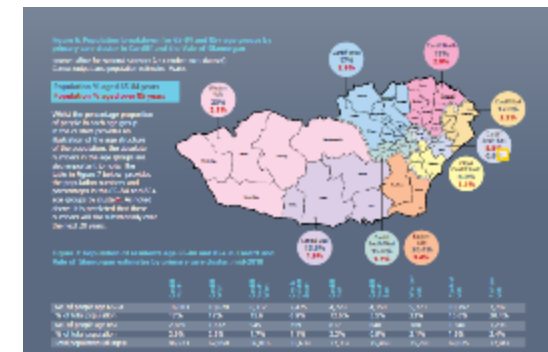
• 95% confidence interval



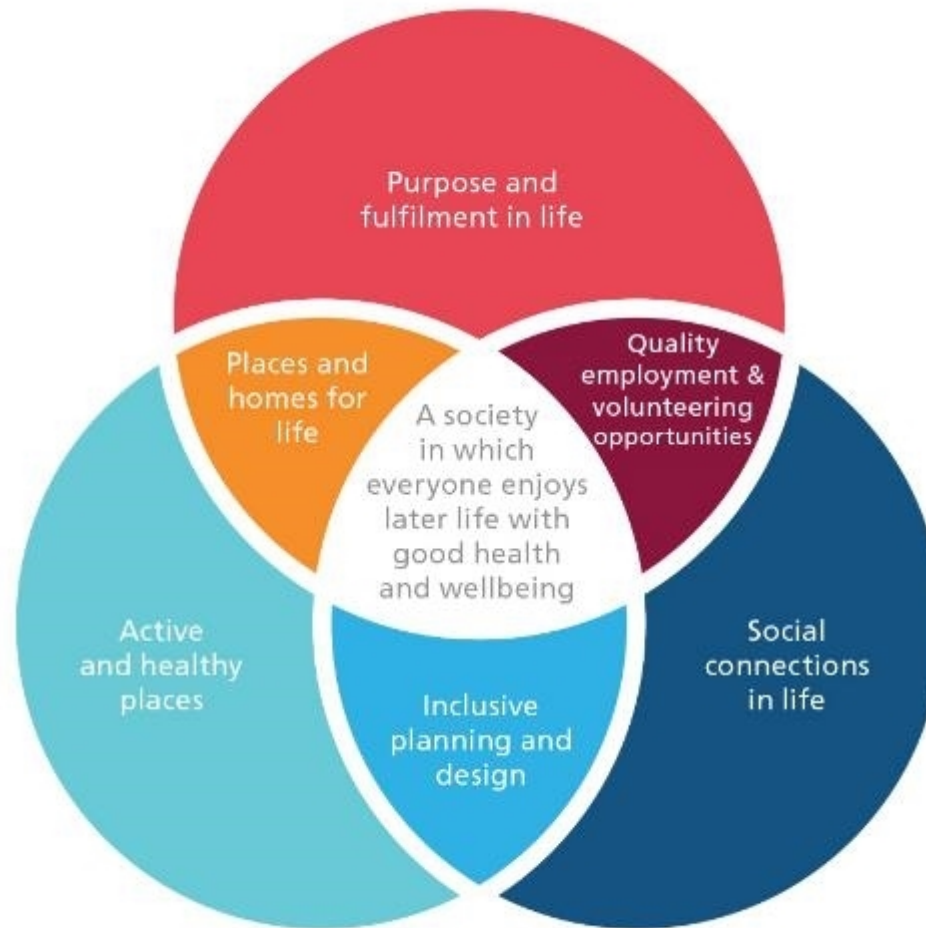
Produced by Public Health Wales Observatory, using NSW (WG)

Re-imagining ageing into the future

- Evidence based chapters on each theme
 - Purpose in life
 - Connections for life
 - Places for life
- Infographics
- Films
- <https://www.youtube.com/watch?v=9Lk5-kuUUoY> (main film – 6'30)
- <https://www.youtube.com/watch?v=lZe4zVCeuNo> (C&V College student film – 2'45)
- https://www.youtube.com/watch?v=y_11zPkHRwE (C&V College student film 2'56)
- Web based plus printed copies of the summary and call to action booklet
<https://cavuhb.nhs.wales/patient-advice/keeping-people-well/about-public-health-in-cardiff-and-the-vale/key-publications/>



Re-imagining ageing into the future



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09/22/2020 15:54:58



Purpose in life

- Having purpose and fulfilment in what we do brings great benefit to our well-being
- Purpose and meaning can be found in many aspects of our lives, and as we age that could include our work and then retirement, activities, hobbies, volunteering or caring for others
- Employers can support staff to age well whilst in employment, and plan for a healthy retirement
- People with higher levels of purpose and health literacy are more proactive in looking after their health



Connections in life

- Being connected to others is important in being able to have a happy later life
- Positive social connections can contribute to good physical and mental health, and reduce loneliness and isolation
- Recognising risks of loneliness and social isolation can help people to take action to reduce the risks, such as connecting with services
- People can be supported in many ways to connect with others including social prescribing, digital technology and volunteering opportunities



Places for life

- The physical environment and where we live plays an important part in how well people are able to connect with others, and maintain health and wellbeing
- Age-friendly environments enable quality of life in a practical sense with accessible services and ease of mobility, but also enable social connections
- Good urban design can be highly beneficial for ageing well, and can benefit people with dementia
- Housing quality is key for health and wellbeing



Key messages - for the public

- Plan early for retirement ensuring you consider existing or new activities that are purposeful and meaningful to you
- Find out if your employer offers a retirement planning course and start planning, ensuring you understand your pension and have planned for your financial needs for retiring
- Join a group, volunteer or try a new activity, as these are great ways of meeting people and making social connections. Your local library or hub can help you find activities
- Be aware of the potential triggers for loneliness
- Take part in community consultation processes when new development is planned for your local area and the Local Development Plans are being drafted

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09/22/2020 15:54:58



Through our PSBs and RPB we can do things differently:

Recommendations

- Advocate for the development and implementation of age-friendly policies across public services
- Map the risk factors for loneliness and isolation and identify geographical areas to target interventions across Cardiff and the Vale of Glamorgan
- Support those with low levels of digital literacy through involvement with the Digital Communities project targeting those most in need of support.
- Sign the Digital Inclusion Charter and implement its six principles
- Implement principles of 'Age Friendly Communities'



Re-imagining Ageing into the Future

Actions the UHB can lead on

- Improve support for health literacy and consider accessibility of information when designing or providing services, providing information and advice, or when prescribing medication
- Promote the Royal College of General Practitioners 'Tackling Loneliness. A community action plan for Wales' amongst primary care colleagues and partners to raise awareness of loneliness and advise how lonely patients can be identified and supported
- Ask patients about social connections during their appointments in primary or secondary care and signpost them to social prescribers or community organisations when needed
- Incorporate urban design principles for older people when designing new buildings or redeveloping existing buildings, both in community and acute sites

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Confirmed Minutes of the Public Audit and Assurance Committee
Held on Tuesday 7 July 2020 09:00am – 11:00am
Via Skype

Chair		
John Union	JU	Independent Member – Finance
Present:		
Eileen Brandreth	EB	Independent Member – ICT
In Attendance:		
Anne Began	AB	Audit Wales
Bob Chadwick	BC	Executive Director of Finance
Nicola Foreman	NF	Director of Corporate Governance
Craig Greenstock	CG	Counter Fraud Manager
Darren Griffith	DG	Audit Wales
Mark Jones	MJ	Audit Wales
Chris Lewis	CL	Deputy Finance Director
Mike Usher	MU	Audit Wales
Ian Virgil	IV	Head of Internal Audit
Secretariat		
Laura Tolley	LT	Corporate Governance Officer
Apologies:		
Dawn Ward	DW	Independent Member – Trade Union

AAC 20/07/001	Welcome & Introductions The Committee Chair (CC) welcomed everyone to the public meeting.	ACTION
AAC 20/07/002	Apologies for Absence Apologies for absence were noted.	
AAC 20/07/003	Declarations of Interest There were no declarations of interest.	
AAC 20/07/004	Minutes of the Committee Meetings held on 28th May 2020 and 29th June 2020 The Committee reviewed the minutes of the meeting held on 28 th May 2020. The Counter Fraud Manager (CFM) advised his apologies needed to be noted. The Committee reviewed the minutes of the meeting held on 29 th June 2020. The CFM advised he was in attendance.	

Bricknell Helen
09/22/2020 15:54:58

	<p>Resolved that:</p> <p>Subject to the above amendments;</p> <p>(a) the Committee approved the minutes of the meetings held on 28th May 2020 and 29th June 2020 as a true and accurate record.</p>	
AAC 20/07/005	<p>Action Log following the Meetings held on 28th May 2020 and 29th June 2020</p> <p>The Committee reviewed the action log and the following updates were made:</p> <p>AAC 19/12/015 – It was agreed that this would be brought back to the Committee in September;</p> <p>AAC 20/05/006 – It was agreed that Internal Audit Progress, would be brought back to the Committee in September;</p> <p>AAC 20/05/006 – The Director of Corporate Governance (DCG) advised the committee that a final feedback session was held with KPMG, the information could not be shared as confirmation was required from Welsh Government. The Committee agreed to close this action.</p> <p>Resolved that:</p> <p>(a) the Committee reviewed and noted the action log and the updates provided.</p>	
AAC 20/07/006	<p>Internal Audit Progress and Tracking Reports</p> <p>The Head of Internal Audit (HIA) introduced the report and confirmed that the main focus of the report were the proposed adjustments to the Audit Plan due to the impact of COVID-19.</p> <p>The HIA explained the main addition to the plan was work that focussed on the governance arrangements around COVID-19. The recommendation came from All Wales Financial Service Group and was for all Health Board across Wales. The HIA confirmed it would be an advisory review, therefore there would be no assurance rating, however, there would be recommendations highlighted for the UHB to facilitate change. The HIA commented that the review may also identify other areas which had changed process controls during COVID-19.</p> <p>The HIA advised the committee of two areas removed from the Audit plan:</p> <ul style="list-style-type: none"> • 1 audit removed from Public Health; • 1 audit removed from IT, the strategy and implementation of IT systems was proposed to be moved to the 2021-22 plan due to the pressure from COVID-19 on the department. 	

Bricknell Helen
09/22/2020 15:54:58

	<p>The Independent Member – ICT (IM-ICT) asked if an advisory piece of work could be undertaken instead of the IT Audit? After Committee discussion it was agreed this would be further discussed at the Special Digital & Health Intelligence Committee.</p> <p>Resolved that:</p> <ul style="list-style-type: none"> (a) the Committee considered the Internal Audit Progress Report; (b) the Committee approved the proposed amendments to the Internal Audit Plan for 2020/21. 	
AAC 20/07/007	<p>Audit Wales Update</p> <p>Audit Wales (AW) 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.</p> <p>AW advised that the governance review of WHSSC was now reinstated, a survey would be sent to Chief Executives and Health Board Chairs, once these had been completed a draft report would be circulated.</p> <p>The CC thanked AW for supporting the UHB with the work undertaken.</p> <p>Resolved that:</p> <ul style="list-style-type: none"> (a) the Committee noted the Audit Wales Update. 	
AAC 20/07/008	<p>Declarations of Interests, Gifts, Hospitality & Sponsorship Tracking Report</p> <p>The DCG introduced the report and confirmed it 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.</p> <p>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.</p> <p>Resolved that:</p> <ul style="list-style-type: none"> (a) the Committee noted the ongoing work in this area; (b) the Committee noted the Declarations of Interests, Gifts, Hospitality & Sponsorship Tracking Report. 	

Bricknell Helen
09/22/2020 15:54:58

AAC 20/07/009	<p>Regulatory Compliance Tracking Report</p> <p>The DCG introduced the report and confirmed that some responses had been received and Internal Audit were conducting spot checks to ensure recommendations were being actioned.</p> <p>The IM-ICT advised it would be difficult to see good progress in this area due to COVID-19 but requested that the team hold discussions with relevant staff to determine when the work would likely be undertaken. It was explained that a re-assessment and new target date would give teams an aim to work towards.</p> <p>The DCG further advised the Committee that all external visits had ceased due to COVID-19, however a letter was received on 6th July 2020 from HIW which set out how they plan to conduct visits going forward. These would be tiered as:</p> <p>Tier 1 – Completely offsite Tier 2 – Combination of offsite and limited on site Tier 3 – Onsite inspections</p> <p>The DCG advised a commencement date had not been confirmed, however it was anticipated by the September meeting the UHB may see this activity coming back.</p> <p>Resolved that:</p> <p>(a) the Committee noted the Regulatory Compliance Tracking Report.</p>	NF
AAC 20/07/010	<p>Internal Audit Tracking Report</p> <p>The DCG introduced the report and it was taken as read by all Committee members.</p> <p>Resolved that:</p> <p>(a) the Committee noted the tracking report which is now in place for tracking audit recommendations made by Internal Audit. (b) the Committee noted that progress will be seen over coming months in the number of recommendations which are completed/closed.</p>	
AAC 20/07/011	<p>Audit Wales Tracking Report</p> <p>The DCG introduced the report and it was taken as read by all Committee members.</p> <p>The DCG confirmed the report outlined 3 years' worth of tracking of recommendation from Audit Wales.</p>	

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09/22/2020 15:54:58

	Resolved that: (a) the Committee noted the Audit Wales Tracking Report.	
AAC 20/07/012	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 20/07/013	Review of the Meeting The CC thanked everyone for their attendance and contribution to the meeting	
AAC 20/07/014	Date and Time of Next Meeting Tuesday 8 th September 2020 9.00am – 12:00pm Via Skype	

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09/22/2020 15:54:58

**CONFIRMED MINUTES OF THE MEETING OF THE FINANCE COMMITTEE
HELD ON 29th JULY 2020
CEFN MABLY MEETING ROOM/SKYPE , WOODLAND HOUSE**

Present:

Dr Rhian Thomas	RT	Chair, Independent Member – Capital and Estates
John Union	JU	Independent Member - Finance
Abigail Harris	AH	Executive Director of Strategic Planning
Andrew Gough	AG	Assistant Director of Finance
Chris Lewis	CL	Deputy Director of Finance
Len Richards	LR	Chief Executive
Martin Driscoll	MD	Executive Director of Workforce and Organisational Development
Robert Chadwick	RC	Executive Director of Finance
Steve Curry	SC	Chief Operating Officer

In Attendance:

Secretariat:

Paul Emmerson	PE	Finance Manager
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Apologies:

Charles Janczewski	CJ	Board Chair
Nicola Foreman	NF	Director of Corporate Governance
Ruth Walker	RW	Executive Nurse Director

FC 20/059	WELCOME AND INTRODUCTIONS The Chair welcomed everyone to the meeting.	ACTION
FC 20/060	APOLOGIES FOR ABSENCE Apologies for absence were noted.	
FC 20/061	DECLARATIONS OF INTEREST The Chair invited members to declare any interests in proceedings on the Agenda. None were declared.	
FC 20/062	MINUTES OF THE COMMITTEE MEETING HELD ON 24th JUNE 2020 The minutes of the meeting held on 24 th June 2020 were reviewed for accuracy and were agreed as a true and accurate record.	

	<p>Resolved – that:</p> <p>The minutes of the meeting held on 27th June 2020 were approved by the Committee as an accurate record.</p>	
FC 20/063	<p>ACTION LOG FOLLOWING THE LAST MEETING</p> <p>The Finance Committee was advised that there were no outstanding Actions.</p> <p>Resolved – that:</p> <p>The Finance Committee noted that there were no outstanding Actions.</p>	
FC 20/064	<p>CHAIRS ACTION SINCE THE LAST MEETING</p> <p>There had been no Chairs action taken since the last meeting.</p>	
FC 20/065	<p>FINANCIAL PERFORMANCE MONTH 3</p> <p>The Deputy Director of Finance informed the Committee that at month 3, the UHB had reported an overspend of £45.774m against the 2020/21 plan. The reported position was primarily a result of net expenditure of £56.850m arising from the management of COVID 19 which was offset by Welsh Government COVID 19 funding of £11.016m and an operating surplus of £0.061m.</p> <p>The Executive opinion noted that managing the impact of COVID 19, would come with a significant cost and that the financial focus would be on financial governance, justifying additional expenditure incurred in dealing with COVID 19 and assessing its impact on the reported financial position. In addition the UHB needed to avoid adding recurrent expenditure to the UHB's underlying position to support the recovery from this period.</p> <p>Performance against the Finance Dashboard was skewed by the impact of COVID 19 and six out of the eight measures remained RAG rated red namely: remaining within revenue resource limits; the reduction in the underlying deficit to £4m; the delivery of the recurrent £25m 3% devolved savings target; the delivery of the £4m non recurrent savings target; performance against the Non NHS creditor payments target and the forecast year end cash position.</p> <p>It was highlighted that within the additional COVID 19 expenditure of £61.060m at month 3, the sum of £39.994m related to the Dragons Heart Hospital with further net expenditure of £21.066m being incurred in Clinical Boards. The expenditure reported against the DHH had fallen by £2.378m in month following the confirmation and re-evaluation of a number of key contractual liabilities and their phasing.</p>	

Bricknell Helen
09/22/2020 15:54:58

COVID 19 was also adversely impacting on the UHB savings programme where there was an underachievement of £6.320m against the month 3 target of £7.196m and the shortfall in savings was expected to continue until the COVID 19 pandemic passed.

Elective work had been significantly curtailed during the first 3 months of the year as part of the UHB response to COVID 19 and this was the main reason behind a £9.683m reduction in planned expenditure.

Moving onto expenditure headings the Deputy Director of Finance indicated that a surplus of £7.607m was reported against income targets at month 3 as a result of net COVID 19 expenditure of £3.314m, an operational overspend of £0.094m which were offset by additional Welsh Government finding of £11.016m for COVID 19 quarter 1 pay costs. The key COVID 19 costs were largely unchanged from the previous month and related to income reductions in retail and restaurant services; the Injury Cost Recovery Scheme; patient related English NHS non contracted income; dental patient charges income; laboratories and Radiopharmacy and private patients. The operational shortfall in income had marginally improved in month.

The pay position at month 3 was a deficit of £7.592m made up of a net COVID 19 expenditure of £10.208m and an operational underspend of £2.616m. The main additional COVID 19 pay costs were for medical, nursing and ancillary staff in the Medicine Clinical Board and in Facilities.

The Finance Committee Chair (RT) asked whether any of the operational underspend on pay was due to the reduction in elective cases and the Deputy Director of Finance confirmed that the reduction in elective work had led to drop in spend and this was reported as a reduction in planned expenditure due to COVID 19. The Chief Operating Officer added that the UHB had been successful in re-organizing some services e.g. in mental health to work around the constraints presented by COVID 19 and added that some staff who would normally work in an elective environment had provided additional cover in unscheduled care.

In reply to a further query from the Finance Committee Chair (RT) the Executive Director of Workforce and Organisational Development confirmed that the significant additional staff costs arising from COVID 19 were in part influenced by the significant numbers of staff who had been required to either shield or quarantine in line with Government and UHB Guidance. Where possible the UHB had endeavoured to redeploy staff where their working position was adversely affected by COVID 19 and the response from staff to this initiative had been positive.

Non pay budgets reported a deficit of £45.788m at month 3 comprising of net COVID 19 expenditure of £43.328m and an operational overspend of £2.460m.

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09/22/2020 15:54:58

<p>Bricknell Helen 09/22/2020 15:54:58</p>	<p>£37.930m of the additional COVID 19 expenditure related to plant and premises costs at the Dragon's Heart Hospital, £6.663m was attributed to other non pay primarily due to slippage against savings schemes and a further £1.332m overspend on general supplies and services primarily relating to PPE. There was also additional spend in other service areas on cleaning, waste management, IT, overnight accommodation and drugs.</p> <p>The operational overspend on non pay was mainly concentrated in medicines, additional IT spend, continuing healthcare and non COVID related underperformance against savings schemes.</p> <p>Referring to the Financial Forecast for 2020/21 outlined in table 8 the Deputy Director of Finance noted that some of the the additional costs arising from plans to manage COVID 19, in particular costs relating to the Dragons Heart Hospital were front loaded into the first part of the year, however expenditure reductions arising from the reduction in elective work were also expected to reduce as planned care was re-introduced. Overall the additional costs of managing Covid 19 were expected to continue and the financial deficit was forecast to move from £45.774 at month 3 to a deficit of £139.438m at year end. The month 3 operational underspend of £0.061m was expected to move towards a balanced position as the year progressed.</p> <p>The Finance Committee was referred to the key assumptions underpinning the forecast and the following key issues were highlighted:</p> <ul style="list-style-type: none">• Dragons Hearth Hospital (DHH) revenue costs were estimated at circa £68m and this included decommissioning and compensation costs.• No costs for additional potential surge capacity requirements were included in the forecast.• Costs for additional capacity commissioned from SPIRE were included up until the end of the year.• Slippage of circa £24.9m against savings plans that the UHB was unable to progress during the pandemic was iincluded in the forecast. Welsh Government had indicated that it expected the UHB to progress savings plans where it could and the UHB continued to identify and maximise all potential savings opportunities available.• The forecast cost of COVID 19 testing was included in the forecast at c £3.5m. <p>It was noted that a detailed schedule of actual and forecast additional costs arising from the management of COVID 19 was submitted to Welsh Government on a monthly basis and that this was included with the Finance Committee papers. The Deputy Director of Finance confirmed that the forecast was not fixed and would be subject to further refinement as the year unfolded.</p> <p>The largest operational pressures within Clinical Boards were reported in PCIC where there were pressures against GP prescribing</p>	
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	<p>and CHC and Medicine where there were pressures spread against nursing, clinical services and supplies and other areas of non pay. It was noted that the overall operational position had improved in month and would continue to be monitored.</p> <p>Moving on to the UHBs underlying deficit the Deputy Director Of Finance reported that £21.7m of the £25.0m forecast slippage against 2020/21 savings targets was recurrent. As a result of the savings slippage the forecast year end underlying deficit was £25.7m which was £21.7m more than the planned £4m identified in the submitted IMTP.</p> <p>The UHB cash balance at the end of April was c £4.1m and the UHB was forecasting a year end cash deficit in line with the financial forecast.</p> <p>PSPP performance had improved from 93.0% to 94.1% in June but was still below the 95% target. Performance in future months was expected to continue to improve.</p> <p>Capital expenditure was broadly in line with plans.</p> <p>In conclusion, the Deputy Director of Finance flagged that at month 3, the key financial risk facing the UHB continued to be managing the impact of COVID 19 without confirmation of further funding available to cover the additional costs.</p> <p>Resolved – that:</p> <p>The Finance Committee noted the pausing of the IMTP process for 2020/21.</p> <p>The Finance Committee noted the month 3 financial impact of COVID 19 which is assessed at £56.850m;</p> <p>The Finance Committee noted the additional Welsh Government funding of £11.016m received in respect of COVID 19 additional pay costs - Quarter 1;</p> <p>The Finance Committee noted the revised forecast 2020/21 carry forward Underlying Deficit is £25.7m due to the impact of COVID 19;</p> <p>The Finance Committee noted that the UHB does not yet know what funding may be available from Welsh Government to help support the financial costs of managing COVID 19.</p>	
<p>FC 20/066</p> <p>Bricknell Helen 09/22/2020 15:54:58</p>	<p>FINANCE RISK REGISTER</p> <p>The Assistant Director of Finance (AG) presented the Finance Risk register.</p> <p>The key risks remained unchanged and the extreme risks were noted as being:</p>	

	<p>Fin01/20 – Reducing underlying deficit from £11.5m to £4.0m in line with IMTP submission.</p> <p>Fin02/20 – Management of budget pressures.</p> <p>Fin03/20 – Delivery of £29.0m (3.5%) CIP</p> <p>Fin10/20 – COVID-19 impact on financial plan</p> <p>The COVID-19 financial plan risk (FIN10/20) was shown at appendix 2 as a sub-set to the main risk register</p> <p>The Finance Committee was asked to note that the UHB had been in discussion with the Welsh Government's Finance Delivery Unit (FDU) over the forecast shortfall against 2020/21 savings targets and that it was accepted that some of the UHB's high impact schemes would not deliver as expected in the current environment. However the UHB was expected to maximise savings opportunities where possible with particular emphasis on procurement and medicines management schemes.</p> <p>Resolved - that:</p> <p>The Finance Committee noted the risks highlighted in the 2020/21 risk register.</p> <p>The Finance Committee noted the risks highlighted in the Dragon's Heart Hospital sub set risk register.</p>	
FC 20/067	<p>NHS WALES ORGANISATIONS £470M DEBT WRITTEN-OFF TO HELP PREPARE FOR COVID-19 RECOVERY</p> <p>The Deputy Director of Finance presented a paper which considered the impact on the UHB of the Welsh Government press release which announced "NHS Wales organisations £470m debt written-off to help prepare for COVID-19 recovery".</p> <p>The Committee was informed that the press release indicated that the historic cumulative deficit which the UHB had reported since the beginning of 2014 will not be required to be repaid once the UHB achieves its three-year break-even duty. This provided clarity and it was noted that the UHB had incurred net deficits totalling £87.206m in the 6 years since the beginning of 2014/15.</p> <p>In response to a query from the Finance Committee Chair (RT) the Deputy Director of Finance indicated that the announcement did not change the UHB plans , however it was noted that the UHB historic debt would be written off at the end 2021/22 if it achieved a break even position over the course of 2020/21 and 2021/22.</p> <p>Resolved - that:</p> <p>The Finance Committee noted the proposals to write off historic debt once the UHB meets its three-year break-even duty.</p>	

Bricknell Helen
09/22/2020 15:54:58

FC 20/068	MONTH 3 FINANCIAL MONITORING RETURNS These were noted for information.	
FC 20/069	ITEMS TO BRING TO THE ATTENTION OF THE BOARD There were no items to being to the attention of the Board.	
FC 20/070	DATE OF THE NEXT MEETING OF THE COMMITTEE Wednesday 26 th August 2.00pm ; Skype / Cefn Mably Meeting Room, Ground Floor, HQ, Woodland House	

Bricknell Helen
09/22/2020 15:54:58

Confirmed Minutes of the Quality, Safety & Experience Committee
Held on Tuesday, 16th June 2020, 9:00am – 12:30pm
Via Skype

Chair

Dawn Ward	DW	Committee Vice Chair & Independent Member – Trade Union
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Present:

Michael Imperato	MI	Independent Member – Legal (<i>via Skype</i>)
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In Attendance:

Richard Desir	RD	Director of Nursing – PCIC (<i>via Skype for part of the meeting</i>)
Lisa Dunsford	LD	Director of Operations – PCIC (<i>via Skype for part of the meeting</i>)
Carol Evans	CE	Assistant Director of Patient Safety and Quality (<i>via Skype</i>)
Nicola Foreman	NF	Director of Corporate Governance (<i>via Skype</i>)
Akmal Hanuk	AH	Independent Member – Community (<i>via Skype</i>)
Angela Hughes	AH	Assistant Director of Patient Experience (<i>via Skype</i>)
Charles Janczewski	CJ	Interim UHB Chair (<i>via Skype for part of the meeting</i>)
Fiona Jenkins	FJ	Executive Director of Therapies & Health Science (<i>via Skype</i>)
Fiona Kinghorn	FK	Executive Director of Public Health (<i>via Skype for part of the meeting</i>)
Hywel Pullen	HP	Assistant Director of Finance (<i>via Skype</i>)
Ruth Walker	RW	Executive Nurse Director (<i>via Skype</i>)
Stuart Walker	SW	Executive Medical Director (<i>via Skype</i>)

Observers

Urshiva Perez	UP	Wales Audit Office
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Secretariat

Laura Tolley	LT	Corporate Governance Officer (<i>via Skype</i>)
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Apologies:

Susan Elsmore	SE	Committee Chair and Independent Member – Local Government
Abigail Harris	AH	Executive Director of Strategic Planning

QSE 20/06/001

Welcome & Introductions

ACTION

The Committee Vice Chair & Independent Member – Trade Union (CVC / IM-TU) welcomed everyone to the public meeting. The CVC / IM-TU

	extended a special welcome to Richard Desir, newly appointed Director of Nursing for PCIC (DON-PCIC) and Urshiva Perez who represented Wales Audit Office and observed the meeting.	
QSE 20/06/002	Apologies for Absence Apologies for absence were noted.	
QSE 20/06/003	Quorum The CVC / IM-TU confirmed the meeting was quorate.	
QSE 20/06/004	Declarations of Interest There were no declarations.	
QSE 20/06/005	Minutes of the Committee Meeting held on 14th April 2020 The Committee reviewed the minutes of the meetings held on 14 th April 2020. The Interim Chair (IC) raised in relation to matters arising that communication, in particular to ethnic minority had taken significantly longer than planned so requested the Committee ensure this would be actioned. In response, the Assistant Director of Patient Experience (AD-PE) advised this would be addressed outside the meeting as a matter of urgency. Resolved that: (a) the minutes of the meeting held on 14 th April 2020 be approved as a true and accurate record.	
QSE 20/06/006	Action Log following the Committee Meeting held on 14th April 2020 The Committee reviewed the action log and noted the following updates: QSE 20/02/19 – it was confirmed this action was complete. QSE 20/04/014 – both actions that related to this minute were complete. The IC requested that an estimated timeframe be included against actions deferred due to the COVID-19 Pandemic. Resolved that: (a) the Committee noted the action log and the verbal updates provided.	LT
QSE 20/06/007	Chairs Action taken since the last Committee Meeting held on 14th April 2020 There had been no Chairs Action taken.	

<p>QSE 20/06/008</p>	<p>PCIC Clinical Board Assurance Report</p> <p>The DON-PCIC introduced the report and confirmed it provided a snapshot of assurance to demonstrate that PCIC was committed to the safe delivery of all patients and service users of Cardiff & Vale UHB. The DON-PCIC added it was important to note that the report author was Kay Jaynes, his predecessor.</p> <p>The DON-PCIC informed the Committee that the daily operations meeting discussed any quality, safety & experience issues and these were raised to the PCIC bi-monthly meeting.</p> <p>The Director of Operations – PCIC (DO-PCIC) advised the Committee of four significant risks that scored highly within the report;</p> <ul style="list-style-type: none"> • COVID-19 – To address this, an additional COVID-19 Risk Register had been developed; • LDP Growth; • Complex packages of care; and • Primary Care and Community estate development <p>The Committee were informed that all scored 20, were also evident in 2019-20, and it was important to note an additional risk not included within the report which was:</p> <ul style="list-style-type: none"> • GMS Sustainability. <p>The CVC / IM-TU queried why the risk was not included within the report. In response, the DO-PCIC explained that work had been completed to address the risk therefore, the pressures on the service had not been evident.</p> <p>The Executive Director of Therapies & Health Science (EDTHS) thanked the DON-PCIC for the leading work in Wales that was being undertaken, especially within Ophthalmology and added that PCIC Clinical Board were leading the way, delivering the UHB Strategy in relation to delivering care closer to home.</p> <p>After Committee discussion, it was agreed Clinical Board reports would be further developed to include recovery plans and improvements to IMTP, this would enable each Clinical Board to showcase the work that had been undertaken within their area.</p> <p>The CVC / IMTU expressed thanks to PCIC Clinical Board for keeping patients safe.</p> <p>Resolved that:</p> <p>(a) the Committee approved the PCIC Clinical Board Assurance Report</p> <p><i>The IC, DON-PCIC and DO-PCIC left the meeting.</i></p>	<p>SW/RW</p>

Bricknell Helen
09/22/2020 15:54:58

QSE 20/06/009	<p>COVID-19 Related Incident Reporting – Themes and Actions</p> <p>The END introduced the report and it was taken as read by all present.</p> <p>The Assistant Director of Patient Safety & Quality (AD-PSQ) advised that a COVID-19 category had been added to the DATIX reporting system and informed the Committee that a larger piece of work would be conducted, led by Welsh Risk Pool which would investigate all incidents reported to look at potential harm caused to non COVID-19 patients during the pandemic. A report on this work would be brought to a future meeting.</p> <p>The CVC / IMTU asked if there were any particular areas identified in relation to infection control breaches. In response, the END explained that it was believed that patients were COVID-19 negative, however they were COVID-19 positive, and this was unknown as they were asymptomatic.</p> <p>The END added that it was not appropriate that the UHB did not have social distancing in practice and a number of staff needed to self-isolate because of this, therefore, further significant work was needed in this area.</p> <p>Resolved that:</p> <p>(a) the Committee noted the COVID-19 Related Incident Reporting – Themes and Actions</p> <p><i>The Executive Director of Public Health left the meeting.</i></p>	CE
QSE 20/06/010	<p>COVID-19 Patient Experience Response</p> <p>The AD-PE introduced the report and confirmed the following:</p> <ul style="list-style-type: none"> • 480 tablets had been managed and set up, with thanks to the IT department, which helped to enable family contact and virtual visiting; • Bereavement helpline launched which had received 280 calls to date; • ‘Chatterline’ launched which was run by volunteers for patients and carers who are lonely; • Repatriating of property for the bereaved, this included a condolence card, developed by C7 but amended and used across the UHB; • Chaplaincy service, a day of prayer was held and was very successful achieving over 20,000.00 hits on social media. <p>The CVC / IMTU commended the Patient Experience team for the work that had been undertaken during COVID-19.</p> <p>Resolved that:</p>	

Bricknell Helen
09/22/2020 15:54:58

	(a) the Committee noted the COVID-19 Patient Experience Response.	
QSE 20/06/011	<p>COVID-19 Assurance on Reporting of Deaths</p> <p>The Executive Medical Director (EMD) introduced the report and confirmed the UHB provided excellent assurance in reporting COVID-19 deaths in all areas, with a very low number of missed cases.</p> <p>The Independent Member – Community (IM-C) asked how relatives and /or the community were informed should a patient die, who had a negative test but Doctors believed they had COVID-19. The EMD advised that the uncertainty would be described in an honest, open, and sensitive discussion.</p> <p>Resolved that:</p> <p>(a) the Committee noted the COVID-19 Assurance on Reporting of Deaths.</p>	
QSE 20/06/012	<p>Annual Quality Statement</p> <p>The AD-PSQ introduced the report and advised the Committee that due to COVID-19, the team were unable to provide patient stories and videos in the statement and the Annual Quality Statement was presented in draft format due to timing issues with the designer used, the Committee were informed that the end of year data was outstanding and would be added to the report and the final Annual Quality Statement would be brought to the August meeting.</p> <p>The AD-PSQ welcomed feedback on the statement and requested this be sent by the 3rd July 2020.</p> <p>All Committee members commended the team for the excellent piece of work.</p> <p>Resolved that:</p> <p>(a) the Committee considered the Annual Quality Statement.</p>	CE
QSE 20/06/013	<p>End of Year Position on Quality Indicators</p> <p>The END introduced the report and confirmed although the UHB were in an ongoing pandemic, a number of indicators had reduced which was very positive and significant progress had been made in all areas. Pressure Damage required further work, therefore it would be a focus for 2020-21.</p> <p>The Committee were informed a workshop would be held to agree other areas of focus for 2020-21, this would be brought to a future meeting along with detail on how performance indicators would be delegated into sub committees. It was also noted that future indicators would be benchmarked against other Health Boards in and outside of Wales.</p>	

Bricknell Helen
09/22/2020 15:54:58

	<p>The Independent Member – Legal (IM-L) commented that pressure damage had been seen in the Committee for over 2 years so would welcome this being moved on.</p> <p>The EMD explained that looking at the proposed quality and safety indicators for 2020-21 would also lead into a broader area on how the UHB could have an integrated performance report that would go to Board. The Director of Corporate Governance (DCG) added that a piece of work on the development of an integrated performance report had begun a number of months ago, led by the Director of Digital & Health Intelligence and this would be picked up outside of the meeting.</p> <p>The IM-C asked if learning could be taken from the UHB experience with Canterbury. In response, the END confirmed that work had been undertaken with Lightfoot.</p> <p>Resolved that:</p> <p>(a) the Committee noted the End of Year Position on Quality Indicators.</p>	
QSE 20/06/014	<p>Concerns and Claims Report</p> <p>The END introduced report and advised the Committee there had been a 10% increase which was positive as the UHB encouraged people to raise concerns. 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.</p> <p>Resolved that:</p> <p>(a) the Committee noted the Concerns and Claims Report</p>	
QSE 20/06/015	<p>Items for Noting & Information</p> <p>The following item was presented for noting:</p> <ul style="list-style-type: none"> Revised Guidance/Regulations Issued in Response to the COVID-19 Pandemic <p>Resolved that:</p> <ul style="list-style-type: none"> the Committee noted the Revised Guidance/Regulations Issued in Response to the COVID-19 Pandemic 	
QSE 20/06/016 Bricknell Helen 09/22/2020 15:54:58	<p>Any Other Business</p> <p>The EMD requested Dr Raj Krishnan – Assistant Medical Director for Quality & Safety be added to the Committee membership going forward. After Committee discussion, this was agreed and the DCG advised the membership could be reviewed again when the Terms of Reference are revised in September.</p> <p>Resolved that:</p>	

	<p>(a) the Committee noted the any other business raised</p> <p>(b) the Committee approved that Dr Raj Krishnan be added to the Committee membership</p>	LT
QSE 20/06/017	<p>Items to bring to the attention of the Board/Committees.</p> <p>There were no items to be brought to the attention of the Board or sub Committees.</p>	
QSE 20/06/018	<p>Review of the Meeting</p> <p>The IM-TU facilitated a review of the meeting. Members confirmed that:</p> <ul style="list-style-type: none"> • Very well Chaired meeting • Skype worked well 	
QSE 20/06/019	<p>Date & Time of next Meeting</p> <p>Tuesday 18th August 9:00am – 12:30pm Via Skype</p>	

Bricknell Helen
09/22/2020 15:54:58

Confirmed Minutes of the Strategy & Delivery Committee
Tuesday 14th July – 9:00am – 12:00pm
Nant Fawr 2 & 3, Woodland House / Via Skype

Chair:

Charles Janczewski CJ UHB Interim Chair & Committee Chair

Members:

Sara Moseley SM Committee Vice Chair & Independent Member – Third Sector
Rhian Thomas RT Independent Member – Estates

In Attendance:

Caroline Bird CB Deputy Chief Operating Officer
Marie Davies MD Deputy Director of Planning
Lisa Dunsford LD Director of Operations – PCIC (*for part of the meeting*)
Martin Driscoll MD Executive Director of Workforce & Organisational Development

Nicola Foreman NF Director of Corporate Governance
Jonathon Gray JG Director of Transformation & Informatics
Fiona Kinghorn FK Executive Director of Public Health (*for part of the meeting*)

Ian Langfield IL Corporate Planning Manager
Victoria LeGrys VL Programme Director – Dragons Heart Hospital
Nav Masani NM Consultant Cardiologist
Stuart Walker SW Executive Medical Director

Secretariat:

Laura Tolley LT Corporate Governance Officer

Observers:

Anne Began AB Audit Wales

Apologies:

Steve Curry SC Chief Operating Officer
Abigail Harris AH Executive Director of Strategic Planning
Ruth Walker RW Executive Nurse Director

S&D 20/07/001	Welcome & Introductions The Committee Chair (CC) welcomed everyone to the public meeting in Welsh & English and extended a special welcome to Anne Began from Audit Wales who was observing the meeting.	Action
S&D 20/07/002	Quorum The CC confirmed the meeting was quorate.	
S&D 20/07/003	Apologies for Absence Apologies for absence were noted.	

S&D 20/07/004	Declarations of Interest There were no interests declared.	
S&D 20/07/005	Minutes of the Committee Meeting held on 10th March 2020 The Committee reviewed the minutes of the meeting held on 10 th March 2020. Resolved – that: (a) the Committee approved the minutes of the meeting held on 10 th March 2020 as a true and accurate record.	
S&D 20/07/006	Action Log following the Meeting held on 10th March 2020 The Committee reviewed the action log and the following comment and update was made: The Executive Director of Public Health (EDPH) requested that an action be logged for ‘Are we improving the Health of the Population?’ to create a roadmap / ‘plan on a page’ between the strategy and indicators. Resolved – that: Subject to the above amendment; (a) the Committee reviewed the action log following meeting held on 10 th March 2020 and noted the updates provided.	
S&D 20/07/007	Chair’s Action taken following the meeting held on 10th March 2020 There had been no Chair’s actions taken following the meeting held on 10 th March 2020.	
S&D 20/07/008	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. Resolved – that: (a) The Committee noted the report outlining deferred agenda items due to COVID-19 pandemic.	
S&D 20/07/009	Ensuring that service provision, quality, finance and workforce elements are aligned and integrated – Dragons Heart Hospital The Director of Transformation & Informatics (DTI) and Programme Director – Dragons Heart Hospital (PD-DHH) introduced the presentation and confirmed the following:	

	<p>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; Tent contained within the Bowl of the Principality Stadium was one of the largest in Europe; Contracted Mott Mcdonald as they were very familiar with the Stadium; Level 5 was the first level used for patients, it was a nice environment for patients however it presented challenges for nurses and communication teams; The team made the decision early not to develop Level 6 due to demand changes; Dragons Heart Hospital were very lucky to secure the two oxygen tanks at the site; CT Scanner and Lab was installed; At the peak of the build, there were 600 contractors and 1000 delivery lorries on site; 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.</p> <p>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.</p> <p>The Committee Vice Chair / Independent Member – Third Sector (CVC/IM-TS) asked if the learning academy / project support office would be for the second phase of COVID-19 or for the UHB going forward. In response, the DTI confirmed it would be a recognised value across the UHB.</p> <p>The Independent Member – Capital & Estates (IM-CE) asked in relation to learning from other field hospitals, would there be any further plans for long term learning from each other in the future. In response, the PD-DHH confirmed the team were very closely aligned with NHS Wales & England and joined up learning is what the UHB were hoping to achieve.</p> <p>The CC thanked the DTI and the whole team involved with Dragons Heart Hospital, the scale and speed of the operation was exceptional and everyone involved pulled together to serve the population. The CC commented that this was a fantastic example of integrated working.</p> <p>Resolved – that:</p> <p>(a) the Committee noted the Dragons Heart Hospital presentation.</p>	
<p>S&D 20/07/010</p>	<p>Update on Home First – PCIC</p> <p>The Deputy Director of Planning (DDP) introduced the report and it was</p>	

Bricknell Helena
09/22/2020 10:54:58

	<p>taken as read by the Committee. The 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 next year in addition to looking at other exit strategies and were working with Local Authorities and Third Sector to discuss this further.</p> <p>The DDP advised that the UHB invested in screen and prevention within the Community and the benefits of this would be monitored.</p> <p>The CC confirmed that Home First was a very important piece of work and there was a significant amount of work being undertaken at RPB level to look at funding.</p> <p>Resolved – that:</p> <p>(a) the Committee noted the Update on Home First – PCIC.</p>	
S&D 20/07/011	<p>Service Delivery Plan 2020-21 - Quarter 2 Update</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 EDWOD further advised the Committee that Management Executive would be discussing how the UHB could improve inclusion and diversity within the organisation.</p> <p>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.</p>	

Bricknell Helen
09/22/2020 15:54:58

	<p>Resolved – that:</p> <p>(a) the Committee noted the Service Delivery Plan 2020-21 - Quarter 2 Update</p>	
S&D 20/07/012	<p>Research & Development</p> <p>The EMD introduced the report and it was taken as read by the Committee. The 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.</p> <p>The Research & Development 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.</p> <p>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.</p> <p>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.</p> <p>The CC congratulated the EMD and colleagues, in particular Chris Fegan who had been instrumental in his contribution to research and development.</p> <p>Resolved – that:</p> <p>(a) The Committee noted the Research and Development Report.</p>	
S&D 20/07/013 <div style="transform: rotate(-45deg); transform-origin: left bottom; font-size: small;"> Bricknell Helen 09/22/2020 15:54:58 </div>	<p>Tertiary Services Update & Presentation</p> <p>The Consultant Cardiologist (CtC) and Corporate Planning Manager (CPM) introduced the presentation and confirmed the following:</p> <ul style="list-style-type: none"> • 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; 	

	<ul style="list-style-type: none"> SWOT analysis had been undertaken which identified two main themes: <p>"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"</p> <p>"To identify and address the tensions that currently exist between secondary and tertiary services at both a clinical, operational and strategic level"</p> <ul style="list-style-type: none"> Vision statement was explained as 'World Class Specialised Healthcare for Wales <p>The IM-TS congratulated the team on the phenomenal piece of work and commented that it was important to ensure that corporate support was received. The CtC advised that the CEO had been very supportive from the beginning of the process, however a project team would be required to ensure dedicated time to the process.</p> <p>The IM-CE requested that an update on Tertiary Services Progress be brought to a future meeting.</p> <p>Resolved – that:</p> <p>(a) the Committee noted the Tertiary Services Update.</p>	LT
S&D 20/07/014	<p>Primary Care Out of Hours Peer Review – Action Plan</p> <p>The Director of Operations - PCIC (DO-PCIC) introduced the report and confirmed the following:</p> <ul style="list-style-type: none"> 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. <p>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. The IM – CE queried if there would be a communications plan to support this which would ensure the message reaches those in most need. In response, the DO-PCIC confirmed conversations were being held with key stakeholders which included, but was not limited to, Local Authorities, Chairs and Chief Executive Officers. A formal communication had been launched. The CC explained he hoped the Minister would make</p>	

Bricknell Helen
09/22/2020 15:54:58

	<p>an announcement in relation to CAV247 in the coming weeks which would be a very significant step forward for the UHB.</p> <p>The CC requested that going forward, target completion dates are included within the report.</p> <p>Resolved – that:</p> <p>(a) the Committee noted the Primary Care Out of Hours Peer Review – Action Plan</p>	
S&D 20/07/015	<p>Key Organisational Performance Indicators</p> <p>The Deputy Chief Operating Officer (DCOO) introduced the paper and confirmed that throughout COVID-19, work was clinically led, based on clinical prioritisation.</p> <p>The DCOO confirmed it was unknown when Welsh Government would expect the UHB to return to normal measures.</p> <p>The CC 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.</p> <p>Resolved – that:</p> <p>(a) The Committee noted the Key Organisational Performance Indicators</p>	
S&D 20/07/016	<p>Board Assurance Framework Update – Workforce</p> <p>The DCG introduced the report and advised the Committee that the BAF needed to be broadened to include wellbeing and inequality, therefore it would be amended prior to submission to Board to reflect this.</p> <p>Resolved – that:</p> <p>(a) The Committee noted the Board Assurance Framework Update - Workforce</p>	
S&D 20/07/017	<p>Reserve Forces - Training and Mobilisation Policy for NHS Wales</p> <p>The Committee reviewed the Reserve Forces - Training and Mobilisation Policy for NHS Wales.</p> <p>Resolved – that:</p> <p>(a) The Committee adopted the Reserve Forces - Training and Mobilisation Policy for NHS Wales.</p>	

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09/22/2020 15:54:58

S&D 20/07/018	Any Other Business <p>The CC informed the Committee that it would be the last time he would be Chairing due to being appointed as Chair of the UHB, Michael Imperato would be the Chair of Strategy & Delivery going forward.</p> <p>Resolved – that:</p> <p>(a) The Committee noted the Any Other Business raised.</p>	
S&D 20/07/019	Items to bring to the attention of the Board <p>Resolved – that:</p> <p>(a) There were no items to bring to the attention of the Board.</p>	
S&D 20/07/020	Review of the Meeting <p>The CC facilitated a review of the meeting and attendees confirmed it was a good meeting with an appropriate level of Independent Member challenge and scrutiny.</p>	
S&D 20/07/021	Date & Time of next Meeting <p>Tuesday 15th September 2020 9:00am – 12:30pm Via Skype</p>	

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**Minutes of a Local Partnership Forum meeting held on 18 June 2020 at 10am, remotely
and in Nant Fawr 1, Woodland House**

Present

Mike Jones	Chair of Staff Representatives/UNISON (co-Chair)
Julie Cassley	Deputy Director of WOD (co-Chair)
Steve Gaucci	UNISON
Peter Hewin	BAOT/UNISON
Zoe Morgan	CSP
Fiona Salter	RCN
Jo Brandon	Director of Communication and Engagement
Peter Welsh	General Manager UHL and Barry
Ruth Walker	Exec Director of Nursing
Ceri Dolan	RCN
Fiona Jenkins	Exec Director of Therapies and Health Sciences
Dawn Ward	Independent Member – Trade Union
Rhian Wright	RCN
Abigail Harris	Exec Director of Strategy and Planning
Dorothy Debrah	BDA
Andrew Crook	Head of Workforce Governance
Bill Salter	UNISON
Rachel Gidman	Assistant Director of OD
Nicola Foreman	Director of Corporate Governance
Julia Davies	UNISON
Lianne Morse	Head of HR Operations
Caroline Bird	Deputy COO
Pauline Williams	RCN

In Attendance:

Sherard Le Maiture	Clinical Director for Urgent Primary Care
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Apologies

Martin Driscoll	Exec Director of Workforce and OD (co-Chair)
Len Richards	CEO
Stuart Walker	Medical Director
Stuart Egan	UNISON
Joe Monks	UNISON
Mat Thomas	UNISON

Secretariat

Rachel Pressley	Workforce Governance Manager
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LPF 20/027 WELCOME AND INTRODUCTIONS

Mr Jones welcomed everyone to the meeting and introductions were made

LPF 20/028 APOLOGIES FOR ABSENCE

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09/22/2020 15:54:58

Apologies for absence were noted.

LPF 20/029 DECLARATIONS OF INTEREST

There were no declarations of interest in respect of agenda items.

LPF 20/030 MINUTES OF PREVIOUS MEETING

The minutes from 12 February 2020 and 21 May 2020 were confirmed as accurate records of the meetings.

LPF 20/031 ACTION LOG

The action log was noted

LPF 20/032 TRANSFORMING URGENT CARE

Dr Sherard Le Maitre, Clinical Director for Urgent Primary Care, was present to discuss plans to transform urgent care by introducing an appointments based system, similar to Out of Hours. It was recognised that attendance at EU had dropped off considerably due to COVID-19 but was starting to pick up again now.

Miss Ward said that this proposal seemed to be strategically aligned to A Healthier Wales and SOFW, but there were questions around how to get the message out and how to staff it. Dr Le Maitre agreed that communication was key both pre-launch and on an ongoing basis. He said that there would need to be a lead in period, but there would also be some education at the front door. In terms of staffing, there was a workforce stream which would lead on this. Some OOH staff would be interested in additional hours, and some new staff would be recruited. There was also the possibility of utilising staff who were shielding as this work could be done from home.

Mr Hewin agreed that there were dividends, but was concerned about the impact on other parts of the service, especially Mental Health. Dr Le Maitre assured the Forum that discussions with the Mental Health Clinical Board were taking place. It was recognised that there were times when individuals needed to present at EU and there were discussions with MHCB to ensure capacity for this, but he suggested that it was maybe better to have treatment in a mental health environment. This was not static, however, and would be part of the ongoing evaluation.

Dr Jenkins advised that the Executive team were very pleased with the multi-disciplinary and flexible nature of this proposal and that she hoped people were supportive of it.

Mr Welsh recognised that the proposal was in its early days but asked if it was possible to elaborate on the Barry Minor Injuries Unit would play. Dr Le Maitre indicated that he hoped it would at least continue with the same status though the future model could be more primary care led.

In terms of timeline, it had originally been hoped that the new model would start from the 24 July but recruitment meant that August was more likely. The new model would definitely need to be operational before winter.

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09/22/2020 15:54:58

(Dr Le Maitre left the meeting)

LPF 20/033 SHIELDING OUR WORKFORCE

Mrs Cassley reminded the Forum that a task and finish group had been established to look at staff who are shielding and pointed out key highlights from the report.

The group had explored how many staff were shielding and whether this was due to a CMO (or GP/specialist) letter, a family member or with agreement with their line manager. The main principles were ensuring meaningful work was available and the wellbeing of the member of staff. Guidance was being developed for managers to help them support their staff.

Mrs Dolan said that not all managers had been supportive and that not all the messages received, even from HR, had been consistent. She stated that it was important to understand all the possible reasons for shielding. Mr Gaucci added that lots of individuals who are shielding felt left out and isolated and emphasised the importance of regular contact with their line manager. He said that being able to work from home was a huge advantage as it gave a sense of purpose.

Miss Ward stated that this was a great start but suggested that there should be a reference to working in partnership early on in the recommendations.

Mrs Davies asked about the requirement for staff who are shielding to take 8 days annual leave. Mr Crook advised that this had been agreed on an All-Wales basis for staff who were shielding and were not able to work from home. He explained that the rationale for the requirement to take 8 days annual leave was based on taking approximately a quarter of the annual leave entitlement equating to the period of shielding (the 12 weeks being approximately a quarter of the leave year). He also stated that people need to take annual leave for rest purposes whether in work for working from home.

LPF 20/034 REMOTE WORKING

Mr Hewin reminded the Forum that a paper had been issued at the last meeting to initiate the project. The group aimed to realise one of the dividends of COVID and working from home was widely regarded as the way forward, though it was acknowledged that it was not suitable for all jobs.

A draft statement had been drawn up and issued to the Forum that morning. Mr Hewin hoped that people would regard it as the right direction and that the LPF would approve it.

Mrs Harris pointed out that there were links with the Sustainability Action Plan which was the UHBs response to the climate emergency.

Miss Ward endorsed the work and the principle of maximising working from home when possible and safe. She noted that it would involve different ways of working for different groups of staff and wondered if there was any way of capturing and triangulating this as it evolved. Mr Hewin agreed but stated that this work needed to take place quickly so we would need to look at this kind of thing retrospectively.

LPF 20/35 RECOVERY PLANNING

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09/22/2020 15:54:58

Mrs Harris referred the Forum to the presentation which had been sent out prior to the meeting. She advised that the organisation was taking a planned approach to coming out of COVID. We had come through the immediate emergency response and were now in the 'living with COVID' phase.

The Forum had already heard some examples of how the organisation wanted to emerge, and there had been good feedback on remote physio etc.

Mr Hewin said that he was pleased the rise in demand for mental health services had been recognised and noted the links with the rehabilitation recovery plan. He also noted that during the emergency phase things had happened quickly and some of the usual processes had had to be bypassed. He agreed that we would want to keep many of the changes, but felt that if they were moving from temporary to permanent arrangements the OCP processes should be properly re-introduced. Mrs Harris agreed and stated that it was necessary to have a conversation with staff and with partners such as the CHC about what we wanted to keep and why, and to capture the feedback received.

LPF 20/36 ANNUAL LEAVE

Mr Jones asked for clarity on whether or not staff would be able to carry over annual leave for 2 years if they were not able to take it this year. He also asked what was happening about staff who had asked to purchase additional annual leave before COVID-19 but no longer needed it.

Mrs Cassley suggested that this highlighted the need to re-convene the Workforce Partnership Group and asked Dr Pressley to arrange a meeting for as soon as possible so that this issue could be discussed.

Action: Dr Pressley

Mr Crook advised that Dr Pressley had already contacted everyone who had been approved for the purchase of additional annual leave to ask if they would like to cancel it under the circumstances. He also suggested that things were not as manic as they had been and that staff should be able to take their annual leave, though Mr Jones said that this was not the view of all managers.

LPF 20/37 ANY OTHER BUSINESS

Mrs Dolan raised concerns about breaks for those staff working in green areas and suggested that as they were not able to leave their workplace they should be paid for the break. Mrs Walker stated that the primary issue was not about pay, but about ensuring that they were given the opportunity to have a proper break and something to eat. It was agreed that this issue would be discussed further at the Workforce Partnership Group

Action: Dr Pressley

Miss Salter said that staff representatives were facing increasing pressure to attend face to face meetings and asked what the organisational view was on this. Mrs Cassley pointed out that this was contrary to the discussion held at this meeting but suggested that it was necessary to understand what the pressures were. It was agreed that this issue would also be discussed further at the Workforce Partnership Group

Action: Dr Pressley

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09/22/2020 15:54:58

LPF 20/038 ITEMS FOR THE ATTENTION OF THE BOARD

The Board should be updated on the work taking place around shielding and remote working

LPF 20/039 FUTURE MEETING ARRANGEMENTS

The next meeting is scheduled to take place remotely on Monday 3 August at 10am, remotely and in Room Nant Fawr 1, Woodland House

Bricknell Helen
09/22/2020 15:54:58



**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**CONFIRMED MINUTES OF THE MEETING HELD ON
14 JULY 2020 AT 0930 AM VIRTUALLY BY MICROSOFT TEAMS**

PRESENT

Members:

Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Judith Paget	Chief Executive, Aneurin Bevan ABUHB
Simon Dean	Interim Chief Executive, Betsi Cadwaladr UHB
Len Richards	Chief Executive, Cardiff and Vale UHB
Nick Lyons	Medical Director, Cwm Taf Morgannwg CTMUHB
Steve Moore	Chief Executive, Hywel Dda UHB
Carol Shillabeer	Chief Executive, Powys THB

In Attendance:

Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
Ross Whitehead	Assistant Director of Quality and Patient Experience
James Rodaway	Head of Commissioning & Performance Management
Craige Wilson	Deputy Chief Operating Officer, Swansea Bay UHB
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust
David Lockey	National Director EMRTS Cymru (for Agenda item 2.3)
Matthew Edwards	Programme Manager EMRTS Cymru (for Agenda item 2.3)
Gwenan Roberts	Assistant Director Corporate, National Collaborative Commissioning Unit (NCCU) (Committee Secretary)

Part 1. PRELIMINARY MATTERS		ACTION
EASC 20/49	WELCOME AND INTRODUCTIONS Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee.	
EASC 20/50	APOLOGIES FOR ABSENCE Apologies for absence were received from Tracy Myhill, Sian Harrop-Griffiths and Sharon Hopkins. Craige Wilson, Deputy Chief Operating Officer for Swansea Bay UHB was welcomed to the meeting.	

EASC 20/51	DECLARATIONS OF INTERESTS There were no additional interests to those already declared.	Chair
EASC 20/52	MINUTES OF THE MEETING HELD ON 12 MAY 2019 The minutes were confirmed as an accurate record of the Joint Committee meeting held on 12 May 2019.	Chair
EASC 20/53	ACTION LOG Members RECEIVED the action log and NOTED specific progress as follows: EASC 19/08 & EASC 19/21 & EASC 19/23 Emergency Medical Retrieval Service (EMRTS) Refresh of the commissioning framework Members noted that the work to develop the framework was almost complete and would be provided at the next meeting (Added to the Forward Look). EASC 19/12 Risk Register Members noted the delay in developing the register in line with the host body arrangements. It was agreed that this would be received and considered by the EASC Management Group and then by the Joint Committee at its next meeting (On the Forward Look). EASC 20/29 Safe Cohorting of Patients EASC Management Group to report back to the Committee (added to the Forward Look). EASC 20/26 Coronavirus - Actions Information would be presented for discussion at the EASC Management Group and shared with Members in due course. EASC 20/44 Integrated Medium Term Plan It was agreed that a revised plan would be received at the next meeting. EASC 20/45 Learning Lessons during a pandemic It was agreed that the next WAST provider report would share early findings. Members RESOLVED to: <ul style="list-style-type: none"> • NOTE the Action Log. 	CASC Head of Commissioning CASC CASC Head of Commissioning CEO WAST

EASC 20/54	MATTERS ARISING EASC 19/55 & 19/92 & 20/29 Carol Shillabeer reported that work was continuing in relation to Mental Health and progressing well; the latest work included data collection to understand the demand on the service and the challenges faced. A further update would be provided at the next meeting.	
EASC 20/55	CHAIRS REPORT The Chair's report was received. In presenting the report, Chris Turner highlighted the various discussions that had taken place since the previous meeting, including one to one with Martin Woodford, Chair of the Welsh Ambulance Services NHS Trust. Members also noted that Chris Turner had been invited to serve a further year as interim Chair of the Committee and he had accepted. Members RESOLVED to: <ul style="list-style-type: none"> • NOTE the Chair's report. 	
Part 2. ITEMS FOR DISCUSSION		ACTION
EASC 20/56	CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT The Chief Ambulance Services Commissioner's (CASC) report was received. In presenting the report, Stephen HARRY highlighted the following key items: <ul style="list-style-type: none"> • The link within the report to the Year End Accounts and the Annual Governance Statement. Members noted the key actions identified going forward which reflected the discussions at each meeting and were felt to be proportionate and supported the agreed focus going forward. • Ministerial Ambulance Availability Task Force – Members noted that the work had been temporarily stood down, although plans were in place to recommence the work; the Minister had been made aware of the plans. However, the work would need to be modified for the members of the Taskforce and would involve greater emphasis on critiquing work and proposals emerging from the work of sub groups. The aim was to try and provide an interim report to the Committee in the autumn in line with the commissioning cycle and the first cut of the Integrated Medium Term Plan at the November meeting. Members noted the importance of the work to implement the Demand and Capacity report recommendations in terms of additionality and direction. 	

	<ul style="list-style-type: none"> Members noted that the Welsh Ambulance Services NHS Trust response times were generally good, although performance in the most rural areas was not at the level expected. Members noted the desire to learn from the impact of the pandemic on the service and what changes had been made to inform future service provision. Other changes, including transfer and discharge services, as well as the other ongoing changes in NHS Wales would have significant impact on how ambulance services are provided. Members noted that the Emergency Medical Services (EMS) Framework Agreement needed to be reviewed. Members noted that the framework was fit for purpose at the time it was developed but would now need to be modified to get a better balance between the service provision, patient safety / harm and staff experience. Members noted that the EASC Management Group would lead on the development of the EMS Framework Agreement and it would be presented at a future Committee meeting (Added to the Forward Look). Members discussed the issues related to the performance in rural areas which until recently had been good and consistent. Members noted that this had changed over the last 8 weeks and the performance was well under 50%. It was agreed that further information be provided by WAST to understand why this had occurred (Added to the Action Log). Members noted that it was felt that good progress was being made on plans to open the Grange University Hospital. Judith Paget thanked the EASC Team for the support given to assist the Health Board and WAST to get near a solution for the new transport arrangements. Members noted that proposal would be received shortly by the Aneurin Bevan Board to secure the resourcing needed. It was noted that emergency surgery and trauma would be centralised and there may be additional issues with patients needing to be transferred from Nevill Hall sooner than anticipated. Some concerns had been raised by staff at ABUHB and Judith Paget agreed to share the Datix reports from the UHB in order that the WAST team could understand the issues involved (Added to the Action Log). <p>Members RESOLVED to: NOTE the Chief Ambulance Services Commissioner's report.</p>	
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<p>EASC 20/57</p>	<p>WELSH AMBULANCE SERVICES NHS TRUST (WAST) PROVIDER REPORT</p> <p>The update report from the Welsh Ambulance Services NHS Trust (WAST) was received and in presenting the report Jason Killens highlighted key areas which included:</p> <ul style="list-style-type: none"> • Response to the Pandemic The internal debriefing process in relation to the first wave was now coming to a close, a report was being developed for the Trust Board and would be shared with the Committee (added to the Action Log). <p>Members noted that 500 staff had given their reflections on pandemic so far which included sharing good practice and areas of learning. Jason Killens explained that an action plan would be developed during July and August to share back with staff i.e. 'You said-we did'. Members noted that WAST was referring to itself as being in a 'monitoring' phase of the pandemic; the organisation had not yet "recovered" and was referring to itself as "in recovery" and this work would help to shape its plans going forward.</p> <ul style="list-style-type: none"> • Summary of long waits for ambulances Members noted that very few patients experienced long waiting times between April and June this year due to the reduced activity and additional capacity in the service. <p>In terms of RED performance, Members noted that across the first quarter the performance had been over 70% but not in rural areas. Jason Killens explained that the Community First Responders had not been utilised initially during the response to the pandemic, although they were now gradually coming back into service with the appropriate personal protective equipment. It was anticipated that this would have a positive impact and improve performance in rural areas.</p> <p>Members also noted that most of the rapid response vehicles had not been utilised during the initial response to the pandemic which had an impact on red performance. In line with the findings in the Demand and Capacity Report, Members felt the challenge remained to deploy the right number of staff in the right place.</p> <ul style="list-style-type: none"> • Plans for the Grange University Hospital Members noted that teams from across WAST, Aneurin Bevan UHB and the EAS Team were working together to get a settled position, it was anticipated that 84 additional staff would need to be employed. 	<p>CEO WAST</p>
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<p>Bricknell Helen 09/22/2020 15:54:58</p>	<ul style="list-style-type: none"> Quarter 2 Operational Framework plan submissions to the Welsh Government <p>Jason Killens provided an overview of the Q2 plan and highlighted that 3-4 areas had been identified for Q3 and 4.</p> <ul style="list-style-type: none"> Emergency Departments <p>Jason Killens gave an overview of the work which was aiming to divert patients away from emergency departments using Consultant Connect.</p> <p>Len Richards highlighted the ongoing work at Cardiff and Vale UHB, in conjunction with Aneurin Bevan UHB, using the data to determine how patients accessed services during the pandemic and how potentially this could be used to plan or have early warning for surges in activity. Members noted the work and suggested that EASC could consider the implications of this work for potential roll out across NHS Wales. Members noted that additional funding had been requested from the Welsh Government to support having a live feed of data to develop the early warning system.</p> <p>Members noted that Aneurin Bevan UHB were waiting for agreement from the Welsh Government officials in terms of whether the Grange University Hospital would open in November. Judith Paget supported the work of the team at WAST in terms of Consultant Connect and phone first. The pod at the Royal Gwent hospital had experienced staffing issues and the Health Board and WAST were working to resolve.</p> <p>Nick Lyons supported the work and explained that Cwm Taf Morgannwg UHB was also keen to take forward Consultant Connect. Members felt that the pandemic had highlighted the different policies in place across Wales and felt that it would be beneficial to work collectively to avoid the unnecessary pressure within NHS Wales by using the same systems. Members noted the different uses and requirements of personal protective equipment across Wales and agreed that it would be helpful if the WAST team highlighted the differences in approach across Wales (Added to the Action Log).</p> <p>A broader discussion took place on the wider unscheduled work and Stephen Harrhy highlighted that work had been identified within the 'Amber Review' and discussions could be held with the NHS Wales Informatics Service (NWIS) regarding what could be achieved in real time.</p>	<p>CEO WAST</p>
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	<p>Members noted that the Welsh Government officials had shown some interest in developing an unscheduled care dashboard system and Stephen Harrhy agreed to find out more and report back to the Committee (Added to the Action Log).</p> <p>Stephen Harrhy suggested that further information be presented for discussion at the EASC Management Group to align with the Demand and Capacity Report. Members wished to note the impact of Consultant Connect on conveyancing and the connection to the Clinical Contact Centres within WAST. Other issues to be considered would include the booked appointment processes for emergency departments and the reduced capacity issue related to social distancing.</p> <p>In summarising this section of the meeting, the Chair welcomed the discussion on the interesting initiatives for unscheduled care and the opportunity for the system as a whole to be more coordinated.</p> <ul style="list-style-type: none"> • Healthcare Inspectorate Wales Members noted that WAST had received a draft Healthcare Inspectorate Wales report which was positive overall although was not complimentary with regard to handover delays at emergency departments. The report would be available to Members when published (added to the Action Log). • Health and Safety Executive (HSE) Jason Killens explained that WAST had received a notification from the HSE regarding a material breach of Health and Safety laws in relation to staff using personal protective equipment for excessive periods of time. WAST were providing evidence of the systems employed to the HSE and a further report would be provided at the next meeting (added to the Action Log). <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the provider report and the actions agreed. 	<p>CASC</p> <p>CASC</p> <p>CEO WAST</p>
<p>EASC 20/58</p> <p>Bricknell Helen 09/22/2020 15:54:56</p>	<p>FOCUS ON – EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE</p> <p>In presenting the report, Professor David Lockey highlighted:</p> <ul style="list-style-type: none"> • Phase 1 of the 24/7 went live from the Cardiff Heliport on 1 July 2020 • Summary of EMRTS and activity improving service provision and service transfer • Activity levels • Support to the wider NHS Community 	

<p>Bricknell Helen 09/22/2020 15:54:58</p>	<ul style="list-style-type: none"> • Much of the EMRTS work took place by road not air during the pandemic, particularly the twilight rapid response vehicle, although it was anticipated that the service would soon be flying more again • The impact of the Covid 19 pandemic which included flying restrictions by the air operator (and reduction in the numbers of pilots available); curtains are in place on all aircraft; importantly the EMRT service was maintained throughout • Network work; noted to be time consuming in relation to tele conferencing and maintaining links • Severe escalation plan in place; worked with the Critical Care Network and planned to mobilise key staff to any hospital overwhelmed with Covid 19 cases and would transfer patients to less affected areas for critical care treatment • Monthly activity by base: rapid response vehicle usage was clear and in constant demand within the south east Wales region • Twilight rapid response vehicle (RRV) originally resourced through winter funding; averaging 3.2 calls per shift; nature of calls include: cardiac arrest, road incidents, falls and unconscious patients • RRV – useful project met unmet need this service enabled the move to 24/7 expansion • 24/7 service expansion; noted the national shortage of pilots; the charity was working with the provider and aiming for an All Wales response; phase 2 for North Wales would be more difficult with a workload of 160 each year at night • National Critical Care Transfer Service; working together with the Critical Care Network; separate to the core work and ring fenced; aiming for set up in 9-12 months time; recruitment of key staff, project manager and clinical lead – interviews next week. <p>Members asked whether Professor Lockey felt there was any danger that the work to extend the EMRT service to 24/7 would accelerate the major trauma network work and if this could overwhelm trauma centres. Prof Lockey explained that patients were already taken to the unit for definitive care and doubted whether a lot of change would impact on centres. Members noted the outstanding requirements for the service to be provided 24/7 in terms of the capital for the EMRT service and for critical care services.</p>	
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	<p>Members noted that the processes for distributing capital were on hold with Welsh Government at present. As the capital allocation would be made through the Committee a revenue to capital transfer might be considered by Members to ensure progress is maintained. This would be further discussed at a future meeting (Added to the Action Log).</p> <p>The Chair thanked Professor David Lockey and Matthew Edwards from the EMRT Service for excellent work during the pandemic as well as the informative presentation and report.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the presentation and report. 	
Part 3. ITEMS FOR APPROVAL OR ENDORSEMENT		ACTION
EASC 20/59	<p>FINANCE REPORT</p> <p>Stuart Davies presented the finance report.</p> <p>Members noted that over the next few months further work would take place with WAST to ensure that the new investment including the additional staff would be isolated in terms of the costs and a reconciliation exercise would provide clarity on the activity and the costs incurred.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the report and note the future work on costs 	Director of Finance
EASC 20/60	<p>EASC GOVERNANCE UPDATE</p> <p>The EASC Governance update report was received. In presenting the report Gwenan Roberts highlighted the following:</p> <ul style="list-style-type: none"> • The EASC Annual Report 2019-2020 was received for the first time. This outlined the work of the Committee, its Members and attendance. Members noted that two of the associate members had not attended a committee meeting for the last two years and the Chair agreed to write a letter to the organisations to remind them. Members agreed to complete the effectiveness survey separately and return to the Committee Secretary and receive an overview of the findings at the next meeting (Added to the Action Log). • The EASC Annual Governance Statement had been previously circulated to Members and it was noted that it had been received and noted at the Audit and Risk Committee in line with the host body arrangements (Cwm Taf Morgannwg UHB). 	Gwenan Roberts

	<ul style="list-style-type: none"> • Risk Register – Members noted the current situation in relation to the development of the risk register through the EASC Management Group and agreed to receive a new register in line with the host body arrangements at the next meeting. • The EASC Management Group Annual Report 2019-20 and Terms of Reference was received. • The Non-Emergency Patient Transport Service Delivery Assurance Group Annual Report 2019-20 and Terms of Reference (and Internal Audit Report) was received • The Emergency Medical Retrieval and Transfer Service Hosted Bodies Annual Report 2019-2020 was received. <p>In terms of the Sub Groups of EASC, Members noted that all would complete the effectiveness survey and a composite report, including the EASC Members information would be provided at the next meeting.</p> <p>Members noted that Welsh Government officials had written to the NHS Wales Chairs' Group enquiring about the public's access to board meetings. Further work was underway with the Board Secretary group and Gwenan Roberts agreed to report back from an EASC perspective at the next meeting.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report • APPROVE the EASC Committee Annual Report for 2019-2020 • RATIFY the EASC Annual Governance Statement 2019-2020 • APPROVE the EASC Management Group Annual Report for 2019-2020 and the Terms of Reference • APPROVE the NEPTS DAG Annual Report for 2019-2020 and the Terms of Reference and NOTE the Internal Audit Report. • RATIFY the EMRTS Hosted Bodies Annual Report for 2019-2020. 	Gwenan Roberts
		Gwenan Roberts
		Gwenan Roberts
EASC 20/61	<p>CONFIRMED MINUTES OF SUB GROUPS</p> <p>Members received the confirmed minutes of the EASC Sub Groups as follows:</p> <p>EASC Management Group - 21 February 2020</p>	

	<p>Non-Emergency Patient Transport Service Delivery Assurance Group (NEPTS DAG) for the following dates:</p> <ul style="list-style-type: none"> • 07 Feb 2020 • 24 Apr 2020 • 12 May 2020 • 26 May 2020 • 09 Jun 2020 • 23 Jun 2020 <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the confirmed minutes as above. 	
EASC 20/62	<p>FORWARD PLAN OF BUSINESS</p> <p>The forward plan of business was received. Members discussed the arrangements for the Committee and agreed that the Chair and the Chief Ambulance Services Commissioner finalise outside of the meeting.</p> <p>Following discussion, Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE that the Chair and the Chief Ambulance Services Commissioner further review the Forward Plan. 	Chair and CASC
Part 4. OTHER MATTERS		ACTION
EASC 20/63	<p>ANY OTHER BUSINESS</p> <p>There was one item – temporary amendments to the model Standing Orders.</p>	
EASC 20/64	<p>TEMPORARY AMENDMENTS TO MODEL STANDING ORDERS, RESERVATION AND DELEGATION OF POWERS – LOCAL HEALTH BOARDS, NHS TRUSTS, WELSH HEALTH SPECIALISED SERVICES COMMITTEE, EMERGENCY AMBULANCE SERVICES COMMITTEE AND HEALTH EDUCATION AND IMPROVEMENT WALES</p> <p>Gwenan Roberts presented the report which outlined the requirements of the Welsh Health Circular published on 9 July.</p> <p>Members noted the temporary changes to the Standing Orders in relation to the tenure of the Chair and Vice Chair which would cease to have effect on 31 March 2021.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the changes for ratification at all Health Board meetings before the end of July 2020. 	

DATE AND TIME OF NEXT MEETING		
EASC 20/48	A meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 8 September 2020 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL.	Committee Secretary

Signed
Christopher Turner (Chair)

Date

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09/22/2020 15:54:58

Report Title:	Audit & Assurance Committee – Chair's Report					
Meeting:	Board Meeting				Meeting Date:	24/09/2020
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 8th September 2020.

Internal Audit Progress and Tracking Reports

The Head of Internal Audit confirmed that the main focus of the report was to provide an update regarding progress with delivering the Internal Audit Plan for 2020-2021. The Committee was advised that although some reports had been completed, there would be delays in delivering others due to COVID-19; the Committee would continue to receive progress reports. Consideration was being given to whether items could be removed from the final audit plan yet still providing complete and overall recommendations for the Health Board.

Audit Wales Update

The following was discussed:

- 1) Structured Assessment for 2020 - adapted this year to include financial arrangements and operational response to COVID, draft report due
- 2) Track Trace & Protect - national high level work being undertaken to provide a report on an All Wales basis, field work for this project currently underway, report expected in October
- 3) COVID-19 Learning - established project to share learning, public bodies encouraged to share via landing page on their website

The 2019-20 Audit of Accounts Addendum Report

The final output was presented to Committee. This year's report was shorter which reflected well on overall quality plans and underlying processes, with only 3 areas reported on compared to 10 last year. The areas highlighted requiring improvement were:

Area 1 – Level of manual adjustment that sits outside financial ledger
Area 2 – Information which sits outside of the Ledger
Area 3 – Premature Party Returns

The Committee was pleased to see all of last year's recommendations had been agreed and

implemented and the reduced number of recommendations made this year.

Effectiveness of Counter-Fraud Arrangements Report

The Committee was pleased with the current findings and noted that this would be kept under review.

Declarations of Interest and Gifts and Hospitality Tracking Report including / Declarations of Interest and sign off in relation to Ysbyty Calon Y Ddraig

The Committee was advised of lower numbers of reporting due to COVID-19 and the annual reminder being delayed to October.

Regulatory Compliance Tracking Report including Ysbyty Calon Y Ddraig

The Committee was advised that a number of inspections did not proceed due to the pandemic and that the updated position from the beginning of the year was provided.

Internal Audit Tracking Report

The Committee was informed that the number of outstanding 2017/18 recommendations had reduced significantly. Those for 2018/19 were also reducing and 2019/20 had remained stable. The Committee commented on excellent progress being made.

Audit Wales Tracking Report

The Committee received the update on progress with Audit Wales recommendations.

Internal Audit Reports

The Committee received and accepted the final two reports for 2019/20:

- Strategic Planning / IMTP Report – Reasonable assurance
- Annual Quality Statement Report - Substantial assurance

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

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Kind and caring
Caredig a gofudol

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

Report Title:	FINANCE COMMITTEE KEY ISSUES REPORT					
Meeting:	Board Meeting			Meeting Date:	24th September 2020	
Status:	For Discussion		For Assurance		For Approval	
					For Information	X
Lead Executive:	Robert Chadwick, 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 29th July 2020.

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

The Welsh Government wrote to the UHB on 19th March 2020 to inform it that it had an approvable 2020/21 Plan, however the UHB was also informed that Welsh Government had paused the IMTP process for an indefinite period so that organisations could focus on the challenges of COVID- 19.

Welsh Government is monitoring the UHB against its submitted plan in order to assess the financial impact of COVID- 19. The challenges of managing COVID- 19 are forecast to drive significant costs in 2020/21 and in this context the main financial focus in the early part of the year is on justifying additional expenditure incurred in dealing with COVID- 19 and assessing its impact on the reported financial position. The UHB will however also need to keep in check its non COVID operational position to ensure that financial control is maintained and to avoid the addition of recurrent expenditure to the underlying position.

Assurance is provided by the scrutiny of financial performance including the additional cost of managing COVID- 19 undertaken by the Finance Committee.

Assessment and Risk Implications

Financial Performance Month 3

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 had 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 3 was a deficit of £45.774m as summarised in the Table below:

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Month 3 Financial Position 2020/21

	Month 1 £m	Month 2 £m	Month 3 £m	Total £m
COVID 19 Additional Expenditure	38.438	17.290	5.332	61.060
COVID 19 Non Delivery of Savings Plans	2.118	2.150	2.052	6.320
COVID 19 Reductions in Planned Expenditure	(2.522)	(4.241)	(2.919)	(9.683)
COVID 19 Release of Planned Investments	0.000	(0.168)	(0.679)	(0.847)
Net Expenditure Due To COVID 19	38.034	15.030	3.786	56.850
Operational position (Surplus) / Deficit	0.191	(0.048)	(0.204)	(0.061)
COVID - 19 Funding Pay Costs Quarter 1			(11.016)	(11.016)
Financial Position (Surplus) / Deficit	38.225	14.982	(7.434)	45.774

This shows that the key driver of the month 3 financial position was the impact of COVID 19.

The additional COVID 19 expenditure in the 3 months to the end of June was £61.060m. Within this, the costs of the Dragon's Heart Hospital were significant, especially the set up costs which allow for significant expansion. At month 3 additional costs of £39.994m related to the Dragon's Heart Hospital. There was also £21.066m of other COVID 19 related additional expenditure.

COVID 19 was also adversely impacting on the UHB savings programme with underachievement £6.320m against the month 3 target of £7.196m. This was not expected to improve until the COVID 19 pandemic passed.

Elective work had been significantly curtailed during the first 3 months of the year as part of the UHB response to COVID 19 and this had led to a £9.683m reduction in planned expenditure.

The UHB had also seen slippage as a commissioner of £0.847m on the WHSSC commissioning plan due to impact of COVID 19.

The net expenditure due to COVID 19 at month 3 was £56.850m. The UHB had received £11.016m additional Welsh Government funding to cover part of the additional costs arising from the management of COVID 19 and the UHB also had a small operating overspend of £0.061m resulting in a Month 3 deficit of £45.774m

The financial forecast of additional net costs arising in 2020/21 from COVID- 19 that are over and above LHB plans was assessed as £139.4m at month 3 comprising the following:

- £145.6m additional operational expenditure
- £24.9m non delivery of savings plans
- £(19.2)m expenditure reductions due to cessation of elective work
- £(0.9)m release of planned investments
- £(11.0)m Welsh Government COVID 19 funding received.

Within this forecast the Dragon's Heart Hospital costs were assessed at £67.8m with a further £2.8m capital costs.

It was noted that the forecast contained some significant variables and was based on a number of volatile assumptions and took no account of any Welsh Government funding

to help meet these costs.

Risk Register

The 2020/21 Finance Risk register was presented to the Committee.

It was highlighted that 4 of the risks identified on the 2020/21 Risk Register were categorized 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.
- Management of budget pressures.
- Delivery of the 3.5% CIP (£29m)
- COVID-19 impact on financial plan

NHS Wales Organisations £470m Debt Written-Off To Help Prepare For Covid-19 Recovery

The Deputy Director of Finance presented a paper which considered the impact on the UHB of the Welsh Government press release which announced “NHS Wales organisations £470m debt written-off to help prepare for COVID-19 recovery”.

The Committee was informed that the press release indicated that the historic cumulative deficit which the UHB had reported since the beginning of 2014 will not be required to be repaid once the UHB achieves its three-year break-even duty. This provided clarity and it was noted that the UHB had incurred net deficits totalling £87.206m in the 6 years since the beginning of 2014/15.

The announcement did not change the UHB plans , however it was noted that the UHB historic debt would be written off at the end 2021/22 if it achieved a break even position over the course of 2020/21 and 2021/22.

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:	24 th September 2020	
Status:	For Discussion		For Assurance		For Approval	For Information X
Lead Executive:	Robert Chadwick, 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 26th August 2020.

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

The Welsh Government wrote to the UHB on 19th March 2020 to inform it that it had an approvable 2020/21 Plan, however the UHB was also informed that Welsh Government had paused the IMTP process for an indefinite period so that organisations could focus on the challenges of COVID- 19.

Welsh Government is monitoring the UHB against its submitted plan in order to assess the financial impact of COVID- 19. The challenges of managing COVID- 19 are forecast to drive significant costs in 2020/21 and in this context the main financial focus in the early part of the year is on justifying additional expenditure incurred in dealing with COVID- 19 and assessing its impact on the reported financial position. The UHB will however also need to keep in check its non COVID operational position to ensure that financial control is maintained and to avoid the addition of recurrent expenditure to the underlying position. This is a period of both significant financial risk and opportunity for the UHB

Assurance is provided by the scrutiny of financial performance including the additional cost of managing COVID- 19 undertaken by the Finance Committee.

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Assessment and Risk Implications

Financial Performance Month 4

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 had 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 4 was a deficit of £52.656m as summarised in the Table below:

Month 4 Financial Position 2020/21

	Month 1 £m	Month 2 £m	Month 3 £m	Month 4 £m	Total £m
COVID 19 Additional Expenditure	38.438	17.290	5.330	6.565	67.623
COVID 19 Non Delivery of Savings Plans	2.118	2.150	2.056	2.094	8.418
COVID 19 Reductions in Planned Expenditure	(2.522)	(4.241)	(2.921)	(1.626)	(11.310)
COVID 19 Release of Planned Investments	0.000	(0.168)	(0.679)	(0.089)	(0.936)
Net Expenditure Due To COVID 19	38.034	15.030	3.786	6.944	63.794
Operational position (Surplus) / Deficit	0.191	(0.048)	(0.204)	0.244	0.184
Welsh Government COVID 19 funding received			(11.016)	(0.306)	(11.322)
Financial Position (Surplus) / Deficit	38.225	14.982	(7.434)	6.882	52.656

This shows that the key driver of the month 4 financial position was the impact of COVID 19.

The additional COVID 19 expenditure in the 4 months to the end of July was £67.623m. Within this, the costs of the Dragon's Heart Hospital were significant, especially the set up costs which allow for significant expansion. At month 4 costs of £40.669m related to the Dragon's Heart Hospital (DHH). There was also £26.954m of other COVID 19 related additional expenditure.

COVID 19 was also adversely impacting on the UHB savings programme with underachievement of £8.418m against the month 4 target of £9.624m. This performance was not expected to significantly improve until the COVID 19 pandemic passed.

Elective work had been significantly curtailed during the first 4 months of the year as part of the UHB response to COVID 19 and this had led to a £11.310m reduction in planned expenditure.

The UHB had also seen slippage as a commissioner of £0.936m on the WHSSC commissioning plan due to the impact of COVID 19.

The financial forecast of net costs arising in 2020/21 from COVID- 19 that are over and above LHB plans was assessed as £131.4m at month 4 comprising the following:

- £147.9m additional operational expenditure
- £24.8m non delivery of savings plans
- £(19.1)m expenditure reductions due to cessation of elective work

- £(1.0)m release of planned investments
- £(21.2)m Welsh Government COVID 19 funding received.

Within this forecast the Dragon's Heart Hospital costs were assessed at £65.9m with a further £2.7m capital costs.

It was noted that the forecast contained some significant variables and was based on a number of volatile assumptions and took no account of any Welsh Government funding to help meet these costs.

Risk Register

The 2020/21 Finance Risk register was presented to the Committee.

It was highlighted that 4 of the risks identified on the 2020/21 Risk Register were categorized 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.
- Management of budget pressures.
- Delivery of the 3.5% CIP (£29m)
- COVID-19 impact on financial plan

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 <i>Please tick as relevant, click here for more information</i>							
Prevention		Long term	X	Integration		Collaboration	Involvement
Equality and Health Impact Assessment Completed:		Yes / No / Not Applicable <i>If “yes” please provide copy of the assessment. This will be linked to the report when published.</i>					



Report Title:	Quality, Safety & Experience Committee – Chair’s Report					
Meeting:	Board Meeting			Meeting Date:	24/09/2020	
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 8th September 2020.

Exception Reports – IP&C Position

The Committee was advised of the incidents and outbreaks of COVID-19 infection within UHB hospital settings and those classified as hospital acquired infection. The report advised of 845 COVID positive patients and provided a breakdown for each clinical area.

The Committee was assured on actions taken to control these incidents and outbreaks, and was also provided with assurance in relation to PPE use and social distancing compliance. Work was ongoing and steps were being taken to mitigate further risks.

It was agreed to take a report on this topic to the UHB Board.

Healthcare Inspectorate Wales Update Review / Healthcare Inspectorate Wales Re-inspection Report EU / AU

The Committee was advised that most activity had been stood down since the start of the pandemic and that HIW would now be piloting a different approach to their work going forward which would take account of revised operating models during the pandemic.

National Maternity Review - an unannounced inspection of maternity services had taken place at the end of 2019 and the Committee was advised that the improvement plan had been accepted by HIW and final report published on 21/02/2020.

Since the last report to Committee, the outcomes of three unannounced visits had been concluded:

- Sam Davies Ward, Barry Hospital - an improvement plan was accepted by HIW and final report published on 16th June 2020
- Hafan Y Coed- Elm and Maple wards - publishing of the final report had been delayed due to COVID-19
- Emergency Unit/Assessment Unit follow up inspection - the outcomes of this inspection would be presented in a separate report to the August Committee.

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The outcomes of visits to Primary Care contractors would be presented in a separate report to the December 2020 Committee due to limited activity over the COVID-19 period.

The Committee noted the level of HIW activity across a broad range of services.

Maintaining Quality and Safety in Non-COVID Essential Services

The report assured the Committee as to the range of actions taken to ensure delivery and quality and safety of essential services were maintained, that actions taken had been based on clinical risk, local Executive led support groups and national guidance and highlighted the continued uncertainty as a result of a potential second wave.

The Committee was pleased to note the continuity of services and service provision returning to pre COVID levels.

Mortality Review

The Committee was advised of the development of mortality structures and processes. The Medical Examiner Service was delayed due to COVID and would be reviewed in April 2021. The Committee was assured by the establishment of the National Mortality Steering Group to ensure learning from deaths.

Safeguarding Annual Report

The annual report was presented to the Committee and set out activity undertaken for the year and processes.

The Executive Nurse Director provided assurance to the Committee in regards to safeguarding processes and collaborative working with other local bodies.

Systemic Anti-Cancer Therapy Peer Review

The Executive Medical Director alerted the Committee to the issues that had been raised in relation to respiratory cancer chemotherapy administration, even though these had now been resolved, they did raise questions about governance around Cancer peer reviews. It was suggested that a Cancer Governance Framework was needed and development of this had been delayed to October. The Committee were pleased with the approach of an executive led group and agreed the action plan.

Neonatal Peer Review

The Committee were advised that the paper showed a lot of strong reassuring outputs of the right standards of care but also highlighted areas of improvement. One important issue flagged was lack of 24 hour neonatal service with the UHB being the only UK organization without one, the Executive Medical Director advised the Committee that a 24/7 neonatal solution was needed.

Annual Quality Statement 2019-20

The AQS for 2019-20 was presented to and ratified by the Committee.

Use of Antimicrobial Agents Policy

The Committee approved the policy for dissemination and implementation.

Health & Social Care (Quality & Engagement) (Wales) Act

The Committee was advised of the purpose of the Act and its provisions.

Controlled Drugs Local Intelligence Network (CD LIN)

The Committee noted the contents of the report, and in particular that the support for Cardiff and Vale CD LIN had not been resourced and therefore limited resource was available to undertake development and investigation work across the UHB and in partnership with other constituent members of the network. In addition, to minimise the diversion of prescription medicines, work was required to identify and address any stewardship issues and this had been identified as a potential NHS Wales concern. The Committee supported the completion of the actions outlined in order that compliance with the statutory regulations could be assured.

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

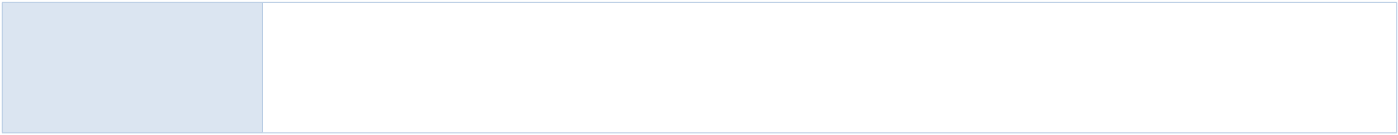
Five Ways of Working (Sustainable Development Principles) considered

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

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

Not Applicable



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Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
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CARING FOR PEOPLE
KEEPING PEOPLE WELL



GIG
CYMRU
NHS
WALES

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

Report Title:	Digital & Health Intelligence Committee – Chair’s Report					
Meeting:	Board Meeting				Meeting Date:	24/09/2020
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 special Digital & Health Intelligence Committee held on 9th July 2020.

Covid-19 Response / Digital Transformation

The Committee were introduced to Angela Parret who had joined the digital team as Director of Digital Transformation and were provided with a summary of the new systems and forms of support put in place used to continue services in response to COVID-19.

The Committee acknowledged that the UHB would not have responded to COVID-19 as well as it had without the support of the digital department. The Committee acknowledged that significant work was required across the UHB in relation to digital, therefore clarity would be needed on what could be achieved at the new pace of delivery, it was noted that a key element was Microsoft Teams, this initially had a 3 year delivery programme however it had been delivered within 3 months. The Committee were pleased to note the positive culture change across the UHB towards Digital.

The extraordinary work and commitment of the digital department was commended by the Committee.

Digital Strategy

The Committee were pleased to receive a very informative breakdown on the final version of the Digital Strategy. The Committee acknowledged the strategy demonstrated how digital could drive Shaping our Future Wellbeing.

The Committee were made aware that all Health Boards in Wales had the same desire to do things in the National interest, but in an individual way to suit individual Health Boards, therefore, the UHB were pushing and trying to work collaboratively with Welsh Government. It was explained that some difficulty may be experienced as Welsh Government had stated it was a preferred option to have systems implemented on an All Wales Level. The Committee were in agreement that the UHB needed to endorse the approach taken by the digital team and remain faithful to the strategy that had been outlined. The Committee commented that the UHB needed to be prepared to take risks and support the digital team as they moved forward.

The Committee recommended the Digital Strategy to the Board for approval.

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							

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Report Title:	Stakeholder Reference Group Report							
Meeting:	UHB Board					Meeting Date:	24 th September 2020	
Status:	For Discussion		For Assurance		For Approval		For Information	X
Lead Executive:	Abigail Harris							
Report Author	Geoffrey Simpson, Interim 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 22 July 2020.

REPORT

BACKGROUND

This is a report provided to the Board by the Chair of the UHB SRG.

ASSESSMENT

The SRG considered the following.

Draft Clinical Services Plan

The SRG was informed that the Clinical Services Plan engagement process had been delayed due to the UHB's response to the COVID-19 (C-19) pandemic. The Plan would be reviewed and refreshed in light of C-19. Many of the Plan's elements have been accelerated in response to the pandemic e.g. the transfer of more surgery from the UHW to the UHL site, the use of digital technology for remote consultations and the CAV 24/7 service which would be launched on 5 August. The intention was to undertake a comprehensive virtual engagement process during autumn 2020 with subsequent formal public consultations on specific elements of the Plan. The engagement process proposals would be shared with the SRG at its next meeting.

Major Trauma Centre

The SRG was informed that until the C-19 pandemic, the Health Boards had been on course to commence the Major Trauma Network and Major Trauma Centre at UHW from April. The Network had, however, taken the collective decision to pause the implementation process due to C-19. It was now anticipated that the Major Trauma Network and Major Trauma Centre would go live in September 2020. This would dovetail nicely with the imminent commencement of a 24/7 Emergency Medical Retrieval and Transfer Service which would be supplemented by a helicopter service from the autumn. The Network has acknowledged the need to respond to C-19 pressures and further consideration might have to be given to Major Trauma triage and where patients are diverted.

Service Delivery Plan

The SRG was informed that the Quarter 2 Plan had been submitted to Welsh Government and would be circulated to the Group. The Plan covered the period July-September 2020 and was the UHB's operational plan for the quarter. There was a need to ensure that services are C-19 ready. A suite of local indicators which overlap with national indicators, have been developed. These are monitored weekly and give an early indication if C-19 cases are beginning to increase. The UHB was therefore better placed to understand the spread of C-19 in the community and make a quick appropriate response to any increase. The UHB was planning to bring back as much of its pre-C-19 activity as possible whilst remaining C-19 ready. It was inevitable however that there would be a backlog of cases. The SRG enquired about the UHB's plan for managing the backlog and whether Welsh Government would provide additional resources to support this. They were informed that there was currently no full plan as to how this would be achieved but the UHB was working with other Health Boards and regional solutions might

be the answer in many instances e.g. a regional cataract surgery service capable of providing high volume activity.

The UHB and local authorities were working with care homes to make sure they have all the PPE, training and support they require. Welsh Government has launched a rapid review of C-19 in care homes and the UHB has met with the person leading the review and submitted evidence.

The UHB has introduced a digital platform for many of its Mental Health and Child and Adolescent Mental Health services many of which would continue post pandemic. The majority of GP appointments are also now virtual or telephone consultations. The UHB is mindful of the need to ensure that people are not disadvantaged by digital technologies and non-digital options for accessing services would be maintained. The SRG was assured that Equality Health Impact Assessments (EHIA's) would be undertaken for new methods of service delivery.

The UHB would need to retain some C-19 surge capacity but the Dragon's Heart Hospital cannot remain at the Principality Stadium indefinitely. In discussion with Welsh Government it had been agreed that approximately 400 additional beds would be required in a reasonable worst case scenario. It was proposed that these would be provided on the UHW site although funding was yet to be agreed.

Transforming Urgent Care CAV 24/7

The SRG received a presentation from Sherard Lemaitre on the CAV 24/7 service that would commence on 5 August. It was noted that the Health and Social Services Minister had indicated that he expected all Welsh Emergency Departments to consider introducing a similar model. The UHB had been liaising with the Community Health Council (CHC) regarding the service and had agreed that it needed to be introduced as soon as possible. The service would be very much a pathfinder and it was likely to be adapted as lessons were learned. Rapid feedback from patients and staff would be an integral part of this process and there would continue to be regular discussion with the CHC. The SRG generally supported the introduction of CAV 24/7 but made some observations.

- It may be difficult for some groups such as the homeless, vulnerable or victims of domestic abuse or violence to access the service. The SRG was assured that this had been taken into consideration. The UHB was liaising with the IRIS service and call handlers would be undergoing training the following week.
- Successful communications with the public would be critical to the success of the service. The SRG was advised of some of the key elements of the comprehensive communications plan and was informed that there had been discussion with the 111 Programme Director and senior managers within NHS Direct.
- An EHIA would be required to ensure mitigating actions were identified to address any negative impact on any groups.

The SRG would receive an update on the CAV24/7 service at its next meeting and in the meantime members would help promote the service through their own networks.

Phoenix Programme

The SRG received a presentation from Abigail Harris on how the UHB was moving beyond the C-19 emergency response. The programme had three phases: emergency response, restart and recovery and rebuilding and renewal although this was not a linear process. A reset roadmap would be considered by the UHB Board. The Executives would have oversight with sponsorship of key workstreams using the 'alliancing' approach whereby a wide range of different staff not just senior managers will be part of the decision making process. The SRG suggested that in developing services it would be important to engage with the third sector to ensure seamless services.

SRG Chair

Expressions of interest in the role of SRG Chair were sought.

SRG Eligibility

The SRG were asked to return their eligibility forms as soon as possible.

RECOMMENDATION

The Board is asked to:

- **NOTE** this report.

Shaping our Future Wellbeing Strategic Objectives

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

Not Applicable

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Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

Report Title:	Local Partnership Forum Report						
Meeting:	UHB Board				Meeting Date:	24 September 2020	
Status:	For Discussion		For Assurance		For Approval		For Information x
Lead Executive:	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 LPF meeting held on 3 August 2020.

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

- Cheryl Williams, Principal Health Promotion Specialist from Public Health Wales gave a presentation on physical distancing in the workplace. She reminded the Forum of the reasons why practising two metres physical distancing is so important, talked about what had been done so far, and what was planned future to promote this. She noted that there was a lot of concern that physical distancing was not happening in all staff groups and asked the Forum for any ideas on how this could be improved. Mrs Walker shared a number of comments which had been raised at a recent UHB wide zoom meeting.
- The Head of Employee Health and Wellbeing provided the Local Partnership Forum with a wellbeing update focusing on three phases:
 - active (i.e. what had been done) e.g. EWS rapid access, resources, accommodation, staff havens
 - co-existing (what we are doing) e.g. bespoke support for managers so they can

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support their teams, UHB TTP

- recovery (what we are planning) e.g. embedding wellbeing through induction and training, supporting staff to feel confident about their wellbeing

It was noted that the recovery phase needs to be evidence based and sustainable, and would take a three stage approach itself (prevent, detect and treat) using the PIES model (proximity, immediacy, expectancy, simplicity).

- The Deputy COO gave a performance update and advised that the delivery of services is more complex than previously but activity has increased within both unscheduled and planned care and is now at between 75-80% of previous levels. There are attempts to reduce the number of hospital appointments by providing virtual appointments instead and work is taking place around out patient appointments in primary and secondary care. CAV 24/7 was launched on 5 August. Capacity plans are constantly being reviewed and work was taking place around green zones and additional capacity (eg at the Spire hospital) and extended footprints (eg in the emergency unit) to make the environment safe.
- Mr Richards wished to reinforce that the organisational response to COVID-19 had been nothing short of remarkable. He said that the flexibility, commitment and the way the people had come together and volunteered outside of their normal areas was both humbling and boded well for the future. He noted that it had been very challenging and would continue to be so going forward. He stated that it was important to get behind the health and wellbeing work that was taking place and to support staff during this down time, before they may have to do it again.
- LPF received the Finance Report and Patient Safety, Quality and Experience Report for June 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		



Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	8 September 2020

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link: <http://www.wales.nhs.uk/easc/september2020>

Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee.

CHIEF AMBULANCE SERVICES COMMISSIONER'S REPORT

Stephen Harrhy presented an update on the following areas:

- **Ministerial Ambulance Availability Taskforce**

Members noted that arrangements were continuing to start the work related to the Taskforce. The proposed framework was being developed including the key output products identified. Stephen Harrhy agreed to share the draft work and asked for comments to shape the work as it develops. The aim was to use existing mechanisms where possible and an interim report was planned to be developed by the end of November.

- **Refreshing the Emergency Medical Services (EMS) Framework**

Members were aware of the plans to refresh the EMS Framework and it was suggested that this take place by April 2021. Detailed discussions would take place at the EASC Management Group and a report would be developed for the next EAS Committee meeting. The aim of the refresh would be to ensure that the Framework was streamlined and more reflective of the current position for EMS services.

- **Quality and Delivery (Q&D) Meeting with the Welsh Government (WG)**

Members noted a recent Q&D meeting had taken place and the areas discussed where the biggest concern, and the majority of the meeting's focus, was on the current performance.

- **EASC allocation letters for Major Trauma Services and Critical Care Transfer Services**

Members noted that the allocation letters had been received by the CASC and were pleased to note that they were in line with the expectations of the financial plan within the Integrated Medium Term Plan (IMTP).

• **Progress on the Emergency Medical Services Demand and Capacity Implementation Plan**

Members were aware of the agreement at EASC to fund up to 90wte additional staff within the plan. The WAST team had previously discussed that a further 46wte staff could be recruited and trained within the financial year.

Members noted that a discussion had taken place at the EASC Management Group regarding the recruitment of the additional front line staff which had been supported, although the source of the funding was unclear. Stephen Harray suggested that this additional cost of £1.4m could be included as part of the process to bid for resources under the winter protection fund to ensure maximising front line staff. This suggestion was supported by Members.

The Chair thanked Stephen Harray for his report and Members discussed the following matters:

- Concerns were raised regarding the capacity of the system to meet all of the ongoing plans during the potential resurgence of the pandemic. In terms of the revision of the EMS Framework, Members felt that clinical outcomes would be important but there may be a wider requirement to filter the work of the Committee to business critical areas only.
- Members noted that the review of the IMTP would provide an opportunity to redefine the key areas of work and this would be discussed at the EASC Management Group and would be reported to the next EAS Committee meeting.
- Members noted the opportunity to align with the work already underway on seasonal planning and the potential opportunity to be more coordinated with the option of needing to work outside of the formal Committee arrangements if required.
- Members noted that good collective progress had been made on the arrangements to open the Grange University Hospital and a helpful recent meeting had taken place which had resolved some key outstanding issues.

The Chair summarised the discussion and Members **RESOLVED** to:

- **NOTE** the Chief Ambulance Services Commissioner's report
- **NOTE** the need to identify a set of specific priorities
- **NOTE** the aim to link to seasonal priorities
- **APPROVE** the intention to seek £1.4m from the winter protection funding for the additional staff within the EMS Demand and Capacity Implementation plan.

PROVIDER ISSUES

The update report from the Welsh Ambulance Services NHS Trust (WAST) was received and in presenting the report Jason Killens highlighted key areas which included:

- **Serious Adverse Incidents (SAIs)** – a marked reduction in numbers over the recent months although now monitored weekly by the WAST Directors, reported to a WAST sub-committee and onto the WAST Board. The Chair asked if it would be possible to compare the levels of SAIs with other comparable areas as it was difficult to set in context the data presented. Jason Killens agree to try and benchmark with other areas and present the information in the next report.
- **Health and Safety Executive (HSE)** – two improvement notices had been received (sharps injury (disputed) and extended time spent in personal protective equipment).

A full response had been provided to the HSE and the policy position on personal protective equipment (PPE) had been updated. The importance of the turnaround of ambulances at emergency departments was discussed and that WAST staff wearing PPE were reliant on health board staff to comply with the guidance (added to the Action Log). Members noted that it was likely that the HSE would escalate this issue if further situations arose

Performance position

- RED position – for August was below 65%, however the number of calls responded to in 8 minutes was more than the previous August
- 999 handling and 999 calls – good performance
- Incidents – volumes increased from August 2019
- Production comparison August – more this year compared to previous years
- EMS Abstractions – increase due to annual leave as staff were encouraged to take leave before winter
- Overtime reductions – no incentivised overtime
- Covid 19 abstractions now at 3%
- More activity August 2020 compared with 2018 and 2019
- Emergency Ambulance Utilisation (3% tolerance)
- Staffing – focus is on additionality and recruitment

Forecast

- Production stronger in September – on or over 100% for emergency ambulances, more work required on rapid response vehicles
- Amber performance and patients experiencing long waiting times
- Anticipating further Covid19 surge
- Modelling forecast for September - 66%.

Members were concerned about the deterioration in performance; it was noted that Powys had not met the target over the last 5 or 6 months although ongoing discussions were taking place. The performance was worse during 2020 and it was suggested that this could be attributed to the switch away from the deployment of rapid response vehicles (RRVs); it was hoped that the recommencement of RRVs would improve the performance in Powys and other health board areas.

Members asked regarding the impact of 'consultant connect' in terms of managing conveyance and whether any learning could be shared across the system. Members noted that the numbers to date were small and that there was a large variation in the uptake.

The CASC responded to the content of the presentation and highlighted:

- Helpful to note that more front line staff available in August than previous year despite reduction in overtime and an increase in annual leave allocated; therefore, additional investment in demand and capacity plan is starting to become effective
- Support the rebalancing of emergency vehicles and RRV as this will have a positive impact on red performance; however, WAST need to keep in mind any potential negative impact on amber performance

- Keen to work with health board colleagues re handover delays and what do their plans look like – it was agreed that the CASC to contact everyone for their plans (added to the Action Log)
- Confirmed that a detailed analysis of the ambulance performance in August was being undertaken to supplement WAST improvement plan including variation in mobilisation times in South East Wales compared with other regions
- Opportunities for learning across Wales including Cardiff and Vale UHBs CAV 24/7.

The Chair asked regarding the information on current and forecasted future performance and suggested that it would be helpful to have a coordinated plan from WAST to tackle the issues identified. It was felt this overview list would also be helpful for the work of the Ministerial Ambulance Availability Taskforce to coordinate the actions to be taken.

Members agreed that the EASC Management Group receive and discuss the overview list (Added to the Action Log). Members also noted the importance of the impact of cultural issues in terms of the ownership and professional responsibilities in working together and this would be key during the winter months.

Other matters highlighted from the WAST provider report included:

- the recruitment of the additional staff for the front line which was at 119.28wte to date which subject to additional resources could be increased although the additional work by the finance teams would provide clarity.
- Where health board service changes had been planned, Jason Killens thanked colleagues for including the WAST Team as early as possible to support service changes across NHS Wales.

Members **RESOLVED** to:

- **NOTE** the provider report and the actions agreed.

FOCUS ON – NON EMERGENCY PATIENT TRANSPORT SERVICE (NEPTS)

The report and presentation on the Non-Emergency Patient Transport Service (NEPTS) was received. In presenting the report, James Rodaway and Mark Harris explained that the report had been received at the NEPTS Delivery Assurance Group and also at the EASC Management Group.

Members noted:

- NEPTS Headline statistics
- The Collaborative approach undertaken at the NEPTS Delivery Assurance Group – this work included the team at WAST but also health board teams with a focus on continuous improvement
- Commissioning and Quality Assurance undertaken – the Framework was in place and robust processes were in operation. Step 1 and 2 were considered key in ensuring the transport solution is as good as possible
- NEPTS Service Development
- Enhanced Service Provision – renal, oncology and end of life service; renal patients account for 30% of all NEPTS journeys which was steadily increasing and more work ongoing to develop oncology services. It was noted that the End of Life Care Service

had won a Health Service Journal Award and the team were warmly congratulated on this achievement

- Performance/ Service Delivery Improvements
- Governance and Planning – this included a more joined up approach and particularly the tiered staff structure in health boards to support the local commissioning
- NEPTS Demand and Capacity Review now underway
- The Impact and Learning from Covid19
- The NEPTS Delivery Assurance Group at the end of September would be discussing winter planning and discharge capacity matters and the impact of Covid19 on NEPTS activity.

Mark Harris provided detailed operational information regarding the different ways of working within the NEPT service during the pandemic which included support providers, people driving themselves to appointments, student paramedics and also the voluntary sector. The team were working to manage through the agreed script and were finding alternative ways of transporting patients.

The importance of the whole system approach to developing winter plans was discussed and particularly for this service. The longer term issues would also need to be considered including the resetting of plans for outpatients and other work.

The CASC emphasised the importance of the joined up approach and informed Members of the ongoing work with the procurement team to look at all spend on private providers as there may be an opportunity to realise savings and the further development of the NEPT service in line with the 'Once for Wales' ethos. Members were very supportive of the All Wales approach and the improvements being made within the NEPT service to date.

Members discussed the outstanding transfers to complete the 'Once for Wales' approach as agreed and asked about the timescales. Members noted that prior to the pandemic and lockdown all of the work required pre transfer had been completed for the ABUHB area. The aim was now to revisit the data and WAST had appointed a lead manager to oversee the work – ABUHB would be the next area to transfer. The Powys area had also provided data and would follow ABUHB before the end of the financial year.

The CASC explained that the detail would be developed and reported via the NEPTS DAG to the next Committee meeting. In terms of the timescales, it was expected that CTMUHB would transfer in the first half of 2021 and BCUHB by the end of the financial year 2021-22 (added to the Action Log).

The Chair, in summary, confirmed that effectively phase 1 had been achieved and further work was now required to transfer the other services as soon as possible. The WAST team were also congratulated by the Chair on their achievement of the Health Service Journal Award for their End of Life service.

Members **RESOLVED** to: **NOTE** the presentation and report.

Other reports received included:

- Outline Commissioning Intentions which included timescales
- Finance Report – no specific concerns to report
- Unscheduled Care Presentation
- EASC Integrated Medium Term Plan (IMTP) Revised Delivery Plan – to be developed
- Emergency Medical Retrieval And Transfer Service (EMRTS Cymru) Framework Agreement Final Draft
- EASC Risk Register

Key risks and issues/matters of concern and any mitigating actions

- Red performance
- Increasing handover delays
- Decreasing Amber performance
- Agreed timescales for roll out of transfer of work from health boards to WAST – ABUHB, followed by Powys this financial year; CTMUHB by the end of June in the new financial year and BCUHB by the end of the financial year

Matters requiring Board level consideration and/or approval

- None

Forward Work Programme

Considered and agreed by the Committee.

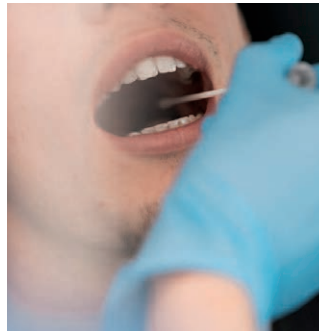
Committee minutes submitted	Yes	√	No	
Date of next meeting	10 November 2020			

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Cardiff and Vale of Glamorgan COVID-19 Prevention and Response Plan

21.08.20 v1.1



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Cardiff
Coerdydd



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



Iechyd Cyhoeddus
Cymru
Public Health
Wales



Contents:

1.0 Overview

2.0 Regional Planning and Response Structures, Roles and Responsibilities

- 2.1 Regional structures, roles and responsibilities, and escalation mechanisms
- 2.2 Regional planning and response and escalation
- 2.3 Regional response to an outbreak

3.0 Management of Clusters, Incidents and Outbreaks

- 3.1 Multi-agency Public Health Response Team
- 3.2 Regional Standard Operating Procedure
- 3.3 Management of incidents in care home settings
- 3.4 Surveillance systems
- 3.5 Governance and quality assurance

4.0 Surveillance

- 4.1 COVID-19 surveillance in Cardiff and Vale
- 4.2 Population level surveillance
- 4.3 Case/cluster level surveillance
- 4.4 Governance
- 4.5 Sharing practice and learning from elsewhere
- 4.5 Taking action based on surveillance findings

5.0 Sampling and Testing

- 5.1 Regional arrangements for sampling and testing
- 5.2 Sampling and testing arrangements for large outbreaks and incidents if regional capacity exceeded

6.0 Prevention, Mitigation and Control

- 6.1 Identifying our most vulnerable groups and communities
- 6.2 Supporting and protecting our vulnerable groups and communities
- 6.3 Identifying key places and sectors at higher risk of transmission
- 6.4 Mitigation and control in key places and sectors at higher risk of transmission
- 6.5 Reinforcement arrangements
- 6.6 Enhanced reinforcement
- 6.7 Mass vaccination plans and limiting impact of flu

7.0 Communications

- 7.1 Strategic management of communications
- 7.2 Communications Plan

8.0 Implementation, Review and Learning

- 8.1 Action Plan

9.0 References

Appendices



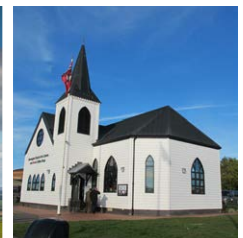
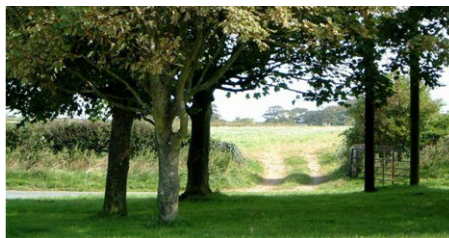
1.0 Overview

Our Regional COVID-19 Prevention and Response Plan has been prepared in response to the joint letter sent by the Welsh Government Chief Medical Officer/Medical Director NHS Wales, Director General Health and Social Services/NHS Wales Chief Executive and Director, Local Government on the 27th July 2020¹. The letter set out that effective implementation of an integrated national and local system should be based on six principles as follows:

- The primary responsibility is to make the public safe.
- Build on public health expertise and use a systems approach.
- Be open with data and insight so everyone can protect themselves and others.
- Build consensus between decision-makers to secure trust, confidence and consent.
- Follow well-established communicable disease control and emergency management principles.
- Consider equality, economic, social and health-related impacts of decisions.

Our Plan covers the Cardiff and Vale University Health Board area, and draws together all the component parts that we have developed as a region over past months to deliver an effective regional Test, Trace, Protect response. It has been prepared on a fully collaborative basis and signed off by Cardiff and Vale University Health Board and both Cardiff and Vale of Glamorgan local authorities. The Plan will be iterative, and adapted and refined as planning continues over the coming months.

It provides an overview of the structures and processes in place in Cardiff and the Vale of Glamorgan to both prevent and respond to COVID-19, as well as an action plan of proposed developments to further enhance the regional response. It makes reference to existing documents and processes where relevant, but does not repeat their content.

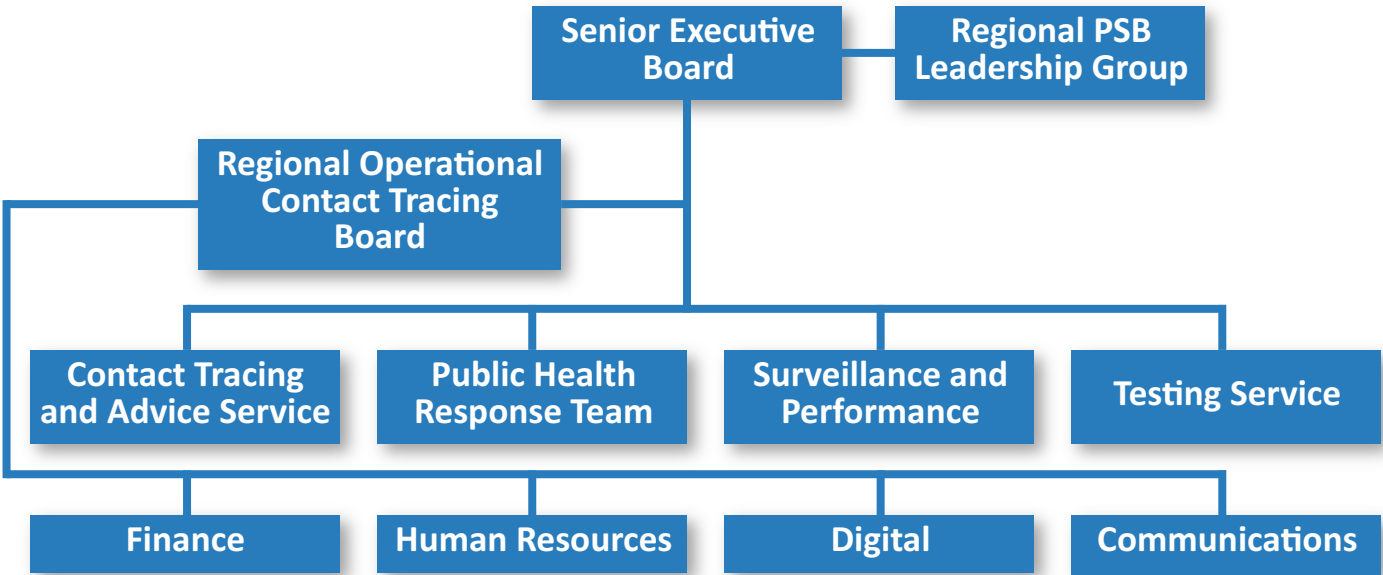


2.0 Regional Planning and Response Structures, Roles and Responsibilities

2.1 Regional structures, roles and responsibilities, and escalation mechanisms

The following governance structure has been established to oversee implementation and delivery of Test, Trace and Protect (TTP) within Cardiff and the Vale of Glamorgan. It includes strategic and operational elements, and identifies four key operational functions, each of which is described in more details below.

Figure 1: Cardiff and Vale TTP Governance Structures



Senior Executive Board

The Senior Executive Board is comprised of Chief Executive, Executive and Director level membership from Cardiff and Vale UHB, Cardiff Council, Vale of Glamorgan Council, and Shared Regulatory Services, who are responsible for mobilising their organisations to respond to the Public Health Protection Plan. The Board makes key decisions to guide and implement Test, Trace and Protect (TTP) in Cardiff and Vale of Glamorgan. It is chaired by the Len Richards (CEO of Cardiff and Vale UHB) and attended by Paul Orders (CEO Cardiff Council) and Rob Thomas (Managing Director, Vale of Glamorgan Council). The Senior Executive Board meets monthly. Joint Executive leadership is provided across the three organisations by Sarah McGill, Corporate Director for People and Communities, Cardiff Council, Fiona Kinghorn, Executive Director of Public Health, and Tom Bowring, Head of Policy and Business Transformation, Vale of Glamorgan Council. Fiona Kinghorn and Dave Holland, Head of Shared Regulatory Services (SRS), are the professional responsible officers for the strategic delivery of TTP within Cardiff and the Vale of Glamorgan. The group appraise the following Cardiff and Vale of Glamorgan partnerships of progress toward successful implementation and operation of the agreed Plan:

- Public Services Boards (PSB)
- Regional Partnership Board
- National reporting through Welsh Government TTP partnership infrastructure

Executive-level decision-making will be made rapidly and decisively across the three statutory organisations, or within any one of these organisations individually depending on the situation, should urgent escalation or decision-making be required. Escalation to the three named Executive Leads can be made through any of the four operational functions of the regional TTP programme of work, by any participant of the Regional Operational TTP Board, any regional partner organisation, or nationally from Welsh Government or Public Health Wales. The Executive Leads independently or collectively as required, will risk assess the situation and liaise with their respective CEOs and Executive Management Teams / Senior Management Teams to make such urgent decisions.

Joint PSB Leadership Group

The responsibility for the management of the service and for the operational response to the pandemic will sit at a local level with a Senior Executive Board chaired by the Chief Executive of Cardiff and Vale UHB having responsibility for overseeing the implementation of the local TTP service.

If, however, a situation arises where an outbreak cannot be managed locally, leading to additional local or regional measures being introduced by Welsh Ministers, then a Joint Cardiff and the Vale of Glamorgan Public Services Board (PSB) Leadership Group will be convened. The Joint PSB Leadership Group will be chaired by the Chair of the Cardiff and Vale University Health Board and include the Leaders of Cardiff Council and the Vale of Glamorgan Council as well as senior executive leadership from the Cardiff and Vale University of Wales Health Board, Cardiff Council, Vale of Glamorgan Council, South Wales Police and the South Wales Fire and Rescue Service.

Regional Operational TTP Board

The Regional Operational Test, Trace, Protect (TTP) Board is responsible for overseeing all aspects of the delivery of the agreed Operational Plan. Cardiff Council's Corporate Director for People and Communities, Sarah McGill, chairs the Board which meets weekly. It comprises of leads for each of the regional operational functions (Contact Tracing and Advice Service; Public Health Response; Surveillance and Performance; and Testing Service), as well as leads for the following cross cutting functions:

- Finance – Lead: Christopher Lee, Cardiff Council
- Human Resources – Lead: Tracy Thomas, Cardiff Council
- Digital – Lead: Phil Bear, Cardiff Council
- Communications – Lead: Robert Jones, Vale of Glamorgan Council

Operational functions:

Four groups oversee each of the operational functions:

Contact Tracing and Advice Service *(Lead: Isabelle Bignall, Cardiff Council):*

includes the delivery of the Cardiff and Vale Contact Tracing Service, as well as escalation of complex cases and clusters to the Regional Public Health Response Team. The service is hosted by Cardiff Council on behalf of the partnership, with clinical oversight provided by Environmental Health Officers from Shared Regulatory Services.

Public Health Response Team *(Lead: Dave Holland, SRS, with Sian Griffiths, C&V UHB/PHW):*

this multiagency team provides advice, guidance and oversight to a range of settings, and oversees the management of complex cases and clusters. A Standard Operating Procedure (SOP) has been developed which details how issues are escalated, including to the national level where required.

Surveillance and Performance *(Leads: Surveillance - Tom Porter, C&V UHB/PHW; Performance - Nick Blake, Cardiff Council):*

provides regional surveillance dashboards, national surveillance outputs, data and intelligence reports as requested, and key messages for partner organisations and specific operational groups

Testing Service *(Leads: Kay Jeynes and Tracy Meredith, C&V UHB):*

co-ordinate and deliver local testing mechanisms, and work to ensure integration of regional and national systems.

2.2 Regional Planning and Response and Escalation

This section gives a high-level summary of the regional response and escalation mechanisms, signposting to existing guidance and procedures that inform this response.

Core TTP Regional Partners:



Cardiff & Vale University Health Board



Cardiff Council



Vale of Glamorgan Council

Public Health Wales



Shared Regulatory Services

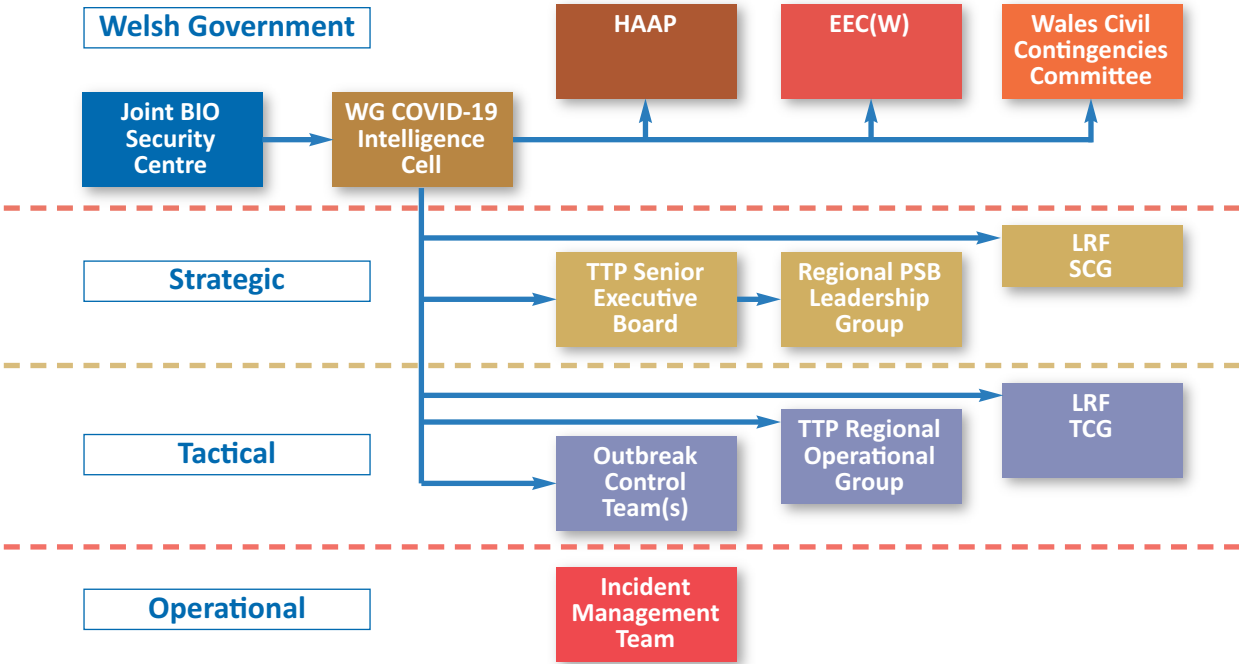


The Regional Operational TTP Board meets weekly and receives exception reports from each of the four operational functions, as well as the four cross cutting areas. Key operational decisions are made at this forum, along with scrutiny of surveillance and performance data.

The multi-agency Regional Public Health Response Team meets daily (Monday – Friday) to review new case activity and any new or ongoing incidents (see section 3.1 for further detail). In addition, the Team can be convened at short notice should urgent situations arise between meetings, including out of hours. A Standard Operating Procedure (SOP)² has been developed which describes in detail regional escalation processes for a variety of issues that may be encountered by the contact tracing service. This has been developed with input from all partner agencies. The SOP is iterative and is constantly under review as our experience develops. It describes how priority areas such as care homes are integrated into the regional response, and how the work of the regional team draws on and works to key guidance documents, including the Communicable Disease Outbreak Plan for Wales³.

The need for escalation beyond the regional response to civil contingency structures through the Local Resilience Forum (LRF), and associated national structures (in line with the expected National COVID-19 Public Health Escalation and Response Plan), would be agreed at these meetings, in consultation with the leads identified above in our regional governance structures. Close working will take place between any regional Outbreak Control Teams in place at the time, and their recommendation that a LRF Strategic Coordinating Group needs to be put in place. Such an escalation is covered in Part 7 of the Communicable Disease Outbreak Plan for Wales³. Figure 2 outlines a proposed escalation process for how this could work within the Cardiff and the Vale of Glamorgan. In addition, section 8 details how the communications processes would integrate with this approach.

Figure 2: Proposed escalation process for Cardiff and Vale region



The Communicable Disease Outbreak Plan for Wales 2020³ (CDO Plan) sets out arrangements for managing all outbreaks of communicable disease in Wales. This is the model for all outbreaks led by or within Wales. The responsibility for managing outbreaks (section 1.1.4) is shared by all the organisations who are members of the Outbreak Control Team (OCT). Specifically, the responsibility for decisions made by the OCT is collectively owned by all organisations represented on the OCT. Individual organisations are then responsible for carrying out the actions assigned to them as agreed at OCT meetings. Much of the work of the regional collaboration will focus on preventing and controlling spread across a range of settings. It is envisaged that an outbreak would only be called when absolutely necessary.

● 2.3 Regional response to an outbreak

An outbreak within the Cardiff and Vale region would require a coordinated partnership response. It would therefore be imperative for the response to be led regionally, working closely and collaboratively with specialist health protection, Public Health Wales and Welsh Government, following the procedures described in the CDO Plan.

The role of the OCT is to facilitate collaborative working and arrangement between organisations, and core members of the OCT are set out in section 2:1 (CDO Plan). They are responsible for declaring an outbreak.

Cardiff and Vale of Glamorgan Councils have Outbreak Plans and lead officers for Communicable Disease that are part of Shared Regulatory Services.

Depending on the nature of the incident, it may be necessary to activate emergency response plans. Command, Control and Co-ordination (C3) are important concepts in the multi-agency response to emergencies. A nationally recognised three tiered command and control structure known as Strategic (Gold), Tactical (Silver) and Operational (Bronze) has been adopted by the emergency services and most responding agencies. During an emergency or incident, both Councils operate to this three tier structure to organise the response and recovery effort to an external major incident, an internal major incident, or both. Additional detail of emergency planning arrangements within partner organisations is included in appendix B.

Any multi-agency response will be initiated through South Wales Local Resilience Forum (SWLRF) which will invoke the Strategic Coordination Group (SCG) as necessary, SWLRF have a Major Infectious Disease Framework⁴. The South Wales Strategic Coordination Group entered an idle state on 28th July 2020. A protocol⁵ setting out arrangements for the reactivation of the Strategic Coordination Group has been agreed, which complements Section 7 of the CDO Plan.



3.0 Management of Clusters, Incidents and Outbreaks

This section describes current operational arrangements. It should be read alongside sections 4 and 6, which describe further developments and planning to enhance and complement these arrangements, as we prepare for the coming months and the expected increase in cases of COVID-19 related to the easing of restrictions and onset of winter.

3.1 Multi-agency Public Health Response Team

As outlined in section 2, the multi-agency Public Health Response Team meets daily (Monday-Friday). This is a central and essential element of the TTP response within Cardiff and Vale region, and is responsible for the acute oversight of disease activity within the region. The group has been running successfully since early June 2020, with strength being derived from the multi-disciplinary contribution and expertise from across the partnership. Core membership includes representatives from Shared Regulatory Services (chair), the Contact Tracing and Advice Service, Local Public Health team (via the duty local public health consultant), Specialist Health Protection (Consultant for Communicable Disease Control), and Hospital Infection Prevention Control and Occupational Health. Other representatives are invited as appropriate.

Figure 3: Public Health Response Team Members



The Team has the shared and focussed aim of eradicating COVID-19 from Cardiff and Vale. The daily meeting operates to a structured agenda and systematically reviews new cases appearing via the National Customer Relationship Manager system (CRM) in the last 24 hours and items in the regional queue, as well as any ongoing incidents; this facilitates the identification and management of potential clusters. As part of this meeting any possible clusters are discussed, along with potential links, and feedback from contact tracers/advisers is explored. Expert advice on further action, and any additional investigations e.g. enhanced exposure history or ad hoc testing, is given by the CCDC. Preventative actions are also discussed as necessary. A lead is identified to effectively progress all necessary actions and investigations, involving key stakeholders relevant to the setting in question.

Complex cases, incidents and potential clusters are discussed by the group. Risk assessments are conducted and decisions made on appropriate actions; these decisions and actions are documented on a secure, restricted Regional Team Sharepoint site. Should significant or urgent cases arise outside of this timetable, an incident meeting can be convened at short notice for rapid action to be agreed; this includes out of hours and at weekends.

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● 3.2 Regional Standard Operating Procedure

A Regional Standard Operating Procedure (SOP)² has been developed which describes in detail how cases relating to specific settings are to be escalated to various stakeholder teams sitting at the regional level. This SOP aligns itself with specific operational guidance (e.g. childcare and educational settings) and operates alongside the CDO Plan. It also describes how priority areas such as care homes are integrated into the regional response. This has been developed with input from all partner agencies and is included as an appendix to this document. The SOP is iterative and is constantly under review as our experience develops.

We would aim to manage disease activity at a regional level using the partnership arrangements described above. An outbreak would be declared, if necessary, in consultation with local lead officers and in line with the CDO Plan. This may include use of emergency planning processes, depending on the nature of the outbreak. Escalation processes to support this approach are described in section 2.

● 3.3 Management of incidents in care home settings

The management of incidents has been in accordance with a Standard Operating Procedure (SOP) jointly produced by Public Health Wales (PHW) and Environmental Health. This procedure clearly delineates the role of PHW and Local Authorities, including both Environmental Health and Social Services Commissioning Teams. This procedure is robustly supported in both the Cardiff and Vale of Glamorgan areas with weekly meetings between the Communicable Disease Control Consultant (CCDC), Health Protection Team and Lead Officers in Communicable Disease which enables all agencies to review and discuss on-going incidents and new case enquiries.

Cardiff and the Vale of Glamorgan areas have also implemented robust arrangements for the management of cases and incidents of COVID-19 in care home settings. Weekly oversight meetings are led by local authority commissioning teams and discuss the current position. Representation from Social Services Adult Services and Commissioning Teams, Cardiff and Vale UHB, PHW, Care Inspectorate Wales and Environmental Health takes place to facilitate a multi-agency approach to the management of incidents (including testing). Where new cases of COVID-19 are identified, support meetings are additionally held with individual care providers to ensure that they are able to navigate on-going incidents as effectively and confidently as possible. Social Services Commissioning Teams further support care settings by the regular provision of requisite PPE and, jointly with the UHB, provides training, for example, on the correct donning and doffing techniques.

● 3.4 Surveillance systems

Section 4.0 describes the systems in place for surveillance and how we anticipate this being developed to allow the Public Health Response Team to identify clusters at an early stage from the information contained in the CRM.

● 3.5 Governance and quality assurance

The Public Health Response team reports weekly to the Regional TTP Board. In addition, the CCDC provides a twice weekly summary to Welsh Government via the Office of the Chief Medical Officer's COVID Intelligence Cell.

Brief notes are taken of each daily meeting, and all significant risk assessments and decisions are logged on the secure Sharepoint site. Near miss type events are investigated and learning shared with partners. A log is also kept by the contact tracing service and learning is shared with contact tracers and advisors as part of their ongoing training.



4.0 Surveillance

● 4.1 COVID-19 surveillance in Cardiff and Vale

During June and July 2020 we have developed a two-tier COVID-19 surveillance system for the Cardiff and Vale region, identifying trends at a population level and individual case/cluster level.

We continue to iterate and improve this system based on regional experience and learning from elsewhere in Wales and the rest of the world.

The senior responsible officer for the system is a Consultant in Public Health Medicine in the local public health team, with component parts led and delivered by colleagues across the Health Board, two local authorities, and Public Health Wales.

● 4.2 Population level surveillance

Regional Information Group

A Regional Information Group (RIG) meets weekly over Teams with data leads from Cardiff Council, Vale of Glamorgan Council, Cardiff and Vale UHB, and the local public health team. The RIG reports to the Regional Partnership Board. In response to COVID-19, the RIG has worked rapidly to build a population level surveillance dashboard.

Surveillance indicators

The RIG has agreed a set of 21 population surveillance indicators to be used for COVID-19 which are shared across the partners. The indicators cut across the COVID-19 clinical pathway, from population-level indicators of mobility and upcoming changes in COVID-19 legislation and guidance, through to indicators of activity and capacity in primary and community NHS, care home and domiciliary care, secondary and tertiary care, and reablement services. Summaries of incidents in care homes and hospitals are currently included, and indicators for school and workplace settings will be included from the start of September. Potential additional indicators for future inclusion are reviewed at the RIG.

Data is sourced from national sources (e.g. PHW, Zoe symptom tracker, Google Mobility) and local organisations (e.g. Health Board and Councils).

A detailed list of the indicators, who updates each, frequency of update, and definitions for red/amber/green (RAG) scoring for each is held on a restricted regional Sharepoint site. Each data owner has nominated a deputy for times when they have planned or unplanned leave, to ensure the dashboard is available every week. For data which is updated more frequently than weekly, data owners will notify the Consultant in Public Health Medicine between updates for escalation if necessary, if a concerning trend is seen mid-week.

Population surveillance dashboard

The indicators are brought together into a single view as a population-level dashboard⁶ (see screenshot 1).

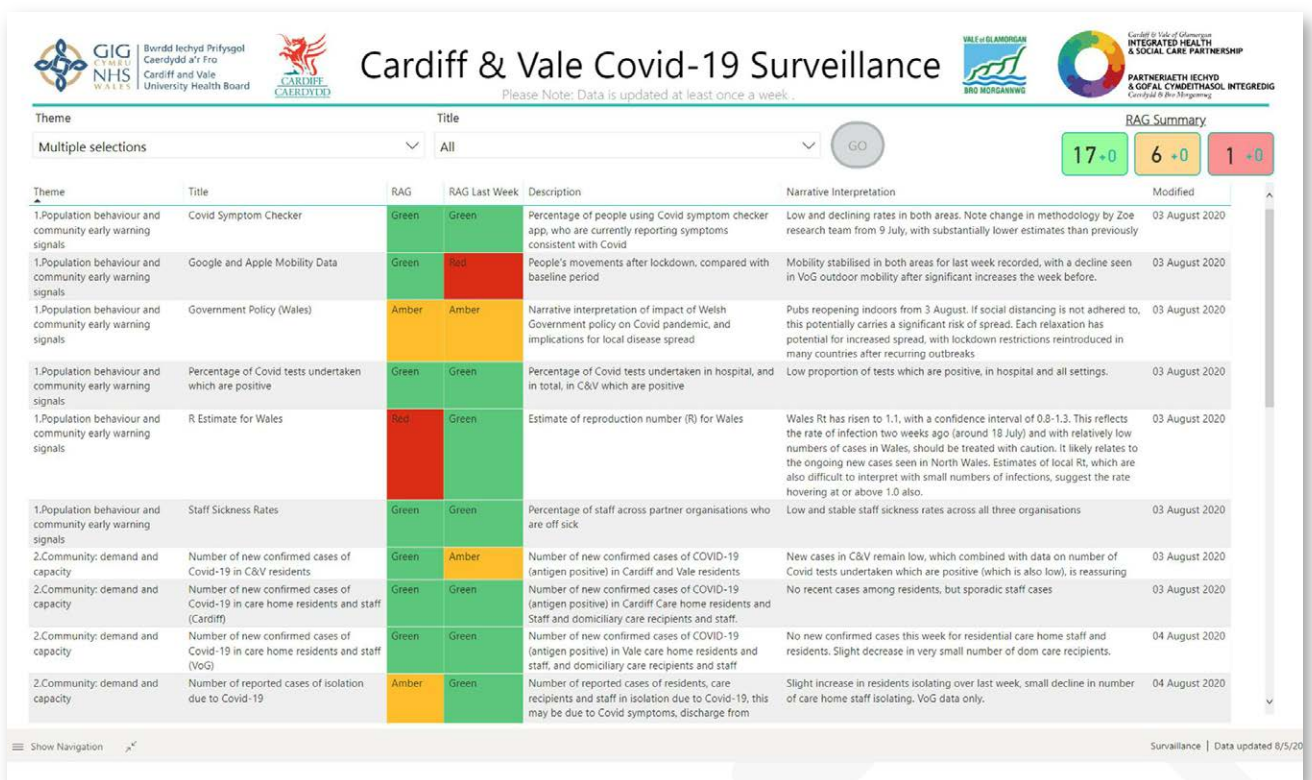
For expediency when first set up, the dashboard was based on a set of Excel files, with a summary one page PDF file and detailed data available behind each indicator. Cardiff Council's Digital Services team has now transferred this static Excel-based dashboard into an interactive Microsoft PowerBI dashboard, which enables drilling down and inspection of each dataset while it is being viewed (see screenshot 2). This also makes regular updating and collation of data much more streamlined.

An interactive schematic view of the dashboard is also available, with RAG status shown for each indicator on the relevant part of the pathway (see screenshot 3).

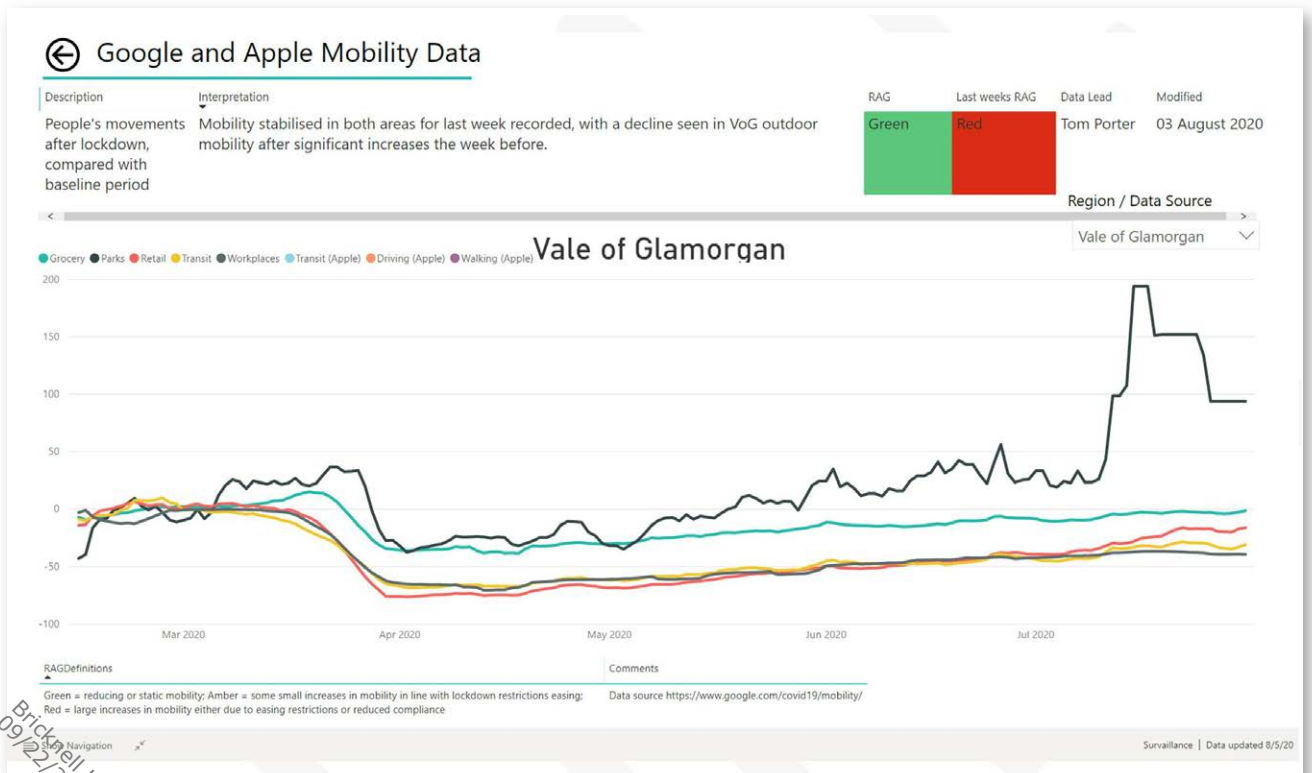
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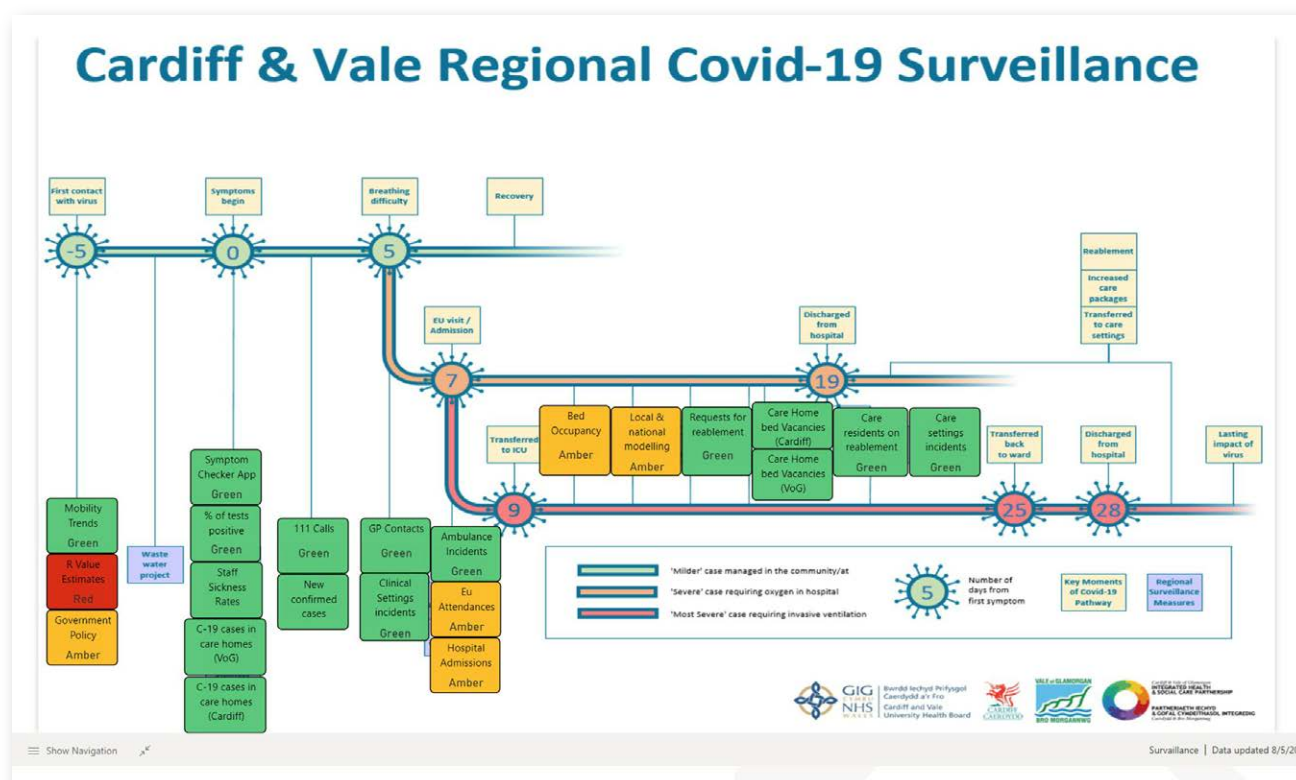
Screenshot 1. Summary view of dashboard indicators



Screenshot 2. Example of detailed view of specific indicator



Screenshot 3. Schematic view of dashboard



Update process

Data, narrative and RAG status for each indicator is updated regularly (at least weekly) by each of the named leads and collated automatically within PowerBI, with the dashboard finalised and signed off by a Consultant in Public Health Medicine each Monday. The reason for, and implications of, any new amber or red indicators in the weekly dashboard is discussed when presented.

Reporting process

This population-level dashboard is taken as a live document, or one page PDF summary, to relevant partnership committees each week to alert individuals and organisations to the current dynamics of COVID-19 and its impact on our services. These include:

- Joint Management Exec (UHB, Cardiff Council, Vale Council)
- TTP Operational Board overseeing the planning and implementation of the COVID-19 TTP response
- TTP Senior Executive Board including senior Executives from Cardiff and Vale UHB, Cardiff Council and Vale of Glamorgan Council
- Made available to SCG/LRF as appropriate/on proportional request

If an SCG is stood up in our area then communication of surveillance data will be the lead responsibility of the Executive Director of Public Health, who may delegate this function as appropriate to the situation.

Data sharing

A data protocol has been agreed between the partner organisations, and access to the dashboard is tightly controlled on a named individual basis, due to the need for careful interpretation of the datasets, many of which have caveats.



● 4.3 Case/cluster level surveillance

Regional public health response cell

In Cardiff and Vale region there is a daily midday Teams meeting (Monday to Friday) of the Regional Public Health Response Team, to identify and discuss management of new cases, possible clusters, and any other emerging issues. This has been described in section 3.

Discussion of cases and possible clusters

This has also been described in section 3.

Link with Welsh Government/Public Health Wales COVID-19 intelligence cell weekly discussion

The CCDC discusses any significant new cases or emerging clusters at the national twice weekly WG COVID Intelligence Cell, and also feeds back the results of this discussion regionally at the daily midday meeting.

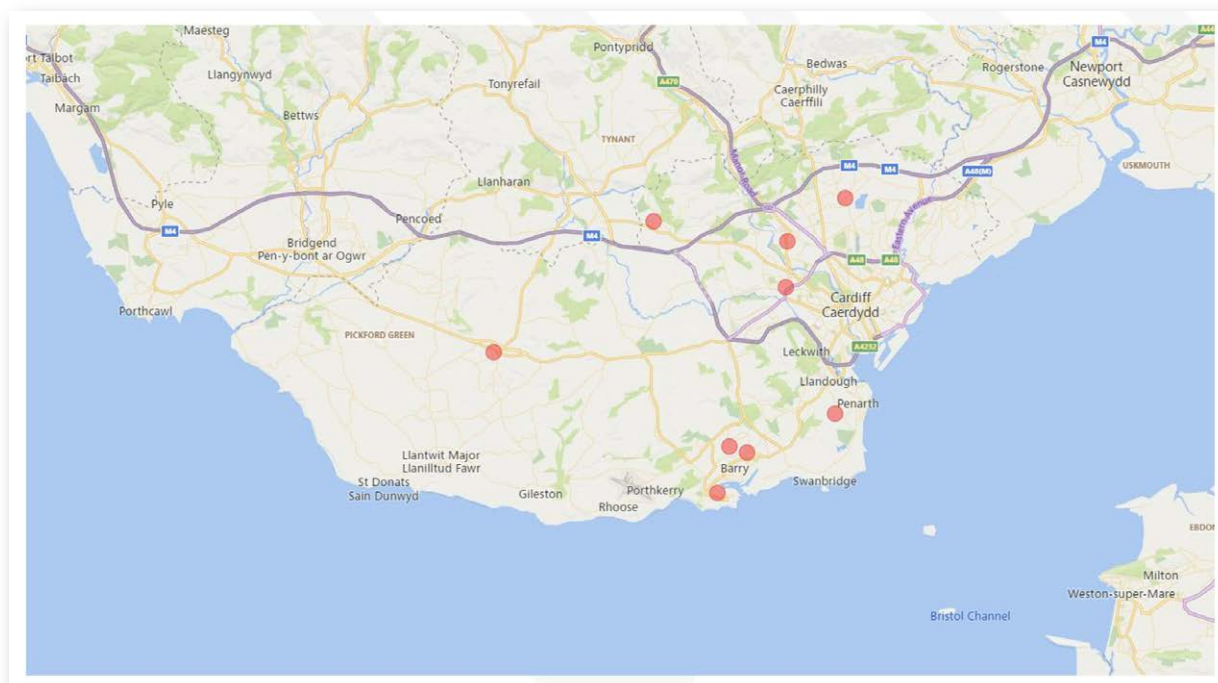
Interactive mapping of new cases

Cardiff Council's Digital Services team, working with NWIS, have developed a mapping tool to visualise new cases and potential clusters geographically, based on live data from the national CRM. This is currently in the final stages of development for the purpose of daily public health review.

Access to this dashboard will be even further restricted than the population-level dashboard as it contains patient identifiable data (PII), and will be used solely by local Consultants in Public Health to identify possible clusters or patterns for discussion at the midday regional meeting.

This function and wider use of the CRM to help identify potential clusters will be strengthened when additional fields are added nationally for occupation and workplace, and as connections between linked cases and contacts can be more logically set out within the CRM.

Screenshot 4. Example of interactive map of new cases (rest of screen not shown as contains PII)



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Daily review of map of new cases

We will shortly be agreeing a standard process for the regional duty Consultant in Public Health to review the geographical mapping of cases and possible clusters on a daily basis (including weekends), and take action as required.

● 4.4 Governance

Terms of reference are available for the Regional Information Group (RIG), along with the current detailed list of population surveillance indicators. The RIG reports to the Cardiff and Vale Regional Partnership Board.

Surveillance is a standing item on the Cardiff and Vale Test, Trace, Protect (TTP) Operational Board, which meets weekly, both from an operational perspective as well as to discuss the latest dashboard findings and any implications for the system. The population dashboard is also shared with other partnership committees as detailed above.

● 4.5 Sharing practice and learning from elsewhere

The regional Consultant in Public Health Medicine lead for surveillance is an active member of the PHW national surveillance task and finish group. Work on our population dashboard and case/cluster mapping tool has been shared with the group, along with newly identified indicators with the potential for inclusion in our dashboards.

Data made available nationally or flagged as of interest at the national group or elsewhere is discussed at the weekly RIG and reviewed for inclusion in our dashboards. Indicators used for surveillance have also been shared with the WG national modelling cell chaired by Brendan Collins.

● 4.6 Taking action based on surveillance findings

If concerning trends or patterns are identified through the population or case/cluster surveillance mechanisms described above, action will be taken in line with the response and governance mechanisms set out in section 2 of this Plan.

In general terms, concerning patterns in data would initially elicit a discussion and appropriate co-ordinated action at a strategic level by the partners at the TTP Operational Board, and/or at the daily regional public health meeting, depending on the nature of the issue(s) identified.

Case and cluster surveillance data will be reviewed daily to ensure an appropriate and timely response; population level surveillance data is currently reviewed weekly but with the population dashboard PowerBI platform now in place, and close partnership working to support this, the frequency of dashboard updates could be increased if required, for example if any significant clusters of concern were identified or there was early evidence of increasing community spread.



5.0 Sampling and Testing

● 5.1 Regional arrangements for sampling and testing

Cardiff and Vale University Health Board has two Community Testing Units (CTU) operating 7 days a week. The service is currently available to key workers as identified in the CMO guidance and Testing Strategy for Wales July 2020. Also one of the centres provides Pre-op and Pre procedure sampling for the UHB Inpatient services.

The CTUs offer a 'drive through model' of sampling and home visiting where appropriate for individuals too sick to travel or who have no transport. The CTU activity has been flexible based on demand and strategic direction, an overall plan on how to support COVID-19 Sampling and Testing through to March 2021 is in development. Standard Operational Procedures are in place for the CTUs.

The CTUs also offer a rapid response service for outbreak management for care homes and other identified facilities/environments as directed by the Regional TTP Team.

Care homes access the UK portal for whole home testing of keyworkers as per the All Wales Testing Strategy. The CTUs are available to support any additional requirements to support sampling.

Cardiff and the Vale of Glamorgan also has a Population centre, based within the City at Cardiff City Stadium, operated by Deloitte which is available to our symptomatic residents for sampling. This is a drive through model only.

Mobile Testing units are also accessible to the Cardiff and Vale Regional Public Health Response team, and wider structures as appropriate, to support incident and outbreak management.

The UHB Testing Team is in discussion with Welsh Government to implement 'Pop up' Sampling facilities which would be available to individuals who have no transport. This would be particularly accessible to our large local student population.

Staff antibody testing has been undertaken across all schools in Cardiff and the Vale of Glamorgan (8,000 administered to date) and is currently being implemented across the key workers in health with a plan to deliver to agreed key workers within identified social care facilities throughout August 2020.

Further targeted antibody testing and re-testing will be required to support the sero-prevalence study being undertaken across Wales as that develops.

● 5.2 Sampling and testing arrangements for large outbreaks and incidents if regional capacity exceeded

We currently have sampling/testing capacity for 400 antigen tests per day at existing CTUs, and capacity for approximately 2000 (approx. 285 per day) antibody tests per week across the UHB both in inpatients and community.

If CTU capacity has been exceeded we have mechanisms in place to call on the other resources described above i.e. Population centre and the Mobile Testing Units settings and pop up facilities. We can also increase our staffing to meet demand, which is what we have been doing since February. There has been no need to prioritise specific staff groups and create a waiting list for sampling, as we have been able to meet demands by use of temporary additional staff. This flexible approach will continue through the winter.

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6.0 Prevention, Mitigation and Control

● 6.1 Identifying our most vulnerable groups and communities

We know that COVID-19 disproportionately affects more vulnerable members of our community, including older age groups, BAME groups, and those living in deprivation. We also recognise that these factors may coexist and potentially compound vulnerability in both individuals and communities; these interrelating effects need to be considered when considering how we effectively prevent, mitigate and control the spread of COVID-19 and protect the most vulnerable in Cardiff and the Vale of Glamorgan.

Health outcomes and deprivation

In Cardiff and the Vale of Glamorgan there is considerable variation in healthy behaviours and health outcomes—for example smoking rates vary between 12% and 34% in Cardiff, with similar patterns seen in physical activity, diet and rates of overweight and obesity. Life expectancy is around ten years lower in our most deprived areas compared with our least deprived, and for healthy life expectancy the gap is more than double this. Deprivation is higher in neighbourhoods in South Cardiff, and in Central Vale.

Ageing population

We also have an ageing population, which is increasing steadily, with a projected increase in people aged 85 and over in the Vale of 20% over the next 5 years and nearly 50% over 10 years.

Ethnically diverse

Cardiff has one of the most ethnically diverse populations in Wales, with one in five people from a black or minority ethnic (BME) background. 'White other' and Indian ethnicities are the second and third most common ethnic groups after White British.

Homeless population

The single homeless population, in particular rough sleepers and those in emergency accommodation are particularly vulnerable to the virus. The average life expectancy for a rough sleeper is 45 years, and they often suffer from co-existing illnesses. Substance misuse, mental health issues and chaotic behaviours can all result in greater risk of the spread of infection. Those living in emergency accommodation which is often in shared spaces are also at greater risk from the spread of the virus.

● 6.2 Supporting and protecting our vulnerable groups and communities

Support for those vulnerable, isolating or shielding

From the beginning of the pandemic, the local authorities established support functions to address immediate issues relating to the availability of food and medication and other support needs. The TTP service has established links with these arrangements for people requiring support.

At the very outset of the pandemic, the Vale of Glamorgan Council put in place arrangements to support residents, including those that needed to shield. A "Vale Heroes" service has been established in partnership with the 3rd sector to ensure that people have been able to access any support that they need such as the delivery of food, provision of medication and general well-being support. Vale Heroes also connected the various existing and new community groups that emerged during the crisis with those in need of support. With the pausing of shielding from the 16th of August, the emphasis of Vale Heroes will continue to be the support of those people in crisis by the Council and the signposting of people to relevant community services should they be needed. A letter has been sent from the Managing Director of Vale of Glamorgan council to the 6,000 people who have been shielding in the county, to explain what help and support will continue to be available once shielding comes to an end on 16th August 2020. The Vale Heroes and Crisis Support Team will continue to be provided and this includes the link with the TTP service. Telephone contact has been made with the approximately 420 remaining WG food parcel recipients to identify alternative arrangements for sourcing food after the scheme closes which has seen 6,405 food parcels being delivered to residents in the Vale.



Cardiff Adviceline was set up in 2018 to support people who needed advice on a variety of topics including money, into work or benefit advice. This line also includes a webchat functionality. Typically the teams would receive 105 calls a week. As the city went into lockdown, and all but four of the community Hubs were closed for face to face services, the Adviceline rapidly increased its operation from three to 30 incoming lines, ensuring that anyone could access help and support over the phone. A holistic approach was taken to consider all services available to support those that called. This included information about local groups and third sector organisations that could help with shopping, befriending and other support services. The number of calls increased to over 1,150 a week. The majority of enquiries being about Universal Credit, furlough and access to food, as people were self-isolating.

Cardiff Council set up a food response 'Together For Cardiff'. Vulnerable residents who were self-isolating or shielding, had no funds or support, could call the Adviceline to access a food parcel which was delivered to them. To date over 6,320 parcels have been delivered to the most vulnerable.

As Welsh Government Foodboxes became available to those who were required to shield, residents telephoned the Adviceline to access these boxes. Teams also made outgoing calls, a letter was sent from the Leader and Chief Executive of Cardiff Council and visits were also carried out to ensure that all of the 14,000 + residents on the shielded list in Cardiff had been contacted.

As shielding is paused from the 16th August 2020, the Adviceline will still continue to support those as they re-enter the community. A letter has been sent from Cardiff Council Corporate Director for People and Communities to all those shielding, reminding them of the Adviceline number and the support available. Outgoing calls are also being made by the teams to all of the 2,000+ that are currently receiving a food parcel from Welsh Government advising them of the support that is still available to them.

The Adviceline will continue to offer the help that people need, as residents are contacted through Test, Trace, Protect contact tracing and are required to self-isolate.

Support for the homeless population

The vulnerability of this group was recognised at the start of the pandemic. At that time there were 30 individuals sleeping rough in the city and 140 in emergency accommodation, more than 90 of whom were in shared sleeping spaces. Many were required to leave their accommodation during the day. To ensure that this population could effectively self-isolate or socially distance, two hotels were leased and established as homeless hostels with 24 hour support staff on site. Two sites were also set up as isolation units, so that homeless people could be isolated from the rest of the population. Food was provided to all sites and partners came together to deliver services directly into the hotels and other homeless accommodation, such as substance misuse services and therapeutic services. More clients than ever before have started to engage with services. Rough sleeping reduced to single figures over this period. New accommodation projects have been identified and are currently being developed to ensure that these individuals can be appropriately housed, and so that the achievements made during the pandemic are maintained.

Support and engagement with black or minority ethnic communities

Linkages are being made between the 'protect' element of the TTP service and the communications operational function as described in section 7 below. A subgroup has been established to investigate the available mechanisms and community assets available to deliver information to BAME community in Cardiff and the Vale and other hard to reach and seldom heard groups. A strategy is being developed to ensure these groups are effectively engaged.

Measuring the impact on communities

As part of the two Local Authorities' recovery planning processes, consideration is being given to the impact coronavirus has had on communities, in particular the most vulnerable people in society reflecting the above. For example, the Vale of Glamorgan Council are currently undertaking a community impact analysis (consideration of different/emerging issues based on research and with a particular focus on the protected characteristics).

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● 6.3 Identifying key places and sectors at higher risk of transmission

As restrictions ease across Wales and more establishments begin to re-open, the risk of community transmission will increase. The most densely populated regions remain the highest risk, and have the highest density of school/college students, as well as a high density of large businesses.

Shared Regulatory Services have worked with the Army intelligence to undertake predictive analysis into high risk sectors. Using the findings of the Report⁷, supplemented with local knowledge and discussion, the following settings have been identified as high risk of transmission (in no particular order):

Educational settings

Cardiff has the highest number of pupils and the most college/sixth form/universities in Wales.

Students in college/sixth form/universities are more likely to increase risk of community transmission as they are older/more independent. They are more likely to travel using public transport and live in multiple occupancy housing. In Cardiff, there are approx. 70,000 students.

Healthcare settings

We have the largest hospital in Wales (University Hospital of Wales, UHW), as well as University Hospital Llandough (UHL) and smaller hospitals including Barry Hospital, St David's Hospital, Cardiff Royal Infirmary (CRI), Rookwood Hospital and Lansdowne Hospital. Velindre Cancer Centre is situated in Cardiff, as well private hospitals including Spire, the Vale and Cardiff Bay Orthopaedic Hospital.

Non-food factories

Cardiff and Vale is home to many non-food factories. They can be similar settings to food processing factories, with busy and fast paced production lines. Loud machinery can cause people to shout or stand close together in order to converse. Some employees experience low pay and be in lower income households.

Office based workplaces

Large workplaces can pose a risk of spread of the virus. They are usually indoor, result in exposure over a period of time, have limited air flow/potential for recycled air via air conditioning, and can have a high density of people.

Night time economy (NTE)

There are almost 2000 licensed premises in Cardiff and the Vale of Glamorgan. Both Cardiff and the Vale of Glamorgan Councils have published Licensing policies to promote the licensing objectives set out in the Licensing Act 2003. It is widely recognised that licensed premises make a significant contribution to the economy of both Councils. The diverse range of licensed premises appeal to visitors, tourists and local citizens and include licensed restaurants, 300 pub/bar/nightclubs along with theatres and stadia, bowling alleys, cinemas, art galleries and hotels. There are over 350 licensed premises in the Cardiff city centre alone and the lively night time economy presents a heightened risk of the transmission of coronavirus.

Coastal areas, and caravan sites/holiday parks/campsites

The Vale of Glamorgan Heritage Coast is home to 14 miles of coastline. Coastal areas are at risk of increased exposure to the virus due to the sudden influx of visitors due to restrictions on international travel.



● 6.4 Mitigation and control in key places and sectors at higher risk of transmission

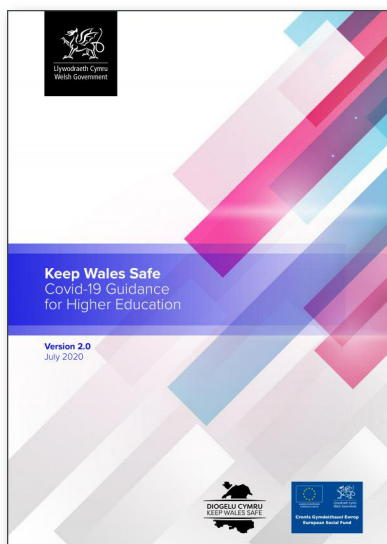
Schools

The Public Health Advice Note for clusters in educational settings⁸ will be used for advice for how clusters and incidents of COVID-19 should be investigated and managed when they occur in education and childcare settings in Wales. Partner organisations are working together to develop a coordinated approach to infection control and communications should such events occur, involving corporate Health and Safety colleagues in addition to core Regional Response Team members.

Higher Education

Prevention

The regions have been working closely with higher education establishments ensuring that each institution is 'COVID secure' and have carried out risk assessments and mitigated them with a combination of controls to ensure compliance with the Health Protection (Coronavirus Restrictions) (No. 2) (Wales) Regulations 2020. The Keep Wales Safe COVID-19 Guidance for higher education⁹ sets out different levels of operations which institutions should adopt to help them prepare for the different, anticipated phases during the remainder of the response to COVID-19. It also provides guidance for student accommodation and how social distancing and infection prevention and control methods can be implemented.



Test, trace, protect

The TTP service will identify cases relating to higher educational establishments and following up contacts ensuring prevention of onward transmission. Full details are outlined in the guidance on Keep Wales Safe COVID-19 Guidance for higher education⁹. Cases relating to the university will be escalated through formal processes to the regional team, for further investigation. If the university becomes aware of any cases relating to the university they can also notify via Public Health Wales Tel: 0300 0030032. International Students from non-exempt countries outside the UK will need to comply with the self-isolating requirements for their first 14 days in Wales.

Risk Communication

Welsh Government is developing messaging based on behavioural insights aimed at young people. This can be adapted for university students. This will be vital to promote social distancing in groups who may not be inclined to socially distance and reduce the potential for any larger informal gatherings.

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09/22/2020 15:54:58



Planning for and Managing Outbreaks

Local procedures are detailed in the Cardiff and Vale Regional TTP SOP, as described in section 3. Further and Higher education establishments need an especially swift response due to the scale and risk of spread. Response will need to be proactive and flexible, incorporating a variety of testing methods depending on the circumstances.

In the event of outbreaks (as defined in the Public Health Protection Response Plan 2020¹⁰), or increased rates of transmission, institutions will work with local partners, specifically the regional response team to work to ensure that the national testing programme is able to effectively respond. This will include identifying measures to isolate people with positive results and minimise the spread of the disease and developing specific messaging for students and staff.

Care homes

For all care home settings without confirmed or possible cases of COVID-19, infection prevention and control (IP&C) assessments were completed with all care providers by Local Authority Environmental Health Officers (EHOs). This enabled the Local Authority to identify any potential weaknesses in current Infection, Prevention and Control (IP&C) arrangements and provide necessary advice and support to make controls as robust as possible. These homes continue to receive weekly welfare contact calls to identify any change in case status; check PPE provision; provide on-going advice and ensure duty holders are in receipt of the most up-to-date PHW and WG guidance.

Local Authority EHOs are also developing a piece of work to assess IP&C arrangements in commercial cleaning businesses to ensure that their IP&C arrangements are COVID-secure as lockdown restrictions continue to be eased. A similar assessment tool is also being used in early years' settings where reports of symptomatic staff or children are being reported.

Prisons

Incidents related to COVID-19 in the prison setting are managed by Public Health Wales. Cardiff and Vale UHB provide the primary health care team, and a Cardiff and Vale Local Public Health Team staff member contributes to incident meetings.

Healthcare

Cardiff and Vale UHB clinical services have actively engaged with TTP since the outset, and IP&C and Occupational Health representatives have been active members of the core Regional Public Health Response Team. We have gained considerable experience of delivering contact tracing within healthcare settings to both staff and patients. Processes for both have been agreed and are included within the Regional SOP, and the UHB has established a dedicated team to support contact tracing and follow up among its staff. Our growing understanding of the implementation of contact tracing in this healthcare has contributed significantly to enhancing control and reducing the risk posed by COVID-19 in this setting. Key learning to date is the importance of maintaining physical distance in non-clinical environments within healthcare settings, particularly at break and hand over times. We are using this to influence and inform practice across all healthcare settings in our region.

Mass gatherings

Both Councils work proactively with local police to ensure appropriate action is taken to manage incidents that have happened in both areas, including the use of dispersal orders where necessary. Vale of Glamorgan Council specifically is working with South Wales Police on Operation Kinross, which is addressing mass gatherings and associated antisocial behaviours in resorts and destination areas; the Council is consulting on the use of Public Space Protection Orders as a further deterrent.

Bricknell Helen
09/22/2020 15:54:58



● 6.5 Reinforcement arrangements

Shared Regulatory Services (SRS) have offered extra guidance for hotels during containment phase, and community centres need permission from the local authority before they can open.

SRS is now providing advice and guidance to businesses through physical inspections, correspondence and web based advice: www.srs.wales. That will continue and a business database allows quick contact with all or some industry sectors; our partnership with HSE also allows us to reach businesses where they are the key regulator. This is detailed in our enforcement approach¹¹, which sets out the interaction between the SRS, HSE and police, to show how enforcement plays into deal with noncompliance.

● 6.6 Enhanced enforcement

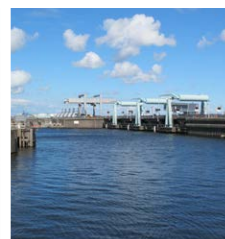
The coronavirus regulations confer powers on local authority enforcement officers to ensure that measures are taken to minimise the risk of exposure to coronavirus at workplaces and other premises that are open. An officer may issue a “premises improvement notice” requiring the person responsible for the premises to take specified measures, and if those measures are not taken an officer may issue a “premises closure notice” requiring the premises to close. Where necessary, an officer may also issue a premises closure notice without having previously issued a premises improvement notice. Provision is made for publicising notices of action taken by enforcement officers.

The parent Act, the Public Health (Control of Diseases)¹² Act and regulations made thereunder do provide local authorities with wider, more flexible powers to deal with incidents or emergencies where infection or contamination presents, or could present, a significant risk to human health. Some powers, relating to specific circumstances, can be exercised directly by local authorities. In other circumstances, local authorities can apply to a justice of the peace (JP) for a Part 2A Order to impose restrictions or requirements to protect human health.

● 6.7 Mass vaccination plans and limiting impact of flu

The UHB will produce a COVID-19 Mass Vaccination Plan for early October 2020. Development and delivery of the Plan will be led by the Executive Director of Public Health, and overseen by a multi-agency group. It will outline the operational delivery, the workforce and infrastructure requirements, procurement and storage, monitoring and data, and communications. A desktop exercise is planned for 28th August 2020.

Plans are being developed to expand the routine influenza programme to include the 50-64 year age group, through training of staff, increased communications and consideration of expanding the operational delivery of the vaccine.



7.0 Communication

● 7.1 Strategic management of communications in decisions with strategic implications / high impact

As we move into Autumn-Winter 2020/21 with expected higher prevalence of COVID-19 across our regional population, and potentially with multiple clusters, incidents and formal outbreaks to manage, we will need flexible and rapid mechanisms both to make live decisions, and to communicate widely across our organisations, a range of partner organisations, and the public to complement our governance structure and decision-making mechanisms outlined in section 2. We will also need to ensure that we have clear communication between the Chair and three statutory organisations' representatives on an OCT, and the Executive Leads of the three organisations, in order to ensure that strategic consequences of such potential/actual decisions are collectively understood and that risk mitigations and communications are in place.

As outlined in section 2, the Executive Leads for each of our three statutory organisations – the University Health Board, Cardiff Council and Vale of Glamorgan Council – will be the mechanism through which rapid decision making is sought should escalation be required, or where there are strategic consequences to actions required.

For each organisation, the respective Executive Lead will, with their organisation, agree which Executive Lead or Senior Manager will be responsible for dealing with the particular situation that has arisen.

The named responsible Lead will ensure, respectively in their Local Authority that:

- They are fully briefed on the situation
- Their CEO, Executive/Senior Management are fully briefed
- Their responsible Cabinet Member and where pertinent Elected Members are fully briefed
- That an immediate agreed approach is in place with Leads in the respective setting where the issue has arisen and with key partner agencies (for example Schools; Universities; Airport; Private business setting; Police)
- That rapid communications are prepared, agreed, and cascaded as per our regional communications protocol including to the particular setting(s)

The named Executive Lead in the University Health Board will ensure that:

- They are fully briefed on the situation
- Their CEO, Executive/Senior Management are fully briefed
- The Chair and where pertinent Independent Board members are briefed
- That an immediate agreed approach is in place with Leads in the respective setting where the issue has arisen and with key partner agencies (for example Schools; Universities; Airport; Private business setting)
- That rapid communications are prepared, agreed, and cascaded as per our regional communications protocol including to the particular setting(s)

● 7.2 Communications Plan

A Communications Plan for TTP in Cardiff and the Vale was developed at the outset of the programme. This was developed by the Regional Operations Board and approved by the Senior Executive Board. The Plan sets out a multi-level and multiagency approach with four key objectives.

- To amplify the national TTP campaign;
- To clarify regional arrangements;
- To direct symptomatic critical workers; and
- To provide local communications insight to Welsh Government.

A communications lead has been identified and sits on the Regional Operations Board. The lead shares responsibility for delivering the Plan together with the virtual communications subgroup, which includes representatives from each of the three statutory partners.



The work has established a strong local communications group. The communications lead for TTP in Cardiff and the Vale also chairs the South Wales Local Resilience Forum Recovery Coordination Group Communications Cell. This has established a link with a wider network of regional partners and up to Welsh Government via the Warning and Informing network.

The TTP Communications Plan¹³ lists a range of local and regional mechanisms that are being used to disseminate information about TTP. The three partner organisations have been sharing, both internally and externally, the Welsh Government TTP communications assets and more recently Keeping Wales Safe (KWS) assets. Regional branding has been created to give the Cardiff and Vale TTP team and its staff a local identity and for local communications to key partners. Various analytics measures are in place to assess the effectiveness of this work.

To ensure the national assets reach those at greatest risk a subgroup of the Regional Operational TTP Board has been established to investigate the available mechanisms and community assets available to deliver content to BAME communities in Cardiff and the Vale and other hard to reach and seldom heard groups. A strategy¹⁴ is being developed to ensure these groups are effectively engaged.

To ensure a framework is in place to enable a rapid and coordinated communications response to a significant local incident, an incident communications protocol¹⁵ is currently being developed. This will establish roles and responsibilities within the local partnership as well as links to the wider regional network. This protocol is being designed to enable a smooth escalation into the OTC communications protocol.



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09/22/2020 15:54:58

8.0 Implementation, Review and Learning

Once approved, this Plan will be fully implemented. There will be regular review of the Plan via the Regional Operational TTP Board. It is expected that this Plan will be reviewed and developed in response to emerging regional issues which have potential impact on case numbers.

Learning and best practice will regularly be shared with Welsh Government, Public Health Wales and other regions via national TTP structures.

8.1 Action Plan

During the development and delivery of our TTP response, we have collectively identified further actions which will enhance our response. They are detailed in the action plan below, which is correct as of 12th August 2020. It is not exhaustive, and will be dynamic and continuously subject to review as the situation develops on the development and implementation of the Test, Trace and Protect Programme in Cardiff and the Vale of Glamorgan.

Action Number	Section / Theme	Action	Outcome Measure	Timescale for Completion	Lead
1	Planning and Response Structures, Roles and Responsibilities	Consider whether further desk-top planning exercise for outbreak scenarios would assist development of response structure	Scenarios complete	30 September 2020	Nick Blake
2	Surveillance	Agree standard daily process for review of geographical mapping of cases and possible clusters by regional duty Consultant in Public Health (in process)	Agreed process in place	21 August 2020	Tom Porter
3	Surveillance	Finalise public health view of geographical mapping, to assist daily review (in process)	Finalised PowerBI mapping tool	14 August 2020	Mal Perry / Tom Porter
4	Surveillance	Indicators for future inclusion - COVID-19 in sewerage (awaiting regular data); school and workplace incidents (from September)	Inclusion of indicators in dashboard	31 August 2020	Tom Porter / RIG
5	Surveillance	Social media and community feedback - agree mechanism for feedback from comms teams in Cardiff and Vale UHB, Cardiff Council and Vale of Glamorgan Council, to forward any intelligence which could be relevant to the daily discussion of cases and potential clusters	Mechanism agreed	21 August 2020	Rob Jones / Tom Porter
6	Management of Clusters, Incidents and Outbreaks	Continue to develop the Regional SOP to ensure a consistent and coordinated partnership response across the region.	Regularly updated SOP	August 2020 and ongoing	Sian Griffiths
7	Sampling and Testing	Development of an overall plan on how to support COVID-19 Sampling and Testing through to March 2021		September 2020	Tracey Meredith/ Kay Jeynes

Bricknell Helen
09/22/2020 15:54:58



Action Number	Section / Theme	Action	Outcome Measure	Timescale for Completion	Lead
8	Sampling and Testing	Deliver antibody testing to all key workers within identified social care facilities throughout August 2020.	Key workers tested	August 2020	Tracy Meredith/ Kay Jeynes
9	Sampling and Testing	Administer further targeted antibody testing and re-testing to support the sero-prevalence study being undertaken across Wales	Testing administered	August 2020	Tracy Meredith/ Kay Jeynes
10	Sampling and Testing	CTU's and mobile testing facilities available and accessible to support outbreak management.	Facilities ready	September 2020	Tracy Meredith/ Kay Jeynes
11	Sampling and Testing	Explore development of 'Pop up' sampling facilities available to those individuals who have no transport	Pop up facilities available	September 2020	Tracy Meredith/ Kay Jeynes
12	Sampling and Testing	Expand CTU bases to support the continued requirement for sampling through the Winter period through to March 2021	CTU bases expanded	October 2020	Tracy Meredith/ Kay Jeynes
13	Sampling and Testing	Continually review staffing to ensure the resource can be deployed flexibly against required demand	Staff resource planning complete	Ongoing	Tracy Meredith/ Kay Jeynes
14	Prevention, Mitigation and Control	Enhance plans and processes to prevent, mitigate and control spread in all high risk places and sectors	Plans developed and implemented for each high risk place/sector	30 September 2020	Regional Public Health Response Group
15	Prevention, Mitigation and Control	Continue to co-ordinate planning and response to mass gatherings within Cardiff and the Vale of Glamorgan	Impact of mass gatherings minimised	Ongoing	Cardiff Council and Vale of Glamorgan Council
16	Prevention, Mitigation and Control	Submit COVID-19 Mass Vaccination Plan to Welsh Government	Plan complete and submitted	5 October 2020	Fiona Kinghorn
17	Prevention, Mitigation and Control	Submit plans for expanded routine influenza programme to Welsh Government	Plan complete and submitted	1 September 2020	Fiona Kinghorn
18	Communications	Finalise incident communications protocol	Protocol outlining roles and responsibilities signed off by SLG	14 August 2020	Rob Jones / Virtual comms group
19	Communications	Finalise BAME and SHG communications and engagement strategy	Strategy for effectively engaging BAME and other hard to reach populations in Cardiff and Vale signed off by SLG	14 August 2020	Rob Jones / Virtual comms group

Bricknell Helen
09/22/2020 15:54:58



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- 3 NHS Wales, Welsh Government, and Directors of Public Protection Wales (DPPW) (July 2020). The Communicable Disease Outbreak Plan for Wales. Final Version.
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- 5 South Wales Local Resilience Forum (SWLRF) (July 2020). Coronavirus (COVID-19) Strategic Coordination Group Reactivation Protocol – DRAFT v1.2.
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- 14 Cardiff Council, Cardiff and Vale University Health Board, Vale of Glamorgan Council (August 2020). Communications Strategy, Engaging BAME Communities.
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Bricknell Helen
09/22/2020 15:54:58



● Appendix A: Additional Documents

Cardiff and Vale University Health Board (April 2020). Guidance for CVUHB Clinical Boards, Local Authorities and Regional partners in establishing and operating Coronavirus PCR(antigen) Testing in our Community Testing Units. Version 1.2.

Cardiff and Vale University Health Board (June 2020). Guidance for CVUHB Clinical Boards, Local Authorities and Regional partners in establishing and operating Coronavirus Antibody Testing in our Community and hospital sites.

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Public Health Wales (June 2020). Standard Operating Procedure - management of COVID-19 in Care Homes - Overview (Version 1c 01.06.20).

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Bricknell Helen
09/22/2020 15:54:58



● **Appendix B: Emergency Planning – additional information**

The Communicable Disease Outbreak Plan for Wales 2020 (CDO Plan)

Sets out arrangements for managing all outbreaks of communicable disease in Wales. This is the model for all outbreaks led by or within Wales. The responsibility for managing outbreaks (section 1.1.4) is shared by all the organisations who are members of the Outbreak Control Team (OCT). Specifically, the responsibility for decisions made by the OCT is collectively owned by all organisations represented on the OCT. Individual organisations are then responsible for carrying out the actions assigned to them as agreed at OCT meetings.

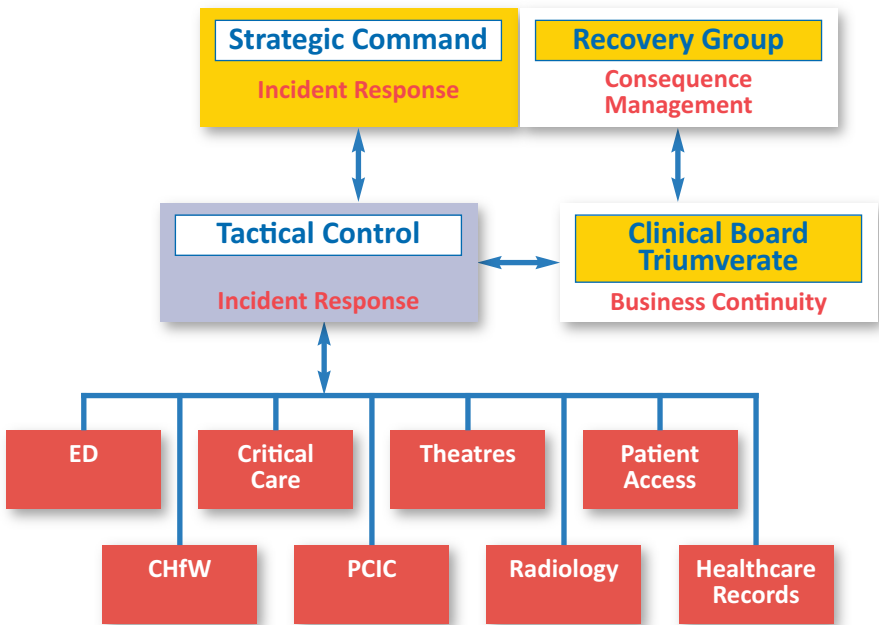
The role of the OCT is to facilitate collaborative working arrangements between organisations, and core members of the OCT are set out in section 2:1 (CDO Plan). They are responsible for declaring an outbreak.

Cardiff and Vale University Health Board Incident Management

Most incidents are geographically local and limited in time and impact and are dealt with in an effective and efficient way at the operational level by the Welsh Ambulance Service Trust and NHS acute Health Boards. However some events require a broader level of co-ordination, whether the response only involves the NHS or requires a co-ordinated multi-agency response there may be a need to build appropriate command and control structures.

Command, Control and Co-ordination are important concepts in the multi-agency response to emergencies. A nationally recognised three tiered command and control structure known as Strategic (Gold), Tactical (Silver) and Operational (Bronze) has been adopted by the emergency services and most responding agencies.

The Cardiff and Vale UHB command and control arrangements are based upon this system. These arrangements help to ensure interoperability between responders. The level of command required will be determined by the nature and seriousness of the incident. An identical command structure will be adopted for both major incidents and significant business continuity events.



Within the NHS, Business Continuity Management systems support the delivery of key services at pre-determined levels during internal incidents and ensures the capability for an operational response during a Major Incident. Moreover, NHS organisations and providers of NHS funded care are required to have suitable, proportionate and up to date plans which set out how they will maintain prioritised activities when faced with disruption from identified local risks.



The 2004 Civil Contingencies Act (CCA) requires all Category 1 responders to develop plans which underpin their organisations ability to maintain “business as usual” in the event of an emergency via application of the Business Continuity process. The CCA defines Business Continuity as:

“A flexible framework designed to help organisations to continue operating in a wide range of different types of disruption right the way along the spectrum of severity.....”

Welsh Government NHS Resilience & Business Continuity Management Strategic National Guidance for NHS Organisations defines business continuity as the management process that enables an NHS organisation –

to identify those key services which, if interrupted for any reason, would have the greatest impact upon the community, the health economy and the organisation;
to identify and reduce the risks and threats to the continuation of these key services;
to develop plans which enable the organisation to recover and/or maintain core services in the shortest possible time.

Within the context of health care there is an obligation to ensure that not only the NHS organisation, but its subcontractors and suppliers of service must also have continuity plans which demonstrate resilience and preparedness to deal with, survive and recover from an emergency incident. The Health Board Chief Executive Officer (CEO) is ultimately responsible for ensuring that the organisation is able to retain core services and critical infrastructure at predetermined levels in the event of a significant adverse event or major incident. These areas can broadly be described as People, Premises; Technology / Equipment; Information; and Supplies.

In practice delegated authority is assigned to a senior manager who will deliver the imperative that potential threats and hazards are identified, risk assessed, and plans developed to alleviate or mitigate the potential threat to service delivery. This is achieved through adoption of the Business Continuity Institute, Good Practice Guidelines 2018. The guidance identifies a layered step process – referred to as the Business Continuity Lifecycle – which facilitates the adoption of a structure and consistent approach as demonstrated in the Business Continuity Lifecycle below:



Business Continuity Management (BCM), including processes for recovery and restoration, must be considered by NHS organisations as part of their everyday business requiring corporate ownership. Business continuity should be as embedded in the culture of the NHS as principles of health and safety, and there must be demonstrable commitment to the process from the Boards of NHS organisations. It is critical that business continuity and major emergency plans are integrated and complementary to each other.

During a Major Incident the practical application of this process is discharged at Strategic level via the office of the Chief Operating Officer who will lead the UHB Recovery team.



Cardiff and the Vale of Glamorgan Councils Incident Management- COVID-19

- Cardiff and Vale of Glamorgan Councils have Outbreak Plans and lead officers for Communicable Disease that are part of Shared Regulatory Services.
- During an emergency or incident, both Councils operate to the national command structure of: Operational (Bronze), Tactical (Silver) and Strategic (Gold) functions of the Council's response and recovery effort to an external major incident, an internal major incident, or both.
- Any multi-agency response will be initiated through South Wales Local Resilience Forum (SWLRF). The LRF is the mechanism for joint risk assessment, planning and response to any major emergency that might occur. The Civil Contingencies Act outlines the responsibilities and mechanisms for response to emergencies. Part 1 of the act provides the outline of the Councils duties, and how they are to work with partners in the South Wales LRF area.
- The LRG will invoke the Strategic Coordination Group (SCG) as necessary, SWLRF have a Major Infectious Disease Framework (August 2018 Version 2.2).
- The Councils are category one responder under the Civil Contingencies Act and the Act provides a mechanism for response including a means accessing additional resources in response to a major incident. These provisions remain in place and are there to help respond to an emergency. These provisions would be available to support the effective use of the Communicable Diseases Outbreak plan for Wales should it be needed, as the impacts of the pandemic go further than just impacts on public health.

Cardiff Council Structures:

- **COVID-19 Incident Management Structures** - Cardiff Council's Chief Executive, Paul Orders, has responsibility for emergency management in Cardiff Council, reporting directly to the Leader and Cabinet. This includes supporting a response to a public health emergency impacting on Cardiff. During the Covid-19 pandemic, this has focused on a Strategic Coordination Group (SCG) involving senior managers and the Leader of the Council.
- **Strategic Lead Officer for COVID-19 on the Regional Test Trace Protect (TTP) Board** - The Corporate Director for People and Communities, Sarah McGill, is the lead Strategic Officer managing the Councils current and ongoing response to the COVID-19 pandemic and works with key partners and represents the Council on the Regional TTP Operational Board. The Corporate Director for People and Communities is the main conduit in to the Councils Strategic Incident Management Team for issues relating to the current COVID-19 pandemic. The full Strategic Incident Management Team (Gold) group work together to ensure an appropriate response drawing on teams and expertise from across the Council to ensure the delivery of key services and to ensure we are working effectively with partners to manage our response as outlined in Cardiff Councils Emergency Management Plan.
- **Cardiff Council Resilience Unit** - the Council has team of specialist resilience and Emergency management officers that are an integral part of the Councils resilience work. They lead on the key risk assessment, planning and response to an emergency helping to plan, coordinate and support the Council response to an emergency. The Unit also provide advice to internal and external stakeholders. They also provide a 24/7 on call service that enables an appropriate response to be initiated by the Council in response to an emergency. The Unit can access on an on call Strategic Gold officer and Tactical (silver officers from across the Council 24/7 as well as linking in with key operational on call teams.

Vale of Glamorgan Council Structures:

- **COVID-19 Incident Management Structures** - The Vale of Glamorgan Council's Managing Director, Rob Thomas, has overall strategic responsibility for any emergencies requiring the Council to respond, including supporting a response to a public health emergency impacting on County. This function is executed via the Gold Command structure of an extended Strategic Leadership Team (SLT) which includes officers from Emergency Planning and Communications as well as the Leader and Deputy Leader of the Council. This approach ensures the delivery of key services and that the Council is working effectively with partners to manage the response as outlined in the Vale of Glamorgan Council's Major Incident & Business Continuity Plan.



- **Strategic Lead Officer for COVID-19 on the Regional Test Trace Protect (TTP) Board** - The Head of Policy & Business Transformation, Tom Bowring, is responsible for ensuring the Vale of Glamorgan Council contributes to and is represented on the TTP Operational Board and is a member of the TTP Senior Executive Board. This ensures teams and expertise from across the council is drawn upon and provided appropriately.
- **Vale of Glamorgan Emergency Planning Team** - the Council has a team of specialist resilience and emergency management officers that provide specialist support and expertise to the Council in managing emergencies such as coronavirus. They lead on the key risk assessment, planning and response to an emergency ensuring the Council can still deliver its corporate priority functions. They assist in shaping plans, working with the Managing Director and SLT Gold and tactical/operational response teams to support the council response and recovery to an emergency. The Unit also provides advice and information to internal and external stakeholders via SWLRF.

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