Public Board Meeting

Thu 31 March 2022, 12:00 - 17:20

Agenda

12:00 - 12:10
10 min

1. Welcome & Introductions

Charles Janczewski

12:10 - 12:10
0 min

2. Apologies for Absence

Charles Janczewski

12:10 - 12:10
0 min

3. Declarations of Interest

Charles Janczewski

12:10 - 12:10
0 min

4. Minutes of the Public Board Meeting held on 24th February 2022.

Charles Janczewski

4 Public Board Minutes - 24.2.22 MD.NF.CJ.pdf (13 pages)

12:10 - 12:10
0 min

5. Action Log – 24th February 2022

Charles Janczewski

5 Public Action log - March 2022 MD2.pdf (2 pages)

12:10 - 15:20
190 min

6. Items for Review and Assurance

6.1. Patient Story – Emmie's Story

10 Minutes *Ruth Walker*

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

10 Minutes *Charles Janczewski*

6.2 Chair's Board Report - March 2022.pdf (7 pages)

6.3. Chief Executive Report

10 Minutes *Suzanne Rankin*

6.3 Chief Executive Board Report - March 2022.pdf (4 pages)

Saunders,Nathan
03/28/2022 14:57:47

6.4. System Resilience Briefing (Covid & Non-Covid)

15 Minutes *Suzanne Rankin*

- Quality and Safety

- Workforce
- Governance
- Operations
- Public Health

6.4 Systems Resilience Briefing covering report March Board.pdf (2 pages)
6.4a Sytems Resilience Report March 2022 - All Parts.pdf (8 pages)

6.5. Vale Alliance – Update on proposed phased approach

30 Minutes *Abigail Harris / Lance Carver*

6.5 Vale Alliance Cover Paper.pdf (2 pages)
6.5a Vale Alliance - Summary Presentation March Scrutiny (Final).pdf (12 pages)

6.6. Digital Strategy Update

30 Minutes *David Thomas*

6.6 CAV UHB Digital Board paper DT v2Mar22.pdf (4 pages)
6.6a Board Digital update DT 31032022.pdf (12 pages)

6.7. Joint Escalation and Intervention Arrangements

10 Minutes *Suzanne Rankin*

6.7 Joint Escalation Arrangements.pdf (4 pages)
6.7a JP to SR re Joint Escalation and Intervention Arrangements.pdf (2 pages)

6.8. BREAK

10 MINUTES

6.9. Mental Health Strategy

30 Minutes *Caroline Bird / Daniel Crossland / Cath Wood*

6.9 Mental Health Strategy Board Report March 2022 07.03 v5.pdf (17 pages)

6.10. Board Assurance Framework

10 Minutes *Nicola Foreman*

6.10 BAF Covering Report March 2022.pdf (3 pages)
6.10a BOARD ASSURANCE FRAMEWORK - March 2022.pdf (31 pages)

6.11. Integrated Performance Report:

15 Minutes *Catherine Phillips / Rachel Gidman / Ruth Walker / Caroline Bird*

- Finance
- Workforce
- Quality & Safety
- Operational Performance

6.11 Integrated Performance Report March 2022 v2.0 Final.pdf (13 pages)

6.12. RPB Regional Integration Fund 2022/23

10 Minutes *Abigail Harris*

Please Note that there are documents attached to this item which can be found in the **Supporting Documents** folder.

6.12 RIF Cover Paper.pdf (3 pages)

Saunders.Nathan
03/28/2022 14:57:42

15:20 - 16:45
85 min

7. Items for Approval / Ratification

7.1. IMTP

20 Minutes *Abigail Harris*

- 7.1 IMTP Board paper March 2022 v3.pdf (4 pages)
- 7.1a 22_23 plan v15_March Board copy.pdf (127 pages)

7.2. Population Needs Assessment

25 Minutes *Fiona Kinghorn*

Please Note that there are documents attached to this item which can be found in the **Supporting Documents** folder.

- 7.2 CAV UHB Board Cover Sheet - PNA - v1b.pdf (6 pages)

7.3. Vale Public Services Boards Well-being Assessment

10 Minutes *Fiona Kinghorn*

- 7.3 PSB Well-being Assessments.pdf (4 pages)

7.4. BREAK

10 MINUTES

7.5. Board Annual Plan

5 Minutes *Nicola Foreman*

- 7.5 Board Annual Plan 22.23 - covering report.pdf (2 pages)
- 7.5a Board Workplan 2022.23.pdf (4 pages)

7.6. Terms of Reference and Work Plans for Committees of the Board

5 Minutes *Nicola Foreman*

- 7.6 Committee ToR and Work Plans covering report.pdf (3 pages)
- 7.6a Committee ToR and Work Plans 2022.23.pdf (74 pages)

7.7. Annual Reports for Committees of the Board and Stakeholder Reference Group

5 Minutes *Nicola Foreman*

1. Audit and Assurance Committee
2. Remuneration and Terms of Service Committee
3. Charitable Funds Committee
4. Mental Health Legislation and Mental Capacity Act Committee
5. Digital and Health Intelligence Committee
6. Quality, Safety and Experience Committee
7. Finance Committee
8. Strategy and Delivery Committee
9. Health and Safety Committee
10. Shaping Our Future Hospitals Committee
11. Stakeholder Reference Group
12. Local Partnership Forum

Saunders.Nathan 03/28/2022 14:57:42

- 7.7 Committees of the Board - Annual Reports. covering reports.pdf (2 pages)
- 7.7.1 Annual Report of Audit and Assurance Committee 21-22MDv3(1).pdf (8 pages)
- 7.7.2 Remuneration and Terms of Service Annual Report.pdf (4 pages)
- 7.7.3 Annual Report of the Charitable Funds CommitteeMD.NF.pdf (12 pages)

- 7.7.4 MHCLC Annual Report MD CP.pdf (6 pages)
- 7.7.5 DHIC Annual Report DHIC 21-22v2MD.NF.pdf (7 pages)
- 7.7.6 QSE Annual Report.pdf (8 pages)
- 7.7.7 Finance Committee Annual Report.pdf (4 pages)
- 7.7.8 Annual Report of SD Committee 21-22MD.pdf (9 pages)
- 7.7.9 Heath and Safety Annual Report MD.pdf (7 pages)
- 7.7.10 SOFH Annual report 21-22 MD RT.pdf (6 pages)
- 7.7.11 SRG Annual Report.pdf (4 pages)
- 7.7.12 LPF Annual Report 2021-22.pdf (10 pages)

7.8. ICF Grant Agreements

5 Minutes *Abigail Harris*

- 7.8 ICF Legal Charge Board Report(1).pdf (3 pages)
- 7.8a Final btb re LA Template 1 CARDF v2.pdf (16 pages)
- 7.8b - Final btb re LA Template 1 VOG v2.pdf (16 pages)
- 7.8c - Final btb Organisation Template 2_GVS v2.pdf (18 pages)

16:45 - 17:20
35 min

8. Items for Noting and Information to Report

8.1. Structured Assessment Phase 2

5 Minutes *Wales Audit*

- 8.1 Structured_Assessment_2021_Phase 2_Eng.pdf (34 pages)

8.2. Audit Wales Annual Audit Report

10 Minutes *Wales Audit*

- 8.2 Audit Wales Annual_Audit_Report_2021_Eng.pdf (28 pages)

8.3. Corporate Risk Register

5 Minutes *Nicola Foreman*

- 8.3 Corporate Risk Register Update.NF.pdf (4 pages)
- 8.3a Corporate Risk Register March 2022 - Board Summary.pdf (1 pages)

8.4. Committee / Governance Group Minutes:

5 Minutes *Nicola Foreman*

1. Finance Committee - 26.01.22 & 5.1.22
2. Quality, Safety & Experience Committee - Special October Meeting & 14.12.21
3. Digital Health and Intelligence Committee - 05.10.21
4. Mental Health Committee - 19.10.21
5. Strategy & Delivery Committee - 11.01.22
6. Health & Safety Committee - 12.10.21
7. Charitable Funds Committee - 07.12.21
8. Shaping Our Future Hospitals Committee - 12.01.22
9. Stakeholder Reference Groups - 23.11.21
10. Local Partnership Forum - 01.12.21
11. Audit and Assurance Committee - 9.11.21

Saunders.Nathan
03/28/2022 14:57:42

- 8.4.1 Finance Minutes 23.01.22.pdf (5 pages)
- 8.4.1a Finance Minutes 5.1.22.pdf (8 pages)
- 8.4.2 QSE Minutes 14.12.21.pdf (13 pages)

- 8.4.2b Special QSE Minutes Oct 2021 MD.NF.pdf (7 pages)
- 8.4.3 DHIC Minutes 05.10.21MD.NF.pdf (13 pages)
- 8.4.4 MHCLC Minutes 19.10.21MD.NF.CP.pdf (12 pages)
- 8.4.5 Strategy Delivery Public Minutes 110122MD.NF.MI.pdf (11 pages)
- 8.4.6 H&S Minutes 12.10.21.pdf (14 pages)
- 8.4.7 CFC Minutes 07.12.21.pdf (15 pages)
- 8.4.8 SOFHC minutes 12.01.22.pdf (10 pages)
- 8.4.9 Minutes of SRG Meeting 23 November 2021.pdf (6 pages)
- 8.4.10 LPF minutes 01.12.21.pdf (7 pages)
- 8.4.11 Audit Minutes 091121.pdf (8 pages)

8.5. Chair's Reports:

10 Minutes *Nicola Foreman*

1. Mental Health Legislation and Mental Capacity Act Committee - 09.02.22
2. Digital and Health Intelligence Committee - 01.02.22
3. Health and Safety Committee - 25.01.22
4. Finance Committee - 23.02.22
5. Quality, Safety and Experience Committee - 22.02.22
6. Strategy and Delivery Committee - 11.01.22 & 15.03.22
7. Charitable Funds Committee - 01.03.22
8. Audit and Assurance Committee - 08.02.22
9. Shaping Our Future Hospitals Committee - 12.01.22 & 09.03.22
10. Stakeholder Reference Group - 25.01.22
11. Local Partnership Forum - 17.02.22
12. WHSSC Joint Committee - 08.02.22 & 15.03.22
13. NWSSPC Assurance Report - 20.01.22

- 8.5.1 MHCLC Chairs Report final.pdf (4 pages)
- 8.5.1a MHCLC Policy Approval Cover Report 5(1).pdf (3 pages)
- 8.5.1b MHCLC Policy Approval Cover Report 5(2).pdf (3 pages)
- 8.5.2 DHIC Chairs Report new MD NF.pdf (4 pages)
- 8.5.3 Health and Safety Chairs Report.pdf (3 pages)
- 8.5.4 Finance Committee Chairs Report February.pdf (5 pages)
- 8.5.5 QSE Chairs Report MD new.pdf (5 pages)
- 8.5.6 SD Chairs Report 11.01.22 15.03.22 AF.pdf (6 pages)
- 8.5.7 CFC Chairs Report for Board 31.03.22.pdf (5 pages)
- 8.5.8 Audit Chairs Report MD.NF.pdf (6 pages)
- 8.5.9 SOFH Chairs Report MD RT.pdf (4 pages)
- 8.5.10 LPF briefing (Feb 2022) for March 2022 meeting.pdf (3 pages)
- 8.5.11 SRG Chairs Report Board - January 2022.pdf (2 pages)
- 8.5.12 WHSSC JC Briefing (Public) 8 February 2022.pdf (2 pages)
- 8.5.12a WHSSC Chairs Report 15.03.22.pdf (16 pages)
- 8.5.13 NWSSPC Assurance Report 20 January 2022.pdf (4 pages)

8.5.1.

17:20 - 17:20
0 min

9. Agenda for Private Board Meeting:

i) Approval of previous meeting minutes
ii) Approval of Private Committee minutes
iii) Nosocomial Investigation Position
iv) Covid-19 Public Inquiry Legal Representation

Saunders,Nathan
03/28/2022 14:17:42

17:20 - 17:20
0 min

10. Any Other Business

Charles Janczewski

17:20 - 17:20
0 min

11. Review of the meeting

Charles Janczewski

17:20 - 17:20
0 min

12. Date and time of next meeting:

26th May 2022 at Midday - **Venue to be confirmed**

17:20 - 17:20
0 min

13.

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

Saunders,Nathan
03/28/2022 14:57:42

Unconfirmed Draft Minutes of the Public Board Meeting
Held On 24 February 2022
Via MS Teams

Chair:		
Charles Janczewski	CJ	UHB Chair
Present:		
Suzanne Rankin	SR	Chief Executive Officer
Fiona Jenkins	FJ	Executive Director of Therapies & Healthcare Sciences
Rachel Gidman	RG	Executive Director of People and Culture.
Abigail Harris	AH	Executive Director of Strategic Planning
Fiona Kinghorn	FK	Executive Director of Public Health
Mike Jones	MJ	Independent Member for Trade Unions
Ruth Walker	RW	Executive Director of Nursing
Catherine Phillips	CP	Executive Director of Finance
Caroline Bird	CB	Interim Chief Operating Officer
Akmal Hanuk	AH	Independent Member for Community
Susan Elsmore	SE	Independent Member for Local Authority
Gary Baxter	GB	Independent Member for University
Sara Moseley	SM	Independent Member for Third Sector
Rhian Thomas	RT	Independent Member - Capital and Estates
In attendance:		
Nicola Foreman	NF	Director of Corporate Governance
David Thomas	DT	Director of Digital Health & Intelligence
Stephen Allen	SA	Community Health Council – Chair
Observers:		
Joanne Brandon	JB	Director of Communications
Urvisha Perez	UP	Audit Wales
Aaron Fowler	AF	Head of Risk and Regulation
Secretariat		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
Meriel Jenney	MJ	Executive Medical Director
Michael Imperato	MI	Independent Member for Legal
Ceri Phillips	CP	UHB Vice Chair
John Union	JU	Independent Member for Finance

Item No	Agenda Item	Action
UHB 24/02/001	**Welcome & Introduction** The University Health Board Chair (UHB Chair) welcomed all to the Board meeting in English and in Welsh.	
UHB 24/02/002	**Apologies for Absence** Apologies for absences were noted.	

Saunders, Mandy (1-2) 03/28/2022 12:29:42

UHB 24/02/003	**Declarations of Interest** Sara Moseley declared an interest as a member of the General Medical Council (GMC). Fiona Jenkins declared an interest in relation to her joint role as the Interim Executive Director for Therapies Health Science for Cwm Taf Morgannwg UHB. **The Board resolved that:** a) Save for Declarations of Interest noted above, no further Declarations of Interest were noted.	
UHB 24/02/004	**Minutes of the Meeting Held on 27 January 2022** The minutes of the Public Board Meeting held on 27 January 2022 were reviewed for accuracy and matters arising. The Executive Director of People and Culture (EDPC) highlighted that Jonathan Pritchard's title on page 20 was incorrect and should be amended to Assistant Director of Workforce Resourcing. **The Board resolved that:** a) The minutes of the Public Board meeting held on 27 January 2022 were approved as a true and accurate record pending amendments required by the EDPC.	
UHB 24/02/005	**Action Log – 27 January 2022** It was noted that the Action Log was up to date. **The Board resolved that:** a) The Action Log was received and noted.	
UHB 24/02/006	**Chair's Report and Chair's Action taken since last meeting** The Chair's Report and Chair's Actions taken since the last meeting were received. • Operational Services Porter Service The UHB Chair highlighted that the report incorporated an update on the Porter services.	

Saunders.Nathan
03/28/2022 14:57:42

	The UHB Chair highlighted that the porters were really important to the organisation and ensured the smooth running of the hospital sites as well as the community. • Chair's Actions and Sealing of Documents. The Independent Member for Local Authority (IMLA) stated that she was pleased that the seal had been entered into regarding the Maelfa Wellbeing Hub and it was good to see the developments were in progress. The UHB Chair commented that the builders were making good progress and hopefully some real benefits would be seen. The UHB Chair asked Board Members if they were happy to approve the documents that had been received. All Board Members were happy to approve the documents. **The Board resolved that:** a) The Chair's report was noted. b) The Chair's Actions undertaken during the period were approved.	
UHB 24/02/007	**Chief Executive Report** The Chief Executive Report was received. The CEO advised the Board that she would be attending the Board's Committees and would reframe the report to include more of a risk based assessment. The CEO stated she was open to feedback from Board Members. A number of areas were highlighted for importance to the Board, which included: • **Environmental accreditation awarded to CAVUHB** The CEO advised the Board that following a recent audit, the Health Board had been given continued ISO14001 accreditation, which it had held since 2003. It was noted that was a fantastic achievement and fitted in with the Shaping Our Future Sustainable Healthcare Strategy.	

Saunders.Nathan
03/28/2022 14:57:42

- **Transnasal Endoscopy trial underway**

The Board was advised that a project was underway, led by Dr Hasan Haboubi, Consultant Gastroenterologist in Cardiff and Vale UHB and Dr Dai Samuel, Consultant Hepatologist in Cwm Taf Morgannwg, to deploy Olympus gastroscopes in dual site transnasal endoscopy (TNE) clinics. The six-month trial would test and demonstrate the value of TNE in a Welsh health context.

It was highlighted that Endoscopy was a high demand service. It would give the opportunity to identify and treat cancer as early as possible. That was an important part of responding to concerns regarding early identification. It would be interesting to see the progress over the next six months and whether it demonstrated real utility and benefit within the context of delivering better outcomes for the people of Wales.

- **Executive Team Changes**

The Board was advised that the Health Board had said "goodbye" to Stuart Walker as he left to take up his new role as Medical Director for University Hospitals Bristol and Weston NHS Foundation Trust.

It was noted that Stuart had provided considerable support during the CEO's induction period and had made a significant contribution to the organisation.

The Board was advised that Professor Meriel Jenney had been appointed to the substantive role of Executive Medical Director until July 2023.

- **First Two Weeks as Chief Executive**

The CEO advised the Board that she had received a very warm welcome and was in the process of completing her "discovery phase".

It was noted that the CEO had visited many of the Health Board sites and had met with a range of internal and external stakeholders. In many of those scenarios she had been able to identify areas for strengthening the partnership that already existed.

It was also noted that the team have had a very demanding and challenging time and there had been concerns regarding the quality of care provided to patients.

Saunders.Nathan
03/28/2022 14:57:42

	However, the team were working hard to mitigate those concerns. The CEO stated that, without exception, she was impressed by the compassion, commitment and resilience demonstrated by the team. The Independent Member - Local Authority (IMLA) expressed delight that the CEO would be taking a keen and close interest in the Committees. The Independent Member for Third Sector (IMTS) commented that it would be useful to have the CEO's reflections for the first few months. That would enable the Independent Members to obtain a strategic overview from a different perspective. The CEO responded that she was happy to provide a position statement around the six-month mark and would be open to advice from the Independent Members and the UHB Chair. **The Board resolved that:** a) The Chief Executive's report was noted.	SR
UHB 24/02/008	**Systems Resilience Briefing (Covid and Non Covid):** The System Resilience Briefing (Covid & Non-Covid) was received. • **Quality and Safety section** The END advised the Board that there was huge pressure in the system and the right quality of care was not being delivered in the Emergency Department. However, very good feedback had been received regarding staff and how they were doing everything they could to try and improve the situation. It was also noted that there had been an increase in the number of concerns received. The issues in relation to enviromental experience and waiting times continued to be a theme. It was also noted that the number of vaccinations had decreased as targets were being met. The END advised the Board that the nosocomial deaths were still being investigated. There was now an all Wales agreement. Cases which had a complaint were	END

Saunders.Nathan 03/28/2022 14:57:42

	being handled very sensitively and there was regular communication. A detailed report would be brought back to Board. • **Workforce section** The EDPC advised the Board on the following: - Workforce continued to be a challenge. Although sickness rates were coming down, they were not at optimal levels. - The turnover rate was high and a “deep dive” into the data and analytics would be completed. A paper would be brought back to Board in May. - The health and wellbeing of staff remained a high priority. There was lots of work being completed in relation to the staff enviromental areas, such as rest rooms. - The team was looking to utilise a temperature and engagement tool. That would be rolled out to the Nursing and Midwifery staff shortly. - The Occupational Health services were back on track following an influx of referrals. The education and awarness for managers had been paramount. - There had been great work within the Workforce Resourcing team. They were able to fast track many roles. There had also been recruitment success within the Capital Estates and Facilities team. - The Workforce Hub had also been proactive in the Vaccination Centres and in getting staff into permanant positions. - There had been success in relation to inclusive recruitment. For example, an intern with learning disibilites had gained a permanant post with the Health Board and another was waiting to see if they had been shortlisted. - An Appenticeship Week had taken place and there was lots of evidence to show that bringing in a wide age range into the workforce was really important for the future. The team had been engaging with the Princes Trust and the Military Step Into Health about other cohorts coming into the organisation. • **Governance section**	EDPC

Saunders,Nathan
03/28/2022 14:57:42

	The Director of Corporate Governance (DCG) advised the Board that governance structures would return to business as usual from the end of February. It was noted that Board would return to bi-monthly meetings and the Covid 19 Board Governance Group was being stood down. It was also noted that the Steering Group for the Public Inquiry had met for the first time. It would be looking at the strategic approach of the Inquiry. The next meeting should be when the terms of reference are issued. The Chair added that the governance arrangements would be monitored closely to see how they developed. • **Operational section** The Interim Chief Operating Officer (ICOO) advised the Board on the following: - The pressures across the system had continued. - A number of GPs were still reporting a higher level of escalation. - Dental was still operating at 40-50% capacity. - District Nursing was still at a heightened level of escalations. - Demand within Mental Health was 30% higher than pre-Covid levels. - Social Care colleagues were also facing workforce pressures which had an impact on the Domiciliary Care market. In turn, that had contributed to the challenge of the timely discharge of patients from hospital. - There had been a higher level of risk in the system which had caused a poorer experience for patients and staff. - The main driver of the challenges had been the bed occupancy and how timely discharges could be achieved by working with partners to release more bed occcupancy. - A national risk summit took place on 15 February 2022 with Welsh Government and Health and Social Care representatives. That had translated into a local action plan. A two week reset had been requested from the 2 March to 16 March.	

Saunders,Nathan
03/28/2022 14:57:42

	- The CEO and the Executive Medical Director (EMD) had led a series of engagement sessions with Clinicians on what could be carried out to expedite discharges and avoid admissions. A number of actions had been taken forward, such as a virtual ward, and a good model had been running in Acute Medicine. - The Operational team and the Infection Prevention and Control teams had also been working very well together. - The team had to reduce some of the Elective capacity to redeploy staff to help with operational pressures. - Phase 1 of the Same Day Emergency Care Centre was due to commence from 10 March. It would take footfall away from the Emergency Unit and into the new facilitity. - The mobile Endoscopy unit would be arriving in University Hospital Llandough (UHL) in March. - There had been difficulties in “hard to recruit” areas and outsourcing solutions had been obtained. • **Public Health section** The Executive Director of Public Health (EDPH) advised the Board that Covid-19 rates were coming down. It was noted that the Health Board was working on a transition plan for “test, trace, protect” and that a WG plan was expected on 4 March. It was likely that there would be changes to testing and more focus on vulnerable groups. It was noted that “harms in society” needed to be looked at. Statistics from Public Health Wales showed that Covid-19 was the fourth ranked cause of death in December 2021. The EDPH advised the Board that they were working with Local Authority and other partners on how to put a strong focus on other arenas within preventative work. It was noted that mass vaccination was still a large component in the prevention against Covid-19. There had been announcements that had included universal vaccination for 5-11 year olds, a Spring booster for the	

Saunders.Nathan
03/28/2022 14:57:42

	clinically vulnerable, and an Autumn booster was also expected. The IMLA commended the EDPH for her leadership across the pandemic period and her work with Local Government. The IMLA highlighted that she had received a lot of correspondence from people regarding the delays in hospital which were very distressing. The IMLA queried if there was anything that the Local Authority should be doing to assist the Health Board. The END responded that the focus should be on the patients in the system who could, potentially, come to harm as they were not moving on from hospital. The Health Board could work with the Local Authority to ensure constructive use of resources with regards to the discharge concern. Working together was very crucial at this moment of time. The Executive Director for Therapies and Health Science (EDTH) stated that a lot of work was required regarding the hospital length of stay. Patients preferred to be at home and in the community. The two week reset was a good time to see if the Health Board could do things in a different way. The IMTS commented that dementia was one of the leading causes of death and that would have a big knock on effect on Social Care. The IMTS also queried if there would be a return to “face to face” Board meetings and a resumption of Patient Safety Visits. Transparency and communication with the public regarding what was happening in the system would be very important. The UHB Chair stated the aim was to move to face to face meetings as long as it was safe to do so and it was anticipated that those meetings would recommence in May. The Patient Safety walk around visits were only suspended in February and the plan was to resume those in March, as long as it was safe to do so. **The Board resolved that:** a) The Systems Resilience Briefing Report (COVID and Non COVID) was noted.	

Saunders.Nathan
03/28/2022 14:57:42

UHB 24/02/009	**Draft IMTP (Integrated Medium Term Plan)** The Executive Director of Strategic Planning (EDSP) advised the Board on the following: • The IMTP signalled the 3-year planning process in line with legislation and set out how the Health Board would achieve the key Ministerial priorities. • The WG guidance was received in November 2021. • The IMTP covered four key areas to 2025. That would be 10 years since the approval of the Shaping Our Future Wellbeing Strategy. Therefore, it was important to highlight that in the IMTP. • The IMTP also described how the Health Board would take and embed the learning from Covid 19. The Health Board had operated very differently and had used agile decision making. • The IMTP did not describe everything the organisation did. It only described the key areas, focus and developments for the next three years. • The main priorities were getting the emergency and unscheduled care back into balance, offering timely access for planned appointments, supporting children, young people and adults in Mental Health, Primary Care and Sustainability. • The IMTP plan also included how Clinical services would be transformed and how the “at home” programme was embedded. • The IMTP also described the need to accelerate the digital plan delivery. • Another key area was the “foundation economy”. Circa 80% of Health Board staff lived and worked within the area and there was a need to ensure people contributed to the local economy. The Health Board also had a huge responsibility, as an employer, to help disadvantaged groups, such as care leavers, disabled people and asylum seekers, to gain employment. • The IMTP plan did not come without its challenges. The financial allocation was received on 23 December 2022 and the Health Board was entering the new financial year with an underlying deficit. In the past two years that had been funded by the Government. • The wellbeing of the workforce was the most important item in the IMTP. • The IMTP plan did not exist in isolation. The Health Board was working with many stakeholders. • The team was working on how the Health Board engaged with communities regarding the plan	

Saunders.Nathan 03/28/2022 14:57:42

	and would welcome any comments from Board members. • An Accountability Letter had to be submitted to WG by the end of the month to signal if the Health Board would be delivering an approvable IMTP. • The final IMTP was due to go to Board on 31 March. The Community Health Council – Chair (CHC) commented that it would be useful to see what would the communities engagement plan looked like. The EDSP responded that it would helpful if the CHC could help the Health Board shape that engagement plan. The Independent Member for Capital and Estates (IMCE) commented that it was great to see the People and Culture Plan. The IMCE queried how the draft IMTP had set the Health Board up over the next three years for the next ten-year phase. The EDSP responded that it was unlikely that the direction of travel set out in the Shaping Our Future Wellbeing Strategy would change. A key aspect would be what actions the Health Board would take into the next ten years, in particular, learning from the pandemic. The UHB Chair added that the Health Board would need to set realistic milestones for the Strategy. The IMTS queried whether there were elements in the IMTP that were dependent on business case funding. Also, what were the financial risks that sat alongside the IMTP. The EDSP responded that there were a number of items in the IMTP plan that the Health Board would like to deliver, but it did not have line of sight in terms of what the funding would be and whether there would be dedicated funding from WG to support those items. The Executive Director of Finance (EDF) stated that the IMTP was shaped by Ministerial priorities and a desire to move from “Covid response” to “Covid recovery” was ambitious. It had exacerbated some of the issues in the Health Board’s system and the Health Board would need to deal with new cost pressures in a financial settlement that did not fully cover all of the costs. There would be new cost pressures to attend to and some of those would be higher.	

Saunders.Nathan
03/28/2022 14:57:42

	The IMTS stated the communication, messaging and strategy around the IMTP was very important. The IMLA stated that one of the areas the Health Board should strengthen was Primary Care. The EDSP responded that Primary Care was the foundation and many people access healthcare in that way. There had been many challenges and practices had been under huge stress. The development of the cluster model where practices come together, and an engaging with communities to inform them that Primary Care would be changing was very important. A paper on the Primary Care cluster model was due to go to the Board Development Session in June 2022. **The Board resolved that:** a) The first draft of the 22-23 IMTP, as attached to the report, was noted. b) The final draft IMTP for 2022/23 was to be presented to full Board for formal approval in March 2022, was noted. c) The key issues which continued to be worked through prior to presenting Board with a finalised document in March 2022, was noted.	EDSP
UHB 24/02/010	**Items for Approval** There were no items for approval.	
UHB 24/02/011	**Items for Noting** There were no items for noting.	
UHB 24/02/012	**Agenda for Private Board Meeting:** ***i) Approval of Private Board minutes*** ***ii) IMTP and Financial Plan***	
UHB 24/02/013	**Review of meeting** The UHB Chair asked if attendees were satisfied with the business discussions and the format of the meeting, and all Members indicated that they were happy with the meeting, the updates provided and the meeting format.	
	Date & time of next Meeting 31st March 2022 at 12pm.	

Saunders,Nathan
03/28/2022 14:57:42

Saunders,Nathan
03/28/2022 14:57:42

ACTION LOG

Following Public Board Meeting

27th January 2022

(For the meeting 31st March 2022)

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Actions Completed					
UHB 22/01/009	**System Resilience Briefing (Covid & Non-Covid).**	Independent Member for Local Authority will have an offline conversation with the EDPH to discuss vaccinations and outbreaks of Covid in care homes.	**28.02.2022**	Fiona Kinghorn	**COMPLETED** Conversation took place between IML and EDPH in Feb 2022
UHB 22/01/010	**Draft IMTP**	A draft version of the IMTP to be provided to Board members at February's Board meeting.	**24.02.2022**	Abigail Harris	**COMPLETED** Discussed at February's Board Meeting. Note Action **UHB 24/02/009**
Actions In Progress					
UHB 22/01/009	**System Resilience Briefing (Covid & Non-Covid).**	A further report regarding pressure damage is due to be taken to the Quality, Safety and Experience Committee in June 2022.	**14.06.2022**	Ruth Walker	**In Progress** To be brought to QSE meeting on the 14 June 2022.
UHB 22/01/009	**System Resilience Briefing (Covid & Non-Covid).**	The Workforce team was looking to carry out work on the high turnover of staff and that the EDPC would report back to the Board in more detail.	**26.05.2022**	Rachel Gidman	**In Progress** Report to be presented to May Public Board

Saunders,Nathan 03/28/2022 14:57:42

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
UHB 22/01/011	**Emergency Ambulance Services Committee Update**	Conversations to be had offline to discuss how the Health Board could work together along with the 6 identified goals.	**31.03.2022**	Caroline Bird / Catherine Phillips	**In Progress** Conversation to take place before end of financial year.
Actions referred to Committees of the Board/Board Development					
QSE 21/12/036 **UHB 24/02/008**	**Nosocomial Investigation Position**	To go to Board to seek approval of the way forward and provide an update on the All Wales approach	**31.03.2022**	31.03.2022	**Completed** To be presented to Private Board in March 2022 – agenda item 8.1.
UHB 22/01/007	**Chair's Report and Chair's Action taken since last meeting**	ICOO advised the Board that a more detailed report on the Dental Directorate would be provided to the QSE Committee.	**14.06.2022**	Caroline Bird	**In Progress** Date of QSE Committee to which this item will be brought is to be confirmed.
UHB 22/01/009	**System Resilience Briefing (Covid & Non-Covid).**	Cluster plans were being drawn into the IMTP and that the same would be looked at in more detail at a Board Development session.	**30.06.2022**	Abigail Harris	**In Progress** Date of Board Development Session to which this item will be brought is to be confirmed once Board Development Plan has been completed for 2022/23
UHB 24/02/008	**Systems Resilience Briefing (Covid and Non Covid).**	Paper on high turnover rates will be brought back to Board in May.	**26.05.22**	Rachel Gidman	**In progress** To be presented to Board in May 2022.

Saunders Nathan
03/08/2022 14:57:42

Report Title:	Chair's Report to Board				Agenda Item no.	6.2	
Meeting:	Board	Public	x		Meeting Date:	31.03.2022	
		Private					
Status *(please tick one only):*	Assurance		Approval	x	Information		x
Lead Executive:	Chair of the Board						
Report Author (Title):	Personal Assistant to the Chair						

Main Report
Background and current situation:

This report includes information on the key activities that have taken place since the last Board Meeting on the 24th February 2022. Also featured in this report is an overview of the invaluable work carried out by Mortuary Services and its response to Covid 19.

Cardiff and Vale UHB Mortuary Service Report

Cardiff and Vale University health board operates a Human Tissue Authority licensed body store and post mortem facility at the University Hospital of Wales and a body store at the University hospital of Llandough, which, while unlicensed is managed to the same regulatory standards. Both facilities are accredited to ISO 151189:2012.

The service forms part of the Cellular Pathology Service which sits within the Clinical Diagnostics and Therapies Clinical Board.

The facilities have capacities of 112 and 66 decedents respectively, operating at upwards of 90% capacity for most of the year. The service is delivered by a dedicated team of five Anatomical Pathology Technicians, holding Certificates and Diplomas in Anatomical Practice, Anatomical Technical Officers with good general experience and qualifications, supported by a Biomedical Scientist as service manager.

The small team deliver a 24/7/365 service.

The Mortuary facility at UHW is unique in Wales, supporting the Wales Institute for Forensic Medicine – undertaking Home Office post mortem examinations, supporting the Paediatric Pathology Service for Wales, Neuropathology service for Wales – including high risk nvCJD post mortem activity, acting as a public mortuary on behalf of the South Wales Central Coroner and supporting the management of the deceased from our clinical areas.

Maintaining dignity in death and recognising the wishes of the deceased and bereaved is the fundamental business of the mortuary team. The service supports identifications of the deceased and visits from the bereaved to loved ones. Supporting the bereaved in such difficult circumstances is a privilege, making the very difficult experience as good as it possibly can be, assuring the bereaved that those in our care are treated with as much dignity and respect as in life. We are able to provide memory boxes, hand prints, hand casts and locks of hair to support the bereaved in grief.
The mortuary works very closely with the bereavement service, chaplaincy service and local faith leaders to ensure we recognise the individuals' requirements in death. Working very closely with NHS BT we support the retrieval of organs and tissue donations for transplant.

Covid presented an unprecedented demand on the service. While seeing significant increases in both hospital and community deaths we supported the design, sourcing and commissioning of a 24/7 body store for the Dragons Heart Hospital and Supported our Local Resilience Forum (LRF) partners in the design, implementation and management of a 2000 cadaver capacity body store in Cardiff Bay, named SW01M.

Document Jonathan 03/03/2022 14:51:44

The reduction in elective surgical activity across the organisation during the first pandemic peak, enabled Cellular Pathology laboratory staff to be retrained and redeployed to support the augmented body storage capacity across health board and LRF sites. This was less viable during subsequent peaks, when elective surgical services were rightly maintained at higher levels. As an organisation we had to use the LRF facilities

during the first two pandemic peaks for a period totaling approximately 7 months, approximately 900 patients were transferred into the facility, with the support of a funeral directors, being key stake holders and taking responsibility for developing the processes and managing the facility we could be confident that our deceased patients were managed with continued dignity, respect and care.

While we were not able to support visits to the deceased during the pandemic peaks we worked with our local funeral directors and faith community to ensure we could still respect the faith requirements of the deceased producing guidance and support papers for circulation. As a team we wanted to let those whose loved ones entered our care, that while they may not have been able to be with them we were. A small memorial and plaque have been paced adjacent to the bereaved entrance.

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

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

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

Seal No.	Description of documents sealed	Background Information
976	Short Term Lease at the Maelfa Wellbeing Hub Site	A short term lease of a site compound between (1) Cardiff Council and (2) Cardiff and Vale University Health Board
977	Genomics Wales – Full Business Case Contract for Project Management Services	A contract for Full Business Case project management services between (1) Cardiff and Vale University Health Board and (2) Turner & Townsend Project Management LTD
978	Genomics Wales – Full Business Case Contract for Costs advisor services	A contract for Full Business Case cost advisor services between (1) Cardiff and Vale University Health Board and (2) Gleeds Costs Management Ltd
979	Genomics Wales – Full Business Case Contract for Construction Supply Chain Partner services- CVUHB and Tilbury Douglas Construction Ltd	A contract for Full Business Case cost advisor services between (1) Cardiff and Vale University Health Board and (2)
980	Genomics Wales –A Contract for Works Project Management Services	A contract for Works Project Management services between (1) Cardiff and Vale University Health Board and (2) Turner & Townsend Project Management Ltd
981	Genomics – A contract for Works Costs Advisor services	A contract for Works Costs Advisor services between (1) CVUHB and (2) Gleeds Costs Management Ltd
982	Genomics – A contract for Works Construction Supply Chain Partner services	A contract for Works Construction Supply Chain Partner services between (1) Cardiff and Vale University Health Board and (2) Tilbury Douglas Construction Ltd
983	Maelfa Wellbeing Hub – A contract for Full Business Case Project Management Services	A contract between (1) Cardiff and Vale University Health Board and (2) Gardiner & Theobald LLP
984	Maelfa Wellbeing Hub – A contract Works Project Management Services	A contract between (1) Cardiff and Vale University Health Board and (2) Gardiner & Theobald LLP
985	Hybrid Theatres/Major Trauma Centre – A contract for Full Business Case Project Management Services	A contract between (1) Cardiff and Vale University Health Board and (2) Gleeds Management Services Ltd

Saunders,Nathan 03/28/2022 14:57:42

986	Hybrid Theatres/Major Trauma Centre – A contract for Full Business Case Costs advisor services	A contract between (1) Cardiff and Vale University Health Board and (2) Gleeds Cost Management LTD
987	Hybrid Theatres/Major Trauma Centre – A contract for Full Business Case Construction/Supply Chain Partner services	A contract between (1) Cardiff and Vale University Health Board and (2) Willmott Dixon Construction Ltd

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

Date Signed	Description of Document	Background Information
14.02.2022	NEC 3 Contract for Boiler Room Refurbishment Costs at Ty Dewi Sant	A contract between (1) Cardiff and Vale University Health Board and (2) Lorne Stewart PLC
24.02.2022	A contract for Fire Alarm Upgrade Works at University Hospital Llandough	A contract between (1) Cardiff and Vale University Health Board and (2) Morris Line Fire Alarms
03.03.2022	A contract for Energy Management Re-Fit Works	A contract between (1) Cardiff and Vale University Health Board and (2) Energi Utilities Ltd
03.03.2022	An NEC 3 contract for Physiotherapy Services Alteration Works at University Hospital for Wales	A contract between (1) Cardiff and Vale University Health Board and (2) BECT Building Contractors Ltd
03.03.2022	An NEC 3 contract for Water Tower Asbestos Remediation Works at University Hospital NEC 3 contract with MSS Environmental	A contract between (1) Cardiff and Vale University Health Board and (2)
03.03.2022	An NEC 3 contract for an Asbestos Re-Inspection Survey at Whitchurch Hospital	A contract between (1) Cardiff and Vale University Health Board and (2) Enquin Environmental Ltd
03.03.2022	An NEC 3 contract for roof repairs at the Roath Physiotherapy Clinic	A contract between (1) Cardiff and Vale University Health Board and (2) BECT Building Contractors Limited
03.03.2022	An NEC 3 Contract for works at the University Hospital for Wales	A contract between (1) Cardiff and Vale University Health Board and (2) ET&S Construction Ltd
03.03.2022	An NEC 3 Contract for works to the University Hospital Llandough Entrance Waiting Canopy at Cardiff and Vale Orthopaedic Centre	A contract between (1) Cardiff and Vale University Health Board and (2) 2D Building Contracts LTD
04.03.2022	An All Wales Contract for the Robotics Clinical Partnership	A contract between (1) Cardiff and Vale University Health Board and (2) CMS Surgical Limited
04.03.2022	Toys R Us Mass Vaccination Centre Car Park Lease Extension	A lease between (1) Cardiff Council and (2) Cardiff and Vale University Health Board
04.03.2022	Toys R Us Mass Vaccination Centre Building Lease Extension	A lease between (1) Cardiff Council and (2) Cardiff and Vale University Health Board
04.03.2022	Toys R Us Mass Vaccination Centre Car Park Lease Extension	A lease between (1) Cardiff Council and (2) Cardiff and Vale University Health Board

Saunders,Nathan
03/28/2022 14:57:42

11.03.2022	Wayleave Agreement at University Hospital Llandough	A contract between (1) Cardiff and Vale University Health Board and (2) Virgin Media
11.03.2022	An NEC 3 Short Contract for the installation of 10 Insulated Shipping Containers	A contract between (1) Cardiff and Vale University Health Board and (2) ET&S Construction Ltd
11.03.2022	An NEC 3 Short Contract for University Hospital Llandough Main Kitchen Floor repairs	A contract between (1) Cardiff and Vale University Health Board and (2) ET&S Construction Ltd

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

Chair's Action was taken in relation to:

Chair's Actions						
Date Received	Chair's Action Details	Background Recommendation Approved	Date Approved	IM Approval		Queries Raised by IMs
				IM 1	IM 2	
01.02.2022	Provision of a Waiting Well Support Service (Pilot Service)	Contract for works and expenditure of £1,015,723.20 approved	03.02.22	Approved at Covid-19 Board Governance Group Meeting Minute: CV19BGG:22/02/03/08		N/A
31.01.22	Spinal Unit Relocation Costs	Contract for works and expenditure of £566,375.53 approved	03.02.22	Approved at Covid-19 Board Governance Group Meeting Minute: CV19BGG:22/02/03/08		N/A
15.02.22	Modification of Existing Contract: South East Wales Satellite Renal Dialysis	Approval granted for an additional contract cost of £23,217,768 (VAT reclaimable) for the period April 22 to March 26 increase).	17.02.22	John Union 17.02.22	Rhian Thomas 17.02.22	N/A
15.02.22	Provision of Illumina NovaSeq 6000TM and Associated Maintenance	Approval granted for the purchase of additional equipment and associated maintenance at a cost of £1,996,503.46	17.02.22	Michael Imperato 17.02.22	Gary Baxter 17.02.22	N/A
15.02.22	Relocation of the sexual Assault Referral Centre at CRI	Approval granted for works costs totaling £585,204.56 including VAT.	17.02.22	Ceri Phillips 17.02.22	Ceri Phillips 17.02.22	N/A

Saunders, Nathan
03/28/2022 14:57:42

15.02.22	DC21088 Substation 2 - Electrical Extension Works	Approval granted for Outline Business Costs of £517,277.95 plus VAT.	17.02.22	Ceri Phillips 17.02.22	Ceri Phillips 17.02.22	N/A
09.02.22	Energy Management Refit Programme	Approval of expenditure totaling £7,117,000.00 plus VAT	28.02.22	Michael Imperato 09.02.22	John Union - 28.02.22	N/A
22.02.22	Sealing of Documents	Approval granted for the application of Seals 976 to 987 detailed above.	24.02.22	Ceri Phillips 22.02.22	Mike Jones 22.02.22	N/A
22.02.22	Development of Hybrid/ Major Trauma Centre, UHW Supply Chain Partner (SCP) Costs	Approval of Expenditure totaling £1,058,255 plus VAT	22.02.22	Ceri Phillips 22.02.22	Mike Jones 22.02.22	N/A
22.02.22	Genomics Partnership Wales Construction Stage 4, 5, 6 Supply Chain Partner (SCP) Costs	Approval of Expenditure totaling £9,984,009.00 plus VAT	22.02.22	Ceri Phillips 22.02.22	Mike Jones 22.02.22	N/A
28.02.22	Recruitment of Permanent Nursing Staff	Approval of Expenditure totaling £6,799,000.00 recurrent.	04.03.22	Mike Jones 01.03. 22	Rhian Thomas 01.03. 22	N/A
01.03.22	Video Laryngoscope CMAC Re-Usable Equipment	Approval of expenditure totaling £620,015.84 plus VAT	07.03.22	Michael Imperato 02.03. 22	Gary Baxter0 07.03.22	N/A
04.03.22	All Wales Robotics Clinical Partnership Contract	Approval of Contract and Expenditure totaling £3,465,000.00 plus VAT	04.03.22	Rhian Thomas 04.03. 22	Mike Jones 04.03. 22	N/A
03.03.22	Provision of Community Opportunities Service	Approval of contract renewal costs totaling £1,464,802.00 including a 2-year extension option	07.03.22	Michael Imperato 07.03. 22	John Union 07.03.22	Queries raised regarding previous contract value are being resolved by procurement
03.03.22	People with Alzheimer's Support Service	Approval of contract renewal costs totaling £539,200.00 including a 2-year extension option	07.03.22	Michael Imperato 07.03.2 2	John Union 07.03.22	Queries raised regarding previous contract value are being resolved by procurement

Saunders,Nathan
03/28/2022 14:57:42

03.03.22	Provision of Pre-Vocational and Vocational Training Service	Approval of contract renewal costs totaling £510,000.00 including a 2-year extension option	07.03.22	Michael Imperato 07.03.22	John Union 07.03.22	Queries raised regarding previous contract value are being resolved by procurement
03.03.22	Provision of Adult Drop in/Resource Centre	Approval of contract renewal costs totaling £760,975.00 including a 2-year extension option	07.03.22	Michael Imperato 07.03.22	John Union 07.03.22	Queries raised regarding previous contract value are being resolved by procurement
03.03.22	Endoscopy Extension at UHL	Approval of Expenditure totaling £ £4,896,781.20 inc VAT	07.03.22	Michael Imperato 07.03.22	John Union 07.03.22	Queries raised regarding previous contract value are being resolved by procurement

The Board are requested to:

- **NOTE** the report
- **APPROVE** the Chair's Actions undertaken
- **APPROVE** the application of the Health Board Seal and completion of the Agreements detailed within this report

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

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

Saunders Kathryn 03/28/22 20:41:57 GMT

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention		Long term		Integration		Collaboration	x	Involvement	x

Saunders,Nathan
03/28/2022 14:57:42

Report Title:	CHIEF EXECUTIVE'S REPORT			Agenda Item no.	6.3
Meeting:	BOARD MEETING	Public	✓	Meeting Date:	31.03.2022
		Private			
Status *(please tick one only):*	Assurance		Approval		Information ✓
Lead Executive:	CHIEF EXECUTIVE				
Report Author (Title):	EXECUTIVE ASSISTANT TO CHIEF EXECUTIVE				

Main Report
Background and current situation:

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

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

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

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

Discovery Phase
As I complete my second month as Chief Executive, I am continuing to undertake a detailed and extensive programme of induction and orientation meeting many members of the team, visiting sites across the Health Board and meeting and engaging with stakeholders. This is an important "discovery phase" as I deepen my understanding of the organisational opportunities and challenges as well as the culture and ways of working. An important part of the process will be my attendance at the sub-Board committees where I can learn more of the detail and appreciate the risk bearing and mitigation across the organisation as the vision and strategy delivery is scrutinised, assured and evolved. This Board report will evolve in future to reflect and describe a summative position across all areas of development and delivery as my insight deepens.

Responding to System Pressures
The Cardiff and Vale University Health Board and system continues to experience huge pressures as the covid response continues, albeit much abated, recovery and re-design moves ahead at pace, the demand on all services but in particular primary, urgent and emergency and mental health care continues to be heavy. Subsequent papers will provide the details of both the operational context, the risk, response and mitigation but suffice to say the demands on the Cardiff and Vale UHB team continue to present a challenge to resilience and wellbeing. Sustaining the team and therefore service delivery are a key priority and I welcome the timely publication of the Cardiff and Vale University Health Board People and Culture plan.

Joint Escalation and Intervention Arrangements
I confirm that following a tripartite group discussion, Welsh Government officials will be recommending to the Minister that the escalation status of Cardiff and Vale University Health Board remains unchanged at 'routine arrangements.'

Samantha Nathan
03/28/2022 14:57:42

Stonewall Announcement
I am delighted that as an organisation we're able to announce our inclusion in this year's Stonewall Workplace Equality Index. The index celebrates the 100 best-performing organisations across the UK in terms of LGBTQ+ Equality and the Health Board has this year ranked 37th and earned a Gold Award, putting us in the top three health organisations in the UK.

Organisations' scores on the index are judged on their employment policy and practice, as well as responses to surveys completed anonymously by staff about their experiences of diversity and inclusion at work.

Central to the significant positive strides recently taken forward by the Health Board and for our inclusion in this year's index has been the fantastic work of our LGBTQ+ Staff Network, which works to make LGBTQ+ issues more visible within the work environment.

I am very proud of individuals and teams throughout the health board whose commitment to driving forward the equality and inclusion agenda – great work that I hope to see continuing as we move forward.

Staff receive their MBE's
Last year some of our staff were awarded in the Queen's Honours and recently had the pleasure of attending Windsor Castle to receive their investiture from Prince Charles.

Congratulations again to Fiona Jenkins MBE and Claire Salisbury MBE for receiving these honours which I know they have accepted on behalf of the teams they work with. Well done again to you both for your services to the NHS.

Eye care facilities to reduce waiting times
To accommodate the growing number of patients requiring eye care, we worked with Cardiff University to re-think how eye care was delivered to our local population, which culminated in the new NHS Wales University Eye Care Centre.

The Centre enables us to upskill experienced Optometrists to gain further glaucoma qualifications whilst treating patients on hospital waiting lists. It is enabling Optometrists to see a wider variety of patients in their high street practices, preventing them needing to be seen in hospital.
This is an excellent example of innovative work being undertaken by our teams to offer patients treatment more quickly, and closer to where they live. I'd like to congratulate the team on this excellent work – which will be welcome news to patients requiring eye care.

NHS 111 roll out in Cardiff and the Vale of Glamorgan
The NHS 111 service will be rolled out in Cardiff and the Vale of Glamorgan from 16th March 2022. The service, which is in place across Wales, is the new way to contact the NHS from landlines and mobiles free of charge.

The 111 service is available 24 hours a day, seven days a week, and provides access to urgent care along with health information and advice. The service is fully integrated with the online Symptom Checker. The launch of NHS 111 service in Cardiff and the Vale of Glamorgan will help improve access to care, with free health advice just a phone call away.

New Mental Health University Liaison Services to be piloted from April
From April 2022, a new NHS Mental Health Service will be piloted for Cardiff based students requiring a referral for mental health assessment and advice. Students can access this service through referral from their University Student Services department, Adult Liaison Psychiatry, Community Mental Health Teams or their GP. This is not a self-referral service.

03/03/2022 12:51:42

The new NHS team is for students who require an NHS assessment for moderate mental health problems or more complex long-standing mental health issues, and will be based within student support services on university campuses to complement the existing staff.

The pilot has been developed by the South East Wales Mental Health Partnership (consisting of Cardiff University, Cardiff Metropolitan University, the University of South Wales, Royal Welsh College of Music and Drama and Cardiff and Vale University Health Board). The new service will be available for students studying at these higher education institutions.

The pilot will address an identified 'gap' between the university's mandate for Student Support Services and the threshold for NHS Secondary Care Mental Health Services, where students require an NHS referral or assessment.

Recommendation:

The Board / Committee are requested to:

- **NOTE** the report

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

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

Prevention	✓	Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓

Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No

Saunders,Nathan
06/28/2022 14:07:42

Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
03/28/2022 14:57:42

Report Title:	**Systems Resilience Briefing Report (COVID and Non COVID)**				Agenda Item no.	**6.4**	
Meeting:	**Board Meeting**		Public	X	Meeting Date:	**31 March 2022**	
			Private				
Status *(please tick one only):*	Assurance	X	Approval		Information		
Lead Executive:	**Chief Executive Officer**						
Report Author (Title):	**Head of Corporate Governance**						

Main Report
Background and current situation:

As part of the measures to re-introduce monthly Board meetings, in November 2021 the Board agreed that, as part of the proposed changes to Governance arrangements, appropriate reporting on key areas during the COVID 19 pandemic would be presented to Board by way of a Systems Resilience Briefing.

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

The attached Systems Resilience Briefing Report (**Appendix 1**) provides an update to the Board and members of the public in order to keep the same abreast of key system pressures over the winter period. The report focusses upon key activities in the areas of Quality and Safety, Workforce, Governance, Operations and Public Health.

Recommendation:

The Board / Committee are requested to:

- **NOTE** the attached Systems Resilience Briefing Report (COVID and Non COVID).

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

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

Prevention	X	Long term		Integration		Collaboration		Involvement	

Digitally Signed by Nathan Sparks 17/03/2022 14:57:42

Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No

N/A
Safety: Yes/No
N/A
Financial: Yes/No
N/A
Workforce: Yes/No
N/A
Legal: Yes/No
N/A
Reputational: Yes/No
N/A
Socio Economic: Yes/No
N/A
Equality and Health: Yes/No
N/A
Decarbonisation: Yes/No
N/A

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
03/28/2022 14:57:42

COVID 19 – Update Report covering key activities in relation to • **Quality and Safety** • **Workforce** • **Governance** • **Operations** • **Public Health**	**Month: March 2022**
Quality and Safety	Executive Nurse Director/Executive Medical Director

Ongoing operational pressures across the Organisation continues to provide challenges particularly to the Emergency Unit (EU). Discharge profile remains poor and this has an impact on the length of time patients are cared for in the EU and the facilities that are available. This also affects the space available in the Unit for ambulances to offload patients causing a delay, which also affects the availability of ambulances to answer 999 calls.

Covid outbreaks have increased and IP&C measures continue to manage and reduce this risk. Clinical Boards are working with IP&C team to ensure a sustainable risk-based approach to provision of aerosol generating procedures to avoid any treatment delays.

Staffing continues to be a significant challenge, with Covid being the main reason for staffing shortages. We have seen an increase in falls and pressure damage which could be symptomatic of the staffing situation. A plan to de-escalate the additional capacity beds is underway which will help the staffing position but this will be balanced with the current continuing need for capacity to improve flow across the Organisation.

We are continuing to see children and adolescents admitted with behavioural issues and adult mental health are still experiencing an increase in the acuity of their admissions.

We have reported 5 Never Events to the Delivery Unit, since March 2021, 4 of these were reported since December 2021. There are no themes or trends within these however work is ongoing with the '5 steps to safer surgery'.

People Experience

Since 1st April 21 to 28th February 2022, we have received 4,184 concerns. As anticipated this is a significant increase in comparison to last year, when we received 2,974 concerns for the whole year (April 2020 to 31st March 2021). Some of the themes identified relate to poor communication, waiting times and discharge arrangements.

We have seen an increase in concerns for all areas, however, EU have noted a significant increase, in particular, in relation to the environment and delays.

The Concerns Team currently provide a 7-day service, which includes hosting the UHB's, visiting and vaccination enquiry line. Both lines are extremely busy and whilst the calls to the vaccination line are decreasing, we are seeing an increase in the number of calls relating to visiting guidance and relatives wishing to have more frequent visits.

Saunders, Jonathan
03/28/2022 14:57:42

Due to staffing issues the 7-day service will stop from 28 March 2022 and we are currently surveying patients, Visitors and staff regarding the visiting model from that time in line with the visiting guidance

We placed a 'HappyOrNot' kiosk in the EU in July 2021. The overall patient experience feedback 69% of respondents reported being satisfied with the care received with staff cited as the reason for their positive answer.

Investigation of Hospital Acquired Covid-19

Cardiff and Vale UHB continues to undertake proportionate investigations into nosocomial Covid-19 in line with the National Framework.

The Welsh Government has agreed funding to support Health Boards to deliver nosocomial Covid-19 investigations at pace. The recruitment process to support this is already underway.

The UHB has seen an increase in the number of outbreaks and the number of patients associated with them. The IP&C team continue to work closely with the affected areas.

The Learning from the from the investigations continues to be integral to our quality and safety agenda when delivering safe and effective care

Workforce	Executive Director of People and Culture

- **Sickness Absence** rates had been rising steadily since April 2021, but have stabilised somewhat since October. There has been a slight drop from 7.63% in January 2022 to 7.12% in February 2022. The top reason for sickness absence continues to be anxiety/stress/depression.

- The **Health and Wellbeing** of our staff remains a top priority, with various schemes and initiatives focussed on keeping our staff well.
    - an engagement tool, 'Winningtemp' has been procured and work is currently underway to plan the weekly pulse surveys, and ensure appropriate communications. The first survey is likely to be launched at the end of March
    - Furniture orders have commenced for staff rooms refurbishment and art-work where appropriate. Estates are undertaking a procurement exercise which is unlikely to be completed until late March
    - The Wellbeing and HIT teams continue to provide support and awareness through site visits and a regular series of workshops
    - Training to support the development of peer support has been procured and the team are now in the planning stages of establishing training dates and identifying those individuals to be trained
    - A wellbeing survey that is based on the Aldenburg Burnout Scale will be launched for Medical Staff following communication sessions around MES results, this will provide more detailed information on staff wellbeing that will inform future actions. This is likely to take place in April 2022, following communications in March. The communications will be led by the Medical Director and Assistant Medical Workforce Director

Saunders.Nathan
03/28/2022 14:57:42

- **Occupational Health** had an increase in waiting times for management referrals due to staff sickness and pre-employment checks (PECs). Access to additional funding has enabled the team to organise more staffing and extra clinics which means that PECs are now within the KPI target of 5 days and waiting times for managers referrals have been reduced from 12 weeks to five weeks. However, PEHCs continue to increase and between Nov and January over 1500 PEHCs were processed by the department. Physiotherapy referrals have an initial telephone appointment within 10 working days and EWS resource appointments are within 6 working days (both within target).

- **Turnover** across the Health Board has increased from 10.01% in April to 12.57% in February 2022. The retention of staff is and will remain a top priority for the Health Board. An internal audit has recently been undertaken and a number of recommendations will be implemented. Retention is a key element of the People and Culture Plan. An example of the retention initiatives currently being introduced is a 'starter survey' – almost 200 nurses were recruited last Autumn and we are keen to hear their experiences so that we can follow up any issues and keep them. The survey was texted to these new employees and then followed up by email. Unfortunately, the response rate as been low so we are now going to hand deliver paper surveys to the individuals and explain the purpose of them. Although the response rate has been limited the information obtained has generally been positive.

- The **vacancy factor** for Band 5/6 nurses was 9.76% in February 2022 (reduced from 10.07% in December 2021) which equates to 352 wte vacancies. In September 2021 there were 489 wte vacancies so this has reduced by 137. When other factors including sickness, maternity leave and self-isolation are incorporated there remains a gap of 19.12% for band 5/6 nurses. However, January and February were particularly difficult months due to the Omicron variant and we would expect to see an improvement from March onwards. The total gap for Health Care Support Workers was 21.65% in January (11.17% of which is attributable to vacancies).

- **HCSW** – there are currently 213 vacancies so ongoing recruitment activity continues to take place to attract and appoint HCSWs. This has reduced from 257 in January 2022. A lot of effort is going into recruiting these with regular interviews being held and further staff appointed on both a substantive and bank only basis. A fast-tracking recruitment system has been set up within WOD to expediate the start dates.

- **Overseas Nurse Recruitment** –Of the 90 overseas nurses from the September 2021 cohort, the final 28 nurses will be starting work with the Health Board during March and April. In January 2022 the Board approved the recruitment of a further 135 overseas nurses as part of the all-Wales initiative led by Shared Services. To date, 90 of the 135 have been appointed (66%) and we are only half way through the interview process. One of the challenges for the Health Board is finding suitable accommodation for when these nurses arrive due to local shortages.

- We know that recruitment alone will not cover our workforce gaps over the winter months, so we agreed to continue to offer **Enhanced overtime rates** for registered nurses and HCSWs until the end of March 2022 as agreed at Management Executives. This is due to be reviewed in March 2022.

- Over last couple of years due to ongoing bed pressures within health board there has been the need to open additional capacity which has had to be staffed on a temporary

Saunders.Nathan
03/28/2022 14:57:42

basis (e.g. dietetic assistants). Due to the **temporary nature** of these appointments it has been very challenging to fill these staffing gaps and turnover levels have been high. It has now been agreed that due to the ongoing need for these additional beds these posts could be appointed to on a permanent basis and staff in post are now being contacted. This should have a very positive benefit on our turnover and stability of the workforce.

- **Recovery schemes** – During 2021 a bid was made to Welsh Government for additional resource to increase activity due to meet the backlog caused by covid. This involved recruiting an additional 279 staff across all clinical boards to assist with the additional workload. To date, 156 of these staff have been appointed (56% of total numbers required). Funding for these posts was a combination of recurring and non-recurring monies.

Governance	Director of Corporate Governance

The Covid 19 Board Governance Group was stood down at the end of February 2022 and the Board has now returned to its usual cycle of meetings being every other month. The governance arrangements and reporting structures will continue to be monitored and kept under review with the ability, after discussion and agreement of the Board, to stand the arrangements up or down as and when required. It should also be noted that from the new financial year the Executive are considered combining the 'Systems Resilience Report' within the 'Integrated Performance Report' as there is some duplication and overlap between the respective reports.

The Covid 19 Public Inquiry Steering Group also held its first meeting on Tuesday 1st February 2022 as reported to the Board at the end of February. A meeting is now being organised for the Group due to the fact that the Draft Terms of Reference for the Public Inquiry have now been issued and it is important for the Health Board to have an input into the said Terms of Reference. The Head of Risk and Regulation will be liaising with Members of the Steering Group to get the meeting organised asap.

Operations including Operational Framework	Chief Operating Officer

Operations continues to be guided by a number of key components focused on minimising the five harms as set out in the national framework. Points of note since the last Board include:

Governance – Due to continued Operational pressures and a National '2 week reset' following a Health and Social Care Risk Summit on 15th February 2022, twice week COO-led Operational meetings have been running from 2nd March to 16th March. These will be stepped down to once a week after the end of the '2 week reset' period – through to the end of March. Additional meetings have also taken place over this period with Local Authority partners. Welsh Government have stepped down the requirement to submit a weekly System Resilience report, with the last report submitted on 4th March 2022.

Saunders Hannah
03/28/2022 10:37:42

Operating model – There has been no change to the Health Board's Covid-19 operating model since the last report.

Operational position - System wide operational pressures have continued and we are still seeing access or response delays at a number of points across the health and social care system. Updates with regards to specific service areas are as follows:

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

Unscheduled Care – As verbally reported to the Board last month, the Health Board in conjunction with its Local Authority and WAST partners is working hard to alleviate the pressures in urgent and emergency care system and improve the quality of care and patient experience through a range of actions agreed and progressing as part of a '2 week reset' running from 2nd to 16th March 2022. This was a national initiative agreed following a Welsh Government led Health and Social Care Risk Summit pulled together on 15th February 2022. The range of actions progressing builds on the work already started through the Health Board's 'Main Effort' and Joint Health Board and Local Authority action plans. With the biggest driver of the in-hospital challenge being high occupancy, there has been a big focus on improving the discharge profile. In addition, actions have been agreed on escalation specifically in relation to ambulance handover delay; admission avoidance; front door and ward support; digital enablers and same day emergency care. A verbal update will be provided to Board on the latest position.

Planned care – Whilst the operational pressures have impacted on the delivery of planned care activity in quarter 4, the implementation of new schemes such as the mobile ophthalmology theatres and recommencement of orthopaedic elective activity in UHL, has seen activity increase as we move through March. It is anticipated that we will be close to and potentially meet our commitment to Welsh Government of recovering activity to 90% of pre-covid activity by the end of Q4. The good progress made in increasing diagnostic activity also continues.

Mental Health services – Demand for adult and children's mental health services remains significantly above pre-covid levels. As highlighted at the last Board meeting, this includes an increased presentation of patients with complex mental health and behavioural needs. Significant work has been undertaken to improve access times to adult primary mental health and CAMHS services. Health Board representatives met with the Deputy Minister on 17th February 2022 and were able to present improvements made in reducing long waits and the average waiting times and a trajectory to compliance for Part 1a.

Primary care and community services – Whilst pressure has continued GMS, a lower number of practices are reporting a high level of escalation – 8 currently compared to 13 last month. There are 2 GMS contract resignations – which have been effectively managed by the primary care team with an agreement reached with other practices in the local area for patients to be transferred. Additional funding support has been provided to these practices for support recruitment, changes to premises to accommodate more patients, IT/technology etc. Dental services are operating between 40%-50% of pre-covid activity. Optometry is operating at pre-covid levels. Community pharmacy has remained opened with no issues reported.

Saunders Pathway
03/28/2022 11:57:42

Public Health	Executive Director of Public Health

Epidemiology
Covid-19 PCR case rates in Cardiff and Vale declined gradually throughout February 2022. However, at the start of March this downward trend has come to an end and there are early signs of an increase in rates again. This recent increase is also reflected in wastewater surveillance for our area, which is now being made available to Local Health Boards regularly.

Clusters in care homes have been falling slowly, along with hospital clusters. Hospital admissions have fluctuated but overall have fallen over the past month. Bed occupancy has continued to increase, though this includes 'incidental' Covid-19 cases and recovering patients after their acute admission. ONS reported mortality figures remain low, below the five year average.

The BA.2 sub-variant of omicron is gradually increasing as a proportion of new omicron cases, and are currently a third (33%) of genotyped omicron cases in Cardiff and Vale in the latest week.

At the time of writing (7 March 2022) the PCR case rate across the population as a whole in Cardiff is 179 per 100,000 per week, and in the Vale of Glamorgan 211 per 100,000 per week.

Test, trace and protect (TTP)
Demand for PCR testing has dropped significantly since the change to testing policy in January 2022, which was highlighted in last month's update. Contact tracing is carried out following both PCR and LFT positive results (as long as the citizen logs the result in the latter case); tracing teams in Cardiff and the Vale of Glamorgan saw a steady reduction in new index cases being reported throughout February, although as reported above, this is possibly showing signs of reversing in early March. Both testing and contact tracing services are operating within capacity. Contact tracing teams continue to follow nationally agreed protocols to manage the case load, including the use of e-forms. All new cases are monitored by the regional TTP Supertracer team in order to identify clusters or settings of concern. The multiagency regional team continues to meet three times per week to discuss any risks identified and provide advice on improving mitigations where necessary. Most clusters are routinely managed via this multiagency regional meeting, but a specific Incident Management Team can be convened if required. Partnership communication teams work collaboratively to share updates on guidance with the people who live and work in Cardiff and the Vale of Glamorgan.

Welsh Government published the 'Together for a safer future' Covid-19 plan in early March, setting out how Wales will transition from Covid as a pandemic to endemic disease. Key milestones include:

- 28 March - routine use of PCRs by public to stop; lateral flow tests (LFTs) available online for free if symptomatic; routine workplace testing to cease; self-isolation legal duty removed, but guidance to isolate will remain
- End of June - LFTs cease being available to people with symptoms; contact tracing and self-isolation payments end; self-isolation guidance changed to taking precautions including staying at home if possible

Saunders.Nathan
03/28/2022 11:51:42

These planned changes will have significant implications for the operation of TTP services, which are currently being worked through.

Covid-19 vaccination
Cardiff and Vale UHB has now delivered 1,085,000 Covid-19 vaccinations to priority groups including over 296,000 booster vaccinations since 16 September 2021. As at 1 March 2022, over 80% of eligible adults aged 18+ resident in Cardiff and Vale with a completed course of primary vaccination/two doses, had also received a booster vaccination (PHW surveillance data).

On 16 February 2022, JCVI published advice for the universal vaccination of all 5-11 year olds. Welsh Government/DCMO confirmed this position in their letter dated 16 February 2022. The aim of the children's programme is to increase immunity before any further wave of Covid-19 and is not considered as an urgent delivery programme. Delivery will commence in late March within our Mass Vaccination Centres. Two doses of a paediatric formula (Pfizer) will be administered 12 weeks apart.

On 21 February 2022, the JCVI published advice regarding a spring vaccination programme and an autumn vaccination programme. For the spring programme, a second booster should be offered to adults aged 75 and over, residents living in a care home for older adults and individuals aged 12 years and over who are immunosuppressed (as defined in the Green Book). A Welsh Government/DCMO letter confirming this position was published on 21 February 2022. The spring/second booster will be administered around 6 months after the last vaccine dose and will commence in Cardiff and Vale in April/May. The JCVI also set out an interim view for an autumn vaccination programme to include vaccination for people who are at higher risk of severe Covid-19 such as those in older age groups and in clinical risk groups. Following a letter written to Health Boards from the NHS Chief Executive, Judith Paget, on 14 February, we are currently planning on the basis of the most likely scenario whilst retaining the flexibility to 'surge' should an urgent response be required. This includes an autumn/winter booster for Priority Groups 1-9 (which includes everyone aged 50 and over, those in clinical risk groups, care home residents and health & social care workers) in addition to an emergency surge response, mirroring delivery during the Omicron booster surge, should there be a need to respond to a variant of concern or should waning prompt urgent action.

From an operational perspective, we continue to offer walk-in appointments for any person aged 12 and above to receive their first, second or booster dose of vaccination, according to the eligibility criteria. This is being offering across all MVC sites as well as in two Community Pharmacy locations. Under 18s who become eligible for a booster vaccination will receive an appointment when they become eligible (3 months after their second dose).

Vaccination of eligible children aged 5 to 11-years in clinical at-risk groups continues, all children eligible have been invited. To date, 37% have taken up the offer of vaccination (510 children).

Pop-up vaccination clinics have been held at community centres where food pantries take place (Trowbridge and Riverside) with encouraging numbers attending. We have also held clinics at refugee centres, homeless settings (impromptu visits) & drop-ins at Care homes to encourage care staff to be vaccinated.

The Covid-19 pandemic has exacerbated the inequalities and inequities in health experienced by the population of Cardiff and the Vale of Glamorgan. Significant work is required to address these population impacts, which the UHB will need to do in partnership with other local agencies. Ongoing preventative interventions such as smoking cessation, also need to be delivered, again taking into account the inequities experienced by our population. Specialist public health resource

Saundersjonathan 03/28/2022 14:51:42

to support the full range of activities continues to be limited due to the ongoing requirements of the Covid-19 response.

Saunders,Nathan
03/28/2022 14:57:42

Report Title:	Vale Alliance				Agenda Item no.	6.5	
Meeting:	Board		Public	X	Meeting Date:	31.03.22	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		x
Lead Executive:	Abigail Harris, Executive Director of Strategic Planning						
Report Author (Title):	Meredith Gardiner (Head of Partnerships and Assurance)						

Main Report
Background and current situation:

This report seeks to:

- Appraise the Board of the proposal to form an Alliance model to support the delivery of integrated health and social care services to the population of the Vale of Glamorgan.
- Provide the Board with a presentation that sets out the proposed governance and partnership arrangements outlining how an alliance model between health and social care services in the Vale of Glamorgan could be implemented.

The first stage of the process will involve bringing together a number of existing services that are supported through multiple funding streams into a single pooled management arrangement, with a view to establishing combined oversight and measuring its performance prior to moving to any wider implementation.

At a time when health and social care providers are under critical pressure the phased approach will allow significant progress to be made without incurring any unnecessary risk. It will also allow for the proper due diligence to be carried out with respect of responsibility and accountability as the model evolves.

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

The Director wishes to ensure that Board Members:

- have oversight of the planned development of a new integrated management model for community health and adult locality services.
- have an opportunity to review the progress that has been made to date and are able to consider the relevant issues that would inform the development of more formal integrated arrangements.
- are aware of the intended approval process for any future partnership agreement.

Recommendation:

The Board are requested to:

- **Note** the current progress of the Vale Alliance;
- Receive future reports for assurance / approval in line with the process suggested within the presentation.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

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

Sagadata Validation
Date: 2022.03.24 14:57:42

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*									
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes
A full risk assessment will be incorporated within future stages of the Alliance development.
Safety: No
Financial: Yes
A full financial risk assessment will be incorporated within future stages of the Alliance development.
Workforce: Yes
A full workforce risk assessment will be incorporated within future stages of the Alliance development.
Legal: Yes
A full legal risk assessment will be incorporated within future stages of the Alliance development.
Reputational: No
Socio Economic: No
Equality and Health: Yes
A full equality impact assessment will be incorporated within future stages of the Alliance development.
Decarbonisation: No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders.Nathan
03/28/2022 14:57:42

BWRDD PARTNERIAETH RHANBARTHOL CAERDYDD A'R FRO

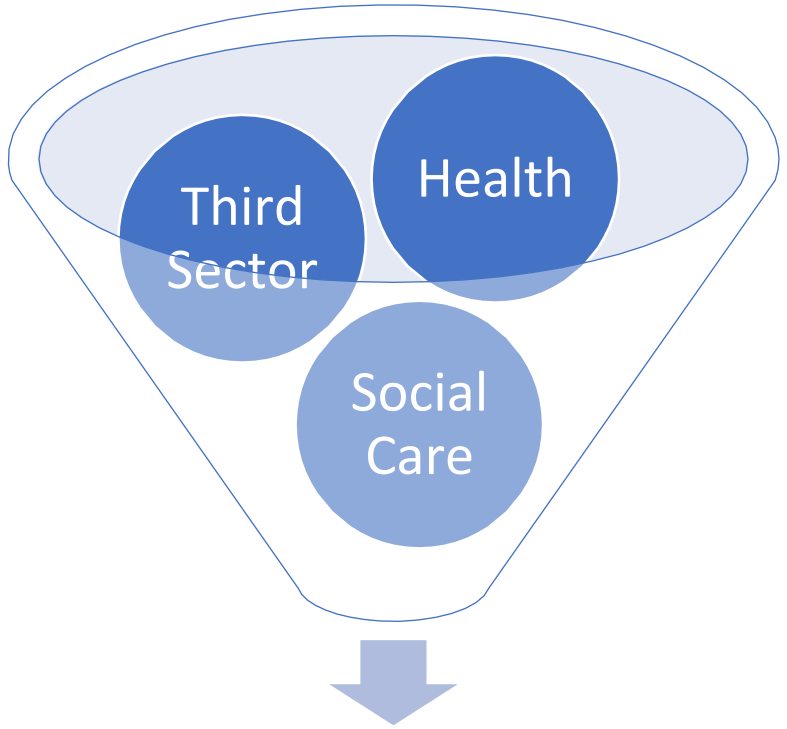
CARDIFF & VALE REGIONAL PARTNERSHIP BOARD

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Cardiff and Vale University Health Board

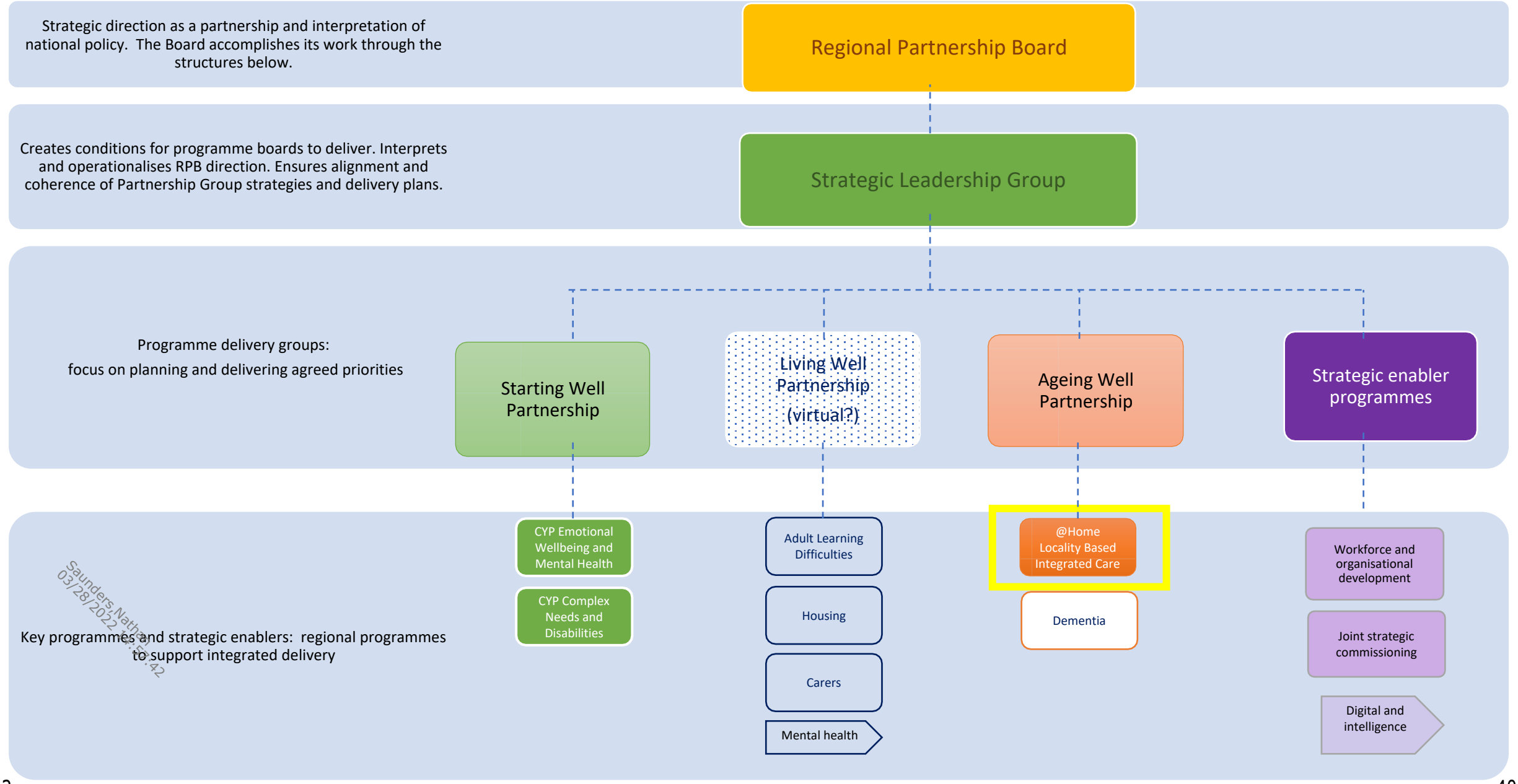
VALE of GLAMORGAN BRO MORGANNWG



Saunders, Kathryn
03/28/2022 14:57:42

Establishing an Alliance model for Wellbeing Services in the Vale of Glamorgan (February 2022)

Regional Partnership Board – High Level Governance Structure



Saunders,Nathan
03/28/2022 14:58:42

Key buckets – the key areas of work for the programme

BWRDD PARTNERIAETH RHANBARTHOL CAERDYDD A'R FRO
CARDIFF & VALE REGIONAL PARTNERSHIP BOARD

Neighbourhood — Cluster — Locality — Regional

Prevention & wellbeing: keep people well and independent in the first place

- ❑ Primary Care and community services transformation
  - Cluster development
  - Access to diagnostics
  - Social prescribing
- ❑ Health and Wellbeing Centre and Hub development
- ❑ New models of accommodation with care/housing solutions
- ❑ Third sector and community asset development
- ❑ Independent Living Services
- ❑ Role of universal services in supporting health
- ❑ Public health initiatives

Saunders,Nathan
3/28/2022 14:57:42

Support at home:

Services delivered at (or very close) to home enabling people to continue their lives

- ❑ Long-term care service improvement
- ❑ End of life care
- ❑ Proactive anticipatory approach
- ❑ Neighbourhood nursing model
- ❑ Specialist support
- ❑ Elderly Care Assessment Service
- ❑ Day Hospitals
- ❑ Falls Service (strength and balance service)
- ❑ Telecare response
- ❑ Care packages

Intermediate care/crisis response (step-up and step down):

Services which 're-able' people to live their lives

- ❑ D2RA
- ❑ 24/7 crisis services
- ❑ Residential reablement/placement
- ❑ Fully integrated delivery models for CRT/VCRS
- ❑ Frailty Intervention Team
- ❑ Community hospital beds
- ❑ Urgent Primary Care 'Pathfinder'
- ❑ WAST Falls (pick-up service)

Hospital access/discharge:

Services delivered to limit time spent in a hospital setting

- ❑ Integrated assessment and care planning/delivery (FPOC/SPA development)
- ❑ Front door 'turnaround'

Alliance governance development: the locality alliance responsible for planning and delivering services to improve the health and wellbeing of the population

Programme scope

Services in scope:

Access	Accelerated cluster development	Health & wellbeing centres	Intermediate care	Vale alliance establishment
In scope: Alignment of arrangements currently covered by: • Contact1Vale: Wellbeing Matters • First Point of Contact - Cardiff • Single Point of Access –Cardiff • Links to CAV24/7 Physical access points: • HWB Centres and hubs • GP practices • Council offices • Emergency Unit	**In scope:** Future integrated operating model including: • Cluster community nursing • Adult social care • Independent living services • Social prescribing • General practice • Community health services • Mental health and LD services • Palliative care and end of life Development of ACD model: • ACD – commissioning model • ACD – delivery model	**In scope:** Development and implementation of the role and function of HWBs in localities. Capital delivery programme: Shaping our Future Wellbeing: In our communities • CRI • Barry Hospital • North and West locality HWB Centre	**In scope:** Future integrated operating model including: • D2RA services: FPOC, Age Connects, Discharge Liaison Nurses, social work • CRT and VCRS • Acute Response Team • WAST – falls • ILS falls response (community alarm service) • Frailty Intervention Team/FOPAL • Step-up and step down community beds including community hospitals and commissioned care home beds • Mental health services	**In scope:** Design and delivery of the Vale Alliance integrated locality model, including adult social care, PCIC community health services, mental health and LD, GMS. Development of organisational model and associated governance.
Out of scope: 999 and 111 – but linked	**Out of scope:** Children's services at this stage			**Out of scope:** National GMS contract

Saunders,Nathan
03/28/2022 14:57:42

Ambition for the creation of an Alliance in the Vale

Aim:
To integrate health and wellbeing services as seamlessly as possible between the Vale of Glamorgan Council and the Cardiff and Vale University Health Board, *for meeting and improving the health, social care and wellbeing needs of the whole population of the Vale of Glamorgan.*

- By *alliance* we mean thinking, acting, behaving and making decisions as **one**, aligning our total assets and resources to better support people to achieve their ambitions.
- An alliance approach will enable our organisations to work more closely together, aligning the strengths and resources to the outcomes we are aiming to achieve.
- We will start with a phased approach to the adult population to test the approach and overtime we will expand this to include other age and needs groups

Limiting the scope at first

To move towards a fully allied model for the Vale would involve dramatic changes within health and social care delivery and must be handled with due diligence.

Introducing a phased approach, progress can be made and evidenced, while ensuring that robust processes are followed within the responsible and accountable bodies.

To do this, we propose the following:

- Address the existing temporary and jointly funded elements in a first 'tranche' of services to align
- Incorporate existing integrated services within the first phase to demonstrate the benefits of further integration
- Align the phasing of the alliance with current demands and pressures using integrated monitoring information from complementary services
- Phase incorporation of 'core-funded' services when the associated risks have been assessed
- Move in a flexible, agile manner in order to take advantage of service developments as they occur
- Ensure that the level of service provision and quality is not interrupted/adversely affected by the alliance development
- Enable citizens and partners appropriate time to become engaged with and consult on the proposed development and consideration of what services should be included.

Saunders,Nathan
03/28/2022 14:57:42

Why an Alliance Model?

•Improve population health and wellbeing through a focus on prevention

•Clearly defined common vision

•Common health outcomes and purpose

•Dynamic approach to innovation and agility

•Improved understanding of local health

•Ability to tackle determinants of ill he

Improve the experience and quality of care for individuals and families

Visible integration of services throughout structure (Tell Us Once)

Truly coordinated person-centred care

from funding of health and care

tion best practice and reducing or

ating waste

ising to person or family

Fewer people waiting for referrals or chasing up activity

Enrich the wellbeing, capability and engagement of the workforce

Elimination of inequity between HR processes and staff conditions

Quick, responsive decision-making

Increased autonomy and flexibility to deliver services fit for purpose

Clear identity and common vision for the workforce

Improved workforce planning

Shared responsibilities not constrained by organisational differences

Opportunities for skill-sharing and skill-mixing

Wider development opportunities

Saunders,Natalie(
03/28/2023 14:57:42

Use of one recording system enabling consistency

Eliminating duplication and associated risks

Reduction of waste in processes due to duplication

Elimination of conflict over resources and interventions

Earlier interventions and increased prevention activity

Incentive to improve outcomes, reduce cost and share gains/risks

Where are the strategic drivers for the Alliance?

In order to reduce duplication and provide a seamless service in line with the strategic vision of 'A Healthier Wales' it is the ambition that a Vale Alliance is developed to encompass further integration. The intention is to achieve this through pooled resources that operate with delegated responsibilities from sovereign organisations to meet the ongoing assessments of health and wellbeing needs in the Vale of Glamorgan. The development of this project has thus far been funded through Transformation Funding and has enabled us to commence conversations as to how we further our integrated response to the needs of our population.

Wales has legislation and policy to support integrated working:

- Social Services & Wellbeing Act (2014)
- Wellbeing of Future Generations Act (2015)
- A Healthier Wales (2018)

Each organisation involved is strategically committed to taking steps that an alliance would compliment:

- Shaping our future Wellbeing (UHB)
- Shaping our future Clinical Services (UHB)
- @home programme (RPB)
- Vale of Glamorgan Council Corporate Plan
- Digital Health & Care Wales
- Adult Services Reshaping Programme

Evidence base

There is a growing evidence base to support Alliance working in a variety of contexts, most notably in New Zealand and through integrated care systems in devolved areas of the UK.

Sarah Nathan
01/28/2022 14:57:42

Services In Scope – Phase One

Vale Community Resource Service	Wellbeing Matters (Single Point of Access)	Third Sector Commissioned Services
Care and Support for Reablement Therapy; incl. Occupational Therapy Physiotherapy, SLT, Dietetics and Pharmacy Adaptations, Therapy & Rehabilitation Community Nurse Triage Social Work Assessment	Adult Services Intake & Assessment Adult Services Case Management Community Triage Service Customer Relations (Wellbeing) Telecare	Community Liaison/Third Sector Broker Housing-related Support Discharge Support Specialist Support

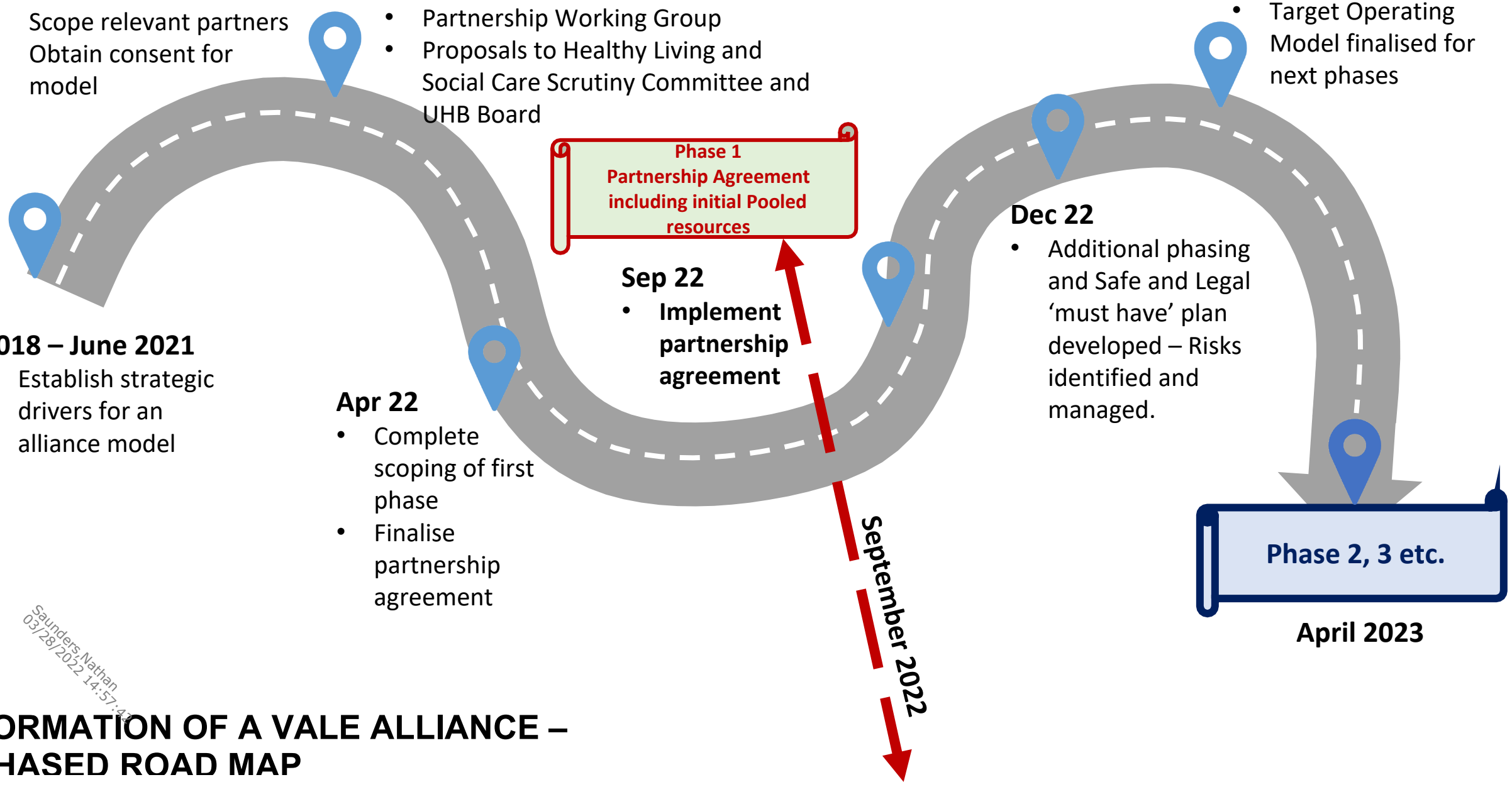
Potential Later Phase Services (for consideration)

e.g.

- Adult Social Care – Mental Health/Learning Disability
- PCIC – Locality/Neighbourhood nursing
- Primary Mental Health
- Housing with Care
- Support & Technology-Enabled Care
- Day Opportunities, Assisted Living & Care Homes
- Customer Relations (Other Services)
- Hospital Discharge
- Locality– Support Functions e.g. Brokerage, Finance, HR
- Community Hospital & Wellbeing Centres/Hubs
- Other clinical boards
- Services for children and families
- Safeguarding

Cabinet 31/3/2021 14:15:42

FORMATION OF A VALE ALLIANCE – PHASED ROAD MAP



Saunders,Nathan
03/28/2022 14:57:43

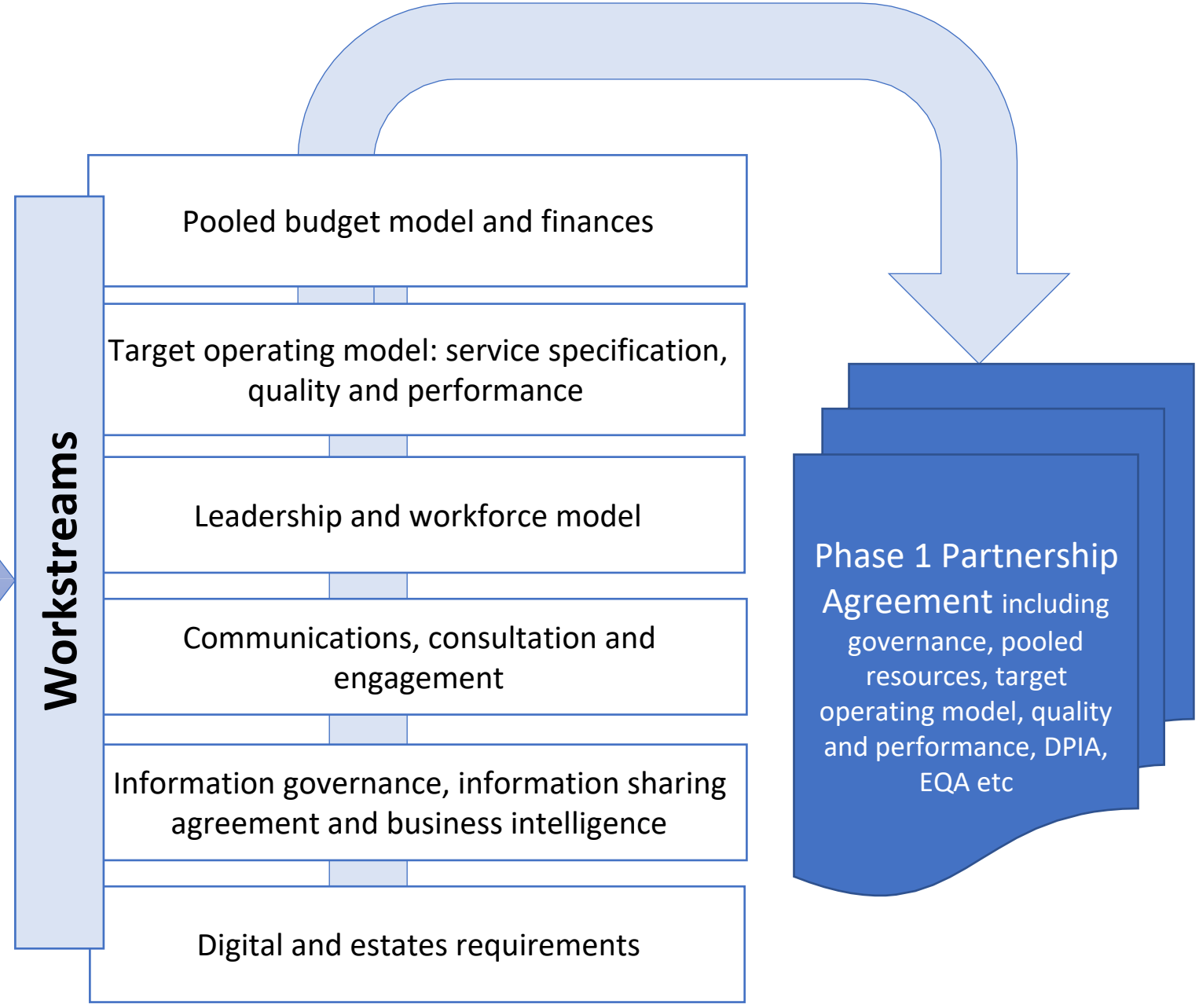
Development of a Partnership Agreement to underpin the Alliance

What information do we need?

- Collate funding information from both partners for phase 1 services
- Complete list of third sector contracts commissioned by both partners
- Complete staffing and budget information for existing leadership and workforce resources
- Quality and performance baseline information for phase 1 services
- Service development and improvement plans associated with phase 1 services
- Any emerging policy developments likely to influence plans e.g. National Primary Care programme
- Digital systems
- Organisational governance and standing financial instructions

Chambers,Nathan
03/08/2022 14:57:42

A working group to support this has been established Q4 21/22 with Vale and UHB legal, finance and strategic leads



Phase Two & Beyond

Use live performance and demand management information from the first phase of the model to chart the course of further integration, which could take the following form:

- ❑ Expanding the existing partnership agreement and pooled budget to take in other core areas within the Council such as Housing, Customer Relations, complementary functions in social services
- ❑ Expanding the existing arrangement to include more widely the neighbourhood nursing and management of primary care contracts such as General Medical Services, Pharmacy and other community care
- ❑ Expanding the arrangement to bring in complementary primary, secondary and other clinical board services
- ❑ Investigating further transfers of responsibility and accountability and how that could be achieved

By taking a gradual approach we demonstrate the benefits of further integration without risking disruption to the overall structures that provide support

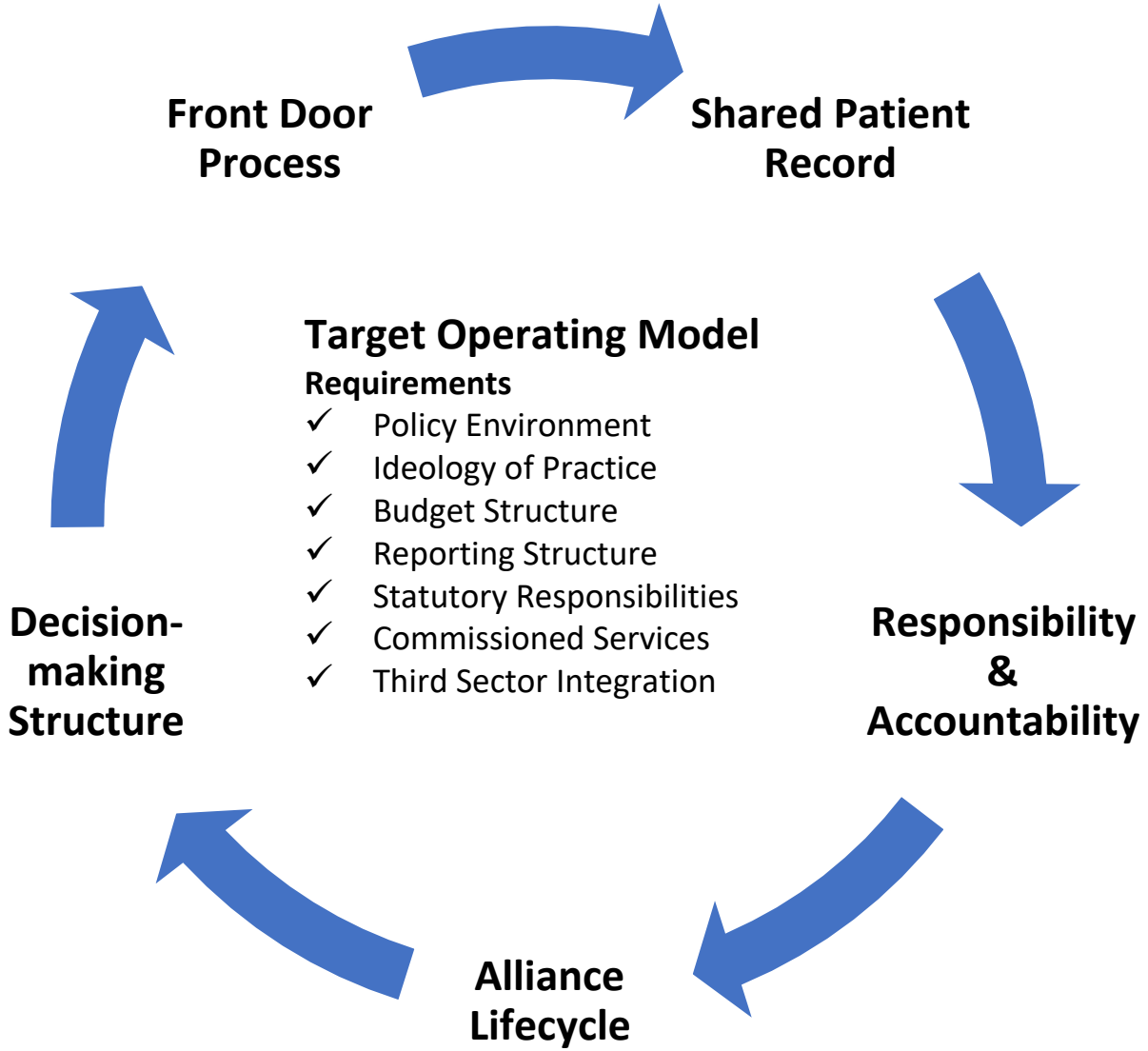
- ❑ Provides an opportunity to assess the right type of ongoing integration for the Vale
- ❑ Enshrines the concept of alliance working within the As-Is where possible
- ❑ Binds the partners to provide any necessary information to establish To-Be
- ❑ Details existing contract arrangements and any novation required
- ❑ Details existing workforce arrangements and any developments required

Saunders,Nathan
03/28/2022 14:57:42

Planning further phases

Areas to cover

- Finalise service areas/departments that will migrate to the alliance structure
- Commissioning, contracts and partnerships (including management arrangements)
- Workforce development, consultation and engagement
- Legal implications and ongoing management
- Operational implications and ongoing management
- Financial implications and ongoing management
- Information governance and systems architecture
- Communications, engagement and public consultation
- Reporting structures
- Estates, facilities and physical assets
- Establishment of a Target Operating Model for the overall alliance



Saunders,Nathan
03/28/2022 14:57:42

Report Title:	Digital Strategy Update			Agenda Item no.	6.6
Meeting:	Board Meeting	Public	x	Meeting Date:	31st March 2022
		Private			
Status *(please tick one only):*	Assurance		Approval		Information x
Lead Executive:	Director of Digital and Health Intelligence				
Report Author (Title):	Director of Dgitial and Health Intelligence Director of Digtial Transfromation				

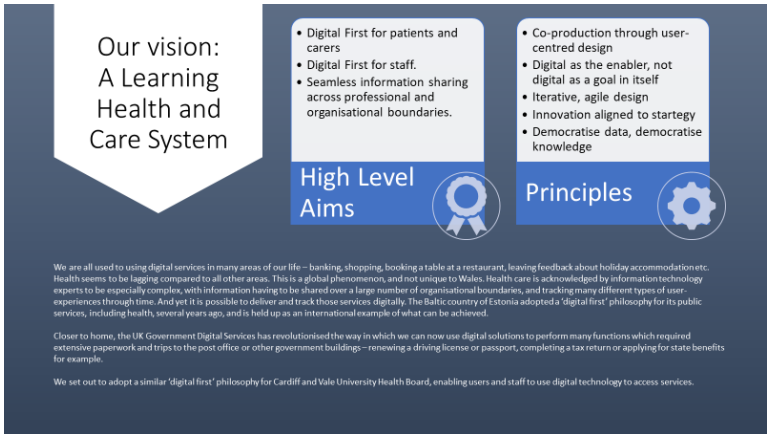
Main Report
Background and current situation:

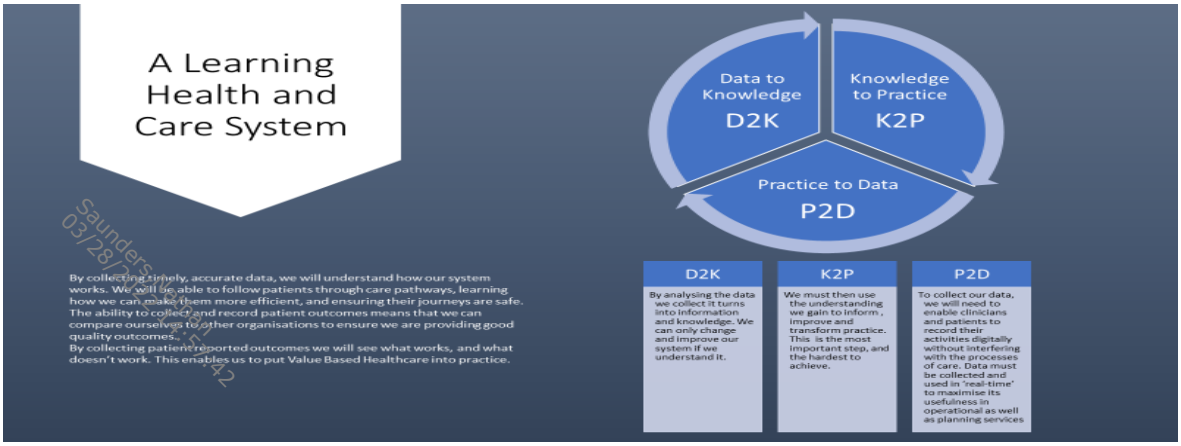
Cardiff & Value UHB's first digital strategy was approved by the UHB board at its meeting on 30th July 2020. The strategy set out the key drivers and vision to drive the plan to deliver digital transformation across the five-year period from 2020 to 2025.

The Digital & Health Intelligence team are committed to delivery of the digital strategy as the supporting roadmaps are developed and implemented. These are being informed by the Shaping our Future strategic programmes, all of which require digital input and support as essential components.

The Digital strategy's long-term vision and aims remain valid and are not being changed. We are focusing on the roadmap (in phases) as we develop and articulate the work plans necessary to realise the ambitions and strategic transformation programmes.

As a reminder, the key vision statements from the digital strategy are reproduced here:





The digital strategy made clear that without getting the basics right on the IT infrastructure, nothing else would be possible. An investment case for recurrent funding has produced and although not yet fully funded, the UHB was fortunate in accessing considerable capital funds on a non-recurrent basis this year which has enabled the refresh of much of the core IT infrastructure during 2021/22.

The investment in equipment (devices) will ensure that we are able to supporting major programmes of work in 2022/23 including:

- Implementing the Welsh Nursing Care Record
- Electronic prescribing as part of the EPMA programme

We have also committed to ensuring that all UHB staff are provided with an email account and the means with which to access digital systems, either through their own personal devices (eg mobile phones) or UHB-issued devices. This will see an increase of circa 2,000 staff including all nursing staff, portering and catering staff and is consistent with the commitments made in the recently launched People and Culture plan which aims to develop a digitally-enabled workforce.

Since July 2020, the D&HI directorate team has been focused on responding to and supporting the organization through the pandemic (Covid response and recovery) as well as delivering on a high-level roadmap designed to set the scene to create the Learning Health and Care System as envisaged within the digital strategy.

Progress on roadmap initiatives are described in the accompanying slide deck (appendix 1) which will be presented at the board meeting.

A number of key deliverables have been achieved within the last 18 months, highlights of which are:

- Completion of desktop estate and Win10 programme
- Electronic test requesting
- Rollout of MS 0365 and MS Teams
- Digital dictation & transcription
- Scan for Safety
- PROMS platform
- Digital solutions to support the UHB's front door

More details on the delivery of Digital initiatives in the next year are contained within the IMTP - 2022-2025.

The emerging Phase 2 roadmap seeks to ensure that all aspects of "getting the basics right" are addressed, including adequate Cyber resilience, a refreshed plan or the technology changes as we move from on-premise to cloud services; capture of all applications that we support and are expected to support, desktop devices that are suitable and capable of providing data at point of contact/need, a new comms plan and a data strategy to focus on real-time data, using systems capable of surfacing the right data at the point of need or contact.

Robust governance arrangements are in place with the work programmes being overseen and supported by the various channel programme boards, each of which is chaired by a clinician, reinforcing the clinically-led approach to our digital transformation.

Saunders, Nathan (Mr)
03/28/2022 12:24:07

The digital team itself is also developing a target operating model and creating a new digital front door as an easier and simpler way for doing business with the organisation. Agile ways of working are being introduced to ensure an appropriate and responsive service is developed and maintained across the digital portfolio. One major improvement is the introduction of a new IT service management tool which will vastly improve users' experience of interacting with the IT service desk.

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

The CAV UHB Shaping our Future programmes are all entirely dependent on digital, data and technology to deliver the needs and wants of our communities. As a primary, community, secondary and tertiary care system, CAV UHB requires modern digital capabilities so that patients, clinicians and staff have the right information available to them in any setting at any time.

Using the international standards for digital maturity, the UHB can benchmark itself against the Electronic Medical Record Adoption Model, which shows us as being at the lower level (1) of digital maturity and the trajectory to achieve greater digital maturity over a period of 3-4 years, if aligned to national systems and national funding.

This is helpful in demonstrating that additional investment is necessary if we are to close the investment gap and achieve the desired level of digital maturity within the next 5-10 years.

We are therefore developing a longer-term plan to that we can describe the entire roadmap over a longer period of 5-10 years which will help inform the long-term financial investment plan needed to support our ambitions of digital transformation and delivering the UHB's strategic programmes.

Recommendation:

The Board / Committee are requested to:

NOTE the progress made since the publication of the Digital strategy and to x and y and z

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Enabled by Netcall 2017-08-29 11:14:14.143

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/No
Safety: Yes/No
Financial: Yes/No
Workforce: Yes
Digital transformation addresses support for digitally enabled workforce
Legal: Yes/No
Reputational: Yes/No
Socio Economic: Yes/No
Equality and Health: Yes/No
Decarbonisation: Yes
Yes – in addition to procurement of lower carbon IT devices, the increase in virtual consultations, home and remote working will continue to contribute to a decrease in CO2 emissions by reducing unnecessary car journeys for staff and patients.

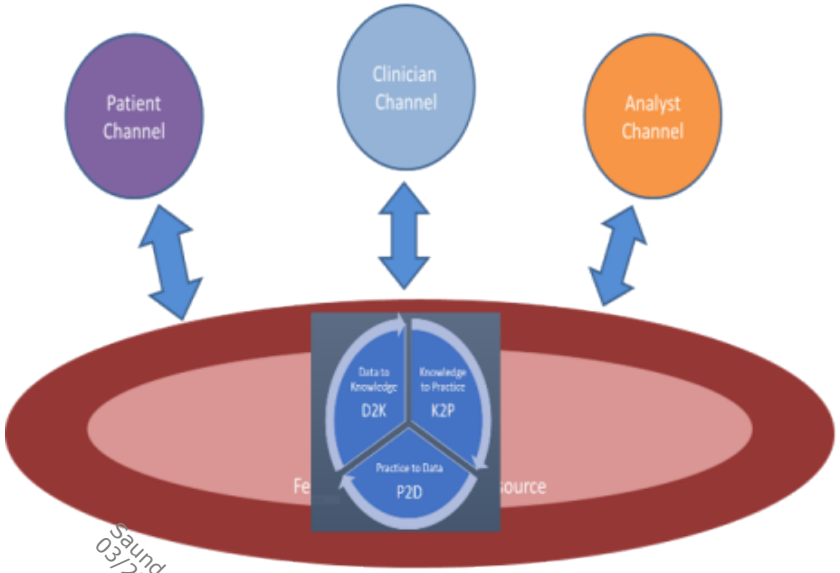
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders.Nathan
03/28/2022 14:57:42

DIGITAL STRATEGY
A LEARNING HEALTH AND CARE SYSTEM

Llunio ein Gwasanaethau Digidol i'r Dyfodol
Shaping Our Future Digital Services

CAV Digital Strategy



Saunders,Nathan
03/28/2022 14:57:42

+

International Standards for digital maturity

HIMSS

=

DIGITAL CAPABILITIES

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board
Digital & Health Intelligence

Summary

Llunio ein Gwasanaethau Digidol i'r Dyfodol
Shaping Our Future Digital Services

2019

- New Director D&HI appointed
- New structure - brought together IT and informatics to be a single service
- Started recruiting to new structure
- Recruitment paused by organisation as unaffordable
- Capital grant from WG to support Win10 rollout plans
  - replace 1/3, upgrade 1/3, update 1/3 of the desktop estate

2020/21

- Covid - rapid response to support virtual/remote working
- Dragons Heart Hospital & Lakeside
- Digital strategy approved
- Digital roadmap Phase 1 – focus on urgent tactical and some strategic solutions
- Investment case to Management Executive
- Win10 planning and deployment starts Q4
- Resource gaps partially offset by one-off Covid funding

2021/22

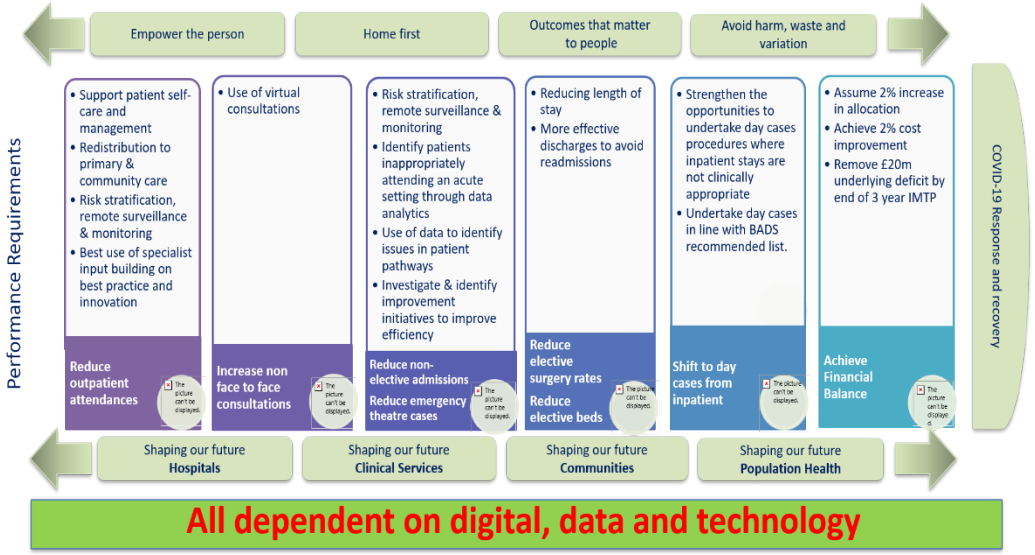
- Some tactical roadmap solutions – funding identified, procured and mobilising following business case approvals
- Win10 rollout completes
- Resource shortfall remains – requesting £2.4m revenue, £3.4m capital pa to bring us up to *baseline*
- Non-recurrent Capital funding used to address legacy IT infrastructure

Sammer Wathan
03/08/2021 14:07:43

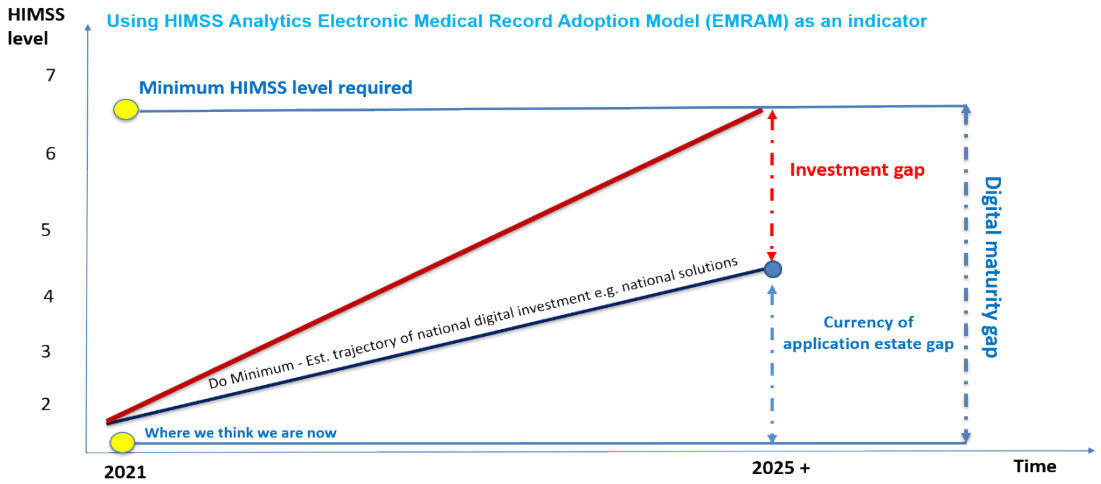
2022 Current state assessment

Llunio ein Gwasanaethau Digidol i'r Dyfodol
Shaping Our Future Digital Services

What Digital must enable for CAV to succeed

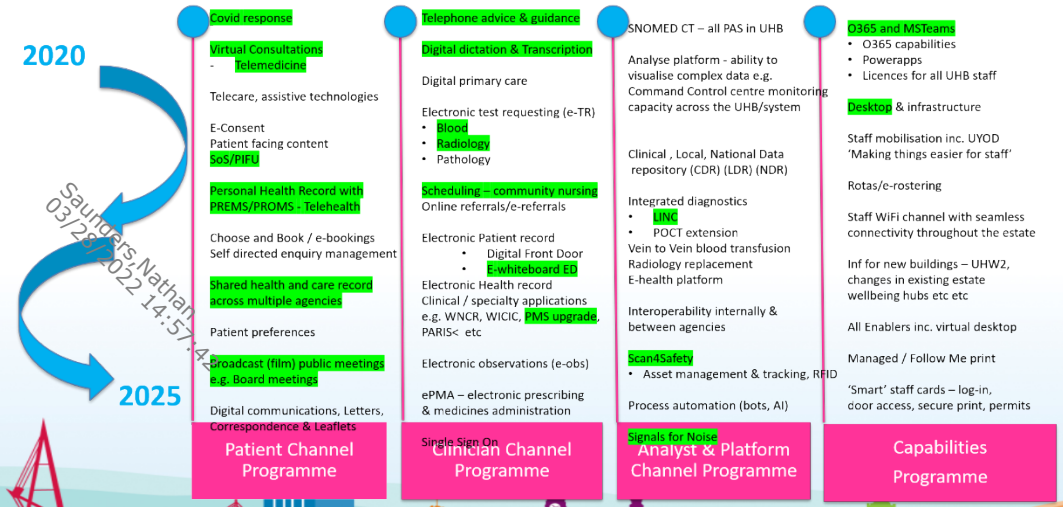


Digital Maturity estimate (acute setting only)



Phase 1 roadmap – produced Sept 2020

Green = mobilised or completed in 2021



Funding status versus priority

Funded & Priority 1	Digital front door	Patient facing content	PROMs	Digital dictation & Transcription	eTR radiology & GPeTR	Scan4Safety	Community, Mental Health and PCIC services
Some funding / some unknowns on funding & Priority 1	Digital comms & Choose and Book	Outpatients transformation	Shared health and care records using LDR	Clinical/specialty applications			
Unfunded Priority 1	Electronic Patient Record	Clinical/specialty applications	Interoperability	Signals or Noise and PowerBI	Use Your Own Device	SOF'S programme	
Unfunded Priority 2	Econsent	Self directed enquiry management	Managed print/Follw Me printing				
Outside of CAV control	DSPP	Vein2Vein transfusion (all Wales)					

HIMSS Analytics EMRAM

ELECTRONIC MEDICAL RECORD ADOPTION MODEL

Llunio ein Gwasanaethau Digidol i'r Dyfodol
Shaping Our Future Digital Services

EMRAM: A strategic roadmap for effective EMR adoption and maturity

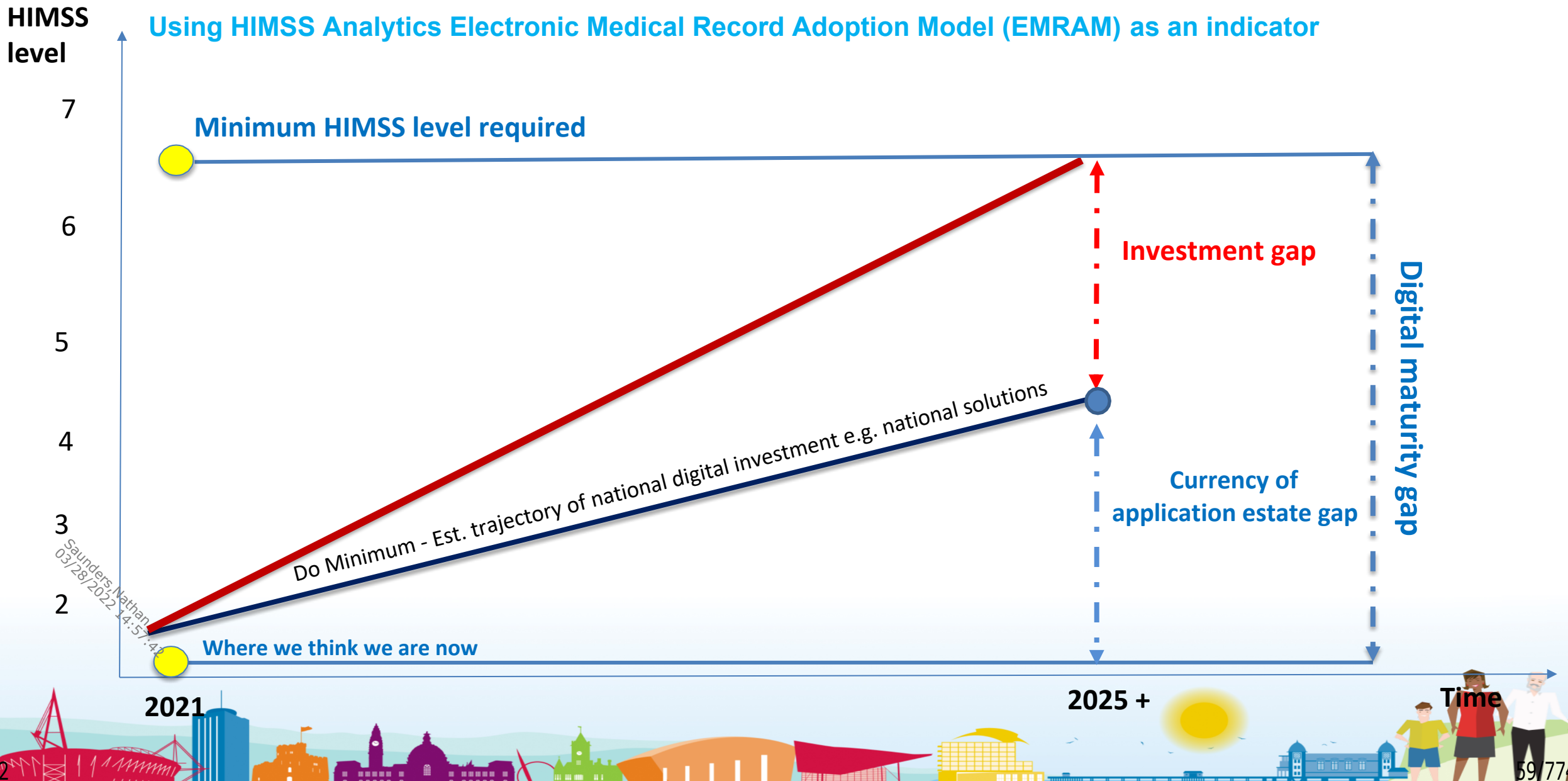
STAGE	HIMSS Analytics EMRAM EMR Adoption Model Cumulative Capabilities
7	Complete EMR; External HIE; Data Analytics, Governance, Disaster Recovery, Privacy and Security
6	Technology Enabled Medication, Blood Products, and Human Milk Administration; Risk Reporting; Full CDS
5	Physician documentation using structured templates; Intrusion/Device Protection
4	CPOE with CDS; Nursing and Allied Health Documentation; Basic Business Continuity
3	Nursing and Allied Health Documentation; eMAR; Role-Based Security
2	CDR; Internal Interoperability; Basic Security
1	Ancillaries - Laboratory, Pharmacy, and Radiology/Cardiology information systems; PACS; Digital non-DICOM image management
0	All three ancillaries not installed

Saunders/Wuhan
03/28/2022 14:57:42

We think we are here

Digital Maturity estimate (acute setting only)

Llunio ein Gwasanaethau Digidol i'r Dyfodol
Shaping Our Future Digital Services



Phase 1 roadmap 2021/22 – some still to do

Llunio ein Gwasanaethau Digidol i'r Dyfodol
Shaping Our Future Digital Services

2020

2025

Patient Channel Programme

Recovery

E-Consent

Patient facing content

Choose and Book / e-bookings

Self directed enquiry management

Shared health and care record across multiple agencies - LACs

NHS Wales App via DSPP
- Patient preferences & single health & care front door to info about you

Digital communications (letters, correspondence, leaflets etc)

Clinician Channel Programme

Electronic test requesting (e-TR)
- Radiology & Pathology national solutions – local interims?

Internal e-referrals
- e-whiteboard from ED

Bleep – new features

E-referrals primary/ community

Clinical / specialty applications e.g. EPR, WNCR, e-obs, E-order comms, Staple WCP & COMII

ePMA – electronic prescribing & medicines administration

Single Sign On

Analyst & Platform Channel Programme

SNOMED CT – all PAS in UHB

Analyse platform – PowerBI?

Local Data repository (LDR)
- PMS upgrade

- LINC (new LIMS)
- Vein to Vein blood transfusion

Interoperability internally & nationally APIs

Scan4Safety

Asset management & tracking, RFID Pilot in clinical engineering

Process automation (bots, AI) - start in finance

Capabilities Programme

O365 and MSTeams
- O365 capabilities
- Powerapps
- Licences for all UHB staff

Infrastructure upgrades

Staff mobilisation inc. UYOD

Managed / Follow Me print

Digital skills development for all staff

Training resources

Saunders,Nathan
03/28/2022 14:57:42

Phase 1 roadmap excluding BAU and IT infrastructure

Llunio ein Gwasanaethau Digidol i'r Dyfodol
Shaping Our Future Digital Services

Funding status versus priority							
Funded & Priority 1	Digital front door	Patient facing content	PROMs	Digital dictation & Transcription	eTR radiology & GPeTR	Scan4Safety	Community, Mental Health and PCIC services
Some funding / some unknowns on funding & Priority 1	Digital comms & Choose and Book	Outpatients transformation	Shared health and care records using LDR	Clinical/specialty applications			
Unfunded Priority 1	Electronic Patient Record	Clinical/specialty applications	Interoperabilty	Signals or Noise and PowerBI	Use Your Own Device		
Unfunded Priority 2	Econsent	Self directed enquiry management	Managed print/Follw Me printing				
Outside of CAV control	DSPP	Vein2Vein transfusion (all Wales)					

Status is not an exact read across from roadmap milestone summary as project headings can contain numerous items e.g.

- interoperability
- digital comms has some resource but £200k for a flexible funding pool to support whole programme of business cases pulled leaving implementation resource shortfall
- clinical/specialty applications such as WNCR are mandated, initial support is funded nationally but c£500k devices and implementation resources need to be funded by CAV

Saunders,Nathan
03/28/2022 14:07:44

Emerging Phase 2 roadmap, builds on Phase 1 roadmap …..

DRAFT AND WORK IN PROGRESS

The Basics

Cyber - Cyber Essentials Plus, NIS, NCSC etc

Infrastructure – technology change plan for flexible scalable infrastructure stack & the move to cloud

Applications – Applications asset management plan

Desktop – device agnostic, fixed to mobile, 'data at your fingertips and a device in your pocket' inc. UYOD

Communications and collaboration – unified comms – voice, video, messaging, collaboration devices, bleep, Vocera, advice & guidance, digital dictation & transcription, digital post, virtual consultation tools, web sites, intranet etc

Data – strategy and a plan to implement

Analytics and visualisation – orchestration of all the data inc. review of PowerBI

User interface – presentation layer - omni-channel (or close to it), look and feel, consistency

Saunders,Marian
03/28/2022 14:57:43

Emerging Phase 2 priorities

Delivery of the current Phase 1 roadmap +

- Recovery programme
- Outpatients transformation
- Hybrid EPR BC 2022
- Data Strategy
- Internal interoperability
- LDR – build on LACS data product
- Access to DHCW data via API gateway
- Data gateway – allows O365 tenant to consume PMS data i.e. colleagues can create e-forms, Powerapps and have the ability to transform their service areas
- Compliance with new data standards e.g Emergency Care Dataset (ECDS)

Governance – prioritisation clinically directed

Certifications & Training

Sustainable - securing a funded plan to digital maturity modelled over 5, 10, 15 years

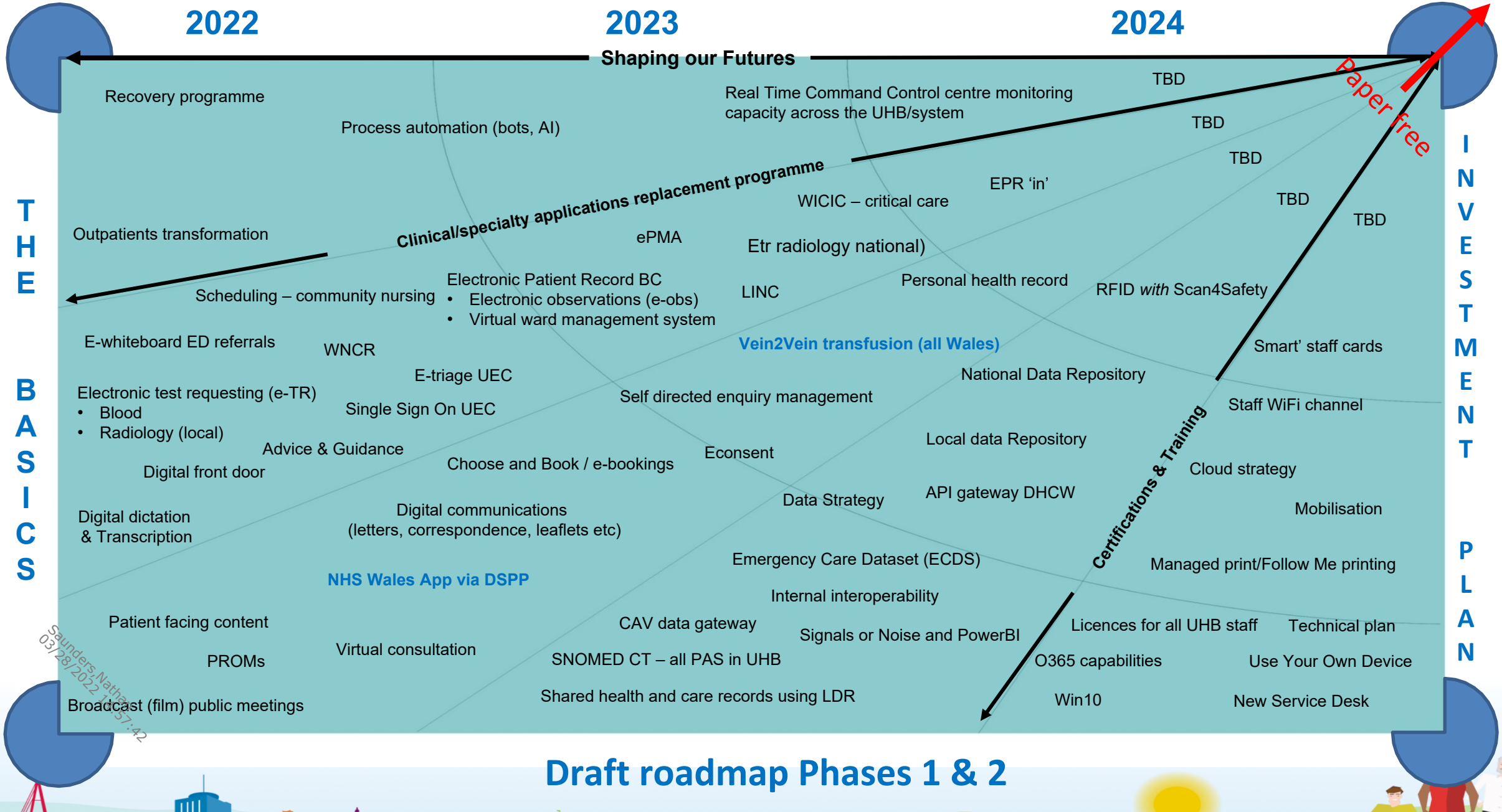
Other emerging

- UEC e-triage
- RFID *with* Scan4Safety
- Internal referrals
- Digital Front Door
- Virtual ward management system
- Do away with generic accounts
- Mobilisation
- Adaptive change

Major programme requirements

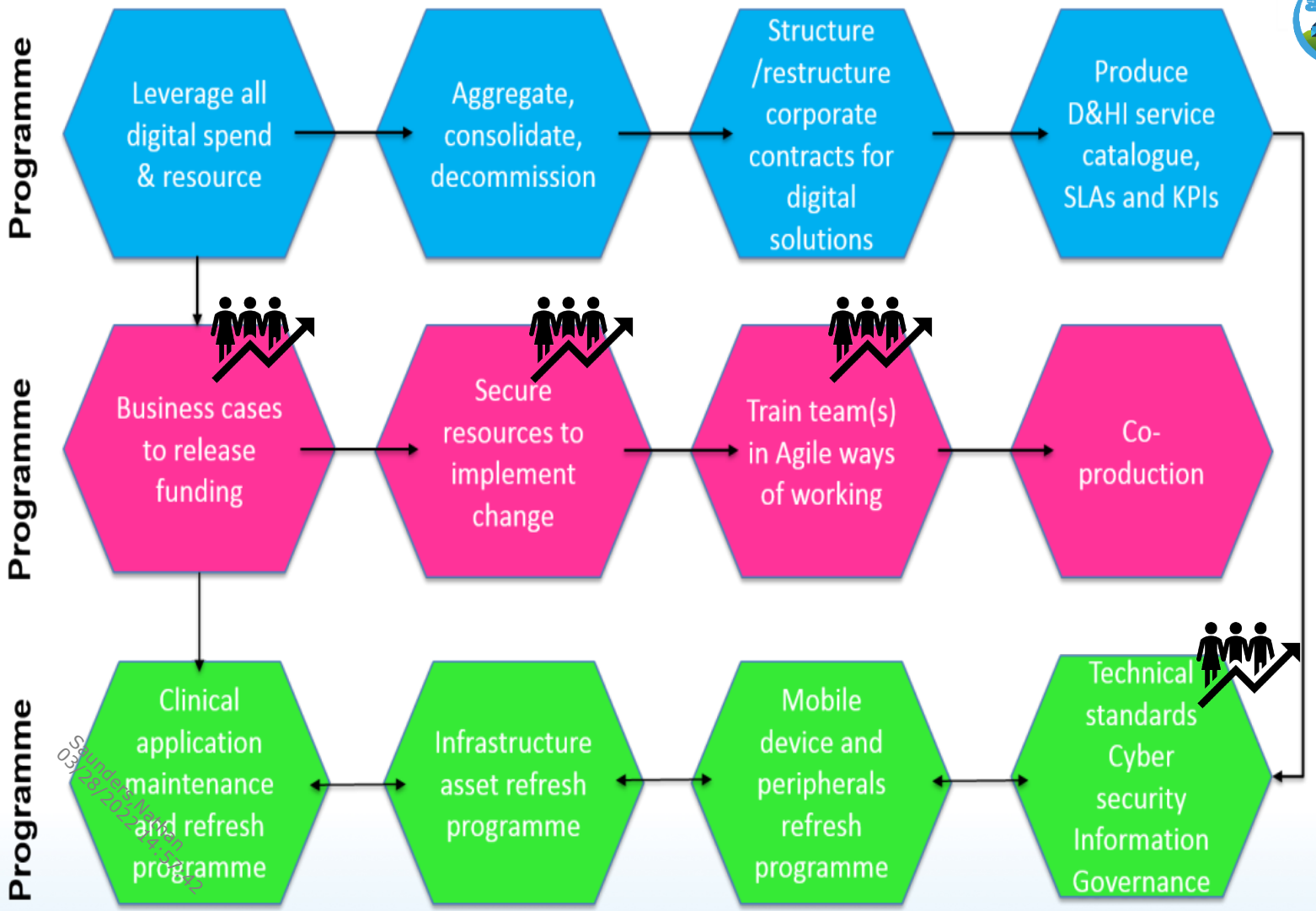
- SOF programme
- e.g. SOFH
- Will drive large programmes of work where we do not yet have detail

And ….



Saunders,Nathan
03/28/2022 10:57:42

Draft roadmap Phases 1 & 2



Saunders Nelson 03/28/2022 14:15:52

Llunio ein Gwasanaethau Digidol i'r Dyfodol
Shaping Our Future Digital Services

Work has started

DIGITAL TRANSFORMATION

Digital enablers – a solid foundation

As set out in the digital strategy, we must improve our basic infrastructure else the roadmap is not achievable.

c2,000 staff do not have a Nadex account (affordability). This causes issues for e.g. nurses, training , agency and locum staff. We also do not have enough devices to meet demand in clinical areas.

We are making ***some*** progress in some of the areas that build an enabling digital service that has management of the estate

We do not yet have capacity to begin work on the other areas

Baseline - digital spend supporting all hospital and community sites, 14.5k staff, c500k population

£millions		REVENUE
Base	Required	
1.9	2.1	Microsoft licences
1	1	Telephony and bleeps
5	7.41	Staff costs including technical resources, IG, clinical coding, IT training, Welsh Clinical portal support team, Information/BI support and programme change management staff
6	6 (?)	Spend by the rest of the organisation coded to digital - this includes big ticket items including PACS. Only a relatively small number is spent on improvement or replacement of the digital estate e.g. PCs, servers, network
		Priority projects (high level estimate)
		See Phase 2 roadmap
£millions		**CAPITAL**
Base	Required	
0.5	3.41	Infrastructure refresh (to stand still)
		Priority projects (high level estimate)
NEW	5	EPR - hybrid model to deliver much of the functionality. Dependence on DHCW and all Wales infrastructure for interoperability
		Interoperability
NEW		Clinical / specialty applications e.g. business case pending for WNCR
NEW		Use Your Own Device
		Shared records

Known additional revenue requirement £2.41m pa

Known additional capital requirement £3.41m pa

Est. £5m over 3 years to support Hybrid EPR (which will have a revenue and refresh tail)

Saunders,Nathan
03/26/2022 14:57:42

Llunio ein
Gwasanaethau Digidol
i'r Dyfodol

Shaping Our Future
Digital Services

Thank you
Any Questions?

Saunders,Nathan
03/28/2022 14:57:42

Report Title:	Joint Escalation and Intervention Arrangements				Agenda Item no.	6.7	
Meeting:	Board		Public	x	Meeting Date:	31st March 2022	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		
Lead Executive:	Chief Executive						
Report Author (Title):	Executive Directors and Director of Corporate Governance						

Main Report
Background and current situation:

Under the Joint Escalation and Intervention Arrangements, the Welsh Government meets with Audit Wales and Healthcare Inspectorate Wales twice a year to discuss the overall assessment of each Health Board, Trust and Special Health Authority in relation to the arrangements.

The attached letter provides the outcome of that tripartite group meeting and the recommendation which the Director General Health and Social Services/NHS Wales Chief Executive will be making to the Minister that Cardiff and Vale University Health Board remains at 'routine arrangements'.

There were also some concerns raised within the letter and set out below are the actions we are taking in response to those concerns.

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

There have been a number of changes at Executive level, so it is important to stabilise the position and to ensure the vacant posts are filled;

The Chief operating Officer and Executive Nurse Director posts will both be advertised by the end of March 2022. The intention is that interviews will take place for the roles at the end of May 2022. The Chief Nursing Officer, Sue Tranka from Welsh Government will be asked to be on the interview panel for the Executive Nurse Director role. It is also anticipated that both roles will have been recruited on a permanent basis by September 2022.

It has also been confirmed with the Chief Medical Officer, Frank Atherton from Welsh Government that our Interim Medical Director will remain in post until March 2023 to ensure stability in the medical leadership.

There is a need to monitor the current financial position. It is important for you to maintain regular conversations with Welsh Government colleagues on the plans you have in place;

The Board and Executive Team at the Health Board will continue to manage costs and consequences of the core position as well as the implications of the Covid 19 response and recovery for our population. This will be done in consultation with and utilising the advice and guidance from colleagues within the Welsh Government teams and supported by the Finance Delivery Unit.

Concerns have been raised over the suicide levels reported in mental health services;

Saunders-Williams
03/28/2022 12:47:16

There are a number of reviews taking place or planned regarding adult inpatient suicides. The Chief Operating Officer, Executive Nurse Director and Medical Director along with the Clinical Board Director, Director of Operations and Director of Nursing have approached the Royal College of Psychiatry to request an external review of our inpatient suicides. The Terms of Reference for that review are currently being refined. We are aligning this work with the All Wales Review being

undertaken by the Delivery Unit and have provided the Delivery Unit with all the information required. While this work is undertaken we are completing Root Cause Analysis's and actioning any learning.

Urgent and emergency care performance has deteriorated over recent months and concerns have also been raised around stroke performance and performance against part 1 of the adult mental health measure;

With regards to the deterioration in the Urgent and Emergency Care performance, the Health Board, in conjunction with Local Authority and WAST partners, are progressing a range of actions to alleviate the pressures and improve quality of care and patient experience. The actions agreed as part of the '2 week reset' have built on work already progressing through the Health Board's 'Main Effort' and Joint Health Board and Local Authority action plans. With the biggest driver being high occupancy and our inability to achieve timely discharge, a big focus has been on actions to improve the discharge profile. In addition, actions have been progressed on escalation specifically in relation to ambulance handover delay; admission avoidance; front door and ward support; digital enablers and same day emergency care.

There has been significant disruption to the optimal stroke pathway during the pandemic and most recently as a result of operational pressures. An improvement plan has been developed and presented to Board. Actions include: a number of workforce changes to increased stroke cover at the front door and on the wards; consideration of ring-fencing of stroke beds (but in the context of balancing the risk of general urgent and emergency care pressures); and dedicated Stroke Clinical Director and senior clinical and management support to drive forward service improvements. The Medicine Clinical Board are working through an improvement trajectory. This will be monitored through the Health Board's Strategy and Delivery Committee.

For part 1a of the Adult Mental Health measure, whilst we have not yet achieved compliance, improvements have been made to reducing long waits and reducing the average waiting time. This is imperative if we are to achieve and maintain compliance. As at 11th March, we have no patient waiting > 57 days, a longest wait of 43 days and a current average waiting time of 31 days. It is anticipated that we will most likely be at or near compliance between April to May 2022 and at worst May to June 2022, subject to no further significant demand increases.

There are concerns around the sustainability of GMS, noting a number of practices have handed their GMS contract back to the Health Board.

Whilst there are pressures on the whole system and there have been a number of practices reporting level 3 or 4, this has decreased over recent weeks and is currently 14% (compared to 25% at one stage). This has been mainly due to workforce issues (either Covid related absence or challenges with recruitment). The Primary Care Team has been proactively working with practices to provide a range of support. This has included GP, nursing, pharmacy support from the PCIC team on an interim basis; funding to cover Covid related sickness absence so practices can 'backfill'; support for equipment to enable remote working; and temporary list closures but ensuring cover from other practices in the area.

The two contract resignations have been effectively managed by the Primary Care Team with an agreement reached with other practices in the local area for patients to be transferred. Additional funding support has been provided to these practices to support recruitment, changes to premises to accommodate more patients, IT/technology etc.

Gaynor Nathan
03/03/2022 14:57:42

Recommendation:
The Board are requested to (a) Receive assurance that the concerns raised within the letter from Welsh Government are being dealt with appropriately and that 'routine arrangements' is a positive outcome.

Link to Strategic Objectives of Shaping our Future Wellbeing: *Please tick as relevant*			
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*									
Prevention	x	Long term		Integration		Collaboration		Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: ~~Yes~~/No
Safety: ~~Yes~~/No
Financial: ~~Yes~~/No
Workforce: ~~Yes~~/No
Legal: ~~Yes~~/No
Reputational: ~~Yes~~/No
Socio Economic: ~~Yes~~/No
Equality and Health: ~~Yes~~/No

Saunders,Nathan
03/28/2024 14:57:42

Decarbonisation: ~~Yes~~/No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
03/28/2022 14:57:42

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group

Llywodraeth Cymru
Welsh Government

Suzanne Rankin
Chief Executive
Cardiff and Vale University Health Board
University Hospital of Wales
UHB Headquarters
Heath Park
Cardiff
CF14 4XW

Our Ref: JP/MR/SB

3 March 2022

Dear Suzanne

Joint Escalation and Intervention Arrangements

Under the Joint Escalation and Intervention Arrangements, the Welsh Government meets with Audit Wales and Healthcare Inspectorate Wales twice a year to discuss the overall assessment of each Health Board, Trust and Special Health Authority in relation to the arrangements.

A tripartite meeting has recently taken place and I write now to let you know your health board's status.

On the basis of the tripartite group discussion, Welsh Government officials will be recommending to the Minister that the escalation status of Cardiff and Vale University Health Board remains unchanged at 'routine arrangements'.

The group acknowledged the continued openness and transparency of conversations with the regulators and the improved governance arrangements. Whilst the escalation level remains unchanged since the last meeting, some concerns and issues were raised by the group for you to now consider, namely:

- There have been a number of changes at Executive level, so it is important to stabilise the position and to ensure the vacant posts are filled;

Saunders,Nathan
03/28/2022 14:57:42

BUDDSODDWYR MEWN POBL | INVESTORS IN PEOPLE

Parc Cathays • Cathays Park
Caerdydd • Cardiff
CF10 3NQ

Ffôn • Tel 0300 0251182
judith.paget001@gov.wales
Gwefan • website: www.wales.gov.uk

- There is a need to monitor the current financial position. It is important for you to maintain regular conversations with Welsh Government colleagues on the plans you have in place;

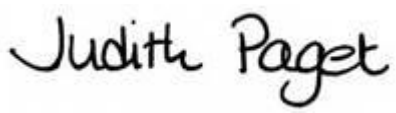
- Concerns have been raised over the suicide levels reported in mental health services;

- Urgent and emergency care performance has deteriorated over recent months and concerns have also been raised around stroke performance and performance against part 1 of the adult mental health measure;

- There are concerns around the sustainability of GMS, noting a number of practices have handed their GMS contract back to the Health Board.

Welsh Government colleagues will continue to have regular JET and performance meetings and subject specific discussions as and when necessary.

Yours sincerely



Judith Paget CBE

Saunders,Nathan
03/28/2022 14:57:42

Report Title:	Mental Health Strategy				Agenda Item no.	6.9	
Meeting:	Board		Public	X	Meeting Date:	31st March 2022	
			Private				
Status *(please tick one only):*	Assurance	X	Approval		Information		
Lead Executive:	Interim Chief Operating Officer						
Report Author (Title):	Director of Operations Mental Health Clinical Board Director of Operations Women and Childrens Clinical Board						

Main Report
Background and current situation:

Introduction.

This paper outlines the background and Operating context of Mental Health Services and the approach taken to delivering care within Adult and Childrens and Adolescent Mental Health. The focus, both in terms of strategic intent and operational delivery, is one of close collaboration between the Mental Health and Children and Womens Clinical Boards to deliver services that at co-produced, cohesive and contextualized to fit the needs of our patients. The development, therefore, of robust transitional care delivery between adolescence and adulthood is a key strategic driver of both clinical boards over the next year.

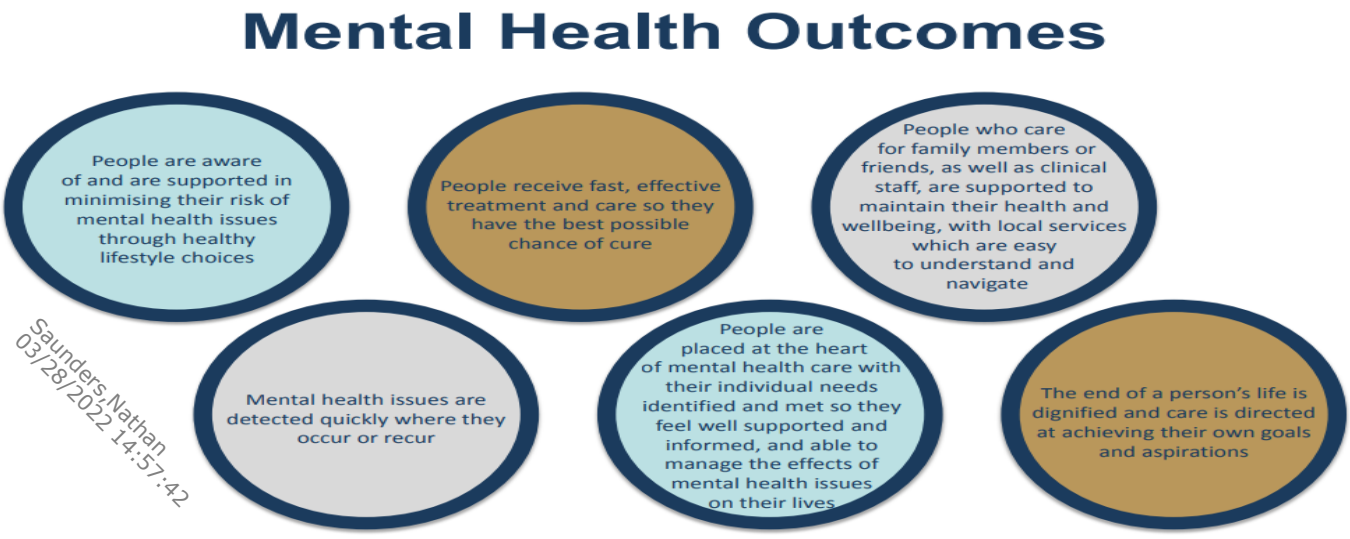
Background and Operating Context.

There are three discrete but inextricably linked strands that make up both the strategic and operating context for Mental Health Services - national strategy, local strategy and the impact of the pandemic.

National Strategy

The 10 year strategy 'Together for Mental Health' (Together for mental health: our mental health strategy | GOV.WALES) and Suicide and Self Harm Prevention Strategy (Suicide and self harm prevention strategy 2015 to 2022 | GOV.WALES) concluded this year with an evaluation and relaunch. In addition, 'Beyond the Call' (https://nccu.nhs.wales/qais/national-reviews/beyond-the-call/btc-documents/national-review-beyond-the-call/) is informing the transformation agenda of how services collaborate to support people in mental health crisis. In summary, Welsh Government strategy focuses on six high level outcomes to be delivered through all domains of the service – as detailed:

Diagram 1: Welsh Government six goals



Local Strategy

Congruently with all other conditions, Mental Health Strategy is informed by and set out in the UHB's Shaping our Future Wellbeing Strategy. This entirely aligns to Welsh Government strategy.

Moreover, the Adult Mental Health Clinical Board have distilled these six goals further and are developing a strategy for local delivery that places a Recovery Focus on all that we do. The intention is to unify all of the work programmes into one Recovery focused, co-produced, sustainable and integrated approach.

The Recovery focused approach has three key components: **Hope**, **Control** and **Opportunity**.

- **Hope**: focuses on future focused, long-term, preventative and person-centred approaches. It is an inclusive, equitable and quality orientated approach asking "does our service give you hope?"
- **Control:** focuses on personal responsibility, self-efficacy and supporting people to help themselves. It asks "does our service support your independence?"
- **Opportunity**: focuses on the community and choices available to people. It asks "do we help you find the things that improve your quality of life?"

Hope, Control and Opportunity must be the focus of how we work with and will be intrinsic to every interaction with those we work with, their carers, our staff, our community and our external partners.

Why is the Recovery Model critical to high-quality, safe and modern service delivery?

Service-users who are engaged in our Recovery and Wellbeing College, staffed by Peer Workers and Clinicians and using the three Recovery Components say the following:

Patients tell us

- *"I have moved away from being ashamed of my illness and diagnosis, to be more compassionate with myself and others, to even take some pride in my journey of recovery and the proactive part I take in it. The very fact of being respected as an autonomous individual within a collective has demonstrated irrefutably that my experiences have value. I have value, not in spite of, but because of my achievement in recovering from mental illness. All of this has been possible because of the safe and careful way the college has modelled equality, personal responsibility and understanding and interest the college takes in my opinions on the success of the courses and the collaborative attitude the college holds in its future development. The ethos is consistent and thoughtfully curated."*

- *"I've never met someone who's moved on [positively in their mental health journey] and is so open about their time on a Psych unit; it's such a relief, it really gives me hope that I can move on too, get a job, hold down a relationship - maybe even get married."*

- *"The college is the real deal, it is really needed and a great concept. The fact that it involves co-production of a clinical side alongside people who have lived experience, is a perfect combination and something that has never been done before. It is nice when you can talk to people with difficulties, and you don't feel as vulnerable or exposed and as open to judgement. When you are surrounded by people with that experience, it reinforces your hope again."*

Saunders,Nathan
03/28/2022 10:07:42

Clinicians tell us:

- *"As a member of staff, the college has given me an insight into different conditions and service-user experiences that I wasn't aware of before. The college has also been an invaluable for signposting individuals to in order to introduce them to other people going*

through similar situations. The mix of courses available has made them very easily accessible. I think that the college has had an incredibly positive effect on service-users who now feel more comfortable accessing care, being proactive and responsible for their own treatment."

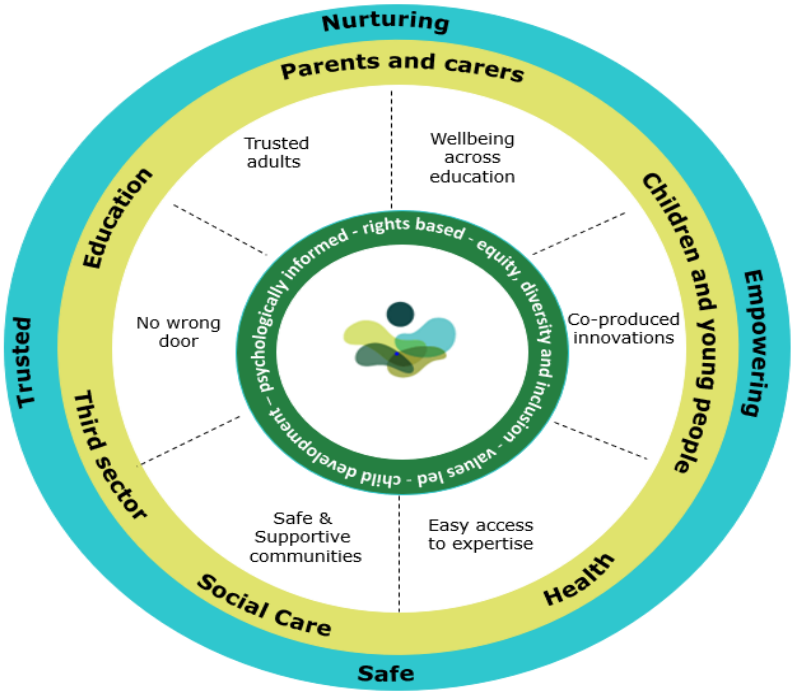
Carers tell us:

- *"It's an innovative programme. The college enables individuals to look at the wider picture. It is an interactive and supportive service. With the peer support that they have, the person isn't going to be on their own. I can understand how some people may be apprehensive, fearful and not have the confidence, and that is where the college can enable someone to look at options that they may not have had before.*
- *"The college is very welcoming. It feels great that I can use my lived experience in the courses. Even professionals that are going to the courses are still learning, there is always something we can all learn from and share to the courses."*

Recognising that the needs of children and adults are different, the strategy for Children and Young Adults is based on the Nurturing, Empowering, Safe, Trusted (NEST) model.

The NEST Framework is a planning tool for Regional Partnership Boards that aims to ensure a 'whole system' approach for developing mental health, well-being and support services for babies, children, young people, parents, carers and their wider families across Wales. It has been co-produced by the Together for Children and Young People (T4CYP2) network and a wide range of stakeholders. NEST aims to make expertise and advice quicker to access, and to give the grown-ups closest to children of all ages the skills and confidence to understand what they can do to help. When extra help is needed, NEST aims to see a 'no wrong door' approach so that families get the right help at the right time and in a way that is right for them. The NEST framework is the result of extensive work with young people, parents, carers and staff who work in schools and children's services all across Wales, including teachers, social workers, nurses, doctors, therapists and youth workers. Diagram 2 provides a summary of the NEST model and Appendix 1 contains the Framework.

Diagram 2: The NEST model



Saunders,Nathan
03/28/2022 14:55:42

It is of note that the underpinning constructs of NEST and Recovery are aligned but NEST is very much child focussed. Patients and their families can find the shift from the NEST to Recovery model difficult and thus Transitional Care for this cohort of patients and their families is a key collective

strategic objective for Children and Womens and Adult Mental Health Clinical Boards over the next year.

Operating context in response to, and as a consequence of the Covid 19 pandemic

The impact of Covid-19 on Mental Health services across all tiers of provision has been significant – with increased demand, increased acuity and high complexity within the inpatient units where Infection Prevention and Control measures have disrupted the usual patterns of inpatient care and impacted on the bed state. There has been a difficult dynamic between the prevention of infections and the clinical risks of moving our most acutely unwell patients to areas where they are less well known to protect the wider cohorts.

In the short-term the Mental Health inpatient teams are currently engaged in a complex piece of urgent resetting work that is broken into the following themes:

1. Return to footprint. This aims to ensure that internal hospital moves are minimised, that wards are used for the purposes for which they were designed, that out of area patients in covid 'surge' beds are returned to their localities and that mitigating actions are in place to improve the safety and scrutiny of any internal moves.
2. Review of Sentinels and associated processes. This aims to streamline and learn from any Sentinel events and ensure that there is a unified approach to how the process is followed.
3. Suicide prevention training. This contains three workstreams, suicide mitigation and awareness, WARRN risk assessment training roll out, roll out of *Talking about Suicidal Behaviour* clinical workbook with inpatients.
4. MDT In-patient reviews. A co-produced workstream looking at the performance, documentation and attendance of inpatient care planning and review meetings.
5. Suicide Cluster Response Plan. Working with the Regional Suicide and Self Harm Coordinator to provide assurance to the national group about the Clinical Board actions in relation to inpatient deaths.
6. Coordinating the Royal College of Psychiatrist's review of inpatient mental health services.
7. Observations Policy. Developing an evidence-based, risk assessment informed policy to support decision making around the level of observation to which inpatients are allocated.
8. Communication Plan of the above. To ensure every member of inpatient staff is aware of the work and has a stake in the development.

In an addition to the demand and complexity for inpatient services, other areas have also seen significant impact for example a 40% increase in CAMHS Crisis services for 2021/2022.

Approach to delivery

This section aims to outline the approach taken by both clinical boards in delivering the Mental Health Agenda. The Recovery Focused approach to delivery has been referenced earlier in this paper, but it is important to emphasise that this approach is adopted for patients of all ages, and is being enabled by a closer than ever collaboration between Clinical Boards, with a particular focus on transition, such that patients received a unified and coherent philosophy and service regardless of their point of entry. Whilst the impact of the pandemic on Mental Health services demand and complexity is undeniable, the mutually adopted approach of the clinical boards is one that focuses on transformation rather than recovery. We will work with our system wide partners to deliver this. These transformations are key developments in delivering the six Welsh Government priorities for Mental Health, and form the building blocks of the wider transformation agenda within the clinical boards over the next years. Detailed below are some examples of service transformation that have either been recently implemented or are progressing:

03/03/2022 11:57:42

- **Locality Teams -** The first of these was the Vale Locality Mental Health Team, merging three Community Mental Health Teams (CMHTs) into one based in Barry Hospital. Older Adult, Primary Mental Health and Adult Mental Health services are aligning themselves more to

localities in their structures and delivery to smooth pathways between services and to improve relationships and access between services.

- **Co-production -** Mental Health services have a good record of engagement with service-users and carers and this approach forms an essential component of our long-term vision to co-produce services to make them more responsive, better engaged with communities and to drive up quality and safety. The Mental Health Clinical Board employ Peer Workers (people with lived experience of mental health challenges who have recovered and use their knowledge and experience to help others and inform service delivery) at management grades and below and have recently appointed a Co-Production Lead Peer within the Clinical Board team itself.
- **Mental Health University Liaison Service -** A pilot funded by HEFCW to provide assessment, treatment and expertise for students from 4 universities in Cardiff and Vale who may be experiencing mental health challenges beyond which the University Wellbeing Services can deliver.
- **Bereavement Worker in Mental Health Services Older People** - New role to support families who have lost a loved one during Covid 19.
- **Co-production Peer Lead -** A manager grade Peer worker whose role is to provide service-user representation in the development and operation of services and to promote co-production at every level of our Mental Health service.
- **Recovery College, physical health pilot -** Roll out of *Live Well* courses co-produced by people with lived experience of physical health problems and Clinicians for service-users, staff and carers delivered within the Recovery and Wellbeing College.
- **Roll out of 111 'Press 2'-** The development of an all-age contact number for people in mental health crises.
- **Development of Sanctuary models for people in mental health crises** - Two Sanctuaries, which are Third Sector run provision that operates out of hours to see, support and signpost people to the right services to alleviate their crisis and to reduce impact on Police, EU and Mental Health services.

Transition

One of the highest priority collective ambitions for the clinical boards is to improve upon transitional care pathways as patients move from adolescents to adulthood. This piece of work will focus largely on the philosophy of care and how that underpins pathways as well as a lens on bespoke physical infrastructure for assessment and inpatients maybe best enabled.

Workforce Redesign

The collective IMTP strategy around future workforce in Mental Health includes the development of new roles which include Physician's Associates; Clinical Applied Assistant Psychologists; Cognitive Behavioural Therapists; Supplementary Prescribers; and Intentional Peer Support Workers.

Research and Development

The approach to delivery within both Boards is through evidence-based practice supported by exemplary focus on Research and Development. A snapshot of the work underway in this domain is included as Appendix 2.

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

Saunders Nathan 03/2[illegible]

- The Health Board's Mental Health Strategy, as set out in Shaping our Future Wellbeing, aligns with the six high level outcomes underpinning Welsh Government's cross-governmental strategy to improve mental health and well-being across all ages
- Adult Mental Health Clinical Board have distilled the six goals further – with a Recovery focused, co-produced, sustainable and integrated approach with three components – Hope, Control and Opportunity

- The strategy for Children and Young Adults is based on the Nurturing, Empowering, Safe, Trusted (NEST) model
- The impact of covid on Mental Health services has been significant – with increased demand, acuity and complexity. There have been challenges balancing Infection, Prevention and control measures with continuity of care.
- In the current context, transformation of services is crucial and the focus is one of close collaboration between the Mental Health and Children and Womens Clinical Boards, our system partners and third sector to transform and deliver services that are co-produced, cohesive and contextualised to fit the needs of our patients.

Recommendation:

The Board / Committee are requested to:

- **REVIEW and NOTE** the Health Board's Mental Health Strategy (as set out in Shaping our Future Wellbeing Strategy)

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	X
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are entitled to expect		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

Prevention	x	Long term	x	Integration	x	Collaboration	X	Involvement	x

Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: Yes/**No**

Safety: Yes/**No**

Financial: Yes/**No**

Saunders, Nathan 03/28/2022 14:57:42

Workforce: Yes/**No**

Legal: Yes/**No**

Reputational: Yes/**No**
Socio Economic: Yes/**No**
Equality and Health: Yes/**No**
Decarbonisation: Yes/**No**

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
03/28/2022 14:57:42

Appendix 1

GIG CYMRU NHS WALES | Cydweithrediad Iechyd GIG Cymru NHS Wales Health Collaborative

Together for Children and Young People

Law yn Ulaw at Blant a Phobl Ifanc

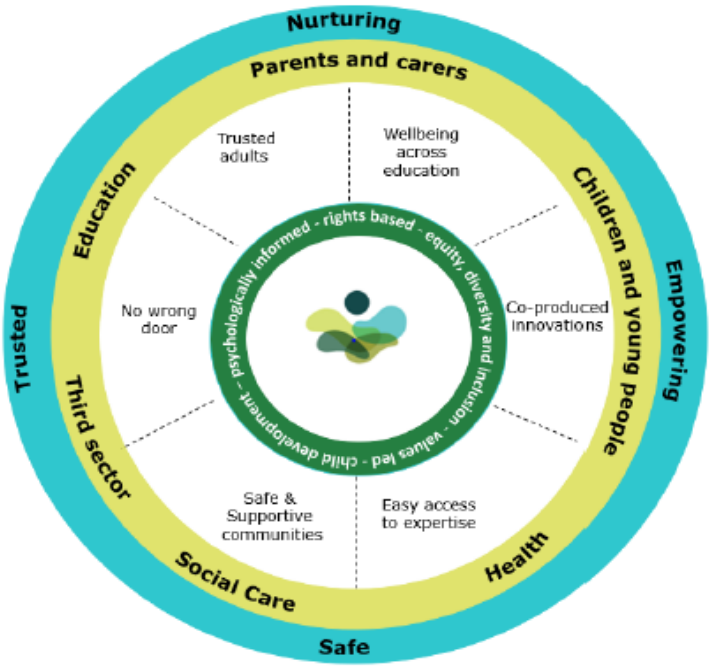
NEST FRAMEWORK
A Bird's Eye View

Saunders,Nathan
03/28/2022 14:57:42

NYTH | NEST

What Is the NEST Framework?

The NEST Framework is a tool for planning mental health, wellbeing and support services for babies, children, young people, parents, carers and their wider families across Wales. Here it is:



Why Was It Needed?

Lots of children, young people, parents and carers and the people who work with them, felt that services needed to improve. The important thing was to make sure early help and the right help was available at the right time.

Saunders,Nathan
03/28/2022 14:57:42

How Was It Designed?

- Children, young people, parents and carers told us the things they thought were important to include.
- People who work with them like teachers, youth workers, social workers, doctors, nurses, therapists and service leaders told us too.
- Everyone was asked about the things that help children of all ages feel as happy as they can and do as well as they can.
- Asking everyone's ideas like this is called co-production.

Why Did We Call It NEST?

- The idea of a NEST felt like a good way to describe the things that can help our mental health and well-being most of all.
- A NEST feels safe and protects from harm.
- A NEST helps you to grow strong and aim high.
- But if things get hard a NEST is somewhere you can come back to whenever you need to.
- Everyone's NEST is different and special to you.
- It is made up of the people who are closest to you, the things you enjoy and help you grow, and the places you go in your day to day lives. Lots of layers that help you feel good about yourself!

How Did We Choose the Words to Make Up NEST?

- We asked what words best described how these layers should feel if they are to support mental health and well-being.
- These words were chosen because they spell out NEST:

Saunders,Nathan
03/28/2022 14:57:42

- **N – NURTURING** – taken care of and cherished.

- **E – EMPOWERING** – feeling strong and listened to.

- **S – SAFE** – feeling protected and able to be yourself.

- **T - TRUSTED** – reliable and there for you.

How Does It Work?

- The NEST Framework helps services work together to make sure babies, children, young people, parents and carers have NESTS that feel this way.
- It expects services to concentrate on the things that matter most.
- This is called 'values led' because it is about the things that are valued most of all.

- Trusted adults are really important because you can turn to them if you feel sad or worried. They also notice the things you are good at or when you need extra help.

- Trusted adults can be at school, or at home, or in your community.
- They can be teachers, in sports teams, youth clubs, dance classes or music groups. They can be the lunchtime supervisor, the lollipop crossing person or anyone you see regularly who makes a difference to your day.
- The more trusted adults you have in your life the better. Every person who is kind, who notices, who understands you and who celebrates your strengths will make a big difference to how you feel, and how you see yourself.
- The framework talks about this a lot because the relationships we have with others make a very big difference to our mental health and wellbeing.

Saunders,Nathan
03/28/2022 14:57:42

- It is as important for adults as it is for children of all ages. It brings out the best in all of us.
- If someone is there for us at the right time, or notices when we have tried hard or sees that we are not quite our self, it can help us more than anything else.

- The framework calls this 'every day magic'.
- It lifts our mood, gives us confidence, helps us to feel valued and lets us know that someone cares about us. This is at the heart of mental health and wellbeing for everyone.
- Children and young people who are feeling very sad, or very worried or very angry or very left out need this 'every day magic' more than anyone. They need it more of the time too.
- We need to organise services so that more of this happens for children of all ages in their day to day lives.
- It is also important for parents and carers, and for the people who work in services too.

- We all need 'every day magic'!

- The framework also talks about how important it is to feel like you belong.

- Whether this is at home.

- At school or college.

- With your friends.

- Or in your community.

Saunders,Nathan
03/28/2022 14:57:42

- Sometimes a child or young person is so sad, or worried, or angry, or feels so left out, it is hard to know how to help.
- The framework says two things are important here:
  - The first is having advice and experts close by so that the grown-ups can ask for ideas and help quickly.
  - It is important that they don't have to worry by themselves.

- If the grown-ups that know you best have support and feel confident about what to do, that is often much better than waiting a long time to see an expert yourself.
- They know you much better, they see you more often, and they can help with how you are feeling day to day.
- The grown-ups may need to go back to ask for more advice whenever they need it.

- Or get everyone who knows you together to share ideas in a meeting.
- This is especially the case for children and young people who are having a very difficult time. They can feel so sad and angry that they push their trusted adults away.
- Experts can help explain why this is happening and offer ideas about how to get around it.
- Often staying alongside a young person and not giving up can help the most.
- We call this help to 'hold on' instead of 'referring on' in the framework and it is why trusted adults are such an important part of it.

What If Extra Help Is Needed?

- Sometimes, of course, extra help is needed. The second thing the framework says is that there should be lots of types of extra help if another service needs to become involved.
- This is called 'No Wrong Door'.
- It is where professionals that offer extra support all come together to work out what and who can help most.

Saunders,Nathan
03/28/2022 14:57:42

- These professionals might work in health, education, social services or the third sector (charities that work with children and families).
- They might be support workers, youth workers, health visitors, school health nurses, counsellors, social workers, community nurses, therapists, psychologists or psychiatrists.
- They might offer information, ideas, groups, courses or different types of therapy depending on what you and your parents or carers think will help most.
- Technology has really helped make more things available to more people and more quickly.
- Peer support, meeting with people who are going through the same sort of thing as you or your family, can be especially helpful too.
- Co-producing new ideas is part of the framework as well. It's a great way of services making sure they always listen and improve.
- We are all different and we all need different sorts of help at different times in our lives.
- The framework makes sure there are lots of options available, and that everyone works together so that no one misses out and falls through the gaps because they don't 'fit' the services.

How Can the Framework Keep Improving?

- As we learn more about what helps we will keep up-dating the framework.
- That is why we are always interested in your ideas:
  - What do you think of the NEST Framework?
  - Do you think it focuses on the things that are important to help with mental health and wellbeing?
  - Do you think it helps to make sure that everyone works together?
  - Do you have ideas that will make it better?

THANK YOU!

Further Information, contact Helen.Ranson@wales.nhs.uk

Saunders,Nathan
03/28/2022 14:57:42

Research and Development

Current R&D work within the Clinical Board includes:

NCMH (PI = Ian Jones)
National Centre for Mental Health cohort study. This is an ongoing study with a number of arms to it. Final R&D approval awaited to begin recruitment again via video calls. Discussions ongoing re recruitment through Participate.

ATP (PI = Neil Harrison)
Randomised controlled trial (RCT) of an anti-inflammatory agent to treat depression. Recruitment has just started with recruitment via GP Practices (starting with Ely Bridge Surgery).

TAPERS (PI = James Walters/Jeremy Hall)
RCT of sertraline to prevent recurrence of psychosis in people with early onset psychosis. Open to recruitment. Headroom screening potential participants.

ADEPP (PI = James Walters)
– RCT of sertraline to treat depression in people with early onset psychosis. Hoping to start once recruitment to TAPERS completed.

WAND-P (PI = Elin Roberts) Imaging study of people with psychosis. On hold at present but plans in place to recommence. New PI to be identified.

RETURN (PI = Jon Bisson)
Remotely conducted RCT of Rewind versus wait list for PTSD. Recruiting. 31 participants randomised to date.

PARTICIPATE (PI = Norman Young)
Initiative within MHCB whereby service users are contacted about research opportunities unless they opt-out from being contacted.

CRIS (PI = James Walters)
Clinical record interactive search. System whereby PARIS notes can be analysed. PARIS and AKRIVIA teams working together to finalise data extract. Agreement between CVUHB and AKRIVIA being considered by UHB.

CLEAR (PI = James Walters/Jon Bisson)
RCT of clozapine for people with treatment-resistant psychosis aged 25 or less. Due to start next year.

Prolonged Grief Disorder (PI = Catrin Lewis/Jon Bisson)
Guided self-help programme development study. Initial qualitative interviews analysed.

Covid-CNS (PI = Neil Harrison)
Study of people with neurological and neuropsychiatric complications of COVID-19. In local set-up.

TULIPS (PI = Jon Bisson)
Due to start in September/October with one ward.

Saunders Lathan
03/28/2022 14:[illegible]

Social Cognition and PTSD (PI = Chantelle Wiseman)
PhD portfolio study. Recruitment ongoing.

Understanding Grandiose Ideas in Psychosis (PI = Norman Young)
Portfolio study that MHCB will recruit to.

International Trauma Interview Evaluation (PI = Neil Jones)

Study to evaluate the psychometric properties of a new interview for ICD-11 PTSD and CPTSD. Circa 80 participants recruited.

Complex PTSD (PI = Catrin Lewis/Jon Bisson)
Guided self-help programme development work with a view to application for funding for a research study.

EMDR RCT in Military Veterans (PI = Jon Bisson)
RCT of remotely or face-to-face delivered EMDR in collaboration with TEC Cymru. CVUHB will be a recruiting site.

MDMA (PI = Mat Hoskins)
Remains in set-up. With CRF early phase team.

Saunders,Nathan
03/28/2022 14:57:42

Saunders,Nathan
03/28/2022 14:57:42

Report Title:	Board Assurance Framework (BAF)				Agenda Item no.	6.10	
Meeting:	Board		Public	x	Meeting Date:	31st March 2022	
			Private				
Status *(please tick one only):*	Assurance	x	Approval	x	Information		
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Director of Corporate Governance						

Main Report
Background and current situation:

The Board Assurance Framework provides the Board with information on the key Strategic Risks that could impact upon 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.

Each year the Management Executive Team agree which significant risks will impact upon the delivery of the Cardiff and Vale UHBs Strategic Objectives. Below are those such risks:

1. Workforce
2. Financial sustainability
3. Sustainable Primary and Community Care
4. Patient Safety
5. Sustainable Culture Change
6. Capital Assets
7. Inadequate Planned Care Capacity
8. Delivery of Annual Plan
9. Staff Wellbeing
10. Exacerbation of Health Inequalities in Cardiff and Vale

These risks are all detailed within the attached BAF with the exception of the risk relating to Financial Sustainability due to the fact it has achieved it target rating by expected delivery of the Financial Plan for 2021/22.

Risk Management continues to develop at Cardiff and Vale University Health Board and significant progress has been made with risk management processes now becoming more embedded within the Clinical Boards.

Assurance is provided by:

- Discussion with Executive Directors on progress being made against the management and mitigation of risks which they lead upon on the BAF.
- Internal Audit providing 'reasonable' assurance.
- Presentation of the risks at the relevant Committees of the Board for further check and challenge that controls and assurance in place are effective.

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

Sanders,Natasha (CTM) 24/03/2022 14:20:43

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

Since the last review in January 2022 all risks have remained at the same score with the exception of the risk in relation to Finance which has now reached its target risk score and has been removed from the BAF for the remainder of this financial year 21/22. This risk had decreased from a score of 10 (High) to a score of 5 (moderate). This is due to the fact that the Health Board has now updated its financial forecasts for this financial year and the Health Board will be able to manage the financial position within its forecast position.

The three highest risks on the BAF (each rated with a score of 20 (Extreme)) are:

- Workforce
- Patient Safety
- Capital Assets

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

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

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

The 'lines of defence' have been added to the assurances on the controls provided for each risk. The 'lines of defence' define whether the assurance is: Level 1 - management, Level 2 - Board or Committee or Level 3 Independent Assurance. The purpose of this is to aid the Board to understand the overall levels of assurance on the controls in place to manage each risk.

Recommendation:

The Board are requested to:

- **Approve** the 9 risks to the delivery of Strategic Objectives detailed on the attached BAF for March 2022.
- **Note** the continuing 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.

Link to Strategic Objectives of Shaping our Future Wellbeing: *Please tick as relevant*			
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

Saunders Nerian (Mary Ann) 03/28/2022 14:47:14

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention	x	Long term		Integration		Collaboration		Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/~~No~~
The risks to the delivery of Strategic Objectives are detailed in the attached BAF.
Safety: Yes/~~No~~
Patient Safety is one of the highest scoring risks upon the BAF (20 – Extreme)
Financial: Yes/~~No~~
Financial sustainability has just been removed as a risk on the BAF for the remainder of 2021/22 financial year.
Workforce: Yes/~~No~~
Workforce is one of the highest scoring risks upon the BAF (20 – Extreme)
Legal: ~~Yes~~/No
Reputational: ~~Yes~~/No
Socio Economic: ~~Yes~~/No
Equality and Health: ~~Yes~~/No
Decarbonisation: ~~Yes~~/No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Individual Executives	March 2022

Saunders.Nathan
03/28/2022 14:57:42

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 and its Annual Plan for 2021/22.

Strategic Objectives	Key Risks Mapped to Delivery of Strategic Objective
1. Reduce health inequalities	• Sustainable Primary and Community Care • Sustainable Cultural Change • Planned Care Capacity • Delivery of Annual Plan 21/22 • Exacerbation of Health Inequalities
2. Deliver outcomes that matter	• Sustainable Primary and Community Care • Patient Safety • Sustainable Cultural Change • Delivery of Annual Plan 21/22 • Exacerbation of Health Inequalities
3. Ensure that all take responsibility for improving our health and wellbeing	• Sustainable Primary and Community Care • Sustainable Cultural Change • Delivery of IMTP • Wellbeing of staff
4. Offer services that deliver the population health our citizens are entitled to expect	• Sustainable Primary and Community Care • Delivery of Annual Plan 21/22 • Planned Care Capacity • Workforce • Exacerbation of Health Inequalities
5. Have an unplanned care system that provides the right care, in the right place, first time.	• Financial Sustainability • Sustainable Primary and Community Care • Patient Safety • Delivery of Annual Plan 21/22 • Exacerbation of Health Inequalities
6. Have a planned care system where demand and capacity are in balance	• Planned Care Capacity • Workforce • Sustainable Primary and Community Care • Delivery of Annual Plan 21/22 • Exacerbation of Health Inequalities
7. Reduce harm, waste and variation sustainably so that we live within the resource available	• Patient Safety • Exacerbation of Health Inequalities
8. Be a great place to work and learn	• Workforce • Sustainable Cultural Change • Wellbeing of staff
9. Work better together with partners to deliver care and support across care sectors, making best use of people and technology	• Workforce • Sustainable Primary and Community Care • Delivery of Annual Plan 21/22
10. Excel at teaching, research, innovation and improvement.	• Workforce • Sustainable Cultural Change • Wellbeing of staff

Saunders,Nathan
03/28/2022 14:57:42

Key Risks

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

Risk	Risk Appetite	Corp Risk Register Ref.	Gross Risk	Net Risk	Change from Jan 22	Target Risk	Context	Executive Lead	Committee
1. Workforce	Open	5,8,17.	**25**	**20**		**10**	Across Wales there have been increasing challenges in recruiting healthcare professionals and this situation has got worse over the last two years due to Covid 19. Meeting the requirements of a growing population which is older and with more complex health needs as well as increasing demand on health services has led for an increasing need in clinical staff. Staff costs represent the largest expense for the NHS in Wales. The pay bill has continued to increase year on year, with a significant increase over the last three years.	Executive Director of People and Culture **Last Reviewed:** 02.03.22	Strategy and Delivery Committee **Last Reviewed:** 11.01.22
2. Sustainable Primary and Community Care	Open		**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.	Interim Chief Operating Officer **Last Reviewed:** 03.02.22	Strategy and Delivery Committee **Last Reviewed:** 11.01.22
3. Patient Safety	Open	1, 2, 3, 4, 5, 6,7,8, 9, 10, 11,12,13,14, 17	**25**	**20**		**10**	Patient safety should be the first priority above all else for the Cardiff and Vale University Health Board. Safer patient care includes the identification and management of patient-related risks, reporting and analysis of patient safety incidents, concerns, claims	Executive Nurse Director/ Executive Medical Director	Quality, Safety and Experience

Saunders,Nathan 03/28/2022 14:57:42

							and learning from such then implementing solutions to minimise/mitigate the risk of them recurring.	/Executive Director for Therapies and Health Science **Last Reviewed:** 01.02.22	**Last Reviewed:** 22.02.22
4. Sustainable Culture Change	Open		**16**	**8**		**4**	In line with UHB's Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to transfer our services to ensure we can meet our future challenges and opportunities. Creating a belief which continues to build upon our values and behaviours framework will make a positive cultural change in our health system for our staff and the population of Cardiff and the Vale.	Executive Director of People and Culture **Last Reviewed:** 09.03.22	Strategy and Delivery Committee **Last Reviewed:** 15.03.22
5. Capital Assets	Open	1,2,3,4,5,6,13.	**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, Executive Director of Therapies and Health Science, Executive Director of Finance **Last Reviewed:** 02.03.22	Finance Committee & Strategy and Delivery Committee **Last Reviewed:** 04.11.21
6. Planned Care Capacity	Open	11,12,17.	**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	Interim Chief Operating Officer	Strategy and Delivery

Saunders, Nathan
03/28/2022 14:57:42

							peak in COVID 19 patients requiring hospital treatment.	**Last Reviewed:** 03.02.22	**Last Reviewed:** 15.03.22
7. Delivery of Annual Plan	Open		**20**	**15**		**10**	The Integrated Medium Term Plan is the key planning document for the Health Board setting out the milestones and actions we are taking in the next 1 to 3 years in order to progress Shaping Our Future Wellbeing, our ten-year strategy. It is based on the health needs of our population, delivering quality services and ensuring equitable and timely access to services and sets out how we will deliver our mission Caring for People; Keeping People Well, and vision that a person's chance of leading a healthy life is the same wherever they live and whoever they are.	Executive Director of Strategic Planning **Last Reviewed:** 02.03.22	Strategy and Delivery Committee **Last Reviewed:** 16.11.21
8. Staff Wellbeing	Open	5	**20**	**15**		**6**	As a result of the global Covid19 pandemic, our employees have been exposed to unprecedented levels of psychological and physical distress both at home and in the workplace. Evidence indicates that, Healthcare workers are at greater risk of developing mental health problems as a result. The impact of this is unlikely to be experienced equally, with people with existing mental health difficulties and people from Black, Asian and minority ethnic communities among those who are likely to be affected disproportionately	Executive Director of People and Culture **Last Reviewed:** 09.03.22	Strategy and Delivery Committee **Last Reviewed:** 16.11.21
9. Exacerbation of Health Inequalities Saunders.Nathan 03/28/2022 14:57:42	Open		**16**	**12**		**8**	COVID-19 has compounded existing health inequalities in Wales, which have shown little improvement in the last ten years, based on the gap in life expectancy between the most and least deprived fifth of the population. Although the main disparities have been age, sex, deprivation and ethnicity, there is clear evidence of intersectionality, risk factors compounding each other to further disadvantage individuals with protected characteristics (based on the Equality Act 2010). As the granular level data emerges, there is no evidence to suggest that this pattern is not replicated fully at a Cardiff and Vale UHB level.	Executive Director of Public Health **Last Reviewed:** 08.03.22	Strategy and Delivery Committee **Last Reviewed:** 15.03.22

Lines of Defence

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

Key:

(1) First Line of Defence – Management level assurance

(2) Second Line of Defence – Board and Committee level Assurance

(3) Third Line of Defence – Independent level Assurance

Risk Appetite

Key:

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

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

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

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

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

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

Saunders,Nathan
03/28/2022 14:57:42

1. **Workforce – Lead Executive Rachel Gidman**

Across the UK and in Wales there are increasing workforce challenges for 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 due to the pandemic, mass immunisation programme and urgent service recovery plans has led for an increasing need in clinical staff. There is now a sense that our workforce capacity is being stretched thinly in an attempt to cover the number of competing and simultaneous operational requirements that could be with us for some years to come.

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

Risk **Date added: 6.5.2021**	There is a risk that the organisation will not be able to attract, recruit and retain people to work in our clinical teams to deliver high quality care for the population of Cardiff and the Vale.
Cause	• The COVID-19 pandemic, Winter and the Recovery & Redesign Plan has placed significant pressure on our workforce. Demand for staff has been significantly higher than the supply which has meant that our existing teams have been placed under extreme pressure for a period of just over two years. • The increased demand created by the pandemic has left a shortage of people with the right skills, abilities and experience in many professions/roles which has created a more competitive market. • Workforce Supply is extremely challenging and has created large scale vacancies in some professions, for example: - Ongoing national shortage of Registered Nurses. - Insufficient supply of Medical staff in certain specialties at a national level (e.g., Adult Psychiatry, General & Acute Medicine, Histopathology, Radiology, GP). • Increased turnover in specific staff groups, our staff are tired. • Sickness absence is at the highest it has been since the start of the pandemic, it is starting to stabilise but is still very challenging. Continued operational pressures has reduced the resilience of some of our staff, which has impacted negatively on their health and wellbeing. • The development of our existing workforce has reduced as a direct result of the pandemic.
Impact	• Negative impact on our people and our teams, as a result we are experiencing: - Higher sickness absence levels; - Increase in the number of people leaving the UHB; - Low morale and poor staff engagement; - Increased reliance on temporary workforce e.g. agency, locums, etc; - Poor compliance with statutory and mandatory training; - Reduced capacity to undertake appraisals, identify development needs, and focus on talent management and succession planning. - Lack of capacity to upskill and develop our current workforce. • Negative impact on quality of care provided to the population. Inability to meet on-going demands of both pandemic, Winter and the Recovery & Redesign plan.

Impact Score: 5	Likelihood Score: 5	**Gross Risk Score:**	**25 (Extreme)**

Saunders,Nathan
03/28/2022 14:51:42

Current Controls	• The People and Culture Plan was approved by Board in January 2022, monthly meetings take place with leads to monitor progress against the key deliverables. • Clinical Boards and site-based leadership teams meet regularly to review workforce requirements. • The Workforce Hub Steering Group meet weekly to monitor progress with recruitment to deliver the Recovery and Redesign plan, and provide assurance. • A Workforce Resourcing Team, supported by the well-established Nurse Resourcing Team is now well established. Focusing on improving attraction, recruitment and retention. • Nurse Retention Steering Group established with 6 work streams leads. • The People Services Team (formerly the HR Operations Team) temporarily changed its operating model in December 2021 – moving away from the traditional Clinical Board alignment into specialist teams focused on the organisation's priorities. • All Wales International Nurse Recruitment Campaign – aim to recruit an additional 200 Nurses for C&V. • Welsh Government Campaign *Train, Work, Live* to attract for Wales – GP, Doctors, Nursing and Therapies. • Medical Workforce Advisory Group (MWAG) progress and monitor employment matters that directly affect our Medical & Dental staff. • Medical and Dental Bank in place to increase the supply of doctors, maintain quality and reduce costs. • E-Job Planning system in place to ensure Consultants and SAS Doctors have their job plans reviewed and approved annually. • E-Rostering Programme Board meet monthly to ensure the roll out of the new e-rostering system is progressing as outlined in the plan. • Medical International recruitment strategies reinforced with BAPIO OSLER and Gateway Europe. • Medical Training Initiative (MTI) 2-year placement scheme via Toyal Colleges. • Health & Wellbeing strategy monitored through the strategic Health & Wellbeing Group. • Nurse Staffing Act - Ward Nursing establishments are reviewed and agreed on an annually. • Effective e-rostering – the roll -out recommenced on 28th February 2022.
Current Assurances	• The Workforce Resourcing Team are continuing to support managers with improving supply, examples include: ○ Kickstart Scheme – a total of approx. 160 people recruited since March 2021.(1) ○ National Apprenticeship week held w/c 07/02/22.(1) ○ Project Search – 7 Interns with learning disabilities commenced placements.(1) (2) ○ Links with Schools – 3 days of mock interviews at Whitchurch High School held in February 2022 (1) ○ International Nurse Recruitment – paper agreed by Board in January 2022 to recruit an additional 135 Nurses. To date 231 nurses have taken up employment and achieved NMC registration. (1) (2) ◦ HCSW Mass Recruitment – over 100 application received in November and December 2021 for bank, fixed term and permanent roles. (Approx. 45 have been enrolled on the bank and approx. 40 permanent HCSW have started). Others are progressing through the pre-employment checks. (1)(2)

Saunders.Nathan
03/28/2022 14:57:42

- People Services Team are reporting a reduction in formal investigations, a reduction in long term absence cases and absences relating directly to long covid.(1)
- New roles – band 4 Assistant Practitioners (APs) roles have been developed. Peri-Operative Care have recruited Assistant Practitioners in training. The District Nursing service has secured funding to recruit & train AP'S from April 2022. C&V are leading on an All Wales basis on the development of AP roles in Mental Health services.(1)
- Medical and Dental Bank fill rates have improved to 83%, quality has been maintained and costs have reduced. (1)
- Job planning for Consultants and SAS doctors has improved significantly with the introduction of e-job planning. Compliance has improved from 19% in May 2021 to 80% in January 2022.(1)
- Recruitment to posts that support the Recovery and Redesign Plan is on track, the Workforce Hub Steering Group provides assurance to the Portfolio Board. (1)

Impact Score: 5	Likelihood Score: 4	**Net Risk Score:**	**20 (Extreme)**
Gap in Controls	Ability to on-board International nurses at pace due to Visa, COVID-19 isolation and red country quarantine requirements. National UK shortage of nurses remains which impacts on local campaigns. National shortage of Consultants in specific areas, i.e. Adult Psychiatry is having a negative impact on supply even through recognised Locum Agencies.		

Gap in Assurances

Actions	Lead	By when	Update since January 2022
1. International Nurse Recruitment Campaign	RG	31.03.2022	Board approval was given to recruit an additional 200 Nurses. Recruitment has commenced on an All Wales basis.
2. Roll out of the new Nurse E-Rostering System 22/23, including Safe-Care Module and improved Bank App. functionality	RG	31.03.22	Roll out re-commenced on 28th February 2022.
3. Development of the People and Culture Plan, aligned to the 7 themes in Healthier Wales: Workforce Strategy for Health and Social Care.	RG	31.12.21	New action. Plan approved by Board in January. **Complete**

Impact Score: 5	Likelihood Score:2	**Target Risk Score:**	**10 (High)**

Saunders,Nathan
03/28/2022 14:57:42

2. **Sustainable Primary and Community Care – Lead Executive Caroline Bird**

The strategy of "Care closer to home" is built on the assumption that there are a significant number of patients that are either referred to or turn up at a Hospital setting because there is no viable alternative at the time at which they become sick. They are then typically admitted because at that stage similarly there is no viable alternative to manage/support these patients in their local setting or their place of residence. Therefore it is important to create firstly the capacity of Primary and Community Care, and then increase the capability of Primary and Community Care to be able to respond to the individual and varied needs of those patients in both crisis intervention but more commonly preventative and support arrangements. Although the underlying actions continue to be progressed it should be acknowledged that the focus has changed due to responding to Covid 19 this will inevitably cause implications for the speed of ongoing action and implementation.

Risk **Date added:** 12.11.2018	The risk of losing resilience in the existing service and not building the capacity or the capability of service provision in the Primary or Community care setting to provide the necessary preventative and responsive services. Impact of covid on primary and community care demand and resilience		
Cause	Not enough GP capacity to respond to and provide support to complex patients with multiple co-morbidities and typically in the over 75 year age bracket. GP's being drawn into seeing patients that could otherwise be seen by other members of the Multi-disciplinary Team. Co-ordination of Health and Social Care across the communities so that a joined up response is provided and that the patient gets the right care. Poor consistency in referral pathways, and in care in the community leading to significant variation in practice. Increase in practices operating at a higher level of escalation. Practice closures and satellite practice closures reducing access for patients. Lack of development of a multidisciplinary response to Primary Care need. Significant increase in housing provision		
Impact	Long waiting times for patients to access a GP Referrals to hospital because there are no other options Patients turning up in ED because they cannot get the care they need in Primary or Community care. Poor morale of Primary and Community staff leading to poor uptake of innovative solutions Stand offs between Clinical Board and Primary care about what can be safely done in the community Impact reinforces cause by effecting ability to recruit		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	**20 (Extreme)**
Current Controls	Me, My Home , My Community Signals from Noise to create a joined up system across Primary, Community, Secondary and Social Care. Development of Primary Care Support Team Contractual negotiations allowing GP Practices to close to new patients Care Pathways Roll out of MSK and MH First Point of Contact Services by Cluster Implement new urgent care Phone First helpline at Primary Care Level (CAV24/7) - Transition to 111 with go-live 16th March 2022 Implement nationally supported digital supported enablers (Consultant Connect and Attend Anywhere)		
Current Assurances	Improved access and response to GP out of hours service (1) Sustainability and assurance summary developed to RAG rate practices and inform action(1)		

Saunders,Nathan 03/28/2022 11:57:42

	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. (1) Second peer review of PCOOH Services undertaken with commendations and exemplars referred to in WG reports(3) Annual Plan submitted to Welsh Government and presented to Board demonstrated a significant orientated strengthening of Primary Care (2) (3) Health and Population Management is tracked through Programme Management Investment decisions are prioritised (1).		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	**15 (Extreme)**
Gap in Controls	Actively scale up multidisciplinary teams to ensure capacity Achieving scale in developing joint Primary/Secondary Care patient pathways Recruitment strategies to sustain and improve GP availability and develop multidisciplinary solutions		
Gap in Assurances	No gaps currently identified.		

Actions	Lead	By when	Update since January 2022
1. Development of recruitment strategies for GP and non GP service solutions	RG	31/03/2022	GP Support Unit helps with recruitment and finding GP alternatives. The focus on a multi-disciplinary solution continues.
2. Develop Health and Social Care Strategies to allow seamless solutions for patients with health and or social needs	AH	31/03/2022	These are being developed through the Public Service Board and Transformation work and progressing well updates will continue to be provided.
3. Second cluster MDT model being developed which builds on the experience of the South West Cluster	CB	31/03/2022	Funding agreed and work progressing to rollout out MDT model to a further two clusters.
4. Active support to fragile practices and plans agreed and implemented for contract resignations and list closures	CB	31/03/2022	Plan agreed and in progress. 2 contract resignations have been effectively managed by the primary care team with agreement reached with other practices in the local area for patients to be transferred. Pro-active support, including workforce and financial, being provided to a number of practices.

Impact Score: 5	Likelihood Score: 2	Target Risk Score:	**10 (high)**

Saunders,Nathan
03/28/2022 14:57:42

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

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

Risk	There is a risk to patient safety: Due to post Covid recovery and this has resulted in a backlog of planned care and an ageing and growing waiting list. Due to increased demand, post Covid 19, of unscheduled care of patients with higher acuity and more complexity which is adding to the pressure within A&E. Due to a sub-optimal workforce skill mix or staffing ratios, related to reduced availability of specific expert workforce groups, or related to the need to provide care to a larger number of patients in relation to post Covid 19 recovery. Due to the ability to balance risk in the community in transferring patients to EU Due to the current pressure in EU and inability to segregate patients due to the volume in the department		
Date added:	April 2021		
Cause	Patients not able to access the appropriate levels of planned care during COVID 19 creating both longer and ageing waiting lists for planned care. Resources re directed to address planned care demand leaving unplanned care/unscheduled care pathways with lower staffing		
Impact	Worsening of patient outcomes and experience, higher death rate. The Omicron variant is having a significant impact on staff availability (see separate risk on workforce)		
Impact Score: 5	**Likelihood Score: 5**	**Gross Risk Score:**	**25 (Extreme)**
Current Controls	• Recovery Plans being developed and implemented across all areas of Planned Care • Maintaining Training/Education of all staff groups in relation to delivery of care • Use of Spire Hospital • In-house and insourcing activity • Additional recurrent activity taking place • Recruitment of additional staff • Workforce hub in place with daily review of nurse staffing by DoN in Clinical Boards to manage the risk • Hire of additional mobile theatres • Implementation of Organisation and Transformation centres to focus upon patient flow within hospital sites. • New Quality and Safety and Experience Framework approved by QSE Committee 14/07/21 • Wales wide risk summit has led to the introduction of a 2 week refresh of health and social care actions to assist the current risk in the system • Resilience report being reviewed at ME on a weekly basis and reported to WG		
Current Assurances	• Recovery Plans reported to Management Executive, Strategy and Delivery Committee and the Board (1) (2) • CAHMS position reviewed at Strategy and Delivery Committee (2) • Mental Health Committee aware of more people requiring support (2) • Review of clinical incidents and complaints continues as business as usual and has been aligned with core business and reviewed at Management Executives (1) • Update of situation in ED shared in private session of QSE Committee in Feb 22. (1) (2)		

Saunders,Nathan 03/28/2022 14:57:42

Impact Score: 5	**Likelihood Score: 4**	**Net Risk Score:**	**20 (Extreme)**
Gap in Controls	Local Authority ability to provide packages of care and challenge around discharge to care homes Deterioration of quality of care provided to patients due to the availability of staff in some key clinical environments		
Gap in Assurances	Discharging patients is out of the Health Boards control		

Actions	Lead	By when	Update since January 2022
1. Recovery plan in place and constantly being reviewed	Caroline Bird	31.03.22	Plan in place which is continually been reviewed in relation to demand and capacity – see separate risk on BAF: the risk of inadequate planned care capacity
2. Review of hospital acquired COVID 19 and COVID deaths being undertaken	Ruth Walker	31.03.22	Review has commenced early learning shared with operational colleagues and it is informing the development of the recovery plan Review of deaths continues in line with WG requirements
3. Choices framework being utilised due to the quality of care and ability to provide safe care with current demand and pressures	Ruth Walker/ Caroline Bird	31.03.22	Choice framework continues to be utilised
Impact Score: 5 **Likelihood Score: 2**	**Target Risk Score:**		**10 (High)**

Saunders,Nathan
03/28/2022 14:57:42

4. **Leading Sustainable Culture Change – Lead Executive Rachel Gidman**

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

Risk	There is a risk that the cultural change required will not be implemented in a sustainable way		
Cause	There is a belief within the organisation that the current climate within the organisation is high in bureaucracy and low in trust. Staff reluctant to engage with the case for change as unaware of the UHB strategy and the future ambition. Staff not understanding the part their role plays for the case for change due to lack of communication filtering through all levels of the UHB. Additional complexities as colleagues continuously respond to the challenges of the pandemic, making involvement in, and response to change complex and challenging.		
Impact	Staff morale may decrease Increase in absenteeism Difficulty in retaining and recruiting staff Potential decrease in staff engagement Increase in formal employee relations cases Transformation of services may not happen due to staff reluctance to drive the change through improvement work. Patient experience ultimately affected. UHB credibility as an employee of choice may decrease Staff experiencing fatigue and burnout making active and positive engagement in change challenging and buy-in difficult to achieve.		
Impact Score: 4	**Likelihood Score: 4**	**Gross Risk Score:**	**16 (Extreme)**
Current Controls	Values and behaviours Framework in place Cardiff and Vale Transformation story and narrative Leadership Development (CLIMB) Programme linked in with the launch of the Dragons Heart Institute (DHI) Management Programmes offering a blended approach to learning that includes approaches to compassionate and inclusive leadership and management. Data training also included from Summer 2021. Talent management and succession planning cascaded through the UHB Values based recruitment / appraisal Staff survey results and actions taken, including NHS Staff Survey and Medical Engagement Scale. Involvement in All Wales NHS Staff Engagement Working Group Increasing the diversity of the workforce through the Kickstart programme, Apprenticeship Academy, Project SEARCH Patient experience score cards CEO and Executive Director of People and Culture sponsors for culture and leadership Raising concerns procedure/Freedom to Speak Up relaunched in October 2018 and again in June 2021. UHB part of all Wales Group looking at Freedom to Speak Up across NHS Wales Interviews conducted with senior leaders regarding learnings and feedback from Covid 19 and lessons learnt document completed in September 2020 looking at the whole system. Discovery learning report completed in the Autumn 2020 Launch in 2021 to coincide with the DHI Proposal for Self-care leadership – Recovery for wellbeing and engagement of staff Currently the position of Equality, Diversity and Inclusion Senior Manager is empty until the new successful applicant starts in March 2022. Any queries are being picked up by the Assistant Director of OD and the Equality and Welsh Language Team.		

Saunders.Nathan
03/28/2022 14:57:42

Current Assurances	Engagement of staff side through the Local partnership Forum (LPF) [2] Matrix of measurement now in place which will be presented in the form of a highlight report to Committee [2]		
Impact Score: 4	**Likelihood Score: 2**	**Net Risk Score:**	**8 (High)**
Gap in Controls			
Gap in Assurances			

Actions	Lead	By when	Update since January 2022
1. Learning from Canterbury Model with a Model Experiential Leadership Programme- Three Programmes have been developed: (i) Acceler8 (ii) Integr8 (iii) Collabor8 (iv) Oper8 (for Directorate Managers or equivalent) Compassionate and inclusive leadership principles will be at the core of all the programmes	RG		Currently all the leadership programmes are on hold due to the recovery phase of covid. Intensive learning academy bid was successful. Part of the bid incorporates a 10-month leadership programme. CLIMB launched October 21. Work is planned in ~~January 22~~ Spring 22 to map the UHW in-house leadership offerings alongside the DHI offerings to ensure consistency of message, clarify access and routes to colleagues, and utilise potential shared resources.
		01.04.2022	Programmes to restart April 2022 post showcase and Winter pressures Although leadership development programmes have been delayed during Covid recovery, recent developments in improving staff wellbeing include enhancing leadership and management development opportunities, specifically linked to individual and team wellbeing and team dynamics. Opportunities, including Working with people with mental health challenges, and Having effective wellbeing discussions will be offered from February 2022.
		30.03.22	Nominations for the Senior Leadership Development Programme, Collabor8, will be requested in March 2022, with the programme launch in April 2022. The 6 month programme will bring 18 leaders together over 7 modules, including a residential element in Elan Valley. Development of additional leadership development to support the programme is under development to support learning outside of the programme themes (e.g. communication / managing conflict)

Saunders,Nathan
03/28/2022 14:57:42

			Development of a coaching and mentoring network continues with procurement of mentoring training and coaching supervision. Focus groups are planned for the end of March to engage with colleagues approaching or considering retirement to assess the appetite to become mentors.
2. Showcase	RG	31.03.2022 30.03.2022	Virtual showcase now being considered and linking with the Clinical Service Redesign and exploring catering for bigger numbers Virtual showcase – Engagement for the case for change. The design of the showcase will be aligned with Shaping our clinical services. Approval agreed in ME in Feb 2021. Tender submitted March 2021 and completed May 2021 Launch of preview Virtual Showcase Sept 2021 Whole system launch March 2022 this will be led by the Planning team to promote Shaping Our Clinical Services Focused work on developing the showcase to communicate the People and Culture Plan is underway. This development will be reviewed by the end of March for launch in the new financial year.
3. Equality, Diversity and Inclusion Welsh Language Standard being implemented. Inclusion - Nine protected Characteristics Saunders.Nathan 03/28/2022 14:57:42	RG	05.01.22 28.02.2022	Equality Strategy Welsh Language Group is now established and taking place on a bi monthly basis with senior leaders across the organisation who can influence this agenda. Actions and milestones in place for all standards and VERTO reports provide the Group with updates on progress. Two Welsh Language translators now fully operational. A robust translation process is in development and will be piloted in early 2022, this will utilise the in-house translators and the SLA in place with Bi-lingual Cardiff to ensure most effective use of resources. The internal Audit on Welsh Language within the UHB has been completed and the outcome was held as 'reasonable assurance'. An action plan has been developed and agreed which will support developments in this area and is monitored by the ESWLSG.

		31.03.2022	All 9 protected characteristics including Welsh language are sponsored by an Executive and an independent member. This approach is also being rolled-out across CBs. Board development sessions led by the Executive Sponsor have been delivered, including Marriage and Civil Partnership. Further work on colleague networks will be explored in April 2022 upon appointment of the Equality, Inclusion and Diversity Senior Manager. Project Search participants currently experiencing the classroom element of their work experience, placements will commence January 2022 with all individuals undertaking individual risk assessments prior to any placements. KICKSTART is a WG initiative to assist 16 – 24 year olds to gain employed work for 6 months. Initiative stared ins April 2021. Very positive feedback on placements with a number of placements acquiring employment within the Health Board. As of December 2021, 60 kick-start placements have left the UHB (End of Contract/resigned), 52 are currently still working for the organisation, there are also 15 that have had their contracts extended until 31/3/22 which are funded by their departments The Stonewall Workplace Equality Index results were published on 24th February 2022, and the UHB position was 37th, resulting in a Gold Award (top 50). This is a movement from 113th place in 2020.
4. CAV Convention	RG	31.03.2022	Proposing CAV convention conference in Spring 2022 in line with the virtual showcase. Illustrating the clinical groups progression and to formally launch the CAV convention into the health system.
Impact Score: 4	**Likelihood Score: 1**	**Target Risk Score:**	**4 (Moderate)**

Saunders.Nathan
03/28/2022 14:57:42

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

The UHB delivers services through a number of buildings across Cardiff and the Vale of Glamorgan, from health centres to the Tertiary Centre at UHW. All NHS organisations have statutory responsibilities to manage their assets effectively: an up to date estate strategy is evidence of the management of the estate. The IT SOP sets out priorities for the next five years and Medical Equipment is replaced in a timely manner. There have also been a number of recent failures in relation to the estate which means that this risk needs to remain at its current net risk score of 20.

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

Saunders.Nathan
03/28/2022 14:57:42

	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 have 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(1) (2) The statutory compliance areas are monitored every month in the Capital Management Group to ensure that the key areas of risk are prioritised (1) The Executive Director of Strategic Planning and the Director of Capital, Facilities and Estates meet regularly with the Welsh Government Capital Team to review the capital programme and discuss the service risks (3). Regular reporting on capital programme and risks to Capital Management, Management Executive and Strategy and Delivery Committee (1) (2) IT risk register regularly updated and shared with NWIS (2) Health Care Standard completed annually (3) Medical equipment risk registers developed and managed by Clinical Boards, reviewed at UHB medical equipment group (1) Strategy and Delivery Committee continue to oversee the delivery of the Capital Programme (2)

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. Despite the substantial end of year capital the recurrent position remains unchanged.

Actions	Lead	By when	Update since January 2022
1. The Estates Strategy requires review and refresh and there is a need to ensure that it is future proof. The scoping of this work to understand what is required will take place before Christmas	AH/CP	31.12.21	It has been agreed that this document will be reviewed in 22/23 but there will be some preparatory work to be undertaken beforehand.
2. PBC for UHW2 revised and submitted to Welsh Government and considered by the Investment and Infrastructure Board. The Minister is due to consider the PBC in January	AH	31.03.22	Updates have been provided to Shaping Our Future Hospitals Committee as the PBC was not considered in January. Work in this area continues.
3. Substantial amounts of end of year capital funding has been secured which will allow the acceleration of investment in digital, medical equipment and the estate	AH/CP	31.03.22	Complete

Impact Score: 5	**Likelihood Score: 2**	**Target Risk Score:**	**10 high)**

Saunders,Nathan
03/28/2022 07:57:42

6. Inadequate Planned Care Capacity - Lead Executive – Caroline Bird

The impact of COVID 19 has had many consequences to Healthcare and in particular the continuation of the Health Board being able to undertake Planned Care both during the peak of the pandemic and any future peaks of the pandemic. There has been significant disruption to planned care and disruption to the progress which was being made after the first wave of Covid 19. This was further exacerbated by the second cessation of elective activity and despite progress been made planned care has been significantly compounded. The Health Board is now moving into a recovery phase with recovery plans developing and immediate actions taking place.

Risk	There is a risk that there will be inadequate planned care capacity due to the impact of covid 19 resulting in longer and ageing waiting lists and the ability of the Health Board to manage planned care in a timely manner going forward. This risk may also get considerably worse over the winter period and with further covid waves.		
Date added: 31.07.2020			
Cause	Covid pandemic resulting in a cessation of elective activity and result of longer and ageing waiting lists.		
Impact	A growing waiting list for planned care activity An ageing waiting list Potential clinical risk associated with delayed access – see risk in relation to patient safety.		
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 Secured additional capacity within the private sector – into 2022/23 Recovery Plans in place Programme Delivery Director appointed to lead Recovery Schemes		
Current Assurances	Growth in 'green zone' activity (1) overall. Impact of Omicron has subsided but ongoing reduction in 'green zone' capacity and activity to release both physical capacity and staff to support operational pressures. Elective orthopaedic operating has recommenced in UHL. Surgical audit to provide assurance on outcomes (1) Growth in virtual outpatients activity (1) (2) Growth in diagnostics activity (1) (2) Met Q1 & Q2 recovery trajectory of 70% and 80% respectively of pre covid activity(1) (2) With new schemes being implemented late March, forecast that we will be at or close to achieving 90% by end of Q4 (as per 2021/22 annual plan commitment)(1)		
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		

Saunders,Nathan 03/28/2022 14:5

Actions	Lead	By when	Update since January 2022
1.Bids for further schemes currently awaiting approval	CB	Completed	2 tranches have been approved by Welsh Government including

			recovery monies for in year and recurrent plans are in place
2. Implementation of Planned Care Recovery plan	CB	31/03/2022	Good progress made in implementation with a number of schemes. Further schemes coming on line in Q4. Plans agreed and progressing for 22/23
3. Weekly review of application of Local Choices Framework to balance risk, minimise impact and restore services as soon as possible	CB	31/03/2022	Weekly review in place – reduction of elective services commensurate with current covid/ operational risk. Impact on hospital cancellations minimised. Essential services maintained.

Impact Score: 4	**Likelihood Score: 3**	**Target Risk Score:**	**12 (High)**

Saunders,Nathan
03/28/2022 14:57:42

7. Risk of Delivery of Annual Plan 21/22 - Lead Executive – Abigail Harris

The requirement for a three year IMTP remains suspended by Welsh Government due to the Covid 19 pandemic. However, the Health Board are still required to produce an Annual Plan for 21/22 which will reference the last approved IMTP. From 22/23 there will be a requirement to develop a three Year IMTP.

Risk	There is a risk that the Health Board will not deliver the objectives set out in the Annual Plan out due to the challenge around recovering the backlog of planned activity (see separate risk), not taking the opportunity to do things differently and the potential risk associated with the Medium Term Financial position all of which could impact upon delivery of the Annual Plan or future IMTP.		
Date added:	April 20		
Cause	The focus of executive and operational efforts is on directing the organisational response creating the operational capacity to meet the immediate acute demand generated by the COVID-19 pandemic.		
Impact	The UHB may not be appropriately prepared to manage the consequences of a protracted and disruptive emergency response particularly in terms of: workforce (e.g. many will be exhausted and many will have built up leave) Infrastructure Planned care Unplanned care Financial delivery The benefits of emergency changes may not be adequately captured. There may be learning opportunities missed.		
Impact Score: 5	**Likelihood Score: 4**	**Gross Risk Score:**	**20 (Extreme)**
Current Controls	• Welsh Government has suspended the IMTP process and Health Boards are working to quarterly operational plans that reflect the current COVID29 situation and the need to re-establish as much of our non-COVID19 activity as possible, recognising the need to continue to provide services in different ways in light of the service transformation that took place in the emergency response phase and the ongoing requirement for social distancing and infection prevention and control measures.		
Current Assurances	Board approved plan in June 21 and submitted to Welsh Government (1) (3) Quarter 1-3 deliverables were achieved or met (1) (3)		
Impact Score: 5	**Likelihood Score: 3**	**Net Risk Score:**	**15 (Extreme)**
Gap in Controls			
Gap in Assurances	Board signed off Annual Plan and addendum at the end of June and submitted it to Welsh Government however the Health Board is unsure on the timeliness of money being released from WG Delivering a plan in the context of uncertainty and pressure. Emergence of Omicron variant has created the need to step up Covid response planning which adds uncertainty to deliverability of Annual Plan		

Actions	Lead	By when	Update since January 2022
Monitor implementation of Annual Plan and continue to report through Strategy and Delivery Committee and Welsh Government via monthly meeting	AH	31/03/22	The HB is still working in an uncertain environment but a winter plan has been developed. IMTP has been developed for Board approval 31.3.22 prior to submission to WG.
Continue to update and strengthen a dynamic approach to operational planning and service delivery and utilising the Local Choices Framework where necessary	CB	31/03/22	This action continues
Impact Score: 5	**Likelihood Score: 2**	**Target Risk Score:**	**10 (High)**

Saunders Nathan 03/28/2022 14:37 (GMT)

8. Impact of Covid19 Pandemic on Staff Wellbeing – Executive Lead Rachel Gidman

As a result of the global Covid19 pandemic, our employees have been exposed to unprecedented levels of psychological and physical distress both at home and in the workplace. Evidence indicates that, Healthcare workers are at greater risk of developing mental health problems as a result. The impact of this is unlikely to be experienced equally, with people with existing mental health difficulties and people from Black, Asian and minority ethnic communities among those who are likely to be affected disproportionately.

Risk	There is a risk that staff sickness will increase and staff wellbeing will decrease due to the psychological and physical impact of the ongoing pandemic. Which together with limited time to reflect and recover will increase the risk of burnout in staff.		
Date added:	6th May 2021		
Cause	• Redeployment with lack of communication / notice / consultation • Working in areas out of their clinical expertise / experience • Being merged with new colleagues from different areas • Increased working to cover shifts for colleagues / react to increased capacity / high levels of sickness or isolation due to positive Covid test results • Shielding / self-isolating / suffering from / recovering from COVID-19 • Build-up of grief / dealing with potentially traumatic experiences • Lack of integration and understanding of importance of wellbeing amongst managers / impact upon manager wellbeing • Conflict between service delivery and staff wellbeing • Continued exposure to psychological impact of covid both at home and in work • Ongoing demands of the pandemic over an extended period of time, minimising ability to take leave / rest / recuperate • Experience of moral injury		
Impact	• Values and behaviours of the UHB will not be displayed and potential for exacerbation of existing poor behaviours • Operating on minimal staff levels in clinical areas • Mental health and wellbeing of staff will decrease, existing MH conditions exacerbated • Clinical errors will increase • Staff morale and productivity will decrease • Job satisfaction and happiness levels will decrease • Increase in sickness levels • Patient experience will decrease • Increased referrals to Occupational Health and Employee Wellbeing Services (EWS) • UHB credibility as an employee of choice may decrease • Potential exacerbation of existing health conditions		
Impact Score: 5	**Likelihood Score: 4**	**Gross Risk Score:**	**20 –(Extreme)**
Current Controls	• Self-referral to wellbeing services • Managerial referrals to occupational health and wellbeing • External support – health for health professionals, recovery college, Mind, Samaritans • Wellbeing Q&As and drop ins (topical workshops) • Wellbeing Support and training for Line managers • Development of range of wellbeing resources for both staff and line managers • GP self-referral • Values Based Appraisals including focus on wellbeing • Chaplaincy ward rounds • Health Intervention Team (HIT) – focus on both immediate reactive interventions and long term preventative • HIT exploring staff needs and gathering qualitative insight from staff • Increase number of wellbeing champions trained • Health and Wellbeing Strategic group		

Saunders,Nathan
03/28/2022 14:57:42

	• Development of rapid access to Dermatology • Post traumatic pathway service increased to cater for potential demands • Development of deployment principles to support both staff and line managers • Wellbeing walkabout by HIT team to ensure staff and managers can access resources • Long Covid Peer Support Group to support those staff affected with long term conditions remain at work or return to work		
Current Assurances	• Internal monitoring and KPIs within the EHWS(1) • Wellbeing champions normalising wellbeing discussions (1) • VBA focussing on individual wellbeing and development (1) • Commitment from HIT staff to identify priority areas (1) • Trade unions insight and feedback from employees (3)		
Impact Score: 5	**Likelihood Score: 3**	**Net Risk Score:**	**15 – (Extreme)**
Gap in Controls	• Transparent and timely Communication especially to staff who are not in their substantive role e.g. redeployed, hybrid working • Existing proactive interventions to wellbeing • Health Charity funding for EWS ends in July 2022 which will reduce clinical capacity by 70% • 43% increase in referrals to Occupational Health • Covid Health Intervention Co-ordinator post end in April 2022 reducing active support to staff		
Gap in Assurances	• Organisational acceptance and approval of wellbeing as an integral part of staff's working life • Awareness and access of employee wellbeing services • Clarity of signposting and support for managers and workforce		

Actions	Lead	By when	Update since January 2022
1. Health Intervention Coordinator (1) providing reactive and immediate support to employees directly affected by COVID	NB	Immediate April 2021 – April 2022	Oversees COVID drop in support sessions CAV a Coffee events on wards - Lakeside & Heulwyn Ward visits and support to staff Signposting of resources and support through EHWS Wellbeing support to EU
2. Health Intervention Coordinators (2) conducting research and exploration for long term sustainable wellbeing for the staff of the UHB	NB	Consultation by August 21 Interventions identified by Jan 22 Interventions proposed implementation April 22 - 2023	Consultation commenced across clinical boards Consultation proposed for May-July amongst all bandings of staff – clinical and non-clinical Feedback presented to Board Development October 21 Report of actions completed and presented to Executive Team, awaiting approval and release in line with P&C plan Recommendations formed part of P&C 'engaged and motivated workforce' and used to shape direction of

Saunders.Nathan 03/28/2022 14:57:42

			the Wellbeing Plan (Slippage Funds). Tenders and pilot areas approved to implement MEDTRiM, Schwartz Rounds and REACTMH. Implementation plan in development to start April 2022. Reviewed stress and mental health policies to equip managers with tools to understanding stress and MH in the workplace.
3. Enhance communication methods across UHB - Social media platform - Regularity and accessibility of information and resources - Improve website navigation and resources	NB	Commenced March 21 and continuing	Initial engagement with comms team Use of wellbeing champions to disperse messages Access to senior nurses and ward managers to disperse messages. Created Twitter account aimed at staff wellbeing and interaction for informal and accessible information
4. Training and education of management - Integrate wellbeing into all parts of the employment cycle (recruitment, induction, training and ongoing career) - Enhance training and education courses and support for new and existing managers	NB	Post consultation phase	Capital Estates and Facilities Managers pilot commenced Dec 21 in line with CEF priorities and local needs; initial scoping session completed, priority areas identified and reported to CEF manager Clinical Research Managers pilot commenced Dec 21 – programme of sessions for managers and respective teams Feb – April 22 Wellbeing sessions delivered regularly at Clinical Boards and Senior Management meetings Proactive interventions on hold during January to provide visible wellbeing support to wards EWS providing manager training for new and potential managers in collaboration with LED: November 2021 ; Essential Management Skills (Resilience and Wellbeing)

Saunders,Nathan
03/28/2022 14:57:42

			and February 2022: First Steps to Management. New management and leadership development offerings to support wellbeing have been procured (Inner Wellness; Engaging with Remote Teams) and roll out plan in development from April 2022.
5. Wellbeing interventions and resources funding bid approved November 2021. Implementation to start December 2021 for completion March 2022. Wellbeing Strategy group to shape with feedback from Cl Boards.	CW	Nov 21 - March 2022	Funding bid approved (Slippage Funds). Wellbeing Plan has been agreed via the Wellbeing Strategy Group and implementation has commenced. Physical and environmental improvements, including hydration stations, improved staff facilities – staff rooms / kitchens etc., and nursery facilities, currently being planned, procured and implemented by WOD in partnership with CEF team. Project plan to manage colleague expectations in development to demonstrate timetable for extensive works. Spend to be complete by end March 22. Peer support models to be piloted in identified areas, including REACTMH training for managers; Sustaining Resilience at Work (StRAW) Practitioner Training; Critical Incident Stress Management (CISM) Peer Support Training; and Trauma Risk Incident Management (TRiM / MedTRiM) Peer Support The UHB is also working with the Point of Care Foundation to develop a stepped approach to developing Schwartz Rounds with pilot areas.

Saunders.Nathan
03/28/2022 14:57:42

				WOD is working closely with the Recovery and Wellbeing College to co-produce manager development and peer support sessions.
Impact Score: 3	**Likelihood Score: 2**	**Target Risk Score:**		**6 - Moderate**

Saunders,Nathan
03/28/2022 14:57:42

9. Exacerbation of Health Inequalities in C&V – Lead Executive Fiona Kinghorn

COVID-19 has compounded existing health inequalities in Wales, which have shown little improvement in the last ten years, based on the gap in life expectancy between the most and least deprived fifth of the population. Although the main disparities have been age, sex, deprivation and ethnicity, there is clear evidence of intersectionality, risk factors compounding each other to further disadvantage individuals with protected characteristics (based on the Equality Act 2010). As the granular level data emerges, there is no evidence to suggest that this pattern is not replicated fully at a Cardiff and Vale UHB level.

The vision of our Shaping Our Future Wellbeing strategy is that *"a person's chance of leading a healthy life is the same wherever they live and whoever they are"*. Our goal is to reduce health inequalities – reduce the 12 year life expectancy gap, and improve the healthy years lived gap of 22 years. Addressing inequality linked to deprivation is also a clear commitment of both Cardiff and Vale of Glamorgan PSB Well-being Plans 2018-23.

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

Risk	There is a risk that the exacerbation of inequalities due to COVID-19 will reverse progress in our goal to reduce the 12 year life expectancy gap, and improvements to the healthy years lived gap of 22 years.
Date added:	29.07.21

Cause	• Deaths from COVID-19 have been almost double in the most deprived quintile when compared with the least deprived quintile of the population in Wales, and there has been a disproportionate rate of hospitalisation and death in ethnic minority communities
	• In Wales, socio-economic health inequalities in COVID-19 become more pronounced further along the hospital treatment pathway. Based on data from the first few months of the pandemic we can see that inequalities were not particularly pronounced for confirmed cases (unlike England) but the gradient became bigger for admissions, ICU and deaths. This may be related to the idea of staircase effects whereby health inequalities accumulate across the system and the 'inverse care law' whereby people from deprived areas may not seek help until later when their condition has deteriorated, which may be related to accessibility, health literacy and competing demands on their time. The role of the healthcare organisation in flexing to provide effective treatment according to individual need along that pathway is key
	• Health inequalities arise in three main ways, from
	  ○ structural issues, e.g. income, employment, education and housing
	  ○ unhealthy behaviours
	  ○ inequitable access to, or experience of, services, which can be a result of discrimination due to inaccessible services, public information or healthcare sites that may be relevant/pertinent to their particular needs
	• It follows, therefore, that services run by organisations which do not address their own structural issues (nor advocate others to do so), do not support staff and their population to take up healthier, or reduce health-harming, behaviours, and which are not tailored towards reducing inequalities will fail to address the causes of increasing health inequality

Impact	• The key population groups with multiple vulnerabilities, compounded or exposed by COVID-19, include:
	  ○ Children and young people
	  ○ Minority ethnic groups, especially Black and Asian populations
	  ○ People living in (or at risk of) deprivation and poverty

Saunders, Nathan
03/28/2022 14:57:42

	○ People in insecure/low income/informal/low-qualification employment, especially women ○ People who are marginalised and socially excluded, such as homeless persons • Risk factors interact and multiple aspects of disadvantage come together, increasing the disease burden and widening equity gaps. Underlying chronic conditions, as well as unequal living and working conditions, can in turn increase the transmission, rate and severity of COVID-19 infections • COVID-19 and its containment measures (lockdowns) can directly and indirectly increase inequity across living and working conditions; as well as inequity in health outcomes from chronic conditions. For example, working from home during and post lockdown may not be possible for many service sector employees. Marginalised communities are more vulnerable to infection, even when they have no underlying health conditions, due to chronic stress of material or psychological deprivation, associated with immunosuppression • The longer-term, and potentially largest, consequences for widening health inequalities can arise through political and economic pathways. Areas with higher unemployment have greater increase in suicides; and people living in the most deprived areas experience the largest increase in mental illness and self-harm • This is not simply a social injustice issue, health inequalities are also estimated to cost £3-4 billion annually in Wales through higher welfare payments, productivity losses, lost taxes, and additional illness		
Impact Score: 4	**Likelihood Score: 4**	**Gross Risk Score:**	**16 Extreme**
Current Controls	**1. Statutory function** The Socio-economic Duty places a legal responsibility on public bodies in Wales when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. Approaching implementation of the Socio-economic Duty effectively will help us maximise our contribution to addressing such inequalities, and also to meet our obligations under the Human Rights Act 1998 and international human rights law. Of note, but more of a reputational risk, if an individual or group whose interests are adversely affected by our strategic decision, in circumstances where that individual or group feels the Duty has not been properly complied with, they would have the right to instigate a judicial review claim against the UHB **2. Role as an Employer** • In our Equality, Inclusivity and Human Rights Policy, we have an active programme, which sets out the organisational commitment to promoting equality, diversity and human rights in relation to employment, and ensuring staff recruitment is conducted in an equal manner • Our Strategic Equality Plan 'Caring about Inclusion 2020-2024' has a number of key delivery objectives and is premised on the basis of embedding equality, diversity and human rights, and Welsh language, into UHB business processes, for example: Recruitment and Selection Policy, Annual Equality Report, Equality reports to the Strategy and Delivery Committee, Reports/Updates to the Centre for Equality and Human Rights, Outcome Report to the Welsh Government Equalities Team regarding sensory loss, provision of evidence to the Health and Care Standards self-assessment, Equality and Health Impact Assessments • All our Executives have taken up a leadership role across the nine protected characteristics specified in the Equality Act 2010 - age, disability, gender identity, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation - our CEO is the lead for race **3. Refocused Joint strategic and operational planning and delivery** • Each of our strategic programmes within Shaping our Future Well Being Strategy will need to consider how our work can further tackle inequalities in health. Our Shaping our Future Public Health strategic programme has a focused arena of work aimed at tackling areas of inequalities where there are gaps, for example healthy weight, immunisation and screening. We are working closely with the 2 local authorities and other partners, through our PSBs and RPB partnerships to accelerate action in our local communities. This will include building on local		

Saunders.Nathan 03/28/2022 14:57:42

	engagement to date with our ethnic minority communities during the Covid-19 pandemic. Such focused work is articulated in 'Cardiff and Vale Local Public Health Plan 2021-24' within our UHB three-year plan • Through our PSB and RPB plans we already prioritise areas of work to tackle inequalities and the refreshed needs assessments for both PSBs and RPB will further identify collective actions • The Youth Justice Board is planning to implement the recommendations of our Public injecting & Youth Justice HNAs in Cardiff • Cardiff PSB and Cardiff and Vale Substance Misuse Area Planning Board will implement the recommendations of its Needle Exchange programme review to tackle health inequality as part of COVID-19 substance misuse recovery work • Our draft Suicide and Self-Harm Prevention Strategy is currently out for consultation • Action during the pandemic has included a multi-agency approach to Seldom Heard Voices, targeting initiatives towards areas of deprivation e.g. walk in vaccine clinics. This work will continue as we move toward recovery. • The Annual Report of the Director of Public Health (2020), published in September 2021, focusses on reducing inequity and sets out a vision for future partnership working that will enable us to recover strongly and more fairly.
Current Assurances	We have identified a bellwether set of indicators to help measure inequalities in health in the Cardiff and Vale population through which we will develop further to measure impact of our actions. This formed part of the Annual Report of the Director of Public Health 2020, due to be published September 2021 (1). Examples include: • The inequality gap in healthy life expectancy at birth in Cardiff and Vale UHB for males, increased from 20.4 years in 2005-2009 to 24.4 years in 2010-2014 • The gap in coverage of COVID-19 vaccination between those living in the least deprived and most deprived areas of Cardiff and Vale UHB, aged 80 years and above, reduced from 8.8% to 8.4% between May and June 2021
Impact Score: 4	**Likelihood Score: 3** | **Net Risk Score:** | **12 (High)**
Gap in Controls	• Uncertainty around progress of the pandemic due to uncertainly of impact of relaxation of restrictions on population spread, and future risk of variants • Unidentified and unmet healthcare needs in seldom heard groups • Capacity of partner organisations to deliver on plans and interdependency of work • Financial support to individuals following ending of the furlough scheme
Gap in Assurances	• Monitoring data (often managed via external agencies) and establishing trends difficult to determine over shorter timescales

Actions	Lead	By when	Update since January 2022
1. Embed a 'Socio-economic Duty' way of thinking into strategic/operational planning, *beyond* complying with our statutory duty	FK/RG	March 2022	On track Our EHIA processes and training continues to raise awareness of the duty. The appointment of a new ED&I Senior Manager will enable a review of the EHIA process which will take place April-August 2022. Learning will be gathered from the Audit Wales review of EHIA which will aim to communicate and share good practice across NHS Wales. E-Learning package potentially being developed by Welsh Government and Equality

Saunders.Nathan 03/28/2022 14:57:42

			& Human Rights Commission. Fortnightly meetings of the Seldom Heard Vaccinations Group continues to demonstrate our commitment to embedding the socio-economic duty ways of working and working beyond compliance. We have a patient experience centre in the multi-cultural resource centre in one of our communities where we will host listening and information sharing with communities The multi lingual staff will also attend pop up events across Cardiff and Vale The Cardiff Race Equality Taskforce Report was signed off at Cardiff PSB in the 9th March. Ongoing actions from the recommendations, including health related.
2. Within the UHB and through our PSB and RPB partnerships, refresh a suite of focused preventative actions to tackling inequalities in health Saunders.Nathan 03/28/2022 14:57:42	FK	June 2022	In progress Addressing inequities and promoting prevention is the focus for the Annual Report of the Director of Public Health (2020). Partner organisations have agreed that 'Amplifying Prevention' will be a shared focus in our pandemic recovery, with specific attention to childhood immunisation, bowel screening and Move More, Eat Well. Planning is in progress, and will draw on the learning from the partnership pandemic response to ensure future effective delivery. Youth Justice Needs Assessment and Public Injecting Needs Assessments have informed actions to be delivered during 2022/23 aimed at improving client support and outcomes.

				The UHB is a key partner in delivery of both Cardiff and the Vale of Glamorgan Well-being Needs Assessments. The Executive DPH is leading on the Regional Partnership Board Population Needs Assessment; within which each population group in need of care and support has analysis and recommendations on health inequalities. The draft report is being presented through strategic groups and fora. The Population Needs Assessment is on track for publication on 1 April 2022.
Impact Score: 4	**Likelihood Score: 2**	**Target Risk Score:**	**8 (High)**	

Key:

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

Saunders,Nathan
03/28/2022 14:57:42

Report Title:	C&V Integrated Performance Report			Agenda Item no.	6.11
Meeting:	C&V UHB Board	Public	X	Meeting Date:	31 March 2022
		Private			
Status *(please tick one only):*	Assurance		Approval		Information X
Lead Executive:	Ruth Walker, Caroline Bird, Rachel Gidman, Catherine Phillips				
Report Author (Title):	Information Manager				

Main Report
Background and current situation:

This report provides the Board with a summary of performance against a number of key quality and performance indicators. This will include areas where the organisation has made significant improvements or has particular challenges including the impact of COVID-19, together with areas where the Health Board is under formal escalation measures from the Welsh Government and/or where local progress is being monitored.

This Balanced Scorecard comprises indicators that cover Quality & Safety, Finance, Workforce, Performance and Public Health for the Health Board.

Finance

	Nov-21	Dec-21	RAG	Target
Deliver 2021/22 Draft Financial Plan	£0.305m surplus	£0.406m surplus	↑	Break even
Remain within capital resource limits.	£9.820m	£15.794m	G	£55.865m
Reduction in Underlying deficit (Forecast)	£25.3	£25.3m	R	£25.3
Delivery of recurrent £12.000m 1.5% devolved target (Forecast)	£7.735m	£7.576m	R	£12m
Delivery of £4m non recurrent devolved target (Forecast)	£7.685m	£7.676m	G	£4m
Creditor payments compliance 30 day Non NHS (Cumulative)	94.2%	93.5%	↓	95%
Remain within Cash Limit (Forecast cash surplus)	£0.566m	expected positive cash balance	G	Within Cash Limit
Maintain Positive Cash Balance	£4.006m	£4.062m	G	Positive Cash Bal.

Performance

	Dec-21	Jan-22	RAG	Target
A&E 12 hour waiting times	1177	1108	R	0
A&E 4 hour waiting %	62%	65%	R	95%
Ambulance Handover Times >1 hour	661	804	R	0
	Dec-21	**Jan-22**	**RAG**	**Target**
Waiting less than 26 weeks %	56%	54%	R	95%
RTT Waiting Over 36 Weeks	39782	41168		-
Diagnositcs >8 weeks Wwait	7808	7319	R	0
Mental Health Referrals	1173	1233	-	-
Mental Health Part 1a	28%	21%	↓	80%
Mental Health Part 1b	97%	94%	G	80%
Patients Delayed over 100% for follow-up Appointment	42982	42268	↓	0
	Nov-21	**Dec-21**		
Single Cancer Pathway	54%	51%		

Quality & Safety

Patient Satisfaction	Dec-21	Jan-22	RAG	Target
30 day complaints response compliance %	88%%	77%	G	75%
Patient Experience	**Nov-21**	**Jan-22**	**RAG**	**Target**
Patient Experience - Mass Vaccination Centres	94%	95%		
Patient Experience - Other Hospital Environments	81%	79%		
Falls	**Dec-21**	**Jan-22**		
Slips Trips and Falls (30 day moving total)	324	333		
Slips Trips and Falls with harm (30 day moving total)	17	14		
Serious Incidents	**Dec-21**	**Jan-22**		
Nationally Reportable Incident (SI)**	29	10		
Number of Never Events	0			
Mortality	**Sep-21**	**Oct-21**		
Percentage of Stage 1 Reviews Completed	90%	81%		
Risk Adjusted Mortality Index	87.18	124.96		
Number of still births				
Infection Control	**2020 /21 (Dec-20)**	**2021/22 (Dec-21)**		
All Reported Infections (cumulative)	459	579		
Mental Health	**Apr-21**	**Jun-21**		
Number of adults where restraints were used	Pending			

Workforce

	Nov-21	Jan-22	RAG	Target
Percentage of staff (excluding medical) undertaking PADR (Performance Appraisal Development Review)	31.6%	31.40%	R	85%
Achieve annual local sickness and absence workforce target (rolling 12 month)	6.5%	6.70%	R	4.60%
Staff Turnover Rate	7.9%	8.80%	-	-
Mandatory Training Compliance	72.26%	72.43%	↑	85%
Fire - Mandatory Training	61.68%	62.18%	↑	85%
Staff Retention	86.97%	84.48%	-	-

Population

Immunisation	2021/22 Qtr 2	2021/22 Qtr 3	RAG	Target
% of children up to date with scheduled vaccines by 4 years of age	84.90%	85.30%	↑	95%
	Dec-21	**Feb-21**		
Adults (aged 18 years and over) in Cardiff and Vale UHB have received a Covid-19 booster vaccination	59%	67%		
Of those who have **a completed primary course of vaccination** *, % of adults aged 18 years and over have received a Covid-19 Booster vaccination	72%	82%		

Tobacco	2021 / 22 Qtr 1	2021 / 22 Qtr 2	RAG	Target
% of smokers who become treated smokers	1%	0.5%**		
% of treated smokers who quit at 4 weeks	71%	72%**		

Swyddfa'r Bwrdd
03/2022
14.4.22

* *Those who have received two Covid-19 doses, with the exception of those who are severely immunosuppressed and are recommended three primary doses*

** *No new data available*

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

Quality and Safety

Nationally reportable incidents

Since the change in national reporting to the Delivery Unit in June 2021, Cardiff and Vale has reported 83 NRIs in that timeframe.

The top reported category of NRIs across Wales since June 2021 has been:

- Falls
- Delayed Treatment
- Pressure damage
- Unexpected/unexplained death
- Delayed diagnosis

Within Cardiff and Vale, the top reported NRI categories within the 83 reported since June 2021, has been:

- Pressure ulcers – 23
- Patient Accidents/falls – 14
- Delayed access/admission (appointments/admission delayed/cancelled) - 11
- Unexpected deaths – 9
- Delayed diagnostic processes/procedures – 6

It is interesting to note that delayed access/admission has increased since the last paper presented to Board from 4 to 11.

Pressure damage and falls continue to be the highest reported category of patient safety incidents. Significant work continues to address these high reported incidents. A detailed paper regarding the actions around pressure damage reduction through a collaborative was presented at the December '21 Quality, Safety and Experience committee.

Link to papers

The goal of the Collaborative is:

 reduce the incidence of healthcare acquired pressure damage with the Health Board by 25% by July 2022

 speed up adoption of innovation into practice to improve clinical outcomes and patient Experience

Phase 2 of the national implementation plan for thematic reporting is still in the planning stage with the DU. There are currently 4 network groups that have been meeting nationally with DU to discuss and plan for phase 2, the 4 groups for thematic reporting are:

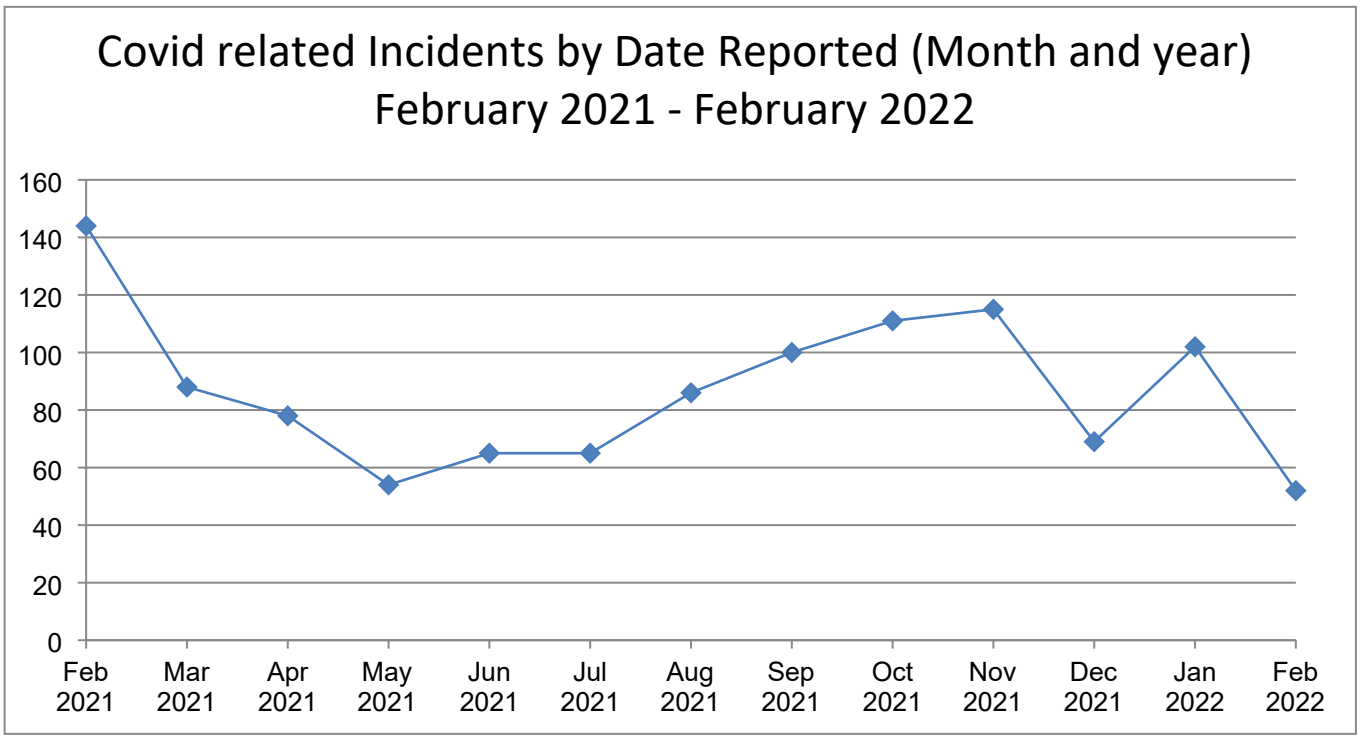
- Falls
- Pressure damage
- Mental health
- Maternity and Neonatal.

Covid-19 incidents – There has been an increase in outbreaks which have particularly affected UHL and their nightingale wards. The environment of the nightingale wards is not conducive to containing an airborne transmissible disease such as Covid. The IP&C team are working with clinical teams to ensure that high standards of PPE and IPC practises are maintained. The patients in UHL are often more vulnerable however, it is reassuring that the majority of these patients are asymptomatic and have been identified through routine screening. UHW have also had outbreaks and these have transmitted throughout the ward, containment has been challenging. Again, the

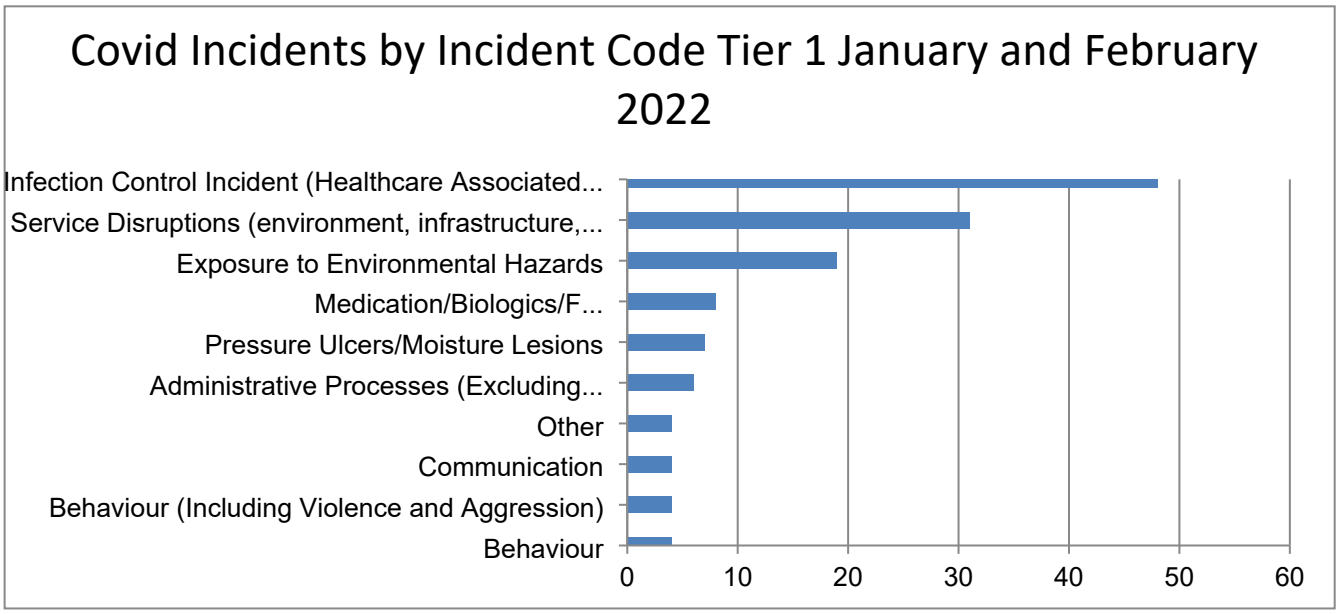
Agenda Item 4.1 Appendix 1

IP&C team are re-enforcing the importance of strict IP&C measures and supporting clinical teams. The Safe2Move risk assessment continues to be used.

Since the 1st January 2022, there have been **19 deaths** which come into the categories of indeterminate, probable or definite nosocomial Covid 19.



This shows a reduction in Covid related incidents in the spring of 2021 peaking in November 2021 (for comparison there was a higher number of incidents reported in the first wave).

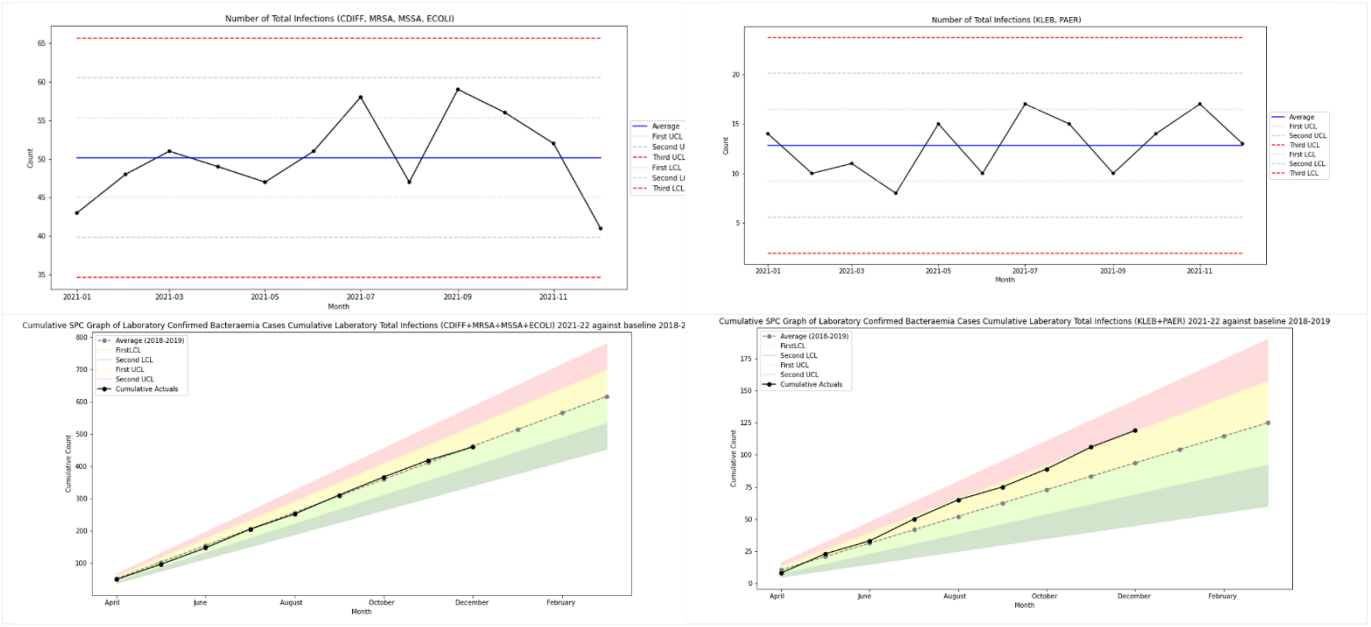


Short staffing was previously the highest reported covid related incident. This has now changed to Nosocomial covid which was previously second highest reported incident. This reflects the outbreak position that we have encountered during this period and relates in part to the requirement to undertake COVID testing for all inpatients. The number of incidents reported that relate to aggressive behaviour is much lower than in November and December 2021, this is possibly due to the reduction in need for the mass vaccine centres who were the highest reporters of aggression and violence towards staff.

Covid- outbreak position – the current position is reported in a separate report to Board.

Hospital Infections – As at December-21 the grouped total Cdiff**,** Ecoli, MRSA and MSSA infections is showing no in-year improvement against the 2018/19 baseline. However, Ecoli, MRSA and MSSA are demonstrating an in-year improvement whereas Cdiff in year has increased by 30% compared to baseline of Dec-18.

Similarly, as at November-21 Klebsiella has increased the in-year infections above the baseline year whereas P. aeruginosa is running below the 2018/19 baseline average.

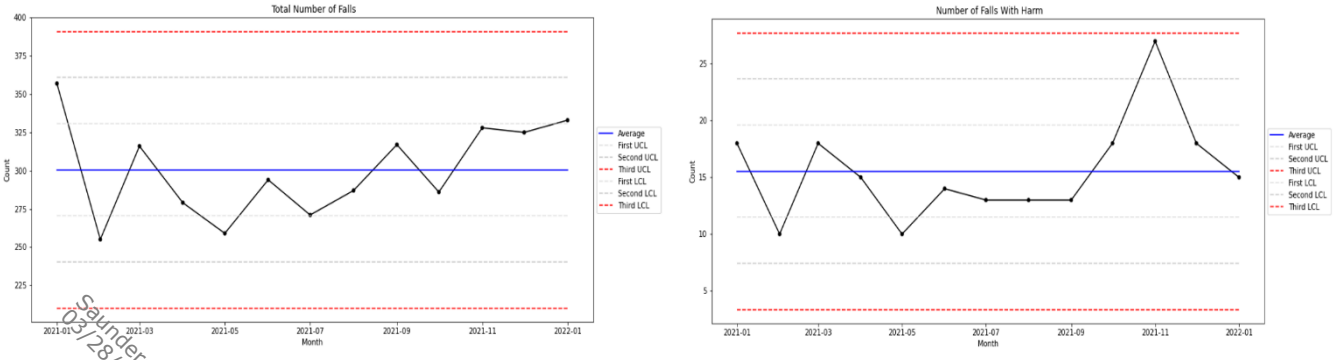


(For Individual Infection SPC Graph please see Appendix A)

We have some work to do and our main focus for the next 6 months is
C'diff –
We will revisit the RCA process in PCIC, approximately half of our cases are related to the community therefore the RCA's will be piloted with some GP practices to ensure the tool used is robust enough to capture the required data and is in a usable format for the practices MRSA/MSSA –

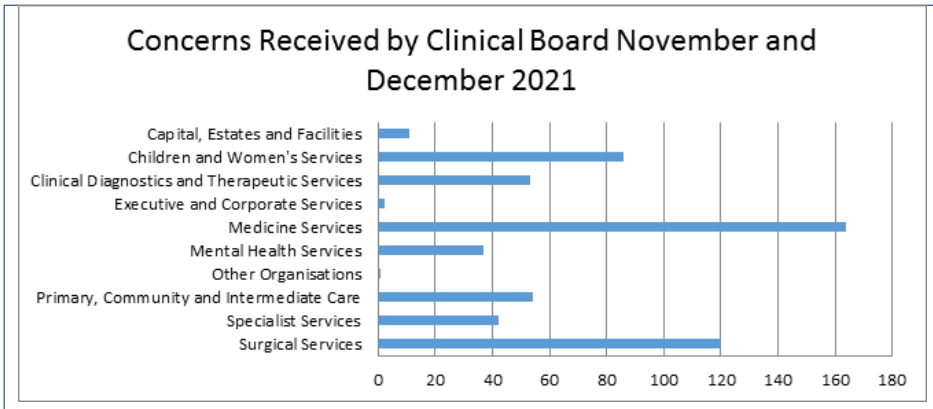
We have funded more staff in the IP+C team who will focus on audits of practice related to PVC insertion and ongoing management and review of the RCA's
with the relevant teams in the Clinical Boards

Slips, Trips and Falls -



Saunders,Natalie
03/28/2022 12:51:42

Concerns – Patient Experience
During December and January, we received 609 concerns. We are seeing increases each month in the numbers of concerns being received and the complexity of those concerns. The graph below highlights the highest number of concerns in medicine both Emergency unit and integrated medicine



In order to support clinical board, the central concerns team are processing as many concerns under early resolution as possible and this has maintained an overall 30 working day response time at 77%. Whilst this is 13% lower than the previous report it remains above the WG target of 75%. However, the volume of concerns is challenging and it is appreciated that failure to answer concerns in a timely way is not acceptable and we will be focussed upon improving the response times whenever possible.

The main themes remain as waiting times, communication and concerns regarding care and treatment.

Finance

After submitting a draft financial plan at the end of March 2021, the UHB submitted a final annual financial plan to Welsh Government at the end of quarter 1 2021 following the receipt of further planning guidance. The final plan includes a breakeven year end position.

The Financial Plan sets out the UHB's financial strategy in three parts:

1. Core Financial Plan: Delivering in-year financial stability and maintain the current level of underlying deficit
2. Continuation of non-recurrent response to COVID within available funding
3. COVID recovery and reset (service) within available funding

The Welsh Government confirmed non-recurrent funding for the brought forward COVID deficit of £21.313m which relates to non-delivery of the savings target in 2020/21 that was required to fund inflation and demand growth in 2020/21.

The reported financial position for the 10 months to the end of January is an operational surplus of £0.406m.

Delivery of the core financial plan includes a 2% (£16.0m) savings requirement. At month 10, £15.252m Green and Amber savings have been identified against the target and therefore, there is confidence that this will be met. Further progress however will need to be made on recurrent schemes with a further £4.424m savings to be identified in order to maintain the underlying financial position.

The full year gross COVID forecast moved in the month from £118.997m at month 9 to £119.020m in month 10, due to funding being made available for offender health prison support.

Saul Jonathan
03/03/2022 14:55:40

Reported month 10 position

The Welsh Government amended the monthly financial monitoring returns to capture and monitor costs due to COVID 19. The financial position reported to Welsh Government for month 10 is a surplus of £0.406m and this is summarised in Table 1.

Table 1 : Financial Performance for the period ended 31st January 2022

	Cumlative Month 10 £m	Forecast Year-End Position £m
COVID 19 Additional Expenditure	83.823	119.020
Welsh Government COVID funding received / assumed	(83.823)	(119.020)
Gross COVID 19 Forecast Position (Surplus) / Deficit £m	0.000	0.000
COVID FUNDING for Deficit due to non delivery of 2020/21 recurrent Savings	(17.750)	(21.313)
Operational position (Surplus) / Deficit	17.344	21.313
Financial Position £m (Surplus) / Deficit £m	**(0.406)**	**0.000**

The additional COVID 19 expenditure in the year to month 10 was £83.823m with full year forecast costs totalling £119.020m.

Welsh Government has now agreed confirmed and anticipated COVID 19 funding. The UHB is forecasting a break even position by year end and all risks will need to be managed to deliver this. The forecast is based on the premise that COVID 19 allocations will be sufficient to meet COVID costs and that reductions arising in planned expenditure will be used to offset non COVID operational pressures and support system resilience.

Underlying deficit position
The UHB's accumulated underlying deficit brought forward into 2021/22 is £25.3m which reflects the £21.3m shortfall against the recurrent savings 2020/21 target due to the pandemic. This is being offset by non recurrent COVID 19 funding.

Delivery of the UHB's financial plan will ensure that the underlying position does not deteriorate in 2021/22 and further work on identifying further recurrent savings is required to achieve this and leave an underlying deficit of £25.3m to carry forward to 2022/23.

Creditor payment compliance
The UHB's public sector payment compliance performance was 93.5% at the end of January, which is just below the statutory target of 95%.

Remain within capital resource limit
The UHB's approved annual capital resource limit was £59.239m at the end of January 2022. Net expenditure to the end of January was 26.7% of the UHB's approved Capital Resource Limit, which reflects the large number and value of schemes approved by Welsh Government since Month 6. The UHB has plans to fully utilise its capital allocation and most expenditure is planned for the later part of the year. There is an inherent risk in this due to potential supplier delays and works slippage. The UHB is therefore being proactive in managing these risks.

What are the UHB's key areas of risk?
Delivery of the core financial plan includes a 2% (£16.0m) savings requirement for which good progress is being made. At month 10 however, £7.6m of recurrent schemes have been identified against the £12.000m recurrent element of the target. Further progress is required to find another £4.4m recurrent schemes in order to maintain the underlying position.

The UHB is forecasting a breakeven position at the year end in line with the submitted annual financial plan. In order to achieve this the key risk that needs to be managed is to utilise the resources that have been allocated to the UHB.

Signed: Saunders Nathan (1352) 09/02/2022 14:37:12

The UHB is forecasting a broadly balanced position against its capital resource limit at year end and will need to continually monitor the position so that progress can be pro-actively managed to achieve this.

People

A brief UHB overview summary is provided as follows:

The Executive Director of People and Culture provides regular workforce metrics updates to the Committee and going forward will periodically provide an overview report against the seven themes within the People & Culture Plan. Attached at **Appendix 1** is the Workforce Key Performance metrics dashboard for January 2022.

A brief UHB overview summary is provided as follows:

Whole Time Equivalent Headcount and Pay bill

- A trend of increase in fixed term contracted staff which is in line with expectation as we have recruited additional fixed term/temp staff to support with the COVID-19 pandemic.
- The level of permanent contacted staff is also rising as we are responding to both the pandemic demands and the Recovery & Redesign Plan.
- Overall the Medical Locum trend has remained broadly consistent, approximately equivalent to 50 WTE per month and the Managed Locum Bank now has a fill rate of 83%
- Variable pay trend is upward and is now 10.64% UHB-wide.

Other key performance metrics:

- Voluntary resignation turnover trend is rising; the rate is now 8.75% UHB wide. This doesn't include retirements, or the end of fixed-term contracts. There has been a 1.5% increase in the last 12 months, which equated roughly to an additional 200 WTE leavers. The top 5 reasons recorded for voluntary resignation are; 'Other/Not Known', 'Relocation', 'Work Life Balance', 'Promotion' and 'Health'.
- Sickness Absence rates had been rising steadily since April 2021, but have stabilised somewhat since October 2021. The January 2022 rate is 7.63%. (these figures are sickness only and do not include COVID self-isolation without symptoms or those staff who may continue to shield due to individual circumstances). The top 5 reasons for absence for the past 12 months are; 'Anxiety/stress/depression/other psychiatric illnesses', 'Chest & respiratory problems', 'Other musculoskeletal problems', 'Other known causes - not elsewhere classified' and 'Cold, Cough, Flu – Influenza'. In each of the last 5 years (and more) monthly sickness rates are at their highest either in December or January. If sickness absence rates this year follow normal trends we may expect to see the sickness rate falling in February and March 2022.
- Employee Relations caseload trend continues to fall as the team embed the 'Restorative & Just Culture' principles. The overall numbers remain within reasonable tolerance levels.
- Statutory and Mandatory training compliance has improved slightly during the last 4 months; now 13% below the overall target. It is likely that operational pressures are adversely affecting compliance.
- Compliance with Fire training is continuing to improve, although the rate of improvement has slowed. In January the compliance with Fire training was 62.18%.

- By the end of January 2022 80% of consultant job plans were under construction in the e-system, including 18% that have been signed-off.
- The rate of compliance with Values Based Appraisal has fallen slightly in January 2022, to 33.70%. It is likely that operational pressures continue to adversely affect compliance.
- At 31st January 2022 51.40% of staff (52.70% of frontline staff) have received the flu vaccination, against a target of 80%.

Sandra Coleman 03/2/2022 14:57:12

Our current workforce challenges (listed below) continue and are not unique to us in Cardiff & Vale UHB, this is a national picture.

- Workforce demand is far exceeding supply in certain professions.
- Large scale vacancies in some professions and hard to fill roles.

- Difficulty sourcing people with the correct level of experience, qualifications and skills.
- National shortages of some professions.
- Turnover in some staff groups/areas this is higher than the national average
- High competition from neighbouring Health Boards.
- High reliance on agency and bank workers.
- Sickness absence remains high.
- Ageing workforce.

Below is a summary of some of the work that has been undertaken/achieved since the last report

- The People & Culture Plan was approved at the January 2022 Board. The formal launch is imminent in February 2022
- The People Services Team (formerly the HR Operations Team) temporarily changed its operating model in December 2021 – moving away from the traditional Clinical Board alignment into specialist teams focused on the organisation's priorities. The progress to date has been extremely positive, examples of what has been achieved is highlighted below:
    - Employee Relations – as at 03/02/22 the number of formal disciplinary investigations has reduced to 15 across the whole of the organisation and 10 cases progressing to a formal hearing. Future improvements and developments have been also been identified.
    - Managing Attendance at Work - focus has been on support with long term absence, long Covid absence and health & wellbeing. We have seen a reduction in long term absence, with staff being able to return to work.
    - General HR Queries – all queries come into ActionPoint and are triaged. Response times have improved and the team are using the call log data to develop additional resources to support managers and staff.

- The Workforce Resourcing Team are continuing to support managers with improving supply, examples include:
    - Kickstart Scheme – a total of approx. 160 people recruited since March 2021.
    - National Apprenticeship week held w/c 07/02/22.
    - Project Search – 7 Interns with learning disabilities commenced placements.
    - Links with Schools – 3 days of mock interviews at Whitchurch High School held in February 2022
    - Overseas Nurse Recruitment – paper agreed by Board in January 2022 to recruit an additional 135 Nurses. To date 231 nurses have taken up employment and achieved NMC registration.
    - HCSW Mass Recruitment – over 100 application received in November and December 2021 for bank, fixed term and permanent roles. Approx. 45 have been enrolled on the bank and approx. 40 permanent HCSW have started. Others are progressing through the pre-employment checks.
    - Retention – Employment Satisfaction Survey for newly qualified Nurses issued on 03/02/22.

- **Engagement:**
    - Staff Recognition Awards nominations have been shortlisted in readiness for the event scheduled for 8 April 2022.
    - Approx. 40 coaches confirmed to support Ward Managers and Deputy Ward Managers, in the first instance.
    - Winning Temp' engagement tool procured and will be piloted with our Nursing Workforce in March 2022
    - Medical staff identified as pilot group for 'safespace stress survey' with a wellbeing intervention to follow.
    - Medical Engagement Survey (MES) – paper presented to Board.

Saunders, Nathan
03/28/2022 14:51:42

- **People Analytics** – ESR workforce Data for Nursing workforce now easily accessible through Sharepoint, this is part of our plan to make data more accessible.

- **Health & Wellbeing** - Additional investment secured to support the health & wellbeing of our staff over the winter months. Update on progress:
    - Procurement exercises are in progress to identify appropriate suppliers (e.g. staff room refurbishment – led by Discretionary Capital Team; water bottles; hydration stations; coaching and mentoring supervision training; Wellness Webinars; Schwartz Rounds)
    - Procurement exercises completed for: Engagement Tool (Winning Temp); MedTRiM and implementation work is in the very early stages.
    - Estates are supporting the environmental aspects of the plan by leading the work required to support staff room improvements and hydration stations.
    - Employee Wellbeing Team are identifying resources to support staff and have developed and are delivering a detailed programme of wellbeing interventions.
    - Employee Wellbeing Team along with the ITU psychologist have developed a programme of support for EU colleagues following feedback during a visit. Targeted support has also been made available for other areas where a particular need has been identified, e.g. Mental Health Clinical Board.
    - Employee Wellbeing Services are working with the Health Intervention Team and carrying out on-site visits which to date include:

        - Monthly drop-in sessions for Junior Doctors at UHW and UHL.
        - Weekly visits to B7 respiratory ward.
        - On-site walk-arounds to distribute information and speak to staff (currently visited A-C of UHW).
        - Drop-in sessions at UHW; Children's Hospital for Wales; Children's Out-Patients; B6.
        - Drop-in sessions at UHL; East 8; East 18; West 5.

Workforce Shape – band 4 Assistant Practitioners (APs) roles have been developed. Peri-Operative Care have recruited Assistant Practitioners in training, once the training is complete staff will work in lower risk surgical areas, for example Ophthalmology. The District Nursing service has secured funding to recruit & train AP'S from April 2022. C&V are leading on an All Wales basis on the development of AP roles in Mental Health services.

Planned Care

The total number of patients waiting for planned care and treatment, the ***Referral to Treatment (RTT)*** waiting list was 117,410 as at January 2022 which is an increase of 27% from the end of March 2021 (92,286). The number of patients waiting for planned care and treatment ***over 36 weeks*** has increased 25% since March (32938) to 41,168 at the end of January 2022. 55.6% of these are at new outpatient stage.

The number of patients waiting greater than 8 weeks for a **diagnostic** test was 7,319 at the end of January 2022. This is an increase of 42% since April 2021 however the volume waiting has started to decrease. The number patients waiting over 14 weeks for ***Therapy*** was 3,253.

Referrals for patients with suspected ***Cancer*** have now returned to pre-covid levels. During December 2021, 51% of patients on the single cancer pathway were seen and treated within 62 days of the point of suspicion.

Digitally signed by Jonathan Davies 03/03/2022 14:51:42

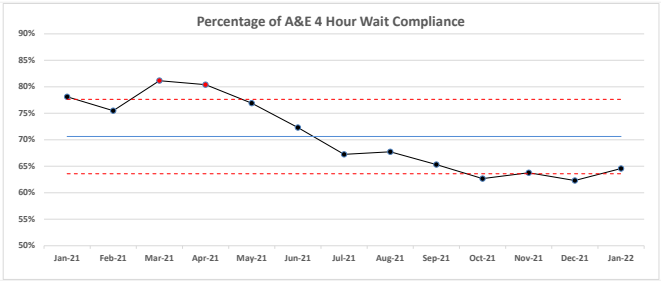
The overall volume of patients waiting for a ***follow-up outpatient*** appointment at the end of January 2022 was 172,109. 97.7% of patients on a follow up waiting list have a target date, against the national target of 98% and above. The number of follow up patients waiting 100% over their target date has reduced to 42,268, a 14% decrease from March 2021 (49,032).

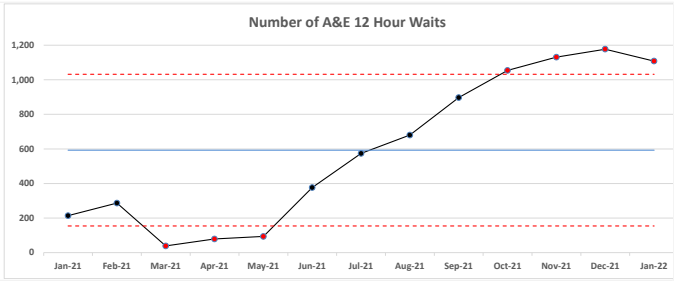
95% of patients waiting for ***eye care*** had an allocated health risk factor in January 2022. 68.4% of patients categorised as highest risk (R1) are under or within 25% of their target date.

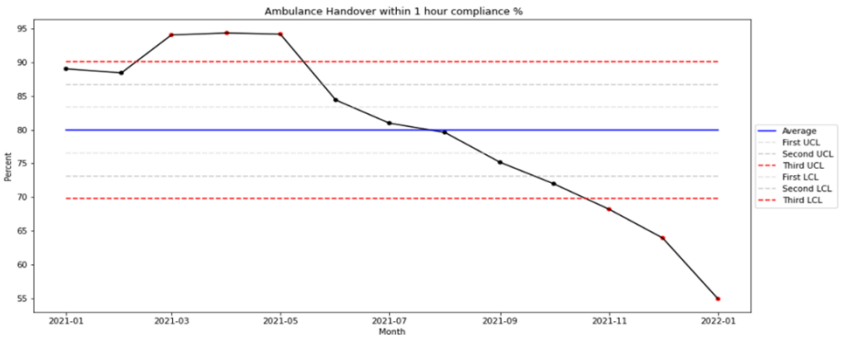
Referrals for the Local Primary **Mental Health** Support Service (LPMHSS) remain exceptionally high with 1233 referrals in January 2022. Part 1a: The percentage of Mental Health assessments undertaken within 28 days decreased in January 2022 to 21% and 48% for CAMHs. Part 1b: 94% of therapeutic treatments started within 28 days following assessment at the end of January 2022.

Unscheduled Care

Attendances at our Emergency Unit department have increased since the first covid wave but remain lower than previous years.







Population Health

Smoking Cessation

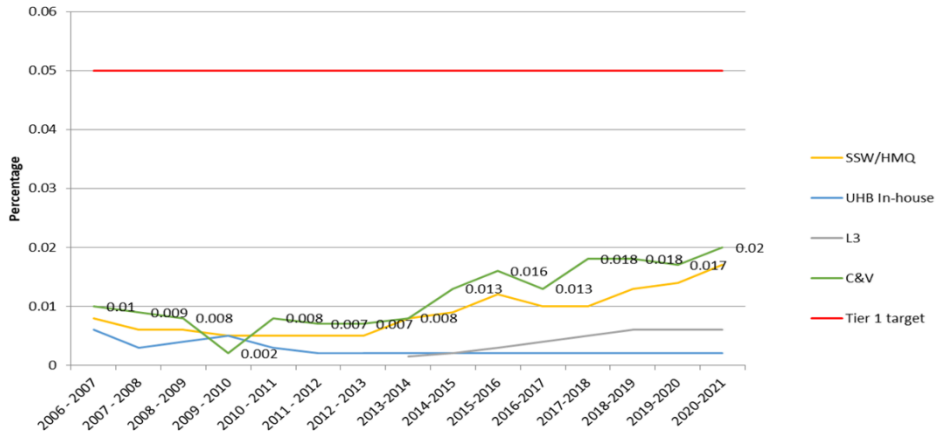
Outcome Measures:

1.1: The % of smokers becoming 'treated Smokers' (Welsh Government Target 5%)
1.2: The % of Treated Smokers quitting smoking at 4 weeks (Welsh Government target 40%)
1.3: Implementation of an 'Ottawa model of smoking cessation' aimed at hospital patients (Welsh Government)
1.4: 5% Smoking Prevalence by 2030 (Welsh Government)
1.5: A reduction of smoking in pregnancy (Welsh Government Target not released to date, expected September 2022)

Sauders-Jathy
03/28/2022 14:15:42

1.1 and 1.2 The % of smokers becoming 'Treated Smokers' and % of Treated Smokers quitting smoking at 4 weeks (Welsh Government target 5% and 40%)

Figure 1: Percentage of Treated Smokers, Cardiff and Vale Smoking Cessation Services 2006-2021



C&V UHB achieved 2.2% (2020-2021) against a Welsh Government Tier 1 target of 5% (Figure 1). This represents the highest rate achieved to date since Tier 1 commenced and reflects an upward trend from previous year 1.8% (2019-2020 and 2018-2019) and 1.6% in 2017-2018. Wales achieved 3.3% against the 5% target. The community based HMQ service shows an upward trend of treated smoker rate which may reflect increased telephone support activity due to COVID-19 (no face-to-face groups running).

The impact of COVID-19 on both the hospital in-house service (less patients admitted for non- related COVID-19 illness) and Enhanced Services, Community Pharmacy (less capacity due to COVID pressures to deliver a L3 service) shows a static trend overall despite an increase in commissioned Pharmacies to deliver both the Level 3 (L3) and Level 2 (L2) services. 52% of all Community pharmacies in C&V UHB have SLA's in place to deliver a Level 3 service, targeting areas of high deprivation - 42% of Pharmacies are in Central Vale, 70% in City and South Cardiff, 50% South East Cardiff, 60% in East Cardiff and 50% South West Cardiff (Qtr 2, 2021-2022).

The L2 Enhanced Community Pharmacy Scheme (patients accessing free NRT following engagement with HMQ - without a GP Prescription) was introduced July 2020, as a direct response to COVID-19 pressures and access to GP Practices for prescriptions. The impact of the L2 service may account for the higher numbers of HMQ treated numbers as seen in the graph (as all L2 clients are HMQ).

C&V UHB has one of the highest 4 week quit rates in Wales and consistently achieves higher than 60% each quarter. 66% of smokers quit smoking in 2020-2021 (self-reported) against a Tier 1 target of 40%. Both the hospital in-house service and HMQ achieved over 60% 4 week quit rates for the same period however, the capacity of local pharmacies to follow up clients has impacted on their 4 week quit rate, which was below pre-COVID levels at 44% (compared to 71%, 2019-2020).

1.3: Implementation of an 'Ottawa model of smoking cessation' aimed at hospital patients (Welsh Government)
Welsh Government has asked all Health Boards to implement an 'Ottawa model for smoking cessation' targeting hospital patients. The outcome measures for this programme have not been released however it is expected that a baseline target will be set to monitor the percentage of hospital patients whose smoking status is recorded on admission, and of those that smoke, the percentage accepting a referral to smoking cessation services. A draft Service Specification is expected shortly with local stakeholder meetings taking place with each Health Board currently. With a hospital based smoking cessation service in place already, C&V UHB are in a strong position to ensure this programme is implemented.

Sarah.Nathan
03/29/2022 14:

1.4: 5% Smoking Prevalence by 2030 (Welsh Government)
14% of adults smoke in Cardiff and Vale of Glamorgan (National Survey for Wales, 2019-2020) (a reduction from 17%, 2018-2019). This is the second lowest level of smoking across Welsh LAs, behind Gwynedd. Some areas of Cardiff and Vale of Glamorgan have higher levels of smoking prevalence – comparable to the highest levels in Wales and are in the highest deprivation areas of Cardiff and Vale of Glamorgan. Cardiff City and

South smoking prevalence 20.8% compared to Cardiff North 15% and Western Vale 12% (2018-2019), (Public Health Wales, 2019)

1.5: A reduction of smoking in pregnancy (Welsh Government Target not released to date, expected September 2022)

Welsh Government are monitoring the number of pregnant women who smoke during pregnancy and this priority is listed within the draft Tobacco Control Strategy 2022-2030 and Delivery Plan 2022-2024 currently out for consultation.

In C&V UHB, 9% of pregnant women smoke on booking (2020-2021) compared to 10.3%, 2019-2020. 25% of pregnant women who smoke, engaged with Smoking Cessation Services (2020-2021). The % of pregnant women smoking on booking is below the Welsh average of 17% (WG, Maternity and Birth Statistics, 2020) and continues to follow a downward trend. Over 90% of all pregnant women are CO monitored on booking (2019-2020) achieving NICE Guidance (2010)

As part of Welsh Government Prevention funding, implementation of a 'Model for Access to Maternal Smoking Cessation Support' (MAMSS) Programme commenced in April 2021 with a dedicated, Midwifery Support Worker based within the Midwifery team to support pregnant smokers wishing to quit. With an aim to increase engagement in smoking cessation services at booking, from a baseline of 25% (2020-2021), a rate of 34% was achieved in Qtr 2, 2021-2022.

Recommendation:

The Board is requested to:

a) **Note** the contents of this Report.

Link to Strategic Objectives of Shaping our Future Wellbeing: *Please tick as relevant*			
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*									
Prevention		Long term		Integration		Collaboration		Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: ~~Yes~~/No
Safety: ~~Yes~~/No

Sandders Ne... 28/2/2022 17:37:42

Financial: ~~Yes~~/No
Workforce: ~~Yes~~/No
Legal: ~~Yes~~/No
Reputational: ~~Yes~~/No
Socio Economic: ~~Yes~~/No
Equality and Health: ~~Yes~~/No
Decarbonisation: ~~Yes~~/No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Executive Management	7/3/2022

Saunders,Nathan
03/28/2022 14:57:42

Report Title:	Regional Integration Fund					Agenda Item no.	6.12
Meeting:	Board		Public	x		Meeting Date:	31.03.22
			Private				
Status *(please tick one only):*	Assurance	x	Approval	x		Information	
Lead Executive:	Abigail Harris, Executive Director of Strategic Planning						
Report Author (Title):	Meredith Gardiner (Head of Partnerships and Assurance)						

Main Report
Background and current situation:

From April 2022, Welsh Government is introducing a new funding mechanism to support the work of the Regional Partnership Boards. The fund replaces previous funds including the Integrated Care Fund (ICF) and Transformation Fund.

The express purpose of the fund is to deliver 6 national care models and to support RPBs to continue to deliver *A Healthier Wales* and to develop, embed and mainstream new integrated care models.

Cardiff and Vale RPB will receive a £19.16m contribution from Welsh Government in 2022/23. There is an expectation that the partners contribute in the region of £5.72m towards the programmes of work.

Funding from Welsh Government tapers from 90% to 50% over the 5-year period. Partners will need to deliver robust plans to ensure replacement funding is planned and delivered over that period. A Memorandum of Understanding setting this out it required as part of the submission.

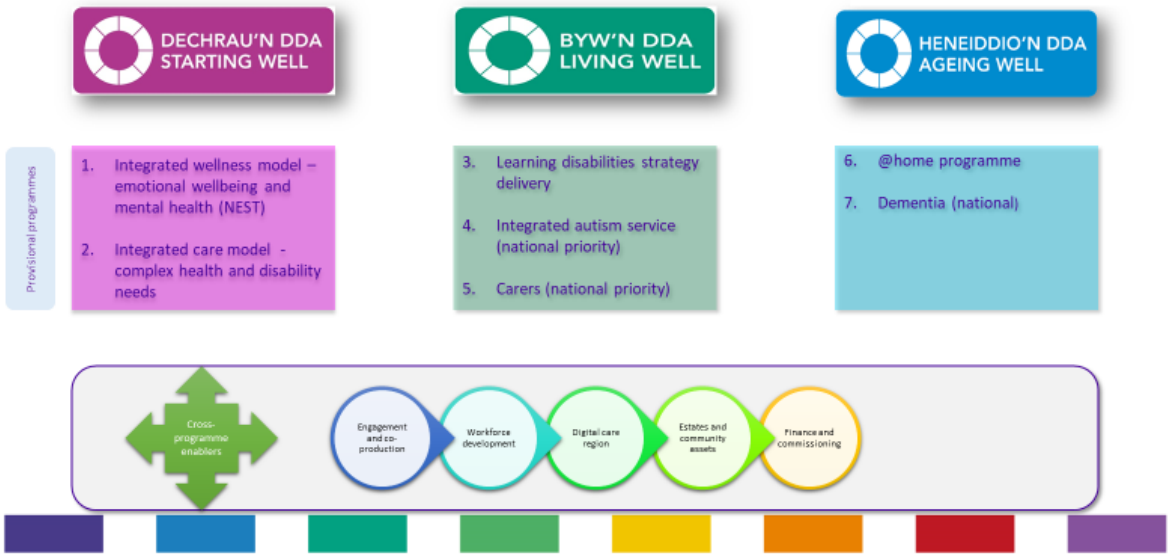
The RIF is comprised of:

i. RPB infrastructure costs to enable the RPB to deliver its duties as set out in Part 9 of the Social Services and Wellbeing (Wales) Act 2014, at 75%
ii. National priorities fund: Integrated Autism Service, Dementia and Unpaid Carers, at 100%
iii. Acceleration change fund, to develop and test emerging new care models, at 90%
iv. National delivery model embedding fund, to move already proven projects towards mainstream funding and business as usual, at 70%

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

1. **RPB portfolio of programmes:**
   The RIF has provided the RPB with the opportunity to 'tidy up' its portfolio of programmes and to ensure that all of its activities, old and new, are aligned to one of those programmes. The programmes are summarised in the figure below:

Saunders,Nathan
03/28/2022 14:57:42



2. **Embedding change fund:** this is comprised of existing projects previously funded through the ICF in the main. The services associated with these projects are considered critical to service delivery and also provide the foundations of the RPB's portfolio of programmes. The embedding element of the RIF is £16.231m. A paper with full details is appended.

3. **Confirmation** of the RPB's plans for the Infrastructure, national priorities and embedding elements of the fund was submitted on 3rd March 2022 pending consideration and approval by individual partner organisations. The associated investment plans for each programme are therefore provided for the UHB Board to consider.

4. **Acceleration fund priorities:** each programme has a number of developmental elements requiring investment, associated with the development of new services or new models of care. The funding envelope is £2.93m, plus an equivalent local contribution of 10%. Currently this part of the fund is oversubscribed and further work is required to finalise and agree the proposals as a partnership. Welsh Government has agreed to receive these proposals after the original submission deadline, in May.

5. **Risks:**
   - i. Securing match funding and replacement of the WG contribution over the 5 year span of the fund;
   - ii. Outcomes and monitoring not yet agreed by WG – risk of clash with ROF, measurability, reporting burden;
   - iii. Ability to source and secure requisite skills for critical posts;
   - iv. Ability to deliver real and tangible change in face of potential ongoing pandemic pressures;
   - v. Negotiating and managing variations in programme requirements due to ongoing differences in funding stream provision.

Recommendation:

Board members are invited:

1. To **note** the introduction of the Regional Integration Fund and the proposed approach for the CVRPB.
2. To **note** the risks associated with the introduction of the fund
3. To **approve** the portfolio of programmes
4. To **approve** the initial investment plans for the embedding element of the RIF
5. To receive and **approve** the complete investment plans for each programme to include the acceleration element prior to submission to WG in May (date to be confirmed)

Cadarnhawyd fel cofnod gan y Bwrdd ar 28/04/2022

Link to Strategic Objectives of Shaping our Future Wellbeing: *Please tick as relevant*			
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*									
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes
A full risk assessment will be incorporated within future stages of the RIF development.
Safety: No
Financial: Yes
A full financial risk assessment will be incorporated within future stages of the RIF development.
Workforce: Yes
A full workforce risk assessment will be incorporated within future stages of the RIF development.
Legal: Yes
A full legal risk assessment will be incorporated within future stages of the RIF development.
Reputational: No
Socio Economic: No
Equality and Health: Yes
A full equality impact assessment will be incorporated within future stages of the RIF development.
De-carbonisation: No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
08/28/2022 14:57:42

Report Title:	**2022-25 Integrated Medium Term Plan**			Agenda Item no.	7.1
Meeting:	**Board**	Public	x	Meeting Date:	**31 March 2022**
		Private			
Status *(please tick one only):*	Assurance		Approval	x	Information
Lead Executive:	**Executive Director of Strategic Planning and Commissioning**				
Report Author (Title):	**Head of Strategic Planning**				

Main Report
Background and current situation:

Between March 2020 and October 2021 the statutory requirement for the Health Board to develop a full three-year IMTP was stood down in response to the Covid-19 pandemic, replaced instead by the requirement for quarterly, and then latterly annual plans.

Welsh Government signaled the return to a three year approach to planning with the publication of the 22-23 NHS Wales planning framework in October 2021.

The UHB has an approved plan (2019-20) and was advised it had an 'approvable' plan in 20-21. The UHB was thus, for 22-23, not starting from a 'standing still' position.

Extensive engagement has taken place during the development of this plan- from the early stages of reviewing, testing and setting of priorities through to the final stages of plan finalisation.

Internally engagement this has taken place directly with Clinical Boards, the UHB's Health Services Management Board (HSMB), The Strategy Design and Delivery Group (SDDG), Management Executives (ME) and also the Local Partnership Forum (LPF).

External engagement has also taken place, at all stages of plan development, with Community Health Council (CHC), the UHB's Stakeholder reference group (SRG), Welsh Government (WG), the Finance and Delivery Unit (FDU) and partner organisations.

Equally UHB Board and the Strategy and Delivery Committee have been fully engaged in all stages of plan development.

Ensuring of the UHB has an approved plan is of strategic significance to the UHB. The risk / issue for the UHB not having an approved plan is threefold;

- Unapproved organisations are placed under greater levels of ongoing scrutiny by Government at all levels and interactions with government
- Unapproved organisations are often subsequently at risk of being placed in higher levels of escalation- enhanced monitoring or even special measures.
- Organisations with approved plans are generally better placed in receive any 'in year' monies which may be made available

Saunders, Jonathan
03/23/2022 14:15:42

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

Key areas of the plan which have been refined since the Board received a draft in February include;

- The financial plan – which reflects conversations which finance colleagues had with both WG and the FDU through February and March.

- Baselining of the UHBs position against the Ministers key priorities.
- Greater articulation of key delivery milestones.
- Completion of a capital prioritisation exercise.
- Clearer articulation of how the UHB is/will continue to work regionally, where clinically appropriate, with Health Board partners.

The submission of a minimum data set (MDS) by the UHB alongside the IMTP is also a requirement set by WG. The MDS is a WG designed template that collects a range of operational, workforce and finance information. Board are not required to approve the MDS prior to submission, neither has Board historically received a copy.

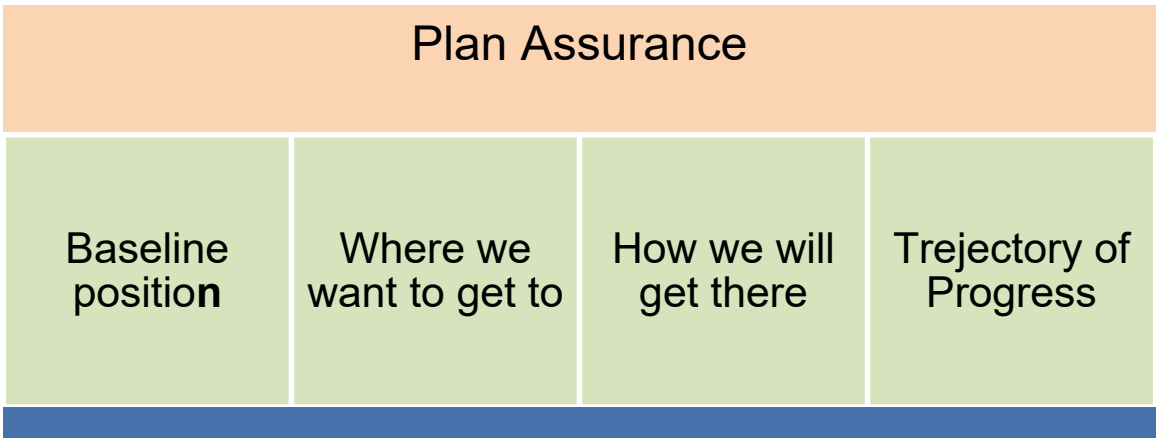
The UHB is using the MDS to support how it describes many of its improvement trajectories.

At the time of the publication of Board papers the MDS remains under final stages of development. Consequently, this means whilst the IMTP describes/provides;

- The UHBs baseline position(s).
- The UHBs performance ambitions and objectives for 22/23
- The UHBs narrative assurance as to what it is progressing to realise the above objectives

It will not be until the MDS is finalised that the UHB can show the specific trajectories from current baseline position to our desired position at 31 March 2023.

Once undertaken however these four pillars will form a core component of providing assurance on plan delivery to both Board and other key stakeholders



The UHB remains confident that it is in a strong position with regard to developing both an approvable and deliverable plan.

However, it remains important to note that a material risk still exists with regard to plan delivery. This risk relates to the challenging financial situation within which the UHB is operating.

Based on current funding assumptions, the planned underlying deficit of £4.0m, from the 2020/21 financial plan, has increased to £29.7m due to the non-delivery of recurrent savings caused by the organisation delivering services to meet the needs of the pandemic over the past two years.

The 2022/23 plan will require the delivery of a 2% efficiency and value target. The savings target is set to be realistic for 2022/23 and as a transitional year in which we still need to deliver services in a safe way in a pandemic and remove the additional costs that we have generated in doing so.

Supplied to Newman 27/1/2021 14:57:46

The savings plan will focus on procurement, medicines management, estates rationalisation alongside maximising the benefits of developments implemented through the pandemic.

However, more work is still required on a transformation plan to further address the UHBs underlying deficit.

In recognition of this Welsh Government have confirmed that they would welcome a draft plan from the UHB on the 31 March whilst this further work is progressed by the UHB.

There would be the intention of the UHB to then submit a 'final' plan in the first half of 22/23.

Recommendation:

The Board are requested to:

Note Welsh Governments support for a draft plan to be received by the UHB on the 31 March 2022 whilst further work is progressed to address the UHB's underlying deficit.

Approve the draft 22-25 Integrated Medium Term Plan for submission to Welsh Government.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

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

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: Yes/**No**

Safety: Yes/**No**

Financial: Yes/**No**

Workforce: Yes/**No**

Legal: Yes/**No**

Saunders Nathan
03/28/2022 14:57:42

Reputational: Yes/**No**
Socio Economic: Yes/**No**
Equality and Health: Yes/**No**
Decarbonisation: Yes/**No**

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Management Executives	18 March 2022

Saunders,Nathan
03/28/2022 14:57:42

Cardiff and Vale University Health Board

Integrated Medium Term Plan

2022-25

Saunders.Nathan
03/28/2022 14:57:42

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Cardiff and Vale University Health Board

FORWARD 4
INTRODUCTION 5
OUR PLAN…..*On a page* 6
HOW TO READ OUR PLAN 7
Our planning assumptions and scenarios 7
COVID-19 Response 7
Our service change and transformation assumptions 9
THE CONTEXT WITHIN WHICH WE HAVE PLANNED 11
Our long-term strategic direction 11
The Policy and Political landscape 13
Recognition of our challenges and risks 14
Recognition of our successes 15
Wider Health Intelligence 15
Building on our existing planning arrangements 16
Informing and Informed by Cluster level plans 17
Recognition of golden threads 17
ASSURANCE ON PLAN DELIVERY: *A focus on outcomes, quality of care and health intelligence* 19
Dynamic planning 19
Commissioning 21
OUR PEOPLE AND CULTURE 22
In summary: *Our people and culture milestones* 24
QUALITY, SAFETY AND PATIENT EXPERIENCE (QSE) 27
In summary: *Our Quality, Safety and Experience milestones* 28
RESPONSE, RECOVERY AND REDESIGN 30
Response: *Addressing the harms from COVID-19* 30
Recovering and Redesigning Services- *Our approach and delivery ambitions* 32
Primary, Community and Intermediate Care*: Summary and actions* 34
Mental Health: *Summary and actions* 36
Planned Care: *Summary and actions* 38
Urgent and Emergency Care*: Summary and actions* 41
Diagnostics and Therapies*: Summary and actions* 44
STRATEGIC TRANSFORMATION 46
In Summary: *Our Strategic transformation milestones* 47
Wider System Transformation 53
BRIDGING THE GAP BETWEEN RECOVERY AND TRANSFORMATION 56
Our Finance Plan 56

DRAFT

Saunders, Nathan
03/28/2022 10:57:44

Digital Transformation 60
In Summary: *Our Digital milestones* 62
Sustainability 70
Ensuring interim service sustainability 71
Regional working where clinically appropriate 74
In summary: *Regional working milestones* 80
Purposeful partnerships 83
Our Major Capital Infrastructure Programme 85
Good Governance 92
APPENDICES 93
Annex 1: Cluster Plans 93
Annex 2: Population Needs Assessment headline findings 95
Annex 3: Ministers Priority Measures Phase one 96
Annex 4: Our detailed workforce objectives and actions 107
Annex 5: Recovery, where are we now 111
Annex 6: Primary, Community and Intermediate care – Background and context 112
Annex 7: Mental Health – Background and context 113
Annex 8: Planned Care– Background and context 114
Annex 9: Urgent and Emergency Care – Background and context 116
Annex 10: Strategic transformation – Background and context 117
Annex 11: Dragons Heart Institute, All Wales Intensive Learning Academy and SFERIC 124
Annex 12: Tertiary services collaboration background information 125

DRAFT

Saunders,Nathan
03/28/2022 14:57:42

FORWARD

Thank you for taking the time to read our plan for the coming three years. Cardiff and Vale UHB like the rest of society has experienced a turbulent two years. Our staff, and the services they have provided during this time, have faced enormous pressure and we owe them a debt of gratitude.

That gratitude must start with how we plan to move forward over the next three years, so we can repay our staff by making this Health Board an even more exciting and rewarding place to work. If we create these conditions our patients and local population will see the benefits through the even more outstanding care that they receive and the outcomes which they can expect to experience.

However, we face huge challenges, including how we address the backlog of treatment that has built up, how we deal with the high level of unmet demand which we believe exists in our communities and will soon present itself, how we address the health inequalities which still stubbornly exist within our populations, along with the challenge of learning to find a way to live with Covid-19.

We are also determined to improve outcomes for our patients and will use a relentless focus on quality of care to drive improvement in the performance and value of our services. To achieve this, we will ensure that this is the central pillar underpinning our performance monitoring and assessment of services, service improvement planning and delivery of services as both a commissioner of services for Cardiff & Vale residents and the provider of care for our local and wider South Wales population.

Because of these challenges we want this plan to be as clear, accessible, transparent and easy to read. We want our staff and our patients to work with us to deliver the solutions to many of these challenges as we learn the lessons from the pandemic and accelerate the transformation of our services.

Our plan looks to demonstrate the balance we need to manage between Covid-19 response and recovery and the wider system transformation that needs to take place. It also looks to demonstrate the critical role that many central functions will play in helping us bridge the gap between Covid-19 recovery and long-term sustainable system transformation. This balancing act is akin to building a bridge and ensuring that it meets seamlessly in the middle – this is how we have structured our plan.

Against the backdrop of the operational challenges the organisation has faced the UHB has also, in the last six months, seen a significant changing of the guard of its senior leadership team. As we publish this new plan for 2022-25 it must be acknowledged the significant effort which these individuals played not only over the last years but also in the early stages of supporting the development of this plan.

We have, or will imminently say goodbye to Prof Stuart Walker Medical Director and Interim Chief Executive, Ruth Walker OBE, Executive Nurse Director and Steve Curry, Director of Operations. With this change is the opportunity to bring new faces into the leadership team, with Professor Meriel Jenney and Caroline Bird stepping into the Executive Medical Director and Chief Operating Officer roles respectively as we enter the new financial year.

In spite of the challenges, we remain excited about the positive future that lies ahead which is articulated in this plan. We all have a role to play in the delivery of this plan and we both look forward to working closely with you to achieve its ambitions.

Saunders,Nathan
03/28/2022 14:57:42

Suzanne Rankin
Chief Executive

Charles Janczewski
Chair

DRAFT

INTRODUCTION

Cardiff and Vale University Health Board is one of the largest health care organisations in the UK, employing over 15,000 people, serving a local population of over 500,000 and providing tertiary and quaternary services to a population of up to two million people across South Wales. Our budget for delivering services is in excess of £1.5 billion, made up of funding for our local population and commissioning income for the services we provide for other health boards. We also commission some services for our local population from neighbouring health boards, and for some highly specialised services, we commission a small number of services for our population from centres of excellence in England through the Welsh Health Specialist Services Commission.

We work closely with local communities, third sector and independent providers, and our local authority partners to take collective action to improve the health and wellbeing of the Cardiff and Vale population, which is more diverse that in any other region in Wales – both in terms of ethnicity and inequalities in health. We also work closely with our NHS Wales partners to deliver high quality services that give our patients the best outcomes and experience. These include our neighbouring health boards, Velindre University Trust, Welsh Ambulance Service Trust and Public Health Wales – as well as a number of all-Wales health organisations that support us – Digital Health and Care Wales, NHS Shared Services Partnership and Health Education and Improvement Wales.

We also have an important role to play teaching the largest cohort of trainee health care professionals in Wales, including doctors, nurses, therapists and health care scientists, and we carry out the largest volume of research activity in Wales, working closely with Cardiff University and our other academic partners and industry partners. We are one of a few centres in the UK accredited to deliver novel new treatments and medicinal products - through both research and commissioned by WHSSC.

With over 80% of our staff living in the area and our use of a vast range of products that are procured from local, national and international markets, we have a significant contribution to make to the Foundational Economy in Wales. As a big consumer of energy and products, and producer of large volumes of waste, we have an important responsibility to take action to decarbonize, to contribute to the Welsh Government's zero carbon targets.

In 2015 we published our first ten-year strategy, Shaping Our Future Wellbeing, which set out the actions we would take with partners to give everyone in our communities the same chance of leading a healthy life, and providing the best quality services possible within the resources available to us, adopting the prudent health care principles to ensure that services derive optimal benefit for our patients. The strategy was developed as the Well-being of Future Generations (Wales) Act was passing through the Senedd and has the sustainable development principle and the well-being goals at its core, including a focus on prevention and long-term thinking. Whilst many of the objectives underpinning our strategy continue to have relevance for this plan, we recognise that, at the end of this IMTP period, we will be coming to the end of our strategy's timeframe. We will use the next 3 years to engage with all our stakeholder to review the delivery against our strategy and develop a programme of engagement and co-production to develop a strategy for 2025-35.

Over the last two years, we have dramatically adapted the way we deliver services in response to the global pandemic. We have and will continue to develop and encourage a culture of continuous learning and structured approach to improvement to reduce harms to our patients and deliver better outcomes. This IMTP sets out how we will continue to remain responsive to the ongoing uncertainties, whilst also accelerating the pace of delivery of our strategy, reflecting on both the challenges and opportunities created by the pandemic and the way we responded to it.

Saunders-Norman
03/28/2022 14:57:13

OUR PLAN…..*On a page*

Caring for people, keeping people well

A persons chance of leading a healthy life is the same wherever they live and whoever they are

Our priorities	Where we will focus our efforts	What we will deliver over the life of this plan			
Priority 1: Our ongoing response to the five harms of covid-19	Priority 2: Our workforce	A focus on workforce supply and shape	Develop existing roles and build new extended roles, skills and capabilities.	Embrace and develop systems – improve efficiency and effectiveness	Accelerate the roll out e-rostering for all staff groups, improve access to real time workforce data.
		A focus on building a digitally ready workforce	IT systems and equipment will be made available to all our people.	Improve confidence and capability through increased training & development	
		A focus on 'attract, recruit and retain'	Improve the diversity of our workforce & reduce our vacancies through inclusive recruitment.	Build a culture of compassionate and collective leadership through leadership development.	Embed a coaching & mentoring culture.	Embed robust succession planning to recruit to key leadership roles.
		A focus on leadership and succession	Develop leadership and management programmes, masterclasses, coaching & mentoring networks to facilitate skills development.	Ensure a breadth of accessible development opportunities (internal & external)	
		A focus on Excellent education and learning	Develop and implement an overarching education infrastructure, apprenticeships, coaching, clinical education, etc.	Develop innovative digital and blended educational experiences, easily accessible and flexible.	
		A focus on an engaged, motivated and healthy workforce	Wellbeing will be integrated, accessible and normalised	Create more opportunities to engage with, and actively listen to our people	
		A focus on seamless workforce models	Engage & collaborate with our partners, focus on strategic workforce planning and OD.	Explore opportunities for new workforce models, focusing on skills required to meet the needs of our patients/population.	Harmonised T&Cs, governance and learning, education & development
	Priority 3: Integration with community services	A focus on Accelerating MDT cluster working	Rollout out the cluster model piloted successfully across all clusters in the Health Board		
	Priority 4: Collaboration with our partners	A focus on a single point of access	Development of both Cardiff and Vale [provision for accessing community services		
		A focus on establishing and maturing a Vale alliance	Finalise agreement, mobile shadow arrangements and implement		
	Priority 5: A shift toward a system focusing on prevention	A focus on a sustainable and healthy environment	Completion of Cardiff healthy travel charter commitments	Publish updates healthy travel implementation toolkit	
		A focus on Healthy weight, move more eat well	Action to restrict junk food advertising across Cardiff & the Vale	Action against the roadmap for healthy workplace principles	
		A focus Systematically tackling health inequalities	Develop social prescribing model to support wellbeing of young people engaged with youth offending service	Undertake work to define impact of covid-19 on patterns of alcohol consumption in the population	
		A focus on vaccination and immunisation	Flu campaign launched across priority groups inc co-delivery with covid-19 where possible	Increase immunisation uptake across age and ethnic minority populations	
		A focus on key risk factors associated with the main burden of diseases	Diabetes services including rapid access clinics through specialist nurses	Increase routine alcohol screening in primary and secondary care to identify harmful behaviours	
	Priority 6: Addressing the key burdens of disease in Wales	A focus on Cardiovascular disease	Even better stroke services including plans for a regional HASU	Diabetes- a value based approach	
		A focus on Cancer	Further maturing of collaboration with VNHST • Acute Oncology • Research and Development Hub • The velindre@UHW model	Reduce waits for diagnostics and treatment to meet single cancer pathway targets	
	Priority 7: Our system renewal and redesign	A focus on Unscheduled Care	Same day emergency care	Right bed first time	Emergency department transformation
		A focus on Planned Care	Progress community diagnostics hubs	Outpatient transformation	
		A focus on Diagnostics	Regional eye care with an early focus on cataracts	Imaging capacity and performance including eliminating 8 weeks waits across MR and CT	
		A focus on Mental Health	Crisis care	Eating disorders	Children & Young People	Ease of access
		A focus on Primary, Community & Intermediate care	Develop urgent primary care centres and integrate with CAV 24/7	Delivery of NHS 111 system	GMS & Primary care sustainability
	Priority 8: Our digital infrastructure	A focus on Digital capability	Use your own device; Delivering a digital front door; Patient facing content; Digital choose and book; Self directed enquiry management; Digital dictation and transcription		
			Interoperability; E-consent; A PROMs platform; Scan4Safety; Outpatient transformation		
	Priority 9: Our physical infrastructure	A focus on acute site infrastructure	Continue to progress our ambitious UHW2 programme	Progress interim digital and infrastructure master plan for UHW and UHL	
		A focus on community infrastructure	Progress the development & implementation of our partnership community schemes		

This plan on a page represents a sample of our most material objectives, for a full understanding of all our work for 2022-25 please reference our full plan

Saunders, Victoria (NHS Wales) 03/28/2022 10:47:42

HOW TO READ OUR PLAN

This three-year plan describes:

- Our key deliverables in ongoing readiness and response to the challenges of the evolving COVID-19 pandemic whilst balancing service recovery and redesign to respond to the ongoing and backlog of demand for Planned and Urgent and Emergency Care services.
- The strategic context and priorities which frame the UHB's partnership approach to longer term system transformation and how this aligns with the immediate readiness, recovery and redesign plans.
- The enabling programmes that describe how our recovery, redesign and transformation efforts will seamlessly align.

We, like others, are planning in times and circumstances which are uncharted in our health and care system. As such have had to recognise and accept this level of uncertainty. At the same time, we have been conscious that planning as a discipline will also support us to navigate the coming three years.

To mitigate the risk of the unknown yet make planning a meaningful exercise we have used a range of assumptions and scenarios. These are outlined below.

It is important to consider these scenarios and assumptions whilst reading this plan and to recognise that whilst we have based the plan on particular scenarios, we continue retain robust mechanisms for *gearing up and gearing down* operational capacity and configuration based on the prevailing environment. Our use of Health Intelligence both locally and nationally, along with our internal governance structures, underpin this ability to change gears effectively.

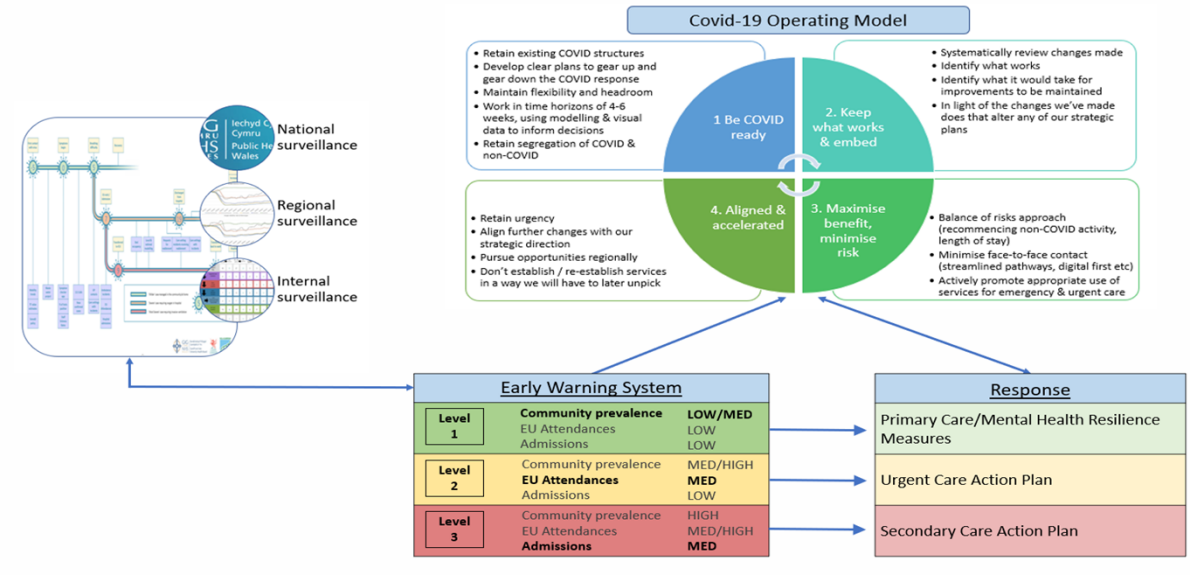
Our planning assumptions and scenarios

COVID-19 Response

The first principle of our approach through the pandemic has been to be "Covid-19 ready". This will remain at the core of our thinking through 2022-23 as we simultaneously continue our drive to make a significant recovery and embark on service redesign. In order to keep us responsive and flexible the UHB has employed a clear operating model, based on our "gearing" principles, and informed by a number of triggers which have helped ensure we remain ahead of the Covid-19 curve. **Figure 1** provides an overview of the current iteration, outlining how we combine operational understanding and modelling. As part of our Covid-19 preparedness, the UHB has developed additional surge bed capacity through the development of the Lakeside Wing at UHW. These beds (up to 400) have already proved invaluable during 2021-22 by allowing us to meet the increase in patient admissions during winter and due to the Omicron Covid-19 variant. Moving forward we will retain part of the Lakeside Wing for flexible surge capacity, should it be required for any future peaks of Covid-19. Within our Critical Care infrastructure, our teams have become adept at deploying additional surge capacity and are ready to enact these tried and tested systems should any future variants of concern lead to a rise in the number of patients requiring intensive care support. Our wider plans for our critical care service can be found here

Saunders,Nathan
03/28/2022 14:57:42

Figure 1 COVID-19 operating model and operational triggers



Whilst our approach to date has served us well and enabled us to maintain essential services throughout the pandemic, it is clear that Health and Social Care services will need to continue to refine how they meet the Covid-19 challenge moving forward. The most recent wave has taught us that the future course of the pandemic is unlikely to mirror our past experience. To that end, we have developed a range of high-level Covid-19 planning assumptions which we believe will remain extant this year and are available in **Figure 2**.

Figure 2 UHB Overarching COVID-19 Planning Assumptions

COVID-19 Prevalence	•COVID-19 will remain in the general population and continue to have an impact on the planning and provision of health and social care services for some time
New Variants	•New variants will emerge; the NHS will need to be prepared for the potential for a rapid and significant change in the COVID-19 position (deterioration or improvement)
Prevalence vs. Demand	•There may be an increasing disconnect between community prevalence and associated demand on healthcare services
Vaccination	•There will be a requirement for a vaccination programme
Five Harms from COVID-19	•Minimising and balancing the "Five Harms" from COVID-19 will be central to the planning and provision of health and social care services for some time
Future Waves	•Predicting the timing and scale of future waves is challenging and will be impacted significantly by the emergence of new variants, changes in population immunity (increases and decreases) and the implementation of treatments
Policy	•Welsh Government policy will change in line with the COVID-19 Control Plan, however provided vaccines remain effective, it is unlikely there will be further wholesale lockdowns

Saunders, Nathan (03/28/2022 10:51:42)

Our overarching planning assumptions are simple and reliable by design. Our experience during the last two years leads us to be cautious in predicting how the course of the pandemic may play out in the long term. Notwithstanding this pragmatic approach, we have worked to develop a range of planning scenarios that frame our thinking for 2022-23 (Table 1). These are of course at a relatively

high level, providing an indication of how differing scenarios could present and reflecting the uncertain planning environment within which we are operating.

Table 1 UHB COVID-19 Planning Scenarios

Cardiff and Vale Covid Scenario Planning 2022-23				
Scenario	Description	Potential Contributory Factors	Potential Consequences	Approach
Covid Eliminated	Covid exists but rarely seen. No impact on primary and secondary care services	• **Vaccines** provide sustained effectiveness against all new variants • **Treatments** highly effective prevention and treatment of severe illness	• **Vaccination programme –** frequency dependent on longevity of immunity conferred by vaccination • **Workforce** – no impact on workforce. • **Public health** – no widespread impacts though may be localised outbreaks	• **Unlikely to be reached over next three years.**
Best Scenario (Covid Low)	Covid associated demand on primary and secondary care services reduces to historically low levels with minimal variation.	• **Vaccines** highly effective against all new variants • **Treatments** highly effective in prevention and treatment of severe illness	• **Vaccination programme –** targeted to high risk groups, may form part of an annual programme • **Workforce –** improved staff welfare, staff return to usual roles, lower levels of staff absence • **Public health –** reduced covid associated illness and reduced socio-economic impact	• **UHB Gearing level** = covid free/low significant • **Recovery of non-covid services** = accelerates faster than plan
Central Scenario (Covid Stable)	Covid associated demand on primary and secondary care services, reduces to levels perhaps similar to summer/autumn 2021. Peaks occur but are lower than previous waves.	• **Vaccines** are largely effective against new variants. • **Treatments** are largely effective in prevention and treatment of severe illness	• **Vaccination programme –** requirement for expanded covid-19 immunisation programmes. • **Workforce –** improved levels of staff welfare but with continued impact on fatigue and burnout • **Public health –** gradual reduction in overall covid associated illness, reduced socio-economic impact	• **UHB Gearing level** = significant • **Recovery of non-covid services** = in line with plan
Worst Scenario (Covid Urgent)	Covid associated demand on primary and secondary care services increases significantly. Likely to see peaks in line with most significant previous waves.	• **Vaccines** have reduced effectiveness against new variants, particularly in protecting against severe disease • **Treatments** are less effective against new variants	• **Vaccination programme –** requirement for significantly increased capacity. Potential challenges with supply. • **Workforce –** high levels of staff absence, redeployment to maintain essential services, staff fatigue / burnout • **Public health** - increased covid associated illness, and significantly increased socio-economic impact	• **UHB Gearing level** = Substantial • **Recovery of non-covid services** = Enactment of choices framework, reduction of non-essential services.

We are aligning our operational, quality improvement and performance ambitions for the coming year around a combination of the Central (Covid-19 Stable) and Best (Covid-19 Low) Scenarios. This reflects our belief that there will be continued operational pressures caused by the presence of Covid-19 at both the start of 2022-23 and potentially at points throughout the rest of the year which may be driven by the emergence of new variants and changes in population immunity. Our operational efficiency is predicted to still be impacted by the reality of delivering both non-Covid-19 and Covid-19 services within our constrained and inadequate estate with a fatigued workforce. Any future peaks in Covid-19 may well require proactive operational management, although if these peaks occur we expect admissions to be significantly lower than the earl.

Within each of these scenarios we know that our ability to respond will be directly related to the capacity and resilience available within our workforce. Even within our Best Care Scenario we cannot underestimate the impact of the sustained and significant levels of fatigue and stress that our teams have been under. Further detail on the work we have done, and continue to do, in relation to staff wellbeing can be found in the people and culture section where it is presented alongside our broader organisational development strategy.

Our service change and transformation assumptions

In planning the wider change and transformation of the organisation we have been cognisant of the need to be aware of the wider operating environment, as outlined above.

We have therefore taken our operational planning scenarios alongside key financial assumptions and used these to consider what the options / scenarios are for us in terms of planning our wider service change and transformation agenda. These scenarios are outlined in **Table 3.**

Saunders Meinan
03/28/2022 14:57:42

Table 3: Transformation Planning Assumptions

worst case scenario	Covid-19 continues to show prolonged high-levels of prevalence in our community meaning many of our staff are absent and/or need to be deployed for business continuity reasons. High cases also continue to exist amongst patients in our hospitals. and We are unable to progress any of our strategic transformation agenda due to the constrained financial situation.
central scenario	Covid-19 exists in our community but presents itself through a period of peaks and troughs meaning some staff may occasionally be absent and/or be re-deployed. and Whilst in a financially challenged situation we will continue to phase our work and progress at the appropriate pace.
best case scenario	Vaccines provide enduring protection along with other emerging treatments meaning levels of pressure on the NHS is not experienced so acutely again. and The resources required to progress at are available to fully support our change and transformation agendas.

For the purposes of this plan we have looked to adopt the **central scenario** with the opportunity to *gear up and gear down* based on wider positive or negative changes.

DRAFT

Saunders,Nathan
03/28/2022 14:57:42

THE CONTEXT WITHIN WHICH WE HAVE PLANNED

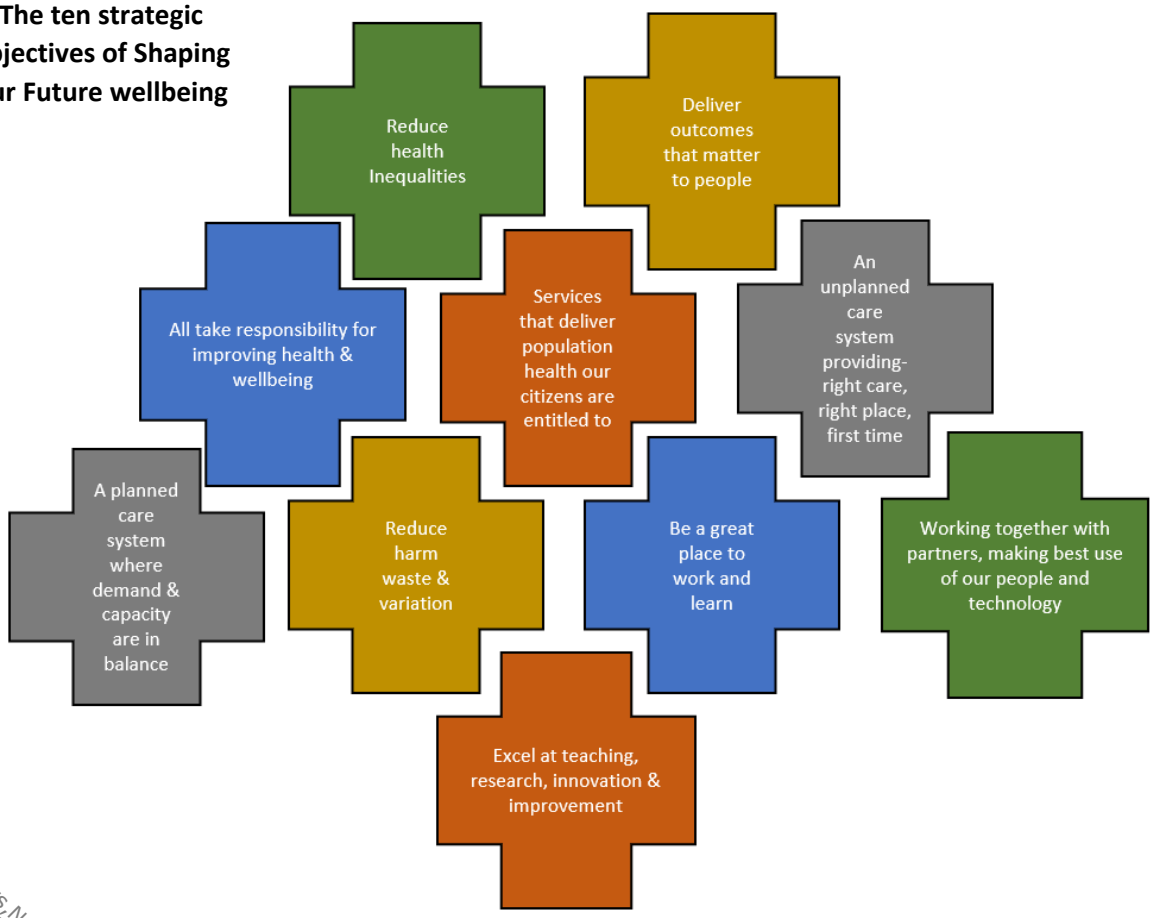
Our long-term strategic direction

The essence of our planning is about improving the lives of the communities we serve and supporting people to have the same chance of leading a healthy life regardless of their background or circumstances.

In this context, whilst this is the first IMTP that we have developed since 2019/20, it does not represent a 'new' plan. It builds on our approvable IMTP submitted to Welsh Government in March 2020. It continues to articulate the delivery of our long-term strategy Shaping Our Future Wellbeing (SOFW) and its ten strategic objectives. These objectives remain our well-being objectives, with a focus on long-term thinking, prevention, working with partner organisations, and engaging with our residents and service users. This IMTP must remain focused on this long-term vision and these objectives *alongside* setting our continued response to the pandemic.

The timespan of this IMTP will take us up to the end of the current life of *Shaping our Future Wellbeing*. During 2022 we will commence wide stakeholder engagement to refresh the strategy- reflecting on what we have achieved over the last seven years. This will include reviewing what remains outstanding, what has changed – particularly in light of the pandemic - and what we may need to re-orientate.

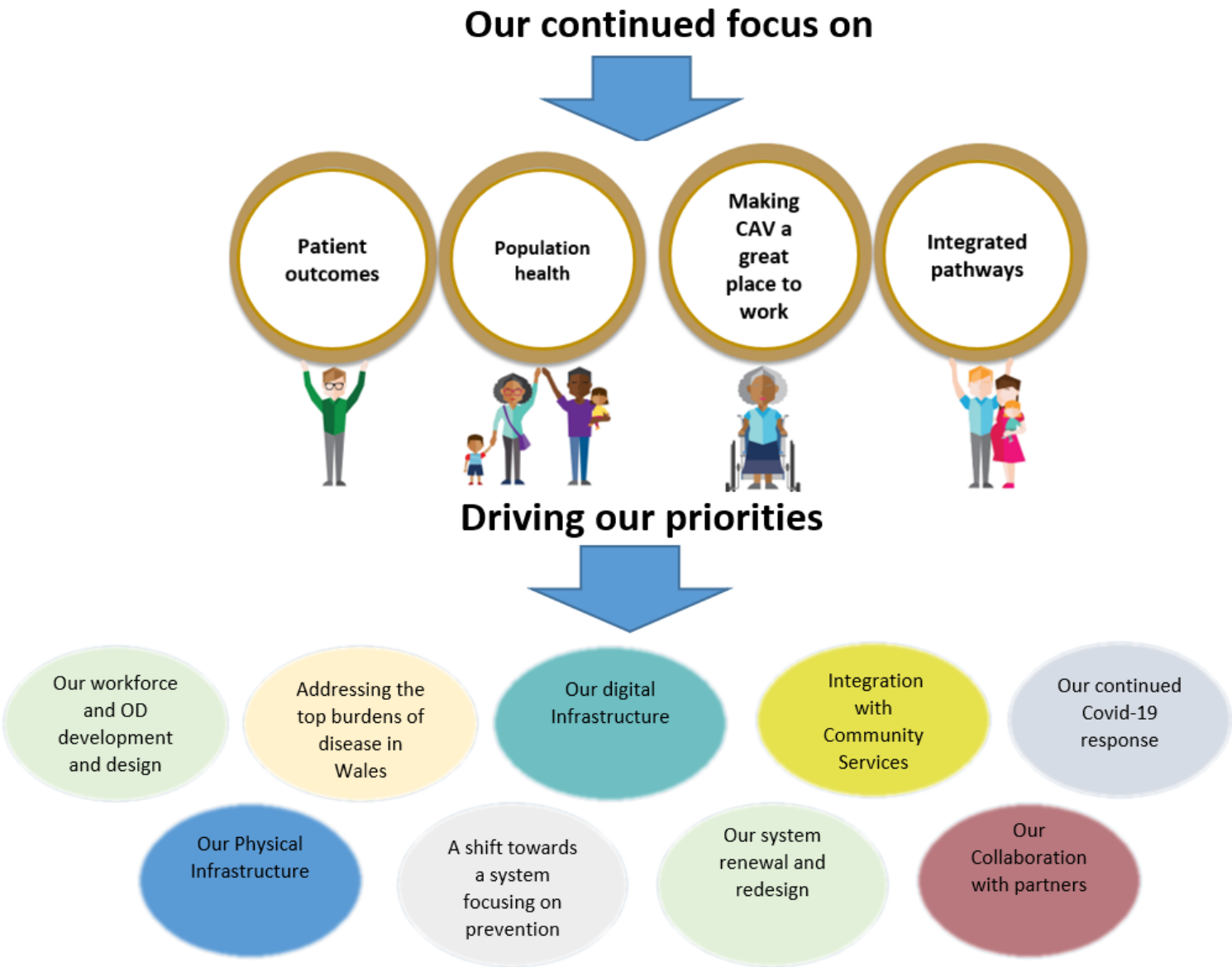
The ten strategic objectives of Shaping our Future wellbeing



Saunders,Nathan
03/28/2022 14:57:42

We know the next three years are crucial for us. On the back of a pandemic, how we plan and deliver our services in the coming period will define the health and wellbeing for a generation. As part of moving back to a three-year approach to planning, and as we enter the final phase of SOFW we have taken the opportunity to fully

reconsider what our specific focus and priorities need to be over the next three years. This plan reflects this thinking and is summarised below.



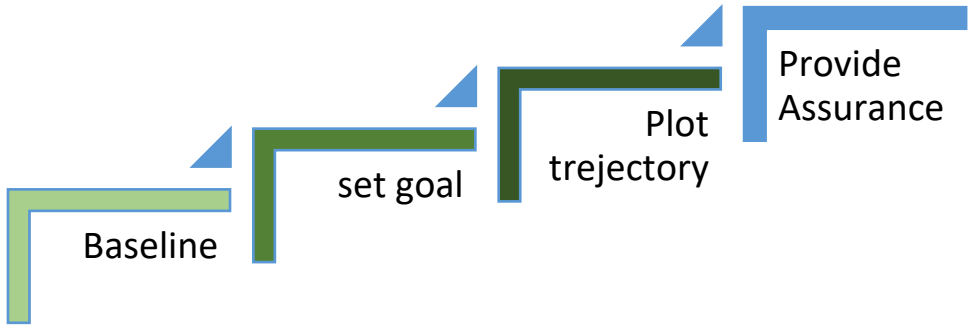
Saunders,Nathan
03/28/2022 14:57:42

The Policy and Political landscape

We welcomed the letter received from the Minister for Health and Social Services following the Senedd elections of 2021 which set out her key priorities for NHS Wales (below). These strongly align with organisational direction of travel articulated in this plan.

Covid-19-19 Response
*
NHS Recovery
*
Working alongside social care
*
A Healthier Wales
*
NHS finance and managing within resources
*
Mental health and emotional well-being
*
Supporting the health and care workforce
*
Population health, notably through the lens of pandemic experience and health inequity

We have addressed these priorities in four phases as part of developing this plan;



Baseline: We have taken time to understand what our current performance is against these priorities. You can view our baseline position against these measures in **annex 3**

Set goal: We have then set our goal is for many of these priorities through 22-23. **A** compendium of our key delivery goals and ambitions can be found by clicking here.

Plot trajectory: Completing the Minimum Data Set (MDS) has enabled us to understand what our projections may be as we look to improve our performance against many of these measures. Our challenge here is significant, and planning is complicated not only by the unprecedented scale of demand, but also the uncertainty in relation to those patients who are yet to present to services and the significant fatigue within our teams.

Provide Assurance: The narrative provided across this plan is thus intended to provide the assurance that we are taking the necessary actions to deliver the projections we are articulating.

Saunders, Nathan
03/28/2022 14:37:21

We will also ensure that our performance management and reporting regimes reflect both the NHS Wales Delivery Framework (21/22) and the eagerly awaited, national Outcomes Framework for Health

and Care, and the Public Health and Social Care Outcome Frameworks which we anticipate will align well with our outcomes' frameworks. We will continue to shape the culture within the organisation through our commitment to living our values, where staff are supported to take responsibility and to make the changes needed to improve their services. We are ensuring that the objectives set for individuals and teams show a clear line of sight to the Board's strategic wellbeing objectives.

Finally, we have also reflected on the refreshed Programme for Government published in December 2021 following the Co-operation Agreement between Labour and Plaid Cymru.

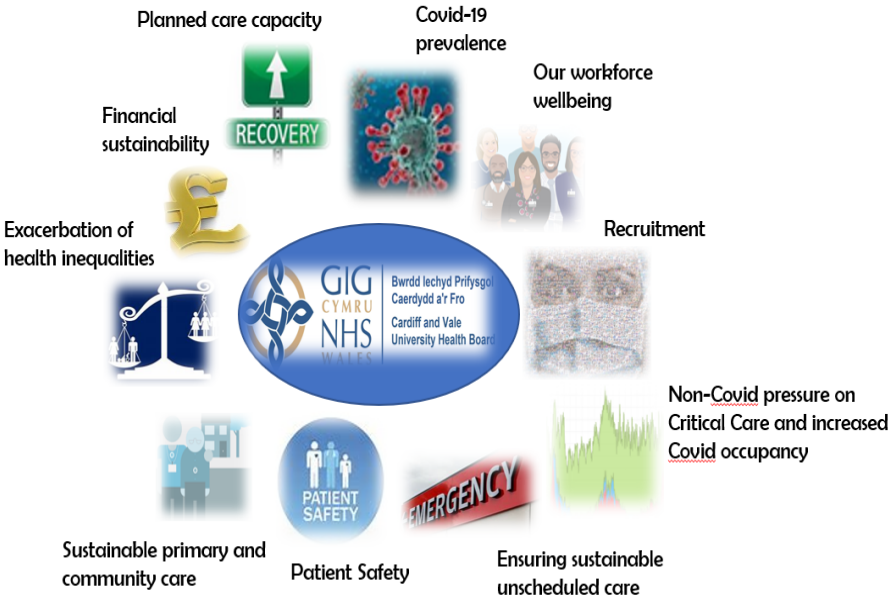
Recognition of our challenges and risks

The pandemic is not over and we remain operating within the context of this unprecedented global challenge that is Covid-19.

We, along with all other Health Boards have a significant backlog of activity. Despite the extraordinary efforts of our staff to continue running planned care treatment throughout the pandemic much has still been delayed due to constraining IP&C arrangements for example.

We know there is likely to remain significant latent activity within our community which will impact through late presentations meaning some treatment is ultimately even more urgent than it might have been initially.

It is likely waiting list delays could create additional 'new' conditions for patients on these waiting lists which occur because of people having to waiter longer than necessary. Our primary care and community teams are likely to feel this added pressure initially.



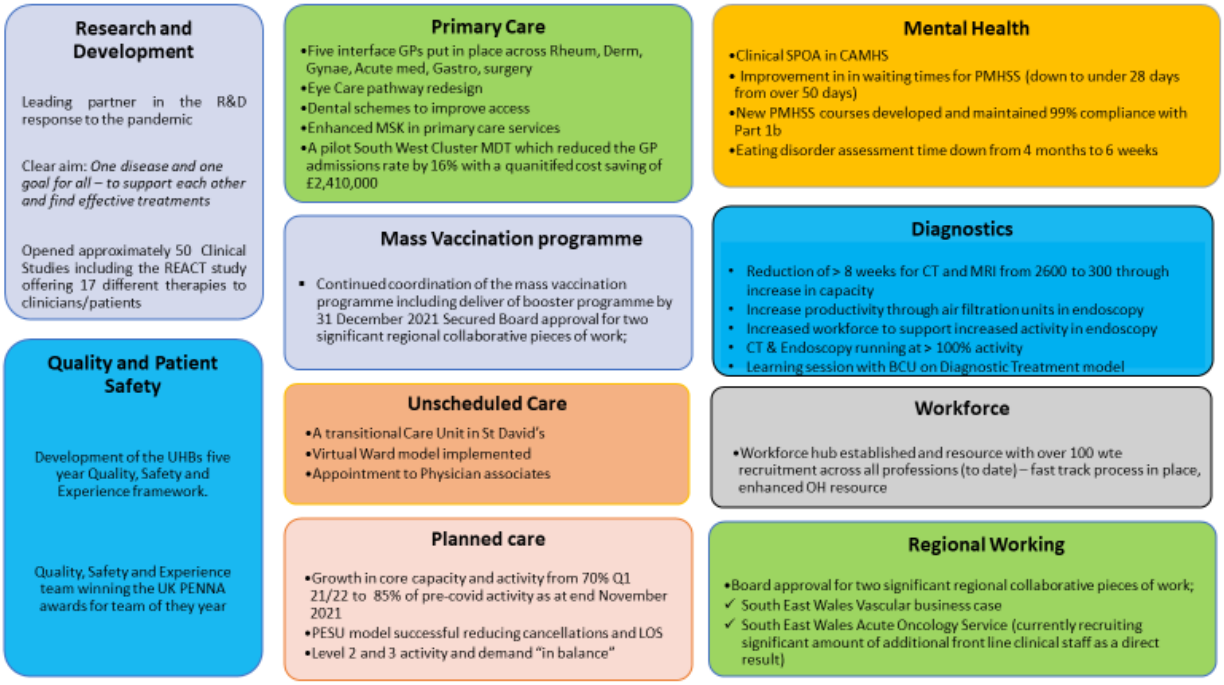
All our data and intelligence confirm what we know - too many people in our local population are also often waiting too long in the community for urgent pre-hospital (Ambulances) care and/or waiting too long in an ambulance to be admitted to our acute site. We know we own this risk and continue to work with WAST to resolve this issue and not merely delegate the risk to them.

Collectively these risks manifest themselves in overarching challenges we face. Our Board Assurance Framework (BAF) reflects these challenges, which are summarised below.

Saunders,Nathan
03/28/2022 14:57:42

Recognition of our successes

Just as it remains important that we focus on our challenges and risks, it is also important in our planning to recognise our successes- what has gone well and what we must therefore ensure continues.



Wider Health Intelligence

(i) Population Needs Assessment

As we finalised this plan so too was the refreshed Population Needs Assessment (PNA) for Cardiff and the Vale of Glamorgan. This document will be published on the 01 April 2022 and from this date can be found on our website. Headline findings of the PNA can be found in **annex 2**.

This is a significant document and we have been acutely aware of its emerging findings as we have developed this plan. It will even more materially influence the dynamic planning of the organisation into 22-23 and beyond and in particular that of our @Home strategic programme of work. Details of which can be found by clicking here.

(ii) Director of Public Health's Annual Report

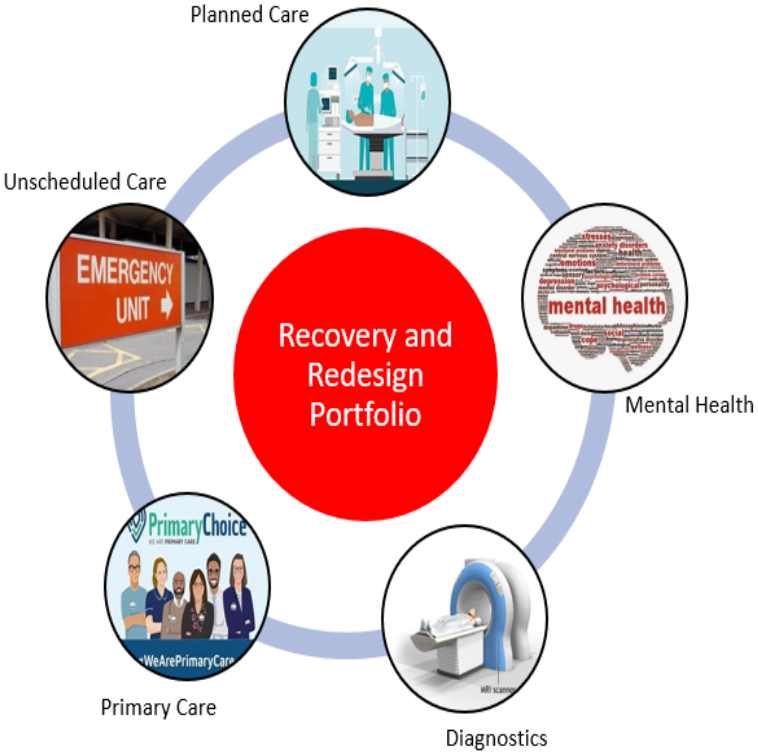
Our Director of Public Health report focuses on how Cardiff and the Vale of Glamorgan can emerge positively from the COVID-19 pandemic, with a spotlight on prevention and addressing the inequities exacerbated by the events of the last 18 months. It describes the impact of the pandemic on our population, identifies priority areas for attention and sets out a vision for future partnership working that will enable us to recover strongly and more fairly. We have looked to ensure there is robust alignment between the recommendations of this report and the actions being progressed in this plan. The Annual Report can be found by clicking here .

Saunders,Nathan
03/28/2022 14:57:42

Building on our existing planning arrangements

As described earlier this is not a new plan- what we articulate here is an extension of much of what is already happening but also articulates where we want to take things next. As well as responding to the immediate impacts of Covid-19, we set out how we will increase our focus on disease-prevention, and shift more delivery to integrated locality models of care and support.

We have already established eleven programmes of work, of which nine grouped into two portfolios;



The remaining two programmes bridge both these portfolios as critical agents for change;

Our People and Culture Plan

Our Delivering digital five-year plan

This approach to governance and delivery has given us a clear framework within which to continue our planning and to also sharpen and accelerate our delivery. Much of what we say we are going to deliver in this plan will be managed and scrutinised through these structures, which gives us confidence that we are able to assure both ourselves and stakeholders that we are delivering what we have committed to deliver. During 2021/22 we have strengthened our capability and capacity to support service improvement and deliver a complex portfolio of programmes made up of numerous improvement projects. This gives us a structured, consistent, and disciplined approach to securing the changes needed at pace and scale. Central to this approach is continued facilitation of effective clinical leadership at all levels, and meaningful engagement with our staff, patients, and the communities we service, along with the collaboration with a wide range of partners which is essential to our success.

Saunders Siobhan
03/28/2022 14:52:42

Informing and Informed by Cluster level plans

Our IMTP also includes the local plans for all our primary care clusters.

The significance here is not that we are presenting all these plans together but rather that to deliver this, we have rapidly matured our approach to integrated planning with our clusters. Clusters have been both informing and more directly informed by the long-term strategic direction of the organisation and the setting of the focus and priorities described above.

annex 1 contains full copies of our cluster level plans and also a summary table which draws out some headlines and provides assurance regarding many of the links between our corporate IMTP and our cluster plans.

Continually maturing, this integration of our cluster plans with our corporate level approach to planning will be a key objective for our plans in the coming planning cycles.

Recognition of golden threads

This is an integrated plan so we have tried to avoid creating a silo view(s) on important legislation or policy agendas such as (for example) the Wellbeing of Future Generations Act, the socio-economic duty or the foundational economy.

Rather, these are considered 'golden threads' for us and our commitment to them should be evident through the description of how we are choosing to conduct our work throughout this plan.

Our well-being objectives were developed as part of our Shaping Our Future Wellbeing 2015-2025 strategy, which was itself developed in line with the sustainable development principle and five ways of working the Well-being of Future Generations Act; our objectives are reviewed annually. Our IMTP is focused on meeting the objectives in the strategy, so everything in this plan will contribute to one or more of the seven well-being goals. Our routine performance and reporting processes to assess progress against our IMTP also therefore serve the purpose of establishing progress against our well-being objectives. We will conduct a more comprehensive review of our well-being objectives as we prepare to refresh the SOFW strategy in the coming year.

Within the UHB there is a Well-being of Future Generations Steering Group which meets regularly to support, encourage and review the application of the five ways of working within the Health Board's work and culture. The Steering Group is chaired by the Executive Director of Public Health, with the Chair of the Health Board acting in the role of Board Champion for the Act; membership includes Finance, and Communications and Engagement colleagues.

We recognise that it would be disingenuous to create a section of the plan pertaining to engagement as though it is a discrete discipline that sits in isolation.

We recognise engagement with the public as being core to what we want, and need to do, if we are to deliver the ambitions described in early pages. We know we must;

- Work even harder to engage with the public (plus stakeholders and our own staff) to increase understanding and acceptance of the need for service transformation, and to ensure people can help us to shape our key plans going forward.
- Continue to actively seek out diverse views and experiences to shape our thinking and co-design our services, and we will continue to work closely with the South Glamorgan Community Health

Saunders,Nathan
03/28/2022 14:57:42

Council and our public and third sector partners to offer a range of opportunities for dialogue and involvement.

- Help our staff understand why engagement is so important and what value it can add for them and the change they are trying to deliver.

Where we have identified that engagement is needed you will find it accounted for in respective section of this plan. For ease some key pieces of engagement in 2022-2023 will headlined below.

1. **Mental Health**: An ongoing programme of engagement to support the transformation of our mental health services – for both adults and children and young people, building on the recovery model being pioneered in our adult mental health services.

2. **Tertiary Services:** Regional and supra-regional engagement on the future provision of specialised services, including:
    a. Oesophageal and Gastric Cancer Surgery – Phase 1 – Swansea Bay UHB
    b. Oesophageal and Gastric Cancer Surgery – Phase 2 – South and West Wales
    c. Hepato Pancreato Biliary Surgery – South and West Wales
    d. Partnership Framework for Specialised Services

3. **Locality models of care:** Engagement on our developing model of integrated locality models for care and service delivery, and our plans for the next tranche of community facilities needed to support delivery of these new models of care, work which the RPB @home programme is leading.

4. **Shaping Our Future Clinical Services:** The next stage of engagement on our *overarching Shaping Our Future Clinical Services* programme which is informing the next stage of the Our Future Hospitals programme.

5. **Shaping Our Future Hospitals:** Engagement to support a hospital redevelopment SOC as part of the *Shaping Our Future Hospitals* programme

Saunders,Nathan
03/28/2022 14:57:42

ASSURANCE ON PLAN DELIVERY: *A focus on outcomes, quality of care and health intelligence*

Earlier in this plan we have made clear where we want to get:

To achieve measurable improvement in the health of the population, reducing the stark inequalities in health that exist in between and within our communities, and through the provision of the best possible quality services accessible in a timely way, optimise outcomes for our patients *(SOFWB)*

In addition, we are also making it clear on how we are going to get there – later in this plan you will see we are setting out the actions we are going to take over the next three years.

Through our dynamic planning arrangements, we will then subsequently be able to assure ourselves (and others) 'in year' that the actions we are taking continue to be the right actions and are giving us the benefit(s) intended, and, if they are not, the opportunity to refine our intentions.

Dynamic planning

This dynamic planning (illustrated below) runs from daily operational management planning through to the long term multi-generational strategic planning.

At each level of our planning we are, and will continue to, use the health intelligence we have at our disposal to measure the impact of what we are doing and the outcomes for which we are striving.

To the right of the illustration above we will continue to embed and deploy the use of *Signals from Noise (SfN)* across the organisation. This is a digital data platform that provides us with a level of real time data which has never previously been so readily available to us. This will support us to track, at an operational level, the trajectories to which we have committed and the impact our actions are (or are not) having.

Saunders, Nyman
03/28/2022 10:57:42

Trajectories are important for the effective implementation of any plan - they allow us to continually think about the connection between actions we are taking and their impact on the outcomes. The operational climate experienced during the final stages of development, alongside the financial allocation which the Health Board received in December 2021, has made it challenging for us to be as unequivocal as we would like to be regarding the trajectories we set ourselves. We know there is still more that we need to do and we will continue to work on this.

However, the minimum data set (MDS) submitted with this plan is set in the context of the impact we expect our actions to have and thus starts to provide initial operational trajectories.

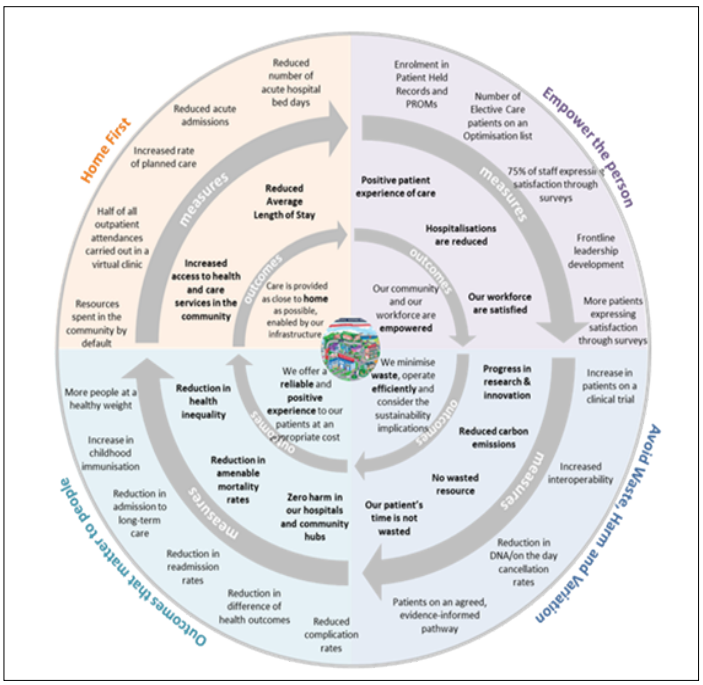
Nevertheless, much of the work we are progressing over the life of this plan is strategic and long term in its nature (the left of the above illustration) and will not release immediate and obvious 'change'. For example, a satisfied workforce that views CAVUHB as a great place to work will result in a shift in attitudes and culture that will evolve over time.

We will therefore continue to refine, implement and embed the use of both the Health Board's Outcomes Framework and the RPB's outcome framework (which are not mutually exclusive) to 'sense check' the actions that we have committed to take and track the 'shifting of the dials' on the key metrics that demonstrate are actions are achieving the improved outcomes we intended.

These two outcomes frameworks are shown below.

RPB outcome framework

CAVUHB outcome framework



We know we have more to do to embed these outcome frameworks within the organisation and strengthen how we use them as key sources of intelligence for us. This is work which we will continue to progress early in 22-23.

Saunders,Nathan
03/28/2022 14:57:42

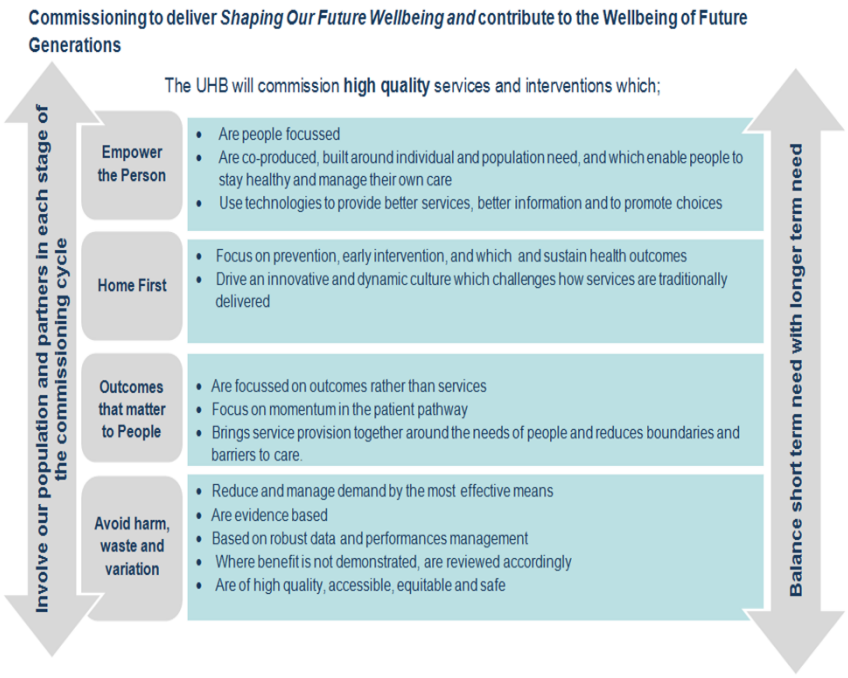
Commissioning

As we look to ensure our reporting and tracking of improvement trajectories and outcomes are even more robust, both the internal commissioning processes of the UHB and the wider system commissioning processes to lever in the changes that are needed are increasingly important for us.

Internally our commissioning approach focuses on outcomes, value-based healthcare and a number of key principles (shown in the diagram below).

This will enable us to;

- Base service design, improvement and delivery on whole systems
- Deliver services based on achieving outcomes for our population, whoever they are, and wherever they live
- Better understand costs and resource allocations
- Continuously improve services
- Deliver the benefits of *Shaping our Future Wellbeing* for our current, and our future population



Subsequently our internal commissioning intentions for 22-23 were confirmed by Board as being:

Saunders, Nathan
03/28/2022 14:57:42

OUR PEOPLE AND CULTURE

To meet our population's health and care needs effectively and deliver upon our quality improvement, recovery and transformation agendas we are completely dependent on our workforce. We want to be a great place to train, work and live, with inclusion, wellbeing and development at the heart of everything we do.

A 3-year People and Culture Plan has been developed and is our opportunity to improve the experience of staff, ensure the improvements we have made over recent years continue, and confront the challenges which have arisen as a result of the pandemic and subsequent recovery period. A copy of the People and Culture plan can be found here.

This Plan is aligned with the operational plan, ensuring a whole system approach, working at pace to have the biggest, positive impact that can adapt to rapid service change and seasonal pressures. It Is also aligned to the Shaping Our Future Wellbeing strategy, the overarching vision for Health and Social Care in Wales set out in A Healthier Wales and the national Workforce Strategy for Health and Social Care, and the UHB Strategic Programme Portfolio.

During the Covid-19 pandemic, we have seen our workforce adapt quickly to the challenges they faced. We now need to strike a balance, as we learn to live and work with COVID-19. We will need to ensure our workforce is able to maintain essential services, manage any additional demands, including seasonal pressures and the backlogs created during the pandemic, all while remaining Covid-19-ready. In addition to the challenges brought about by the pandemic and the necessary period of recovery, we, along with the broader NHS in Wales, face social, economic, technological and demographic changes. As a result, the demographics of our workforce also need to change, and we must adjust the way we recruit, retain and support our people.

Annex 4 sets out our detailed approach over the life of this plan against the seven themes of our people and culture plan.

Theme1: Seamless workforce models
Theme 2: Engaged, Motivated and Healthy workforce
Theme 3: Attract Recruit and Retain
Theme 4: Building a Digitally Ready Workforce
***Theme 5*:** Excellent Education and Learning
Theme 6: Leadership and Succession
Theme 7: Workforce Supply and Shape

Progress against these themes will move us to a place where we have greater collaboration, increased agility, innovation and improved productivity within the UHB and across, Health and Social Care. A summary of our ambitions against these themes are shown at the end of this section.

Taken together these actions will support us improving even further some of the key metrics for measuring our staff experiences and ensuring Cardiff and Vale remains a great place to work.

- **Increase the number of staff who complete the NHS Staff Survey, our ambition is to increase the response rate by 10% in 22-23 and by a further 10% by the next survey**. This will provide us with more meaningful data both qualitative and quantitative. Our aim would also be to improve the engagement index score in 22-23 and beyond.
- **Improve retention across the UHB to a healthy level, i.e. between 7- 9% by 22-23.** In 23-24 our aim will be to continue to reduce the turnover in staff groups that are over 9% to a more sustainable position.

Saunders,Natalie 03/28/2023 14:01:42

- Whilst focusing on reducing turnover, efforts will also be targeted at improving workforce supply, especially in staff groups where there is a known shortage. Our aim **by 23-24 is for vacancies across the UHB to be 5% or below.**
- **Reduce the bank and agency expenditure** as we improve retention and workforce supply.
- Increase the number of staff employed in integrated health and social care roles by 22-23 and further increase in 23-24.
- **Continue to streamline current recruitment processes, improving the onboarding time** (from verbal offer to written unconditional offer) by 23-24, working within the parameters of the national recruitment systems controlled by NWSSP.
- Improve the health and wellbeing of our workforce and in doing so **reduce absence to a more sustainable position. A reduction to 6% in 22-23 and 5.5% in 23-24**. With an aim to further reduce in 24-25.
- Aim to **reduce the number of staff on long term sick leave suffering with stress, anxiety, depression by 10% in 22-23** and a further 10% in 23-24.
- Increase the diversity of our workforce through inclusive recruitment. For example, increase number of Welsh speakers, increase number of staff who are non-white British, have a disability, LGBTQ+, etc.
- **Increase the number of staff in non-traditional roles,** to reflect the skills required to care for our population, e.g. apprentices, Physician Associates, Assistant Practitioners, Multi-skilled support workers, etc.
- **Continue to raise awareness of the importance of undertaking appraisals with staff and increase compliance to 50% in 22-23 and 85% in 23-24.** Embed effective talent management processes to grow our own talent.
- Increase the number of trained and active coaches within the UHB to support with individual development.
- Implement the pathway in 22-23 for HCSW's to undertake the training and development to progress to Band 4 Assistant Practitioner roles in 23-24.
- Increase the number of HCSW's who undertake the registered nursing programme and gain registration with the NMC.
- **Increase the number of staff who access learning, development and training opportunities by 50% by 23-24**, including e-learning, virtual learning, etc.
- **By 22-23 the aim is to identify 36 members of staff to undertake the Senior Leadership Programme** and identify leadership pathways at every level.
- Effectively implement systems that provide the organisation with real time data for our workforce, which will include the **roll out of Health Roster across all nursing areas by March 23** and implementation of Safe Care. Then implement e-rostering for all staff who are patient facing by 2025, with ongoing support and education to ensure we have a culture of effective rostering.
- Build and extend the capability of managers using ESR by increasing the education and training available to them in 22-23.
- Ensure our workforce data is accurate, meaningful and accessible to assist with strategic decision making by 23-24. **Moving from workforce reporting to people analytics**.

Saunders,Nathan
03/28/2022 14:57:42

In summary: *Our people and culture milestones*

People and Culture – *A Summary*			
PRIORITY	**DELIVERY TIMESCALES FOR OUR AMBITIONS 22/23 – 24/25**	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE TRACK AND MONITOR BENIEFITS**
Seamless workforce models • A common purpose and outcomes. • A seamless workforce framework. • OD programmes to support engagement & leadership development. • Lead the strategic and operational workforce and OD plan for the Strategic Plan for Primary Care & Together for Mental Health. • Implement workforce models to support MDT /integrated working. • New and advanced/extended role pathways. • Harmonised, integrated T&Cs, governance and learning, education & development.	• Understand the strategic plans based on population health needs assessment and define the workforce requirements. • Translate the workforce models being developed through Regional Partnership Boards into a good practice guide for integrated working – 2022-2025. • Develop a Seamless Workforce Framework to agree strategic workforce goals and objectives 2022-2025. • Develop OD programme with LA partners, MH and Primary Care 2022-2025. • Develop multi-professional workforce plans to support implementation of the primary and community care workforce model and Together for Mental Health. • Identify opportunities for advanced/extended and new roles. • Develop a clear integrated competence and capabilities framework for extended skills and advanced practice across professional groups. • Implement and embed harmonised governance, regulation and registration arrangements to facilitate multi-professional working.	• Better patient outcomes and experience. • Breaking down boundaries • Reduce waste, harm and variation. • Improved ways of working. • Integrated workforce planning, OD, engaged and motivated workforce.	• Reduced non-contracted pay. • Enhanced Staff H&WB. • Integrated/enhanced roles. • Staff engagement index. • Delivery against workforce plans • Integrated T&Cs. • Reduction vacancies and turnover. • Reduced sickness absence.
Engaged, motivated and healthy workforce • Update the engagement framework. • Develop a wellbeing strategy & plan. • Develop coaching and team development. • Focus on communications – training & channels. • Promote and embed UHB values & behaviours. • Staff Surveys (NHS Wales, MES, Pulse, Wellbeing).	• Produce a framework document, with roadmap, project plan and key deadlines. • Develop a strategic paper and project plan for Health and Wellbeing. • Create an academy which incorporates coaching and team development. • Provide training in coaching skills for managers. • ILM accredited centre (coaching and leadership and management qualifications). • Offer team development initiatives to improve relationships and morale. • Provide specific communications training and look at how this is incorporated into all training i.e. leadership and management to improve their skills. • Look at channels of communication and explore strategies to reach all staff and provide education. • Revisit and promote values & behaviours framework.	• Engaged workforce with better patient outcomes. • Improved engagement score. • Increased participation on training / surveys. • Reduced sickness. • Improved retention rates.	• NHS Wales staff survey / local pulse survey. • Medical Engagement Survey. • Wellbeing Surveys/HIT reviews. • Reduced sickness absence and reasons for sickness. • Reduced turnover. • Staff benefits.

SaundersNathan
03/28/2022 14:57:42

Attract, recruit, retain • Develop branding for the UHB's job advertising and career promotions. • Promote NHS careers. • Whole systems approach for temporary staffing across multiple professions and roles. • Identify and attract new sources of recruitment. • Review and adapt recruitment processes within NWSSP parameters. • Develop and implement an action plan to improve staff retention.	• Work with Media resources to develop a specific brand for promoting UHB's job opportunities. • Develop and implement an annual recruitment event calendar. • Review TSD and implement improvements identified. • Merge staff banks following full implementation of new e-rostering system (Health Roster). • Maximise apprenticeship opportunities within UHB (to include clinical apprentices). Widen work experience opportunities. • Identify opportunities to fast track part of the recruitment process for specific schemes. Review processes from applicant perspective. • Improve exit questionnaire/interview response. Introduce starter questionnaires.	• Improved planning (whole system). • Improved reputation. • Inclusive recruitment. • Improved staff experience Retention of knowledge, skills and experience. • Improved patient experience and outcomes.	• Improved turnover rates. • Reduction in variable and non-contracted pay bill. • Time taken to recruit. • Number of appointed candidates. • Reduction in vacancy rate. • Increased diversity in our workforce.
A digitally ready workforce • Improved access to core technologies. • Enable staff to develop a core set of skills. • Develop practices and procedures which enable us to use digital technology effectively, whilst enhancing staff wellbeing. • Maximise the benefits of agile working for the organisation, service and individual. • Keep abreast of enhancements to existing systems and explore new emerging technologies.	• Provide all staff with access to core IT systems. • Ensure all staff have a core set of digital skills through development of digital skills framework. • Implement universal guidance on the effective use of digital technologies to promote staff wellbeing. • Pulse survey to identify benefits of and barriers to agile working. • Ensure all staff are able to access the correct data through ESR. • Introduce an employee salary sacrifice scheme to ensure that access to technology is affordable for all.	• Equal access to technologies. • Enhanced digital skills. • Improved ways of working. • Pushing boundaries to innovate.	• Staff engagement index. • Enhanced staff wellbeing. • Number of staff without email addresses. • Participation rates in IT training. • Number of staff accessing ESR.
Excellent education and continuous learning • Prioritise education & development of the workforce. • Foster an inclusive culture and equitable approach to education. • Develop creative and transformational approaches. • Raise awareness of the education infrastructure and opportunities.	• Implement overarching education infrastructure. • Establish multi-professional Education Group. • Develop multi-professional, inclusive education strategy which represents all staff groups and fosters a culture of interprofessional education. • Develop Learning@Wales platform to deliver innovative digital/blended learning experiences. • Establish Overseas Nurse Education Centre (ONEC) to host Overseas Nurses' Adaptation Programme. • Develop the Cardiff and Vale Academy for Coaching, and Team development (CAV-ACT). • Undertake monthly reviews re: recruitment and resourcing activity to ensure clinical education is in place to support organisational pressures. • Develop an organisational HCSW development framework.	• Inclusive culture. • Supports workforce redesign and service transformation. • Improved recruitment and retention. • Enhanced patient safety. • Staff wellbeing. • Staff engagement.	• Evaluation against project plans, pilots, feedback etc. • Evaluation of learning opportunities • Course attendance figures. • No. completing overseas nurses Programme. • HCSW Career and Skills. • Framework compliance data.

Saunders Dathan
03/28/2022 12:44:37 (BST)

• Enable collaborative partnerships to increase access to educational funding for UHB staff and raise the profile of funded educational opportunities.			
Leadership and Succession • Provide opportunities for leaders and managers at all levels to enhance their skills. • Embed Compassionate, Inclusive and Collective Leadership Principles across organisation through effective. development and alignment of approach • Develop, nurture and facilitate coaching and mentoring network to support individual and organisational effectiveness. • Identify potential leaders at all levels of the organisation. • Embed robust succession planning. processes to support recruitment to critical leadership roles.	• Define the behaviours, competencies and approach required of excellent leaders and managers at all levels. • Offer a breadth of accessible development opportunities (internal and external). • Identify pathways to leadership and management development opportunities for under-represented groups. • Develop an effective VBA that is meaningful for colleagues and supports a healthy high performing organisation. • Develop infrastructure to facilitate and nurture the coaching and mentoring network. • Implement a process for staff to request coaching from the network. • Monitor data from VBAs to help identify potential leaders in a range of different areas – review for inclusivity and diversity. • Identify critical roles within the organisation and the key skills and qualities required. • Develop talent benches to ensure critical roles can be filled in a timely manner and review to ensure accessible, inclusive and diverse.	• Improved staff engagement. • Succession planning. • Improved retention. • Enhanced staff wellbeing. • Better outcomes for patients. • Recruiting managers and leaders with compassionate leadership skills.	• Turnover. • Talent Management and Succession Pathways. • No. active coaches and mentors. • Reduced sickness levels. • Feedback e.g. surveys.
Workforce supply and shape • Shape decisions about people and the workforce using Workforce Analytics. • Shape the workforce by growing our people - supply. • Develop Strategic Workforce Planning capabilities. • Embed Workforce Systems that drive efficiency. • Design of the organisation meets the requirements of a modern health and social care system.	• Workforce intelligence and analytics – supporting workforce planning, development, efficiency and productivity. • Development of new and amended roles. • Increase supply via the apprenticeships route. • Develop roles that cross organisational boundaries, health and social care. • Continue implementation and effective use of e-rostering systems. • Optimise medical workforce sessions aligned to patient outcomes. • Utilise ESR to its full potential by training and upskilling managers to understand how the system can support them manage their teams. • Create a less bureaucratic Job Evaluation process, working within AFC parameters. • Build capacity and capability in workforce planning and development.	• Quality of care improved. • Meaningful strategic workforce planning enabled. • Data and modelling will inform strategic decisions and performance. • Increased capability, agility, efficiency and performance.	• Levels of engagement. • Workforce metrics – retention, vacancy rate, variable and non-contracted pay. • Reduction in skills shortage. • Improved efficiency in rostering. • Successful roll out of health rostering. • No. apprentices appointed and made substantive. • Improved accessibility and use of workforce analytics.

Saunders.Nathan
03/28/2022 14:57:42

QUALITY, SAFETY AND PATIENT EXPERIENCE (QSE)

As an integrated healthcare organisation, our focus on quality, safety and the patient experience must extend across all settings where healthcare is provided as we look to be one of the safest organisations in the NHS. We will ensure there is no undue bias towards secondary care, recognising that the majority of care received by patients is provided in a primary or community care setting and that the primary and community care element of the patient's pathway is as key to delivering safe, high quality care as that part of the pathway which is provided in more acute settings.

We have developed our five-year QSE framework with our frontline staff, patients, carers, relatives and external regulators. We also recognise our responsibility as a commissioner of services from a wide range of providers to have the necessary assurances in place where care is being provide by others for our population.

We have eight key enablers in our revised QSE Framework for the next five years: These are:

- Safety Culture
- Leadership for QSE
- Patient Experience and Involvement
- Patient Safety learning and communication
- Staff engagement and Involvement
- Data and Insight
- Professionalism of QSE
- Quality Governance

The summary table below provides an overview of the headline milestones which the QSE team are focusing on through 22-23 in order to make tangible progress in embedding the framework. We have been closely involved in the development of the national NHS Quality and Safety Framework which was published in September '21, and it aligns well with our own framework.

Saunders,Nathan
03/28/2022 14:57:42

In summary: *Our Quality, Safety and Experience milestones*

QSE – *A Summary*			
TIMESCALE	**AMBITION**	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE TRACK & MONITOR BENIEFITS**
22-23 **Qtr 2**	Development of the support framework for staff involved in inquests Implementation of the "What matters to me" conversations Align some aspects of the QSE Framework all Wales experience self-assessment framework with Perfect Ward and the ward accreditation process (Gold, silver, bronze)	Staff who are well prepared for inquests, feel supported and understand the process A culture of listening and hopefully understanding what matters to a patient within the larger context of their life. When patients are engaged with their health care decisions, it can greatly improve their outcomes. An ability to monitor the quality of care at ward level	Review on going feedback to monitor staff feedback including time off work and feelings of stress Through the use of PREMS, STAFF feedback and monitoring Concerns re complaints and claims where consent is a concerns and communication about treatment.
22-23 **Qtr 3**	Agreement of a Humans Factor Framework and Implementation plan	Agree a Human Factors Framework identifying the components or major factors that need to be addressed to gain a better understanding of the nature of preventable adverse events.	Through accreditation, feedback, complaints, claims, incidents and compliments
22-23 **Qtr 4**	Maximise the learning from near misses (to include the work currently being taken forward with Cardiff University to examine covid related incidents) Establishment of the UHB stakeholder panel Development of the organisational learning committee Implement AMAT to strengthen governance in relation to National and Local audits, NICE Guidance and Patient Safety Solutions	Proactive management of near misses can reduce harm A crucial forum for stakeholders to inform, scrutinise and shape our work. A themed approach to UHB wide learning Able to evidence compliance with national audits and Patient safety solutions	Identify how human factors currently impact Look for commonalities Examine outcome reliability Monitor reduction in harm Review impact upon health Inequities Reduction in same type incidents, complaints and claims

Saunders,Nathan
03/28/2022 14:57:42

	Work with Welsh Government to implement the requirements of the Health and Social Care (quality and Engagement) (Wales) Act 2020	Awareness of staff of: Duty of candour Duty of quality Citizens voice body	Preparation of the UHB governance systems to meet the requirements of the act and further embed the culture across the UHB
	Establish CAVQI as work stream to roll out of the current outputs from Health Foundation research project	Agreed implementation plan and timeframe	Evidence of data used to drive service improvement
	Implement the CIVICCA - Once for Wales service user experience system	Able to demonstrate the roll out across the UHB	evidence of themes and you said we did from ward to UHB wide
	Complete the implementation Once for Wales Concerns Management System	All available modules in use	Information shared with the public, staff and stakeholder panel
	Development of a QSE accreditation/ syllabus	Agree Syllabus and timetable	Undertaking PEER review with other organisations

Saunders,Nathan
03/28/2022 14:57:42

RESPONSE, RECOVERY AND REDESIGN

The COVID-19 pandemic has had a significant and wide-ranging impact on health services and we know that the full impact will not be known for some time. We are continuing to see rises in demand for services across primary and secondary care and as we move in to this new IMTP cycle our planning needs to be realistic, flexible and responsive to the evolving context. We are working hard to address the growing number of people who are waiting for assessment and treatment and this section of our IMTP focuses on our COVID-19 Response and Recovery plans where we will outline the operational focus of our organisation over the short to medium term with particular reference to the forthcoming year. This section is set within the context of the wider operational planning assumptions which we set out earlier in this plan.

Response: *Addressing the harms from COVID-19*

The Welsh Government "Five Harms Arising from COVID-19" continues to provide a helpful framework from which to detail some of the important elements of work which are ongoing across the UHB, our approach is provided in **Table 5.**

Mass Immunisation

It is of course well understood that one of the most remarkable and course-altering developments during the pandemic was the creation and delivery of COVID-19 vaccines. The roll out of the Mass Immunisation Programme across Cardiff and Vale was an example of what can be achieved through focused and collaborative partnership working. The success of the programme is attributed to the efforts across partners in Health, Local Authority, Academia, our amazing volunteers and many more. Following the initial phases of the vaccination programme, where over 392,000 first doses and 367,000 second doses have been administered, our teams across primary and secondary care again stepped up during December to ensure all eligible adults were offered a booster vaccine before the end of 2021. Our programme has been delivered through a multi-disciplinary approach with patients receiving vaccines in Mass Vaccination Centres, Primary Care, Community Pharmacists, from Mobile Teams and more.

As we move into the next year, we know that there will be a requirement for a continued COVID-19 vaccination programme and we will focus delivery to JCVI / WG approved cohorts ensuring there is an evergreen offer and no one is left behind. We retain our expertise to be able to implement any future emergency response, mirroring the Omicron Booster programme, should this be required moving forwards. We are using what we have learnt to develop our approach to immunisation more broadly to serve residents across Cardiff and Vale. Our vision is to effectively protect our local population against vaccine-preventable diseases through safe, innovative, timely, person-centred, and equitable immunisation delivery.

Saunders,Nathan
03/28/2022 14:57:42

Table 5: Our approach to the five harms of covid-19

<table>
<tr><td colspan="5">Harm 1: Direct Harm</td></tr>
<tr>
<td>Covid-19 Operating Model
Site Based Leadership across our two acute hospitals and our primary and community services. The introduction of our Operational Planning and Transformation (OPAT) Centre in UHW has revamped our approach by providing space and time for clinical, operational and corporate colleagues to work together on a daily basis to improve patient flow and service delivery. Modelling forms part of the daily OPAT rhythm, allowing for the escalation and de-escalation of services as necessary to meet the peaks of Covid-19 demand.</td>
<td>Mass Immunisation Programme
The roll out of the Mass Immunisation Programme from COVID-19-19 across the UHB is one of the most exceptional examples of planning, team work and mobilisation in our history. Following the success of the first and second phase, the booster programmed has now delivered over 282,000 boosters to date through a multi-disciplinary approach. As we move in to the next year we are prepared for a continued COVID-19 vaccination programme and retain our expertise to adapt the programme quickly as required.</td>
<td>Test, Trace, Protect
Test, Trace and Protect (TPP) has played a key role in helping our population protect themselves and others. The cross-sector programme which includes regional oversight and close working between Local Authority and Health Board teams is being reviewed and will continue in to the coming year in a more focused capacity, addressing high risk settings and responding to emerging variants of concern.</td>
<td>Treatments
Whilst vaccination remains the primary tool to combat the impact of the virus as we move into the next phase, since the start of the pandemic there have been a number of new treatments that have been trialled and are now becoming more common place. The UHB is delivering oral antiviral and monoclonal antibody treatments, especially for extremely vulnerable patients.</td>
<td>Consequences of Covid
The UHB established the specialised Covid-19 rehabilitation service in December 2020 to meet the ongoing needs of our patients diagnosed with Long Covid-19. Through support from Primary Care, an MDT focused Rehabilitation and Community Care pathway has been established and plans for 2022-23 will be to continue to develop the multidisciplinary model of care required to meet the needs of patients with Long Covid-19. The UHB has established Bereavement and Post-Covid-19 Support Groups to tackle the long-term impact of Covid-19 morbidity and mortality.</td>
</tr>
<tr><td colspan="5">Harm 2: Indirect Harm</td></tr>
<tr>
<td colspan="2">Essential Acute Services
The UHB continues to provide all essential services and has done so throughout the pandemic. Urgent and emergency care, provided through our ambulatory and emergency departments, continues to experience significant pressure due to reduced hospital flow. Cancer and other urgent surgery continue to be delivered through the implementation of our Protected Elective Surgery Units (PESU)</td>
<td colspan="2">Essential Primary Care Services
All nine C&V Clusters have developed and implemented plans to maintain GMS services in times of staff shortages and increased Covid-19 demand. Despite significant continued pressures, Cluster Plans outline how practices have business continuity arrangements in place to meet any future peaks in Covid-19 which place demands on primary care.</td>
<td>Recovery Programme
Our recovery programme has been developed across five core service areas and is the main vehicle through which our post-Covid-19 recovery of services is monitored. The UHB is committed to returning activity levels beyond those seen pre-Covid-19 although we know that additional activity will not be enough and we must transform our pathways and services in conjunction with our patients to fully recover.</td>
<td>Chronic Conditions
The impact of the pandemic on long term conditions will be significant with the full scale not yet known. The UHB has enhanced Musculoskeletal, Optometry and Diabetes services in primary and secondary care to meet the increasing needs of these patients. Further detail on our plans for caring for patients with chronic conditions can be found here</td>
</tr>
<tr>
<td colspan="2">Harm 3: Arising from Population Health Measures</td>
<td>Harm 4: Economic Harm</td>
<td colspan="2">Harm 5: From Exacerbating Inequalities in Society</td>
</tr>
<tr>
<td>Mental Health
The impact of the pandemic has been acutely felt within our Mental Health services, as lockdowns and other restrictions including shielding and self-isolation as a case or contact have prevented normal socialising, work and education routines. Our mental health teams have worked to provide support to patients and staff despite recent increases in referrals

Third sector organisations have provided much-needed support for people during this period.</td>
<td>Education
Children and young people have often been reported as carrying the biggest burden through periods of enforced social isolation, particularly in relation to lost opportunities for education.

Our teams are working closely with partners across education and local authority to support the recovery of services and ensure that any long-term impact on children’s physical and mental health is addressed in a holistic and joined up way. Further detail on our joint working in this area can be found here.</td>
<td>Through co-ordinated partnership working, the Cardiff and Vale Public Services Boards are taking joint action to reduce the adverse economic impacts from Covid-19. This includes Cardiff's Recovery and Renewal Strategy, and City Centre Recovery Action Plan, and Wellbeing Plans which will be developed during 22-23 in both Cardiff and the Vale, to address issues highlighted in the recent Wellbeing Assessments.</td>
<td colspan="2">We know that many of the impacts of the pandemic have been felt most acutely by our communities who were already experiencing higher levels of inequalities. Further detail on the work which is ongoing to transform our population health, particularly with a focus on prevention, wellbeing improved patient outcomes, can be found in our most recent Cardiff and Vale Director of Public Health's Annual Report.</td>
</tr>
</table>

Saunders,Nathan
03/28/2022 14:57:42

Recovering and Redesigning Services- *Our approach and delivery ambitions*

It's clear that the recovery and redesign challenge ahead remains on a scale never previously faced across the NHS. 2021-22 saw the establishment of our Recovery and Redesign Programme which has helped to deliver many of the important service changes you will read about within our IMTP. During this time, we have been working to roll out new ways of working and develop plans to increase capacity. The three core tenets of our approach to Recovery and Redesign remain being **clinically-led**, **data-driven** and **risk orientated**. Our programme is cognisant of both the scale of the challenge and the speed at which we must move to address it.

Table 6: Approach to Recovery and Redesign

Principles	Objectives	Methodology
1. Clinically-led 2. Data-driven 3. Risk-orientated	1. Improve access 2. Restore activity 3. Transform pathways 4. Minimise harm 5. Reduce waits	1. System-wide pathways 2. Primary Care focused 3. Partnership working 4. Regional collaboration 5. Programme management 6. Protected capacity

As described earlier our Recovery and Redesign portfolio consists of five core areas:

Of course, there is interaction and dependence between each of our programmes. The pressure we have, and continue to experience, in our Urgent and Emergency Care services in particular has a profound impact on our ability to drive improvements and deliver change across all programmes for example. To meet this challenge, we are employing a joined-up programme management approach, working in conjunction with our Operational Planning and Transformation (OPAT) Centre and Site Based Leadership teams and remain sighted on the strategic context through the UHB's strategic programmes.

Saunders Matthew (RTD)
03/28/2022 11:57:52

All services face challenges as we move in to 2022-23 due to the sustained and significant impact of the pandemic combined with underlying pre-pandemic demand and universal workforce shortages. Whilst all our services are all under strain, the scale of the challenge in each varies due to a wide range of factors.

Nevertheless, we remain focused on the challenge ahead and we have developed a range of key delivery ambitions which are summarised in the table below.

Our key delivery ambitions are:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Primary and Community Care	• Increased % of dental activity vs. pre-covid levels (subject to IPC guidance)	• Increase in Eye Care Treatment by primary care • Deliver option appraisal and develop plan for next UPCC centre	• Reduction of emergency admissions for over 65s	• Delivery of diabetes performance measures in line with WG targets
Urgent and Emergency Care	• Reduce ambulance lost hours by 25% above March '22 position • 90% surgery patients via surgical SDEC	• Reduce 21-day length of stay to pre-covid levels • Medical SDEC at UHW open 7 days a week	• Compliance with latest SSNAP targets	• Eliminate 12-hour ED wait
Planned Care	• 100% of pre-covid levels for elective surgery • 100% of pre-covid activity levels for new OP	• 110% of pre-covid activity levels for new OP • Increase SOS / PIFU pathways	• 110% of pre-covid activity levels of elective activity • 110% of pre-covid activity levels for new OP • Achieve 33% of outpatients via virtual • Reduce volume of 104 week waits for treatment	• Eliminate 104 week waits for outpatients • Eliminate 104 week waits for treatment • 120% of pre-covid levels of elective activity • 120% of pre-covid levels for new OP • Achieve >65% Single Cancer Pathway target • Deliver 30% reduction in delayed follow ups (>100%)
Mental Health	• Deliver 80% compliance with Part 1a 28-day assessment target in CYP and Adults • Improvement in Eating Disorder access times	• Deliver NHS 111 (press 2) programme • Go live with sanctuary provision for crisis care in adults • Maintain Part 1a & 1b CYP and Adult targets • Improvement in Eating Disorder access times	• Maintain Part 1a & 1b CYP and Adult targets • Improvement in Eating Disorder access times • Deliver sustained improvement trajectory for neurodevelopment assessments	• Implement repatriation plan for delivery of trauma informed care services close to home • Maintain Part 1a & 1b CYP and Adult targets • Improvement in Eating Disorder access times • Deliver sustained improvement trajectory for neurodevelopment assessments
Diagnostics and Therapies	• Eliminate 8 week waits for all modalities excl. US, Echo and Endoscopy	• Eliminate > 8 week waits for US and Echo • Endoscopy activity to exceed 125% of pre-covid activity levels	• Endoscopy activity to exceed 130% of pre-covid activity levels	• 50% reduction of >8 week wait in endoscopy (aim to clear by March '24) • 50% reduction of >14 week wait in Therapies (aim to clear by March '24)

The remaining sections of this *Respond, Recovery and Redesign* part of the plan focus on each of these five programme areas and provides;

- Summary context followed by,
- An overview table on what our focus in this area to deliver on our ambitions is going to be, the patient & system impact and how we will monitor progress

Further background information on each of these programmes is also be available in the appropriate annex of this plan. To ensure deliver of our key objectives we have Further detail on our trajectories which will help us achieve these can be found in our minimum data set.

Saunders, Natasha
03/28/2022 15:37:42

Primary, Community and Intermediate Care*: Summary and actions*

Primary Care, alongside integrated community services and social care, is central to all of our plans and we understand the crucial role they deliver as the foundation of our services. Our ambition is to deliver community-based care built on a population wellbeing model that empowers individuals and focuses on providing services within the communities they serve. Our ability to achieve this is informed by our cluster-based planning approach, details on the locally developed plans across our nine clusters can be found here in annex 1.

For further background and context information regarding Primary, community and intermediate care please see annex 6.

PRIMARY AND COMMUNITY CARE – WHAT IS OUR FOCUS FOR 2022-23 AND BEYOND		
PRIORITY	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE MONITOR**
Development of Urgent Primary Care Centres (UPCC) and integration with CAV 24/7. We will: • Embed UPCC in Cluster planning • Optimise utilisation of Vale UPCC • Align our work with Locality / @ home approach • Increase the capacity and integration with CAV 24/7 • Assess options for a Cardiff based UPCC • Ensure seamless integration of call handling for CAV 24/7 as part of NHS 111 & undertake a go-live review and evaluation	• Provision of Urgent and Emergency care services closer to patients' home • Increased options for primary care – supporting GMS sustainability • Reduction of pressure for acute Urgent and Emergency care services • Simplify the pathways for patients, carers and professionals to navigate urgent and emergency care systems	• GP referral volumes to UPCC • CAV 24/7 outcomes – incl. a reduction in % of patients referred to secondary care • Call volumes and waiting times in CAV 24/7 • UPCC options appraisal • Go-live evaluation NHS 111 • Patient Feedback
GMS and Primary Care Sustainability. We will: • Expand Mental Health and First Point of Contact Physio cluster-based services • Develop new transition roles as part of the Primary Care Academy • Further transform Dental services to address the backlog • Develop and embed transformation in Eye Care Services (Locality-based Optometry Diagnostic Treatment Centres (ODTC), Independent Prescribing and Domiciliary Service). • Prepare for contract reform for Dental and Eye Care • Support Community Pharmacy transformation aligned to strategy	• Improved practice and contractor viability • Easier access to services for patients • Broader availability of workforce to support services and improve sustainability	• Volume of MSK and Mental Health appointments delivered • Number of requests for list closures and contract terminations • Number and range of new roles developed in primary care
Cluster Development. We will: • Deliver on the Strategic Programme priorities for Clusters including: • Implementation of the Accelerated Cluster Development (ACD) Programme • Promote Pan Cluster Planning in conjunction with the developing Vale Alliance work • Roll out of our MDT Accelerated Cluster Model (see urgent care table). • Improve access to mental health services for young people • Develop neighbourhood nursing models to support ACD & @Home Integrated Locality Model.	• Improve delivery informed by local population need • Provide options for patients to remain at home and reduce reliance on admission • Easier access and reduced waiting times for mental health care • Develop community first models of care that reduce reliance on onward referrals • Improved working between primary care and mental health services	• Roadmap for 2022/23 • Go live plan • GP referrals to secondary care • Increase volumes of patients seen in primary care mental health services • Improved measured health and well-being outcomes ('Core 10)

Saunders,Naima
03/28/2022 14:55:43

		• Reduction of admissions into Mental Health acute services
Community Health Pathways. We will: • Expand the number of community Health Pathways • Review and enhance the usage and compliance with pathways • Further embed & develop GP interface roles as part of wider team.	• Improved communication and information for primary care • Appropriate referral of patients to the best services for their needs • Reduced time waiting and better access to available services • Improved collaboration and working between primary and secondary care	• Number of pathways on Health Pathway tool • Review of usage and compliance with pathways • Number of GP interface roles • Referrals to secondary care • Utilisation of community-based services
Complex & Specialist Services. We will: • Develop CAVHIS to address growing inequities of care for vulnerable individuals and to enable safe CAV response to Afghan and Ukraine Refugee Resettlement Schemes • Improve governance and sustainability of services at HMP Cardiff • Deliver on Learning Disability Services modernisation • Assess the primary care needs of patients in need of Erectile Dysfunction Services • Support the requirements of the Local Gender Team for Cardiff and Vale patients as part of the Welsh Gender Service • Joint working with Partners to commission care.	• Access to health services which offer one stop shop access to services and who are experienced in this specialist field • Equitable access to services comparable to the community • Assurance that patients are receiving good quality, safe, care • Clinical assessment and first line treatment provided in the community • Stepdown pathway sustained as part	• Reduction in late diagnosis of infectious communicable disease and serious mental health problems. • Reduced waiting lists for appointments • Reduced referrals to CAV247/EU • Reviews of pathways between LD and GMS
Chronic Conditions. We will: • Further develop our service transformation framework for Primary Care • Support the implementation of All Wales Pre-Diabetes early intervention in Clusters • Review Community Diabetes model to consider rapid access clinics through specialist nurses • Establish GPSI sustainable advice and guidance for Diabetes e-advice & referrals. • Establish a sustainable model for initiation and monitoring of injectables in diabetes management.	• Earlier diagnosis and treatment of pre-diabetes for patients • Improved population health and reduced demand for primary care services • Reduced referral for specialist secondary care treatments	• Reduced referrals to secondary care • De-prescribing of insulin in the Community • Reduced hospital admissions • Reduced demand on district nursing services/teams

Saunders.Nathan
03/28/2022 14:57:42

Mental Health: *Summary and actions*

The prominence of Mental Health in our Recovery and Redesign programme reflects our commitment to service development in this area as we continue to strive to ensure that we meet the aims of the All Wales "Together for Mental Health" strategy. Despite the challenges of the pandemic our teams across both Adult and Children & Young People's mental health have delivered new ways of working and as our performance begins to improve we are now increasingly focused on recovering our services with much of our thinking underpinned by multidisciplinary teams, peer informed planning and third sector collaboration. The development of our Recovery and Wellbeing College is a prime example of our move towards delivering responsive services that are informed by the patient, carer and staff voice. Courses are co-produced by people with lived experience of mental health challenges and guided by the principles Hope, Control and Opportunity in everything we do. The Recovery College has been expanded to increase provision for courses that support our staff, targeting those who are experiencing stress and anxiety subsequent to the pandemic. Through the lifecycle of this IMTP we plan to progress this work further and align requirements with our capital developments in the community.

For further context and background information regarding Mental Health please see annex 7.

MENTAL HEALTH – WHAT IS OUR FOCUS FOR 2022-23 AND BEYOND		
PRIORITY	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE MONITOR**
Crisis Care. We will: • Extend Sanctuary provision • Review and expand provision of services for the Emergency Department • Continue to meet the recommendations of the crisis concordat • Roll out NHS 111 (press 2)	• Making sure that a mental health crisis is treated with the same urgency as a physical health emergency • Ensure dignified and respectful therapeutic interventions • Prevent future crises by making sure people are referred to appropriate services. • Ensure mental health support available 24/7 • Provide simplified approach for patients who need to access mental health support • Better use of clinical time and provide patients with the right advice, first time	• Sanctuary provision • Qualitative evaluation of crisis services • Patient experience • Section 136 activity reductions • Project management and go-live planning for NHS 111 (press 2) • Deliver the 8 goals of the Crisis Care Concordat
Eating Disorders. We will: • Align ED pathways from children into adult services • Implementing early, highly specialist intervention with intensive follow up through SHED • Develop plans for physical health monitoring of ED patients	• Ensuring a joined-up pathway that supports transition for patients moved from CYP services into adult • Increase access to assessment for eating disorder patients • Improved outcomes with earlier intervention	• Eating Disorder access times • Eating Disorder treatment times • Eating Disorder outcomes
Children and Young People. We will: • Develop our crisis teams to extend services incl. NHS 111 • Provide additional capacity for Part 1a assessments • Reduce waiting times and increase access for patients accessing neurodevelopmental services (all age issue) • Focus on transition services between Childrens and adult services	• Holistic and joined up provision of emotional wellbeing and mental health services in <18s • Easier access to services which are shaped around the needs of Children and Young People • Improve transition between CYP and adult services	• Waiting times for assessment • Waiting times for treatment • Patient experience • Compliance with standards

Saunders.Natasha
03/28/2022 14:55:42

• Consider options for sanctuary provision	• Provision of age appropriate environments for those requiring admission	
Older Peoples Services. We will: • Provide enhanced day provision for older people • Expand MDT working and community provision for patients with Dementia • Develop staff and provide training in patient focused care • Increase availability of therapy support	• Provide alternatives to admission and focus on preventative interventions • More effective care and treatment • Provision of more tailored and effective inpatient care • Increase support and advice for families and carers	• Reductions in admissions • Increase in Enhanced High Intensity Service • Improved patient outcomes • Patient experience
Trauma Informed Care. We will: • Align our planning across the UHB for people who have experienced prolonged trauma, single event or complex trauma, PTSD or ACEs (Adverse Childhood Experiences) • Consider our provision of seclusion facilities • Increase SIMA, WARRN and suicide mitigation training • Develop plans to meet the requirements of the safe staffing act	• Improved holistic management of patients • Champions peer engaged and informed working • Provides better connection and working between different parts of the Health and Social Care system • Promotes multidisciplinary working • Delivery of safer, higher quality care which champions continuity of care approaches	• Decreased waiting times • Reduced inpatient length of stay • Patient experience • Increased availability of training for staff
Co-production and meaningful engagement. We will: • Develop our peer strategy, service model and define long term requirements • Roll out open dialogue and train the trainer first courses • Model the service user and carer representation approach throughout all levels of our teams	• Move towards responsive services that are engaged and informed by the patient, carer and staff voice • Ensuring this ethos is embedded in our strategy and delivery at every level of mental health service • Improve planning and delivery of services of patients across Mental Health Engagement across health, local authority and third sector organisations	• Increase to availability of peer worker posts • Service user representation at all levels • Open dialogue training delivery and evaluation
Focus on ensuring our physical estate is optimised for delivery quality. We will: • Evaluate options for aging community estate • Consider inpatient bed base requirements • Promote delivery of community-based case as a priority	• Continue the reduced reliance on inpatient beds • Promote delivering services closer to patients • Inpatient provision centred on those with highest need	• Integration of Mental Health estates strategy • Reduced risk with community estates

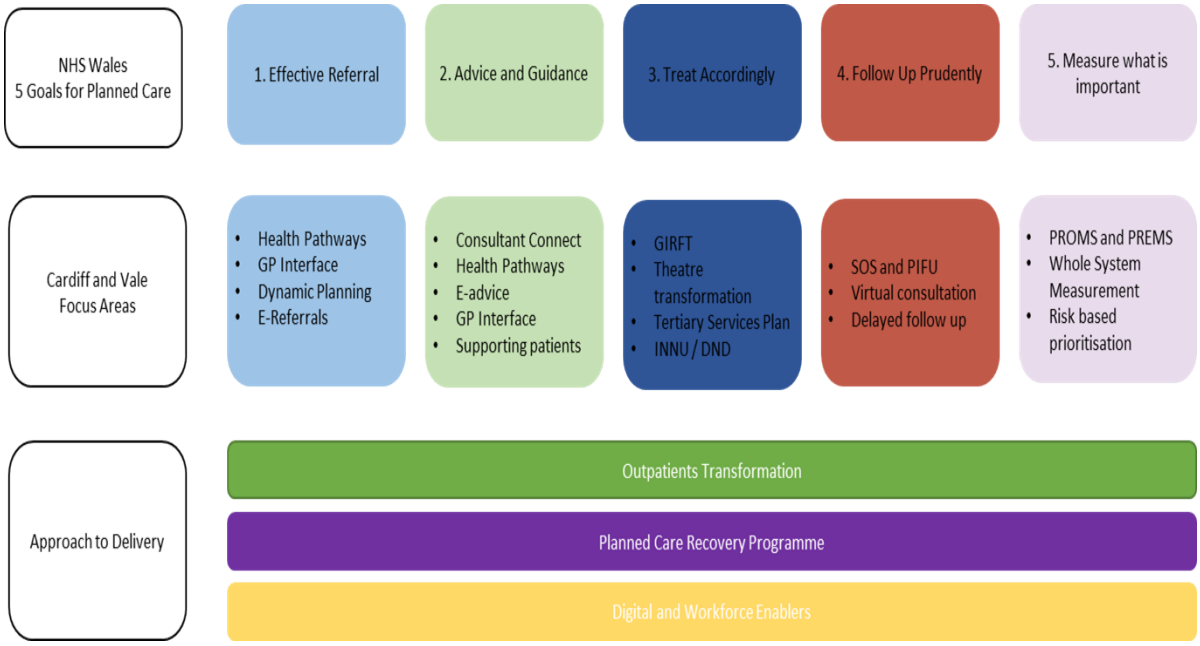
Saunders.Nathan
03/28/2022 14:57:42

Planned Care: *Summary and actions*

One of the most obvious and large scale non-direct harms from COVID-19 has been the rapid and extensive growth in waiting lists across the NHS. Whilst the UHB has worked hard to maintain essential services and minimise reductions in elective care, it is clear that the unprecedented period of lower activity will lead to a significant mismatch between demand and capacity for a prolonged period. It will therefore be necessary to make conscious, consistent and objective decisions about who should receive services, in a risk-orientated and equitable manner focusing on those most in need.

Our approach to Planned Care encompasses each of the five core goals of the NHS Planned Care Programme with an overall aim of delivering service transformation to modernise and streamline pathways to produce long-term solutions **(Figure 1).** We know that pre-pandemic approaches to waiting time management had not consistently provided a sustainable answer with a reliance on short term solutions, such as waiting list initiatives, to meet targets. The scale of the challenge now necessitates that we must not wholesale return to our previous ways of working. Whilst there is an immediate requirement to restore and increase our core capacity, our ambition for planned care is to develop and transform pathways through integrated working between primary and secondary care. We recognise that on this journey we will need to be cognisant of the potential harms and waits faced by patients. We are committing to developing our approach to planned care through the lens of delivering quality driven services which have open and supportive communication with our patients at the core.

Figure 1: Alignment with 5 Goals for Planned Care



For further context and background information regarding planned care please see annex 8.

Saunders,Nathan
03/28/2022 14:57:42

PLANNED CARE – WHAT IS OUR FOCUS FOR 2022-23 AND BEYOND		
PRIORITY	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE MONITOR**
Accelerate Regional / Tertiary Working. We will: • Centralise South East Wales Vascular services - UHW Hub • Progress the planning for regional ophthalmology services • Support the emerging proposals for orthopaedic services • Implement plans for a range of regional tertiary services currently in train • Strengthen our delivery and planning of neuro disability services for children • Repatriation of cardiothoracic services to UHW	• Improvement in service delivery through economies of scale • Improved outcomes through specialist and skilled teams delivering services at scale • Future proof workforce models that promote exceptional training and development • Reduced duplication and clearer pathways for patients • Reduce inequalities across regional services	• Detail on our monitoring and approach to regional services can be found here
Quality Driven Change. We will: • Embed a culture of quality improvement to drive the required changes in planned care • Develop plans across pathways with a focus on primary and community care • Support the assessment of, and subsequent change programmes for, our services utilising the Get It Right First Time (GIRFT) methodology ○ Orthopaedics; Gynaecology; General Surgery • Provide exceptional support and communication with patients waiting for treatment	• Service to be built around quality with patient outcomes at the heart • Increased provision of support to patients including a focus on primary and community care options • Reduced variation and improve peer comparison for services	• GIRFT peer comparison • PROMS & PREMS • Length of stay reductions • Improved patient outcomes
Cancer. We will: • Focus on reducing waits for diagnostics and treatment to meet Single Cancer Pathway targets • Continue to roll out of our Prehab2Rehab model to support patients • Assess options for rapid diagnostic models for patients on the vague symptom pathway • Deliver our plans for robotic surgery in specialities incl. Colorectal and Gynae-oncology • Enhance our partnership working with Velindre Cancer Centre • Implementation of the approved Acute Oncology Service business case • Finalise plans for BMT including workforce redesign and an approach to address long-term estates challenges and achieve JACIR accreditation • Complete the work to implement CaNISC replacement	• Improve cancer outcomes through earlier diagnosis • Reduced burden of cancer to patients and families including economic and social impacts • Quicker access for primary care clinicians to cancer diagnostics • Improved patient experience • Improvements in partnership working with Velindre Cancer Centre and Regional Health Boards • State of the art options for surgical treatment through delivery of robotics plan • Delivery of exceptional tertiary BMT care	• Cancer performance monitoring • Single Cancer Pathway performance • Patient and family experience • Delivery plans for key schemes • Outcome of Harm Reviews
Outpatient Transformation. We will: • Expand the use of SOS and PIFU pathways as part of a drive to follow up prudently • Validate and communicate with patients waiting >52 weeks • Reduce the number of patients waiting > 52 weeks for new appointments • Eliminate 104 week waits for new appointments • Deliver a continued increase in the volume of consultations undertaken virtually • Explore options for workforce redesign to reduce reliance on consultant capacity for approved pathways • Embed PROMS and PREMS throughout outpatients' services • Continue our transformation of referral pathways and guidance – developing our community-based health pathways through primary care	• Stabilisation and reduction in patient waiting times • Development of alternative pathways which reduce demand for secondary care services • Empowerment of primary care through the expansion of Health Pathways • Released capacity for new appointments through a focus on follow up management • Increased convenience and decreased time burden for patients through virtual provision • Improved communication with patients and primary care • Deliver services and outcomes that matter to patients	• Outpatients transformation steering group – local and national – will take responsibility for monitoring and reporting performance • Patient feedback and engagement with CHC • MDS / performance reports • Volume of referrals to secondary and availability of alternative options • PROMS & PREMS

Saunders.Nathan
03/28/2022 14:07:42

		• Progress with community Health Pathways (see primary care table)
High volume elective inpatients and day case. We will: • Develop our recovery plan for elective orthopaedic, ophthalmology and other high-volume services impacted by covid (incl. regional options). • Provide communication, support and alternative options for long waiting patients. Ensure PROMS is embedded in our approach • Undertake a theatre improvement approach to maximise bookings, improve scheduling and reduce variation in operating lists. • Focus on delivering additional theatre capacity for children's services to meet demand • Continue to expand our cataract operating through use of our mobile ophthalmology theatres • Decrease LOS and increase outpatient capacity within elective services • Continued utilisation of alternative providers including the independent sector	• Improve options for patients waiting for surgery • Provision of consistent yet tailored advice and guidance for patients awaiting surgery • Stabilisation and reduction in patient waiting times • Improved patient outcomes • Improved coordination between primary and secondary care to improve pathways. • Improvements in Quality of Life and reduced impact of delayed treatment • Short hospital stay and improve discharge planning	• Waiting list stabilisation and long-term reduction • Improvements in theatre utilisation – long term plan >90% • Increase the number of weeks theatres are operational • PROMS and PREMS • Length of stay reductions

Saunders.Nathan
03/28/2022 14:57:42

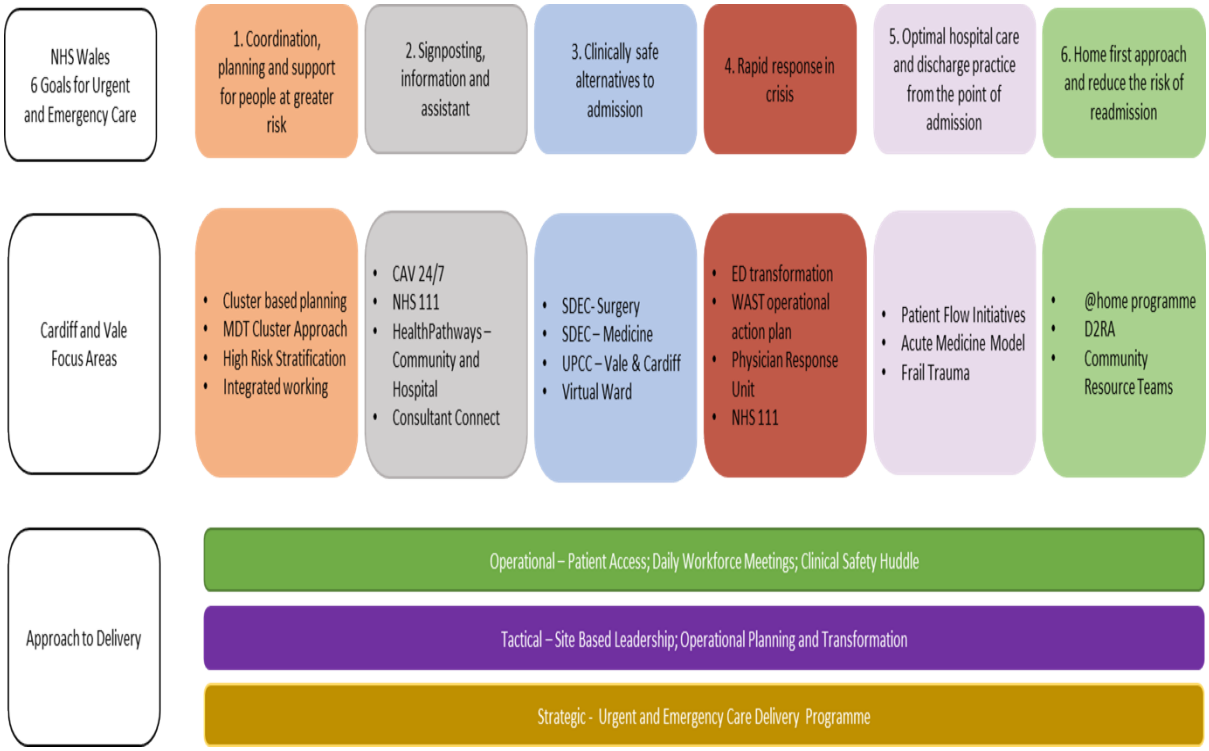
Urgent and Emergency Care*: Summary and actions*

Without a functioning Urgent and Emergency Care system there are significant limitations on our ability to deliver many of the ambitions laid out across our IMTP. The recent pressures seen across Health and Social Care are perhaps most starkly illustrated within areas such as our Emergency Departments and inpatient wards. For this reason, the Urgent and Emergency Care Recovery and Redesign Programme is central to the UHB's plans and **Figure 2** shows how we have developed our programme to ensure each of the Six Goals for Urgent and Emergency Care have significant focus moving forwards.

We recognise that WAST are currently struggling to meet their response targets and are experiencing extreme handover delays at many Emergency Departments across Wales. Demand has increased significantly and services over recent months have been reliant on support from the military. This creates significant risk. This is not a risk solely for WAST to manage rather it is a risk for our whole system to manage and address. We know WAST have identified a requirement for additional staff and we continue to work closely with WAST and the National Collaborative Commissioning Unit (NCCU) to fully understand this ask of commissioners and the degree to which internal efficiency could further address this requirement.

System wide and regional working are of course at the core of the Urgent and Emergency Care Programme and at a system level we will continue to work with all partners to develop plans to improve Urgent and Emergency care pathways and patient experience.

Figure 2: Alignment with 6 Goals for Urgent and Emergency Care



For further context and background information regarding Urgent and Emergency Care please see annex 9.

Saunders-Moynihan 03/28/2022 14:57:42

URGENT AND EMERGENCY CARE – WHAT IS OUR FOCUS FOR 2022-23 AND BEYOND		
PRIORITY	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE MONITOR**
Same Day Emergency Care. We will: • Deliver a dedicated Surgical Same Day Emergency Care Unit at UHW • Expand the provision of MEACU to weekends and increase services during the evening • Develop our programme structure to achieve the national SDEC objectives	• Reduced admissions to hospital • Fit for purchase environment that ensures patients can be assessed and treated without the need for admission • Reduce pressure on primary care for provision of alternative pathways • Integrated working with partners to focus on admission avoidance	• Monitoring undertaken within the Urgent and Emergency Care Delivery Programme • % patients going through SDEC • GP admissions >65s • EU Length of Stay • Speciality attendances
MDT Cluster Model. We will: • Roll out the cluster MDT model in two more localities	• Integrated planning and support for high risk patients • Discharge support and advice to prevent re-admission • Care closer to home	• Number of clusters with MDT model in place • GP admissions in >65s
Emergency Department Transformation. We will: • Deliver our Rapid Assessment Treatment Zone (RATZ) • Consider proposals for an Acute Medicine Unit • Develop First Point of Contact model and improve approach to streaming • Build on speciality level working – paeds, gynae, ENT, surgery	• Improve access and reduce pressure within our emergency department • Re-define physical estate to meet the ongoing needs of the patients and the department • Provide senior decision makers earlier in the patient pathway • Reduce ambulance delays to decrease community risk • Improved patient outcomes • Admission avoidance	• Length of stay in department • Patient satisfaction • Reduction in 12 hour waits • Concerns/compliments • Improved 4-hour position • Ambulance handover delays • Reduced levels of escalation and risk rating
Frailty. We will: • Assessment options for implementing Geriatrician Consultants on the ground floor with ownership of beds • Increase ECAS/VECAS services • "Hospital at Home" service to support Nursing homes • Development therapy model for frailty	• Reduced frail hospital admissions • Reduced LOS • Integrated planning and support for frail patients from point of arrival • In reach to EU • Release of ACP time	• Decrease LOS on Ground Floor • Reduced frail admissions • Improvement in 4-hour admit for frail patients
Patient Flow and Bed Management. We will: • Develop of systematic approach to improve patient flow through cross boundary working within our inpatient services • Expand the use of our virtual ward approach across specialities • Develop approach for repatriation for specialist services to improve patient flow through our specialist services • Optimise use of Consultant Connect to support primary care and avoid admission	• Reduced length of stay for patients – focus on getting decisions right at start of pathway to expedite recovery and discharge • Improved flow to support front door • Support patients at home and prevent admission to hospital	• Improved LOS and bed occupancy • Escalation levels and available beds • Volume of patients on virtual wards
Focus on Trauma. We will: • Fully implement the first phase of our frail trauma model • Continue to support and meet the demand of Major Trauma services, assess options for 2nd phase expansion • Define long term requirement for trauma model post pandemic across UHL and UHW including options for ambulatory trauma	• Promote therapy led care with a focus on rehabilitation and early discharge planning • Quicker access to operating theatres to improve outcomes • Improve equity of services across the week • Balance the competing needs of trauma and elective capacity • Ensure provision of an exceptional regional MTC	• Trauma Audit and Research Network • Time to theatre (#NOF) • Length of stay

Saunders,Naima 03/28/2022 14:53:42

Stroke. We will: • Aim to uplift our Stroke service to 7-day cover, beginning with CNS • Continue working towards a HASU and Acute Stroke Model • Develop our approach to thrombectomy services	• Improved patient experience and safety • Improved compliance with KPIs and improve scores as measured by SSNAP • Improve EU compliance with 4-hour admit for Stroke pathway • Reduced LOS in Stroke beds	• Emergency Unit 4 hour admit for Stroke • SSNAP Clinical audit • Reduction in LOS data for Acute Stroke ward
Social Care. We will: • Work with system partners to implement solutions which facilitate timely discharge, avoid admissions and provide appropriate care closer to home • Review the model for transitional care units	• Integrated service delivery between health and social care • Ensure patients who are medically stable for discharge are cared for in the most appropriate environment whilst awaiting onward care	• Overall monitoring through Joint Management Executive • >21-day LOS and medically fit for discharge • Delayed transfers of care
Critical Care. We will • Progress developments aligned with Task & Finish group objectives • Reinstate LTV service for SW population • Develop PACU services including increase capacity • Mapping, modelling and capacity work stream • Development of the patient at risk team (PART) • Nursing staff development programme – aligned with HEIW work	• Promote rehabilitation through access to skilled therapies • Improved patient experience • Improved access to critical care services for elective patients • Improve clinical environment to support delivery of care • Improved patient outcomes for deteriorating patients outside of critical care • Improve workforce retention through investment in training and development opportunities.	• Overall monitoring will be undertaken within the Critical Care Network • Patient and family feedback, and engagement with CHC • MDS / performance reports

Saunders.Nathan
03/28/2022 14:57:42

Diagnostics and Therapies*: Summary and actions*

Diagnostics and Therapies retain a key place at the centre of many of the UHB's Recovery and Redesign Programmes and their importance is further reiterated through a dedicated portfolio of work which aims to make timely access to diagnostics and imaging a key component of our integrated pathways.

Our aim is to reduce the volume and length of waits for our patients with a focus on achieving the 8-week waiting time for all modalities. Currently this is particularly challenged in areas such as Ultrasound and Echo Cardiogram where referrals have grown significantly despite activity exceeding pre-pandemic levels. Additional capacity is being providing using traditional methods such as waiting list activities and use of the additional capacity however we know that in order to revolutionise and expedite our imaging capabilities we must maximise community-based options which can provide straight to test capacity for our primary care teams. We are committed to working with local, regional and Welsh Government colleagues to explore these and implement these models.

Another exciting development that we are engaging on during the coming period will be the move to a new Laboratory System through the Laboratory Information Network Cymru (LINC) Programme. The first phase of this IMTP cycle will see us design and test in collaboration with laboratory colleagues across Wales with the aim of combining various systems into one comprehensive, fit for purpose solution, ensuring continuity and consistency of all pathology laboratory services.

Timely access to endoscopy procedures and surveillance is a priority for the UHB not least because of the essential provision they provide in investigating suspected cancers, providing follow-up to those with prior diagnosis and delivering interventional treatment. When this is combined with the important role endoscopy plays for serious non-cancerous conditions, such as inflammatory bowel disease, it is clear why the UHB has, and will continue, to focus so much time and effort on developing these services. In the short term the provision of a Mobile Endoscopy Unit, procured in conjunction with colleagues in Cwm Taf Morgannwg Health Board, will provide opportunity for increased capacity and will allow us to focus on reducing waiting times for this modality. Planned to open in April 2022, once fully operational we expect approximately 350 patients per month to benefit for this facility.

In the longer term, and through close working with the National Endoscopy Programme, we are delighted to be developing two additional permanent theatres that, along with the associated additional workforce, will help us provide sustainability and reduce our reliance on both internal and external additional capacity. Our journey to JAG accreditation continues at pace and forms a core part of our diagnostic strategy.

We understand the important role that our therapy teams have played in helping to transform the way we deliver covid and non-covid care over recent years. As we move forward we will be once again looking to develop these services which will be so pivotal in helping to manage both the backlog of patients which has developed in planned care and the increases in morbidity which is likely to result as an impact of the pandemic. Our physiotherapy services in UHW are shortly moving in to a new department which will provide sustainability for our outpatient teams who deliver a range of face to face and virtual appointments.

Saunders,Nathan
03/28/2022 14:57:42

DIAGNOSTICS AND THERAPIES – WHAT IS OUR FOCUS FOR 2022-23 AND BEYOND		
PRIORITY	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE MONITOR**
Endoscopy. We will: • Deliver our mobile endoscopy unit on the UHL site • Progress our plans for two additional endoscopy theatres • Engage with regional solutions and implement recommendations • Prepare for JAG accreditation • Maintain focus on pathway redesign, including FIT and Colon Capsule endoscopy (subject to funding) • Evaluate the Trans nasal pilot (TNE)	• Reduced time to diagnosis for cancer and non-cancer patients • Improved patient outcomes through earlier diagnosis • TNE service can be provided in a clinic room, thus releasing theatre capacity and an improved patient experience	• Tracking of endoscopy productivity, efficiency and activity • JAG accreditation and use pre-assessments • Reporting into NEP in line with agreed arrangement which will support benchmarking
Community Diagnostics Hubs. We will: • Develop our ambition for a Community Diagnostics Hub, working with the National Imaging Board to test model and secure support to proceed	• Provide straight to test access for primary care • Release capacity for cancer diagnostics & reduce outpatient demand in secondary care • Provide care closer to home for patients • Allow for diagnostics on demand in emergency pathway	• Dependant on gaining support - monitored locally and on a national/regional basis with the National imaging board
Imaging Capacity and Performance. We will: • Eliminate 8 week waits across MR and CT • Reduce 8-week delays in Echo and Ultrasound • Focus on delivering straight to test approach	• Quicker diagnosis on cancer and non-cancer pathways • Reduced waiting lists	• % of activity compared to pre-covid • Waiting times • Cancer performance
Pathology. We will: • Develop the concept of 7-day pathology services for cellular pathology to positively impact on cancer turnaround times • Work with the LINC (laboratory information system) program to design and test the proposed approach as the vanguard for implementation	• Reduce variation of processing in the laboratory • Improvement on cancer turnaround times to an average of 12 days • Improved reporting of results • Reduction of repeat tests • Uniformity across Wales leading to better patient management • Improved clinical safety through electronic test requesting	• Average TAT for cellular pathology • Through LINC Programme
Therapies. We will: • Reduce the greater than 14 week waits across therapies • Implement models to improve therapies support to emergency care pathways	• Reduce waiting times for therapies • Improve rehabilitation in frail trauma and emergency medicine	• >14 week waits • LOS in Frail trauma and medicine pathways

Saunders.Nathan
03/28/2022 14:57:42

STRATEGIC TRANSFORMATION

We are part of a highly complex health and social care system and as such, as we move forward on our transformation agenda we must recognise that we are just one part of the solution to the challenges and opportunities which the system faces. This is the guiding principle for the strategic transformation agenda described in this plan.

Simplistically strategic transformation in the UHB continues to be driven through four change programmes which collectively form our ***Shaping our future*** **the strategic transformation portfolio**. This is articulated in the diagram below.

It remains vital however to recognise that these programmes are different pieces of the same jigsaw. None are linear programmes of work which exist in isolation of one another. They require co-ordination and close working- the success of one is dependent on the ongoing success of another if the wider ambitions of the UHB strategy are to be realised. Equally many of these programmes coexist with existing collaborations with partner local authorities, our regional partnership board and partner health organisations.

The @Home programme in particular is a multi-partner programme of work that is driven through our RPB structures. It is through this programme we are driving forward the locality placed-based model for care, linked to our nine clusters, and the right sizing of our community services in order to implement the new models of care. The programme sits within the Ageing Well Partnership structure, although we know that the populations impacted by this programme will include all age groups eventually, our initial focus is how we support the care and support needs of older people in particular through this model.

It is for this reason we have resisted the temptation to develop sub-sections for each of our programmes. This would be disingenuous to the complex outcomes which we are looking to realise. Instead, within annex 10 we look to articulate the key themes of; transformed partnership working, transformed clinical services, transformed building infrastructure and transformed population health and wellbeing.

Saunders,Nathan
03/28/2022 14:57:42

In the table summary below, we have drawn out our key ambitions and priorities across these areas.

In addition, specific programme level documentation can be requested should a granularity of detail and/or assurance be needed on any of the specific programmes.

In Summary: *Our Strategic transformation milestones*

@Home – *A Summary*			
PRIORITY	**DELIVERY TIMESCALES FOR OUR AMBITIONS 22/23 – 24/25**	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE TRACK MONITOR AND BENIEFITS**
Progress key Primary Care infrastructure projects	**22/23 Qtr4** • Development of an agreed service scope and finalising/submission of outline business cases for Barry Hospital and North & West Cardiff H&WBC **23/24 Qtr4>** Development of full business case and proceeding to build/delivery (subject to funding)	• Increasing time for people to live their lives • Improved environment that enables people's choices • Increased living well in their own home and community	• Decreasing delays in provision of support • Increase in resolution of issue at first contact • Reduced length of stay in hospital • Reduced number of hospital outpatient appointments
Intermediate Care	**22/23 Qtr4>** • Development of a 24/7 crisis response service • Alignment of services and development of a 'rightsized' IC service provision	• Improved living well in their own home and community • Reduced wasted system resource	• Reduced numbers of unplanned admissions • Reduced length of stay in hospital • Reduced numbers of readmission to hospital • Reduced numbers of people accessing long term residential care
Vale Alliance	**22/23 Qtr 2-** Finalise agreement from partners and development of the model **23/24 Qtr2-** Mobilised shadow arrangements **23/24 Qtr 3> -** Implementation and ongoing development of model	• Reduced wasted system resource • More empowered workforce	• Decreasing delays in provision of support • Increase in resolution of issue at first contact • Right staffing levels
Accelerate MDT Cluster Development model	**By 22/23 Qtr 4 -** Rollout of the cluster model to two further clusters **By 23/24 Qtr 4 -** Rollout of the cluster model to remaining clusters	• Reduced wasted system resource • Improved living well in their own home and community • More empowered workforce	• Reduced numbers of repeat GP appointments • Reduced numbers of unplanned admissions • Reduced length of stay in hospital • Reduced numbers of readmission to hospital • Reduced numbers of people accessing long term residential care

Saunders,Nathan
03/28/2022 14:57:42

Single Point of Access	**22/23 Qtr 4** • Development of both the Cardiff and VoG provision for accessing community services	• People get a safe response when in urgent need • Reduced wasted system resource • Improved living well in their own home and community	• Decreasing delays in provision of support • Increase in resolution of issue at first contact • Reduced numbers of unplanned admissions
Shaping our Future Population Health - *A Summary*			
Vaccination and immunisation	**23/24 Qtr 1** • New Governance structures for future immunisation service model in place • A sustainable Phase 4 Covid-19 Booster Delivery plan with associated estate requirement developed • Newly formed Immunisation Coordinator team supporting locality-based working **23/24 Qtr 2** • Deliver our future service immunisation service model: • Stakeholder Experience Review completed and actions developed • Workforce plan developed • Data and digital coordination work commenced • Work programme developed to improve childhood immunisation uptake and delivery commenced **23/24 Qtr 3**: Flu campaign launched across priority groups with co-delivery with Covid-19 vaccination where possible **23/24 Qtr 4**: Increases in immunisation uptake across age and ethnic minority populations	• Maximising uptake of vaccination to protect our local population against vaccine-preventable diseases • Reduction in incidence and prevalence of vaccine-preventable diseases • Equitable uptake of vaccination across communities • Safe, timely and accessible delivery of vaccinations	• % of children up to date with scheduled vaccines by 4 years of age % of adults who have had 2 doses of Covid vaccine
Systematically tackle inequalities	**23/24 Qtr 1** • Begin delivery of the approach to bowel screening promotion agreed with Ethnic Minority Subgroup. • Building on DPH Report (2020) recommendations, priorities for amplifying prevention with partner organisations agreed, along with actions and timelines for delivery • Begin work to define impact of Covid 19 on patterns of alcohol consumption in the population and impact on health services, to better understand the local situation	• Reduction in health inequalities • Admission avoidance • Decreased LOS	• Gap in healthy life expectancy at birth between the most and least deprived (slope index of inequality) – updated intermittently, pending update in 2022 by Public Health Wales Observatory • Gap in uptake of childhood vaccination between least and most deprived population quintiles, with rates moving up towards the best

Saunders.Nathan
03/28/2022 14:57:42

	• Develop a social prescribing model to support the wellbeing of young people engaged with the Youth Offending Service • Completed PSB and RPB needs assessments signed off • Suicide and Self Harm Strategy – Ongoing monitoring of frequently used sites, and intervention where required **By 23/24 Qtr 2** • Agree and deliver an approach to enhancing promotion of Childhood Immunisation with Ethnic Minority Subgroup • Partnership approach to addressing inequity and embedding prevention agreed • Partnership inequity indicators agreed • Complete work to define impact of Covid 19 on patterns of alcohol consumption in the C&V population and identify action to respond to the findings • Engage with young people in the Youth Offending Service to map interests to form part of social prescribing model **By 23/24 Qtr 3** • Evidence of progress against Engagement Coordinator milestones • Evidence of delivery of agreed partnership action to amplify • Increase routine alcohol screening in Primary and Secondary Care to identify hazardous and harmful drinking behaviours **By 23/24 Qtr 4** • Engagement Coordinator milestones delivered with evidence of improved outcomes • Evidence of completed delivery of agreed partnership action to amplify prevention • Monitoring of agreed indicators in place • Increase routine alcohol screening in Primary and Secondary Care to identify hazardous and harmful drinking behaviours • Evidence of successful implementation of social prescribing model within Youth Offending Service • Complete rollout and embed support for trauma informed, and safety and stabilisation training and practice across all substance misuse services in C&V • Complete a review of pathways and capacity to facilitate identification , treatment, and onward referral of people who are		

Saunders,Nathan
03/28/2022 14:57:42

	injecting substances and are accessing inpatient and emergency unit services. • Suicide and Self Harm Strategy, by Q4: • Implement 111 press 2 for mental health crisis • National Training Framework to deliver best practice in primary care, and compassionate support in Eme		
Healthy weight: Move More, Eat Well	**23/24 Qtr 1** • Implementation plan to improve food and physical activity offer in school settings commenced (June 22) • Action against the roadmap for healthy workplace principles taken forward by PSB organisations (June 22) • Food Vale Sustainable Food Places Bronze Award achieved (June 22) • Delivery of pilot for children and families age 3-7 from ethnic minority communities commenced (June 22) • Cardiff Physical Activity and Sport Strategy (2022-2027) launched and monitoring framework established (June 22) • Edible Cardiff to host second annual festival of food growing (June 22) • Facilitate a healthier food advertising event for local partners to identify key actions to restrict junk food advertising (June 22) **23/24 Qtr 2** • Action to restrict junk food advertising across Cardiff and Vale progressed (Sept 22) • Delivery of Cardiff Physical Activity and Sport Strategy Year 1 implementation plan commenced (Active Environments, Active Societies, Active Systems and Active People) (Sept 22) • At least 40 schools in Cardiff running the School Holiday Enrichment Programme, (Food and Fun) (Sept 22) • Veg Advocates in Cardiff running own projects to increase veg consumption (Sept 22) **23/24 Qtr 3** • Continued expansion of the Cardiff and Vale Refill Region with at least 450 public water refill stations in place (Dec 22) • Increase Food Cardiff membership to 250 individuals representing 100 organisations (Dec 22) • Cardiff Sustainable Food Business network established with a minimum of 10 participating businesses (Dec 22)	Through system level change, people that live and work in Cardiff and Vale are supported and enabled to move more and eat well positively impacting on their food choices, physical activity levels and ability to achieve a healthy weight.	• % of adults who are a healthy weight • % of 4/5 year olds who are a healthy weight • Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All Wales Weight Management Pathway

Saunders,Nathan
03/28/2022 14:57:42

	23/24 Qtr 4 • Funding secured for at least next two years of Food Cardiff's Good Food strategy delivery (Mar 23) • 200 new HAPI project participants improve their physical activity levels and 256 improve their food intake/cooking skills (Mar 23) • Evaluation of year 1 Cardiff Physical Activity and Sport Strategy undertaken and actions for year 2 developed and agreed by partners (Mar 23)		
Sustainable and healthy environment	**23/24 Qtr 1** • Publication of Level 2 Charter (delayed from 21/22 due to Covid) • Restart regular liaison with Cardiff and Vale LA transport teams (delayed from 21/22 due to Covid), to provide health lens on transport developments, and link with wider public sector • Updated healthy travel comms toolkit published • Respond to consultation on Vale of Glamorgan Replacement Local Development Plan (RLDP) vision and objectives, and provide candidate sites **23/24 Qtr 2** • Completion of Cardiff Healthy Travel Charter commitments, with celebration event • Confirmation of organisations signing up as initial cohort for Level 2 Charter (target >5 organisations, including UHB) • Updated healthy travel implementation toolkit published • Successful second Healthy Travel Wales day run • Engagement in consultation on Integrated Sustainability Appraisal as part of Cardiff and Vale RLDP process **23/24 Qtr 3** • Completion of Vale Healthy Travel Charter commitments • Respond to consultation on Preferred Strategy for Cardiff RLDP • Respond to consultation on strategic growth options for Vale RLDP **23/24 Qtr 4:** Launch of Higher Education Healthy Travel Charter	• Improved physical health (diabetes, obesity, cardiovascular, trauma) • Improved mental health/wellbeing (dementia, loneliness, social isolation)	• Annual mean NO2 in Cardiff (Castle Street) and the Vale (Windsor Road Penarth)
King's Fund recommended programmes	**23/24 Qtr 1** • Support King's Fund to complete local stakeholder engagement (delayed from 21/22 due to Covid) • Receive King's Fund report and consider implications for local implementation (June 22)	• Improved population health outcomes • Improved equity of access • Reduced demand	

Saunders,Mathew
03/28/2022 14:57:42

	• Develop initial stages of a population segmentation and population health management approach with clusters in Cardiff and Vale (number of clusters to be agreed); and further milestones to be developed **23/24 Qtr 2:** Review current delivery against King's Fund recommended programmes, identify gaps & key actions to address them (July 2022) **23/24 Qtr 3&4:** Delivery of actions identified by King's Fund Report		
Shaping our Future Clinical Services - *A Summary*			
Developed service lines - Bringing policy, best practice, research, data & information, innovation and subject matter experts together	**By 23/24 Qtr 2** • Undertaken development of 14 service lines inc delivery of a short-, medium- & long-term implementation plan for each • Undertaken several corresponding exemplar whole care pathways. • Developed principles for cross cutting themes alongside SOFPH & SOFCC to apply to pathway transformation • Developed robust programme governance and resourcing to ensure effective delivery of benefits and outcomes • Development & delivery of next stage public and staff engagement alongside other SOF programmes	• Improved quality outcomes • Improved health of the population • Improved patient experience • Improved NHS productivity • Increased staff wellbeing and satisfaction	• Development of service lines will be initially monitored via strategic transformation portfolio. Each service line and corresponding pathway will include a series of outcomes and measures that the programme will then track.
Shaping our Future Hospitals - *A Summary*			
Feasibility study of an academic health science hub	**By 22/23 Qtr 4** Development of science, industry, investor, developer and governance cases to establish the feasibility and scope of how academic health sciences can contribute to patient outcomes and the S Wales economy. **Subject to funding.**	• Early indication of whether and how C&V can positively contribute to academia and industry to the benefit of our population.	Development of a feasibility study offering a go/no-go recommendation for a programme of work to develop a vision.
Progression of the SOFH business case	**By 23/24 Qtr 3** Developed a Strategic outline business case (SOC) for SOFH. **Subject to funding**	• Improved clinical outcomes • Improved health of the population • Improved patient experience • Improved NHS productivity • Increased staff wellbeing and satisfaction • Wider societal benefits • Improved sustainability (see PBC for full benefits articulation)	Development of a high-quality business case that meets a pre-agreed specification with Welsh Government colleagues.

Saunders.Nathan
03/28/2022 14:57:42

Wider System Transformation

Research and Development

In the summer of 2021 we launched the Joint Research Office with Cardiff University which is being taken forward under the leadership of a single joint clinical director. Together we will increase the scale – both numbers of patients participating, and the range of research that we are able to facilitate. This will see us attracting more commercial partners and increasing our participation in national and international studies, as we have done during the pandemic, to assist with the advancement of knowledge, which then advances health care and health outcomes. Our aspiration is that every patient that could benefit from involvement in research is afforded the opportunity to do so.

Our Clinical Innovation Partnership continues to go from strength to strength under the leadership of our Associate Medical Director for Clinical Innovation. The results of the MDT approach we pioneered in 2019 has seen a number of clinicians supported to translate their ideas into new products or approaches. Our AMD for clinical innovation has been instrumental in developing the All-Wales approach to expanding robotic surgery in Wales, keeping us at the forefront of novel and developing technologies. We will proceed as an early adopter of the Partnership arrangement during 2022/23.

Innovation

Establishing the right mindset, culture and operational support processes around innovation is crucial to enabling the identification, development and implementation of novel, impactful and innovative solutions within any organisation. Consequently, in 2021, a new team was established within CAVUHB with a remit to act as the single-point of access that can provide bespoke advice and guidance on the steps and process to progress ideas and innovations for both internal and external individuals, groups and organisations. This was complemented by the creation of the Dragon's Heart Institute as a place to bring together several CAVUHB initiatives in the areas of innovation, improvement, implementation and leadership development with a new contact portal regarding innovation opportunities. In 2021, the team was successful in securing over £1m funding support. For example, from Welsh Government and the Cardiff Capital region to help establish resources that will enable the co-production of innovative solutions with industry, to real-world healthcare-based challenges in community and hospital settings, through simulated, 'virtual reality' immersive environments and as well the specific area of endoscopy services and that will be delivered in 2022/23. In 2022 and beyond, CAVUHB will continue to identify and bid for significant additional funding to support and enhance prioritised initiatives. CAVUHB has also built momentum behind sustainable and green health initiatives, as exemplified by significant contributions to the Green Health Wales network and the establishment of the Sferic Scholars programme – a ground-breaking initiative in creating a Sustainability Fellowship for Engagement, Research, Innovation and Coordination.

You can find out more about our Dragons Heart Institute and the All-Wales Intensive Learning Academy and the Sferic Scholars programme in annex 11.

Based upon feedback from both CAVUHB colleagues and external stakeholders, in 2022, the innovation team will build off the success of the extant innovation Multidisciplinary Team (iMDT) and work to develop a simple, clear and transparent process and flow to assess, prioritise and manage prioritise ideas from concept to early-stage implementation, pulling in best practice internationally, and that will be further refined in subsequent years to meet specific CAVUHB needs. Around this, additional support will be made available to address the complexity of delivering innovative projects within a Health Board context. For example, to help guide on options to facilitate and manage

Saunders Nathan 03/28/2022 14:51:42

activities, secure necessary delivery resources and create collaborative interactions to maximise the potential for success. Additionally, training and education on innovation approaches and associated management tools will be offered to create a cadre of engaged and activated innovating individuals and teams within the health board. This will build off the success of the pioneering Clinical Innovation Fellows who have already demonstrated value to identify opportunity and develop solutions in 2021; an initiative that will be maintained in future years.

Increasingly, in order for innovative solutions to be identified, adopted and deployed within CAVUHB it will be necessary to work with external organisations, be these other NHS organisations, HEIs, industry or the public and third sector – reaching across organisations and borders. The CAVUHB Innovation Team will adopt boundaryless behaviours to grow and strengthen existing collaborations and partnerships, such as with sister NHS Wales organisations, Welsh and UK Government offices, the Regional Partnership Board, Bevan Commission, Life Sciences Hub Wales and Cardiff University. However, there will be an increased focus on creating a stronger partnership network with other Welsh and international Higher Education Institutes, commercial organisations and representing membership organisations, the third sector, UK and international innovation funding bodies and councils, e.g. UK Research and Innovation, in order to expedite effective delivery of innovative solutions at a local, regional, supra-regional, national and international level. New ways of working will be explored, including that of organisational porosity and encouragement of two-way rotations, secondments and sabbaticals within and outside of the health board. In addition, new and major activities and partnerships will increasingly contribute more to the substantial civic role that CAVUHB has in the Cardiff and Vale region.

All of the above will be supported through an effective communications strategy that will be used to both promote knowledge mobilisation and celebrate outputs, successes and impacts and facilitate the identification and establishment of new networks.

Genomics

The All Wales Medical Genomics Service (AWMGS) has continued to build on its strengths and the benefits arising from being a key partner in Genomics Partnership Wales. They have had a number of further high-profile successes this year including the roll out of a 500 gene cancer panel by the All Wales Genomics Laboratory Service (AWGL). The CYSGODI 500 gene cancer panel service has deployed the most extensive use of this novel technology in the UK. A number of AWMGS individuals and services have received awards including the prestigious AHA UK national award for innovation in healthcare science.

Our Genomics agenda for the life of this remains highly ambitious:

- The increased adoption of liquid biopsy (circulating tumour DNA) testing for early detection or relapse of a wide range of cancers.
- In expansion of newly developed services, the AWGL will be increase the utilisation of Whole Genome Sequencing for Rare Disease, and increase the number of pharmacogenetics targets tested across wider areas of healthcare, greatly reducing the number of avoidable adverse drug reactions.
- The AWGL will develop a diagnostic pathway towards cancer genome profiling at diagnosis for NHS patients in Wales and continue to develop even more extensive innovative sequencing technologies to maximise identification of targeted molecular advanced therapies (tumour agnostic therapies, immunotherapies, personalised gene therapies etc.)
- The AWMGS is also exploring opportunities for an expanded new born screening services with Public Health Wales.

Saunders, Nathan
03/28/2023 4:[illegible]:42

- Building on existing strengths in extending antenatal care testing (e.g. Non-Invasive Prenatal Testing (NIPT)) the AWMGS will develop a foetal anomaly whole exome sequencing (FAGP) service.
- AWMGS are developing both a clinical service for neuropsychiatric genetics in collaboration with Psychiatric Medicine, as well as piloting diagnostic testing for this group of patients.
- The AWMGS will develop disease prevention programmes based on polygenic risk scores where it is appropriate for clinical care and which will provide a measure of disease risk due to an individual's genetic make up
- The AWMGS will optimise data science approaches to analysis and interpretation of complex genomic data through the use of machine learning and artificial intelligence to aid diagnosis, monitoring and management of genetic conditions
- The AWMGS continue to develop and invest in their RD&I strategy and will develop long read sequencing capability with an ambition to be an early adopter of this technology as a clinical diagnostic tool. They will also explore the use of transcriptomics and metabolomics in clinical practice.
- The AWMGS is actively developing plans to occupy their new shared Estates with the Pathogen Genomics Unit (PenGU) and the Wales Gene Park and will also develop plans with BCU to improve North Wales estates.
- The AWMGS is committed to the development of a precision medicine node in partnership with the ARCH programme in South West Wales
- The Clinical Genetics service is introducing several initiatives to improve the patient outcomes and experience, including reducing waiting times and increased adoption of technology e.g. virtual appointments where appropriate, and electronic family history questionnaires, as well as increased service user engagement.
- The AWMGS in partnership with DHCW will develop an electronic patient record (ePR) which integrates with national patient record architecture (i.e. Welsh Clinical Portal) to facilitate end to end digital patient management, record keeping, seamless clinical information sharing, audit and research. The AWMGS will develop a robust digital data storage strategy which optimises the potential of the 'cloud' and other novel and emergent digital technologies
- The AWMGS is committed to the digitisation of all appropriate patient records
- The AWMGS will continue to strengthen our bioinformatics capacity and capability for the transition of raw genomic data into healthcare benefit and commercial opportunities.
- The AWMGS service will continue to develop comprehensive mainstreaming strategies to support non-genetics specialist to embed genomics more fully into patient pathways in other specialities e.g. cardiology, oncology, neurology, paediatrics, pharmacy, psychiatry, diabetes, respiratory
- The AWMGS will reduce diagnostic turnaround times and will explore options for better aligning existing working patterns to diagnostic processes including extended and 7 day working patterns to ensure equitable service provision to all patients and service users across Wales.

Please also see the Purposeful Partnerships section of this plan here which remains closely aligned to this wider transformation piece.

Saunders,Nathan
03/28/2022 14:57:42

BRIDGING THE GAP BETWEEN RECOVERY AND TRANSFORMATION

How we will ensure the changes we are making today and over the next 1-2 years (align and compliment the work which will affect the changes in 2-3+ years will be highly contingent on a range of enabling activities not only across our Digital but also how we respond to the climate emergency, how work effectively with our wider partners and how we ensure our financial planning is based on value-based health care principles.

The following sub-sections of this plan outline how these enabling activities are *bridging the gap* between recovery / redesign and strategic transformation.

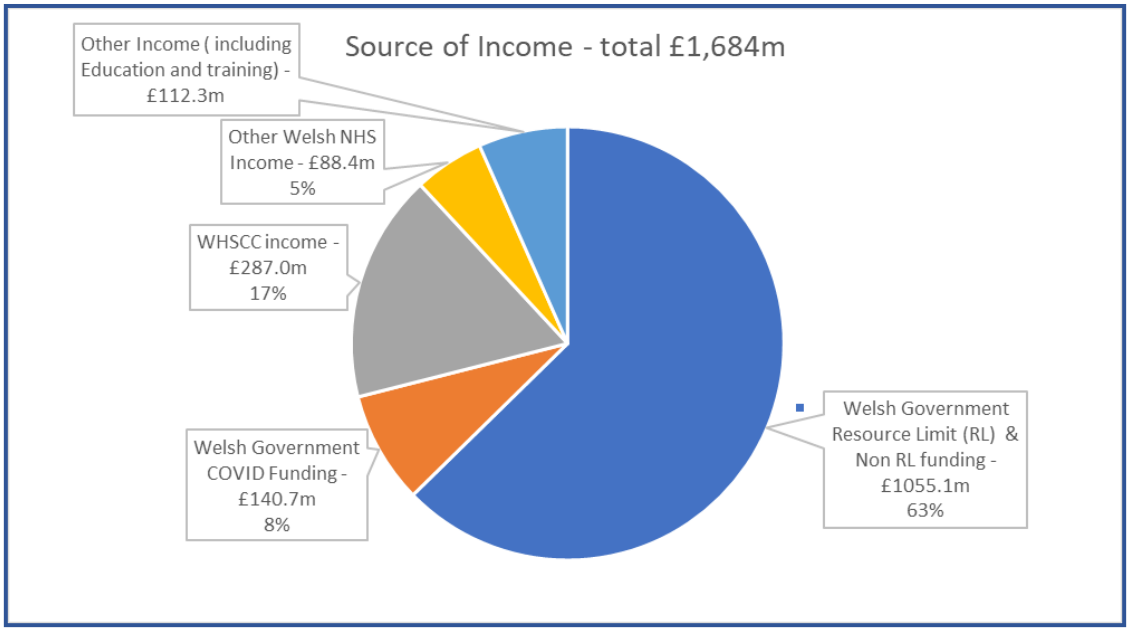
Our Finance Plan

Introduction and Background

We are one of the largest NHS organisations in the UK, providing healthcare services for circa half a million people living in Cardiff and the Vale of Glamorgan.

In addition to considering the needs of the local population, we also provide specialist care to the people of South, West and Mid Wales and for some services, the wider UK. This is reflected in the sources of funding that the UHB receives for providing services as illustrated in the graph below:

Cardiff & Vale UHB 2021/22 Forecast Income by Source



Source: February 2022 Welsh Government monitoring returns

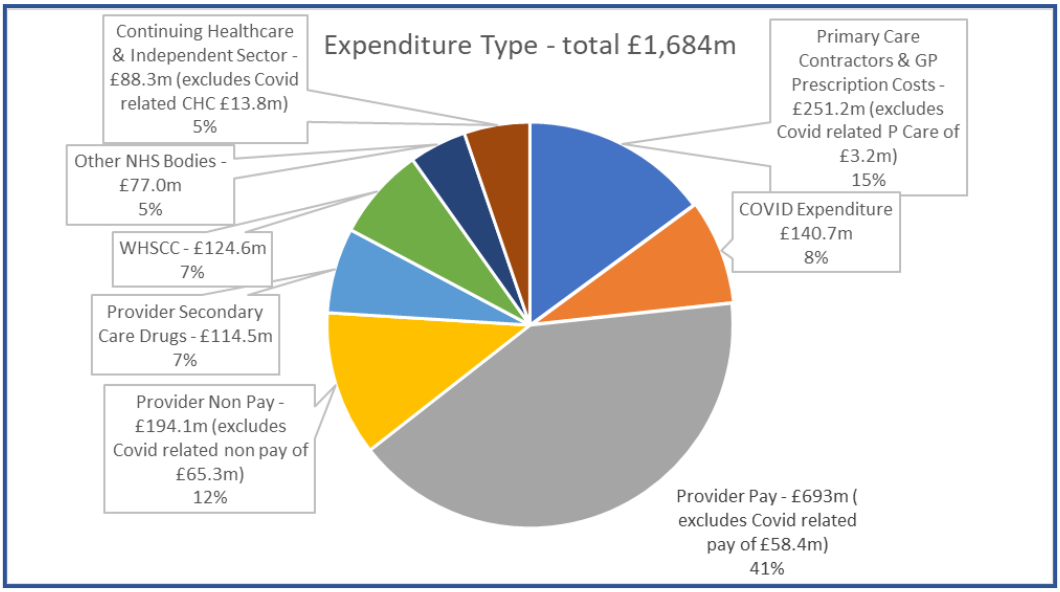
Additional income of £140.7m is forecast to be provided to the UHB in 2021/22 to manage services related to Covid-19. The funding is matched by the cost of Covid-19 related service changes and provision.

The proportion of UHB income which is provided by the Welsh Health Specialised Services Committee (WHSSC) reflects the UHB's significant responsibility for the provision of specialist and tertiary services to the wider population across South Wales.

Saunders, Nerys (...)
03/28/2022 14:57:42

The majority of the UHB's budget supports the provision of healthcare services provided directly by the UHB. In addition, the UHB commissions services for the population of Cardiff and the Vale of Glamorgan from primary care contractors, continuing healthcare providers and via WHSCC, other NHS bodies, such as Velindre University NHS Trust, and independent sector providers as illustrated below:

Cardiff & Vale UHB 2021/22 Forecast Expenditure by Description



Source: February 2022 Welsh Government monitoring returns

Overview of the draft Financial Plan

The Health Board achieved financial balance in 2019/20 and had an approvable IMTP to achieve financial balance recurrently in 2020/21 and subsequently over the 3-year planning period, 2020/21 to 2022/23. Therefore, it went into the pandemic with an ambition to achieve financial sustainability following a period of escalated intervention.

The 2022/23 annual financial plan aims to deliver an in year financially stable position. We continue to be in a dynamic environment with considerable uncertainty. Delivery of the 2021/22 financial plan has been a challenge to manage the ongoing impact of the coronavirus pandemic. It is anticipated that 2022/23 will be another difficult as the Health Board seeks to recover the full range of its services whilst providing support for the pandemic response.

The draft Financial Plan is shown in three parts:

1. Core Financial Plan: Delivering in-year financial stability
2. Exceptional Cost Pressures
3. COVID-19 response costs

1. Core Financial Plan: Delivering in-year financial stability

Saunders-Jathan 03/28/2022 14:57:43

We are aiming to deliver in year financial stability. This is based upon a welcome settlement that provides a Health & Social Care budget 2.8% core allocation uplift in funding in 2022/23 and an assumption that employee inflationary pressures are separately funded.

Based on current funding assumptions, the planned underlying deficit of £4.0m from the 2020/21 financial plan has increased to £29.7m. A number of the UHB's high impact saving schemes were

based on reducing bed capacity, improving flow coupled with workforce efficiencies and modernisation. These could not be pursued due to the organisation needing to focus on delivering services to meet the needs of the pandemic over the past two years. Conversations are ongoing with Welsh Government regarding funding allocations and the impact on the financial plan.

There has been a capped approach to cost pressures based on expenditure trends over the past 12 months.

The 2022/23 plan will require the delivery of a 2% efficiency and value target. The savings target is set to be realistic for 2022/23 and as a transitional year in which we still need to deliver services in a safe way in a pandemic and remove the additional costs that we have generated in doing so. The savings plan will focus on procurement, medicines management, estates rationalisation alongside maximising the benefits of developments implemented through COVID.

It is assumed in the plan that the commissioning approach from WHSSC and neighbouring LHBs does not financially destabilise the UHB.

The UHB has received an allocation of £22.6m for planned and unscheduled care sustainability for 2022/23 onwards. This will be used to accelerate the recovery of services provided within the health board. A process to manage the change in funding from provider scheme to commissioned on behalf of population needs will need to be managed in this transition.

Due to the increased costs of managing the pandemic response and the inability to deliver savings as planned in previous financial years, the core financial plan shown on the table below has been prepared for the first year of the IMTP period.

	2022/23 Plan £m
Underlying deficit from 2020/21 Plan	(4.0)
Adjustment for non-recurrent items in 2020/21 and 2021/22	(25.7)
b/f underlying deficit	**(29.7)**
Allocation uplift (including LTA inflation)	29.8
Capped cost pressures assessment recurrent	(31.8)
Capped cost pressures assessment non-recurrent	(1.1)
Investment reserve	(4.0)
2022/23 Planned Surplus/(Deficit) before Recovery monies	**(36.8)**
Recovery and Value Allocation	24.6
COVID recovery programme	(22.6)
Value Based Healthcare	(2.0)
2022/23 Planned Surplus/(Deficit) before efficiency programme	**(36.8)**

Efficiency Programme	
Recurrent cost improvement plans (1.5% in 22/23)	12.0
Non-Recurrent cost improvement plans (0.5% in 22/23)	4.0
Planned Surplus/(Deficit)	**(20.8)**

Saunders, Nathan
03/28/2022 14:55:42

Note: The draft core plan is currently showing a £20.8m deficit. We will continue to work closely with Welsh Government as to how this issue is resolved.

2. Exceptional Cost Pressures

In this IMTP there are extreme cost pressures, which would benefit from a system wide solution. The current assessment of these cost pressures is set out in the following table and the value relating to them is currently still subject to change.

	2022/23 £m
Energy/fuel increases - non-recurrent	20.9
Employers NI (Health & Social Care Levy) - recurrent	6.9
Real Living Wage - recurrent	2.9
Total Exceptional Costs	**30.7**

The planning assumption made at this point, is that Welsh Government funding would be made available to mitigate these exceptional inflationary cost pressures identified in full.

3. COVID-19 response costs

The UHB has developed four planning scenarios, based around potential COVID prevalence as detailed in the operational section. Financial modelling is based on the COVID central scenario which maintains a need for service provision and cost associated with that. The additional local costs are anticipated to be £40.6m, which is a reduction on the £49.9m allocated for local COVID response costs in 2021/22.

The UHB has a range of quality improvement, effectiveness and efficiency interventions to challenge the service provision and find new ways of working, however, these are impacted by the need to ensure infection prevention and control measures across the health board. The health board will need to remain dynamic and responsive to changes in COVID demand, working within an established escalation framework.

At this stage additional funding has not been confirmed to cover the ongoing local COVID response costs. The health board expectation is that funding will be made available.

The UHB will also incur costs for the national COVID programmes, such as Test, Trace and Protect and the national vaccination programme, which will be funded by directly by Welsh Government.

Financial risks

The key financial risks for the health board within this financial plan are set out below:

- **Providing services in a pandemic** - We continue to be in a dynamic environment with considerable uncertainty that affects the planning and delivery of services including the availability of our workforce.
- **Achievement of the efficiency plan target** – We will need to give this concerted attention in order to ensure delivery. Savings plans delivering 2% need to be in place as soon as possible. There will be clear lines of accountability in delivering identified high value opportunities.
- **Management of Operational Pressures** – We will be expecting our budget holders to manage and recover any operational pressures within the totality of resources delegated to them.

Saunders,Nathan
03/28/2022 14:57:42

- **Inflationary pressures** – There are considerable inflationary pressures across the health board with pay and energy being the largest. This will affect the UHB directly and also through its supply chain. We will monitor this closely and work with our partners to find a system wide approach to manage the risk.
- **COVID Response** – The UHB will need to exit its COVID 19 response costs in a manageable way for service delivery and within available resources, whilst maintaining the ability to remain dynamic and responsive to changes in COVID demand.

The Health Board recognises the risks in the plan and is taking actions in order to ensure that they are appropriately managed and that financial opportunities to support mitigation are fully explored.

Summary

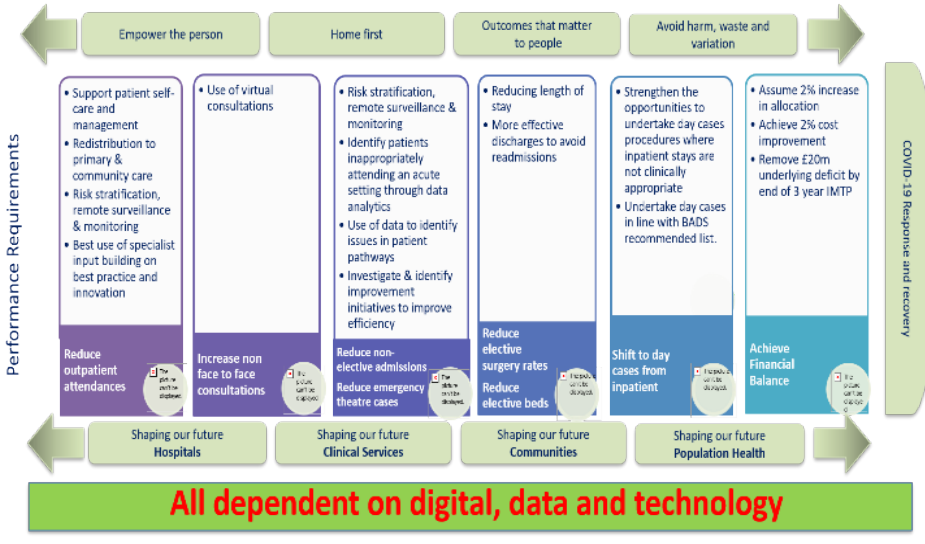
This is a draft plan based on current planning assumptions and known allocations. Our ambition is to maintain our approved IMTP status and we will work with Welsh Government to this effect. This financial plan sets out how we intend to support this aim. To do this we will need to deliver savings of 2% as well as managing exceptional cost pressures and exiting the significant costs introduced as a result of the pandemic. We will need to work closely with Welsh Government in securing support for this plan and in ongoing assurances on delivery.

Digital Transformation

What Digital needs to do

Shaping our Future Wellbeing strategy is utterly dependent upon digital, data and technology to deliver the needs and wants of its communities and the people of Wales.

We have two aims for digital in this plan – delivering **digital capability** and building **digital maturity**.

Recognising the criticality of digital as an enabler for the UHB to meet its aspirations, our Board approved a Digital Strategy for the organisation in September 2020. Our strategy can be found here:	

The importance of sharing data with our partners, particularly in relation to social care, has already been highlighted and we will continue to work with partners to further integrate our digital strategies to enable staff from across organisations to have access, safely, to the right information needed to support integrated service delivery. A recent example of this is the Looked After Children shared care

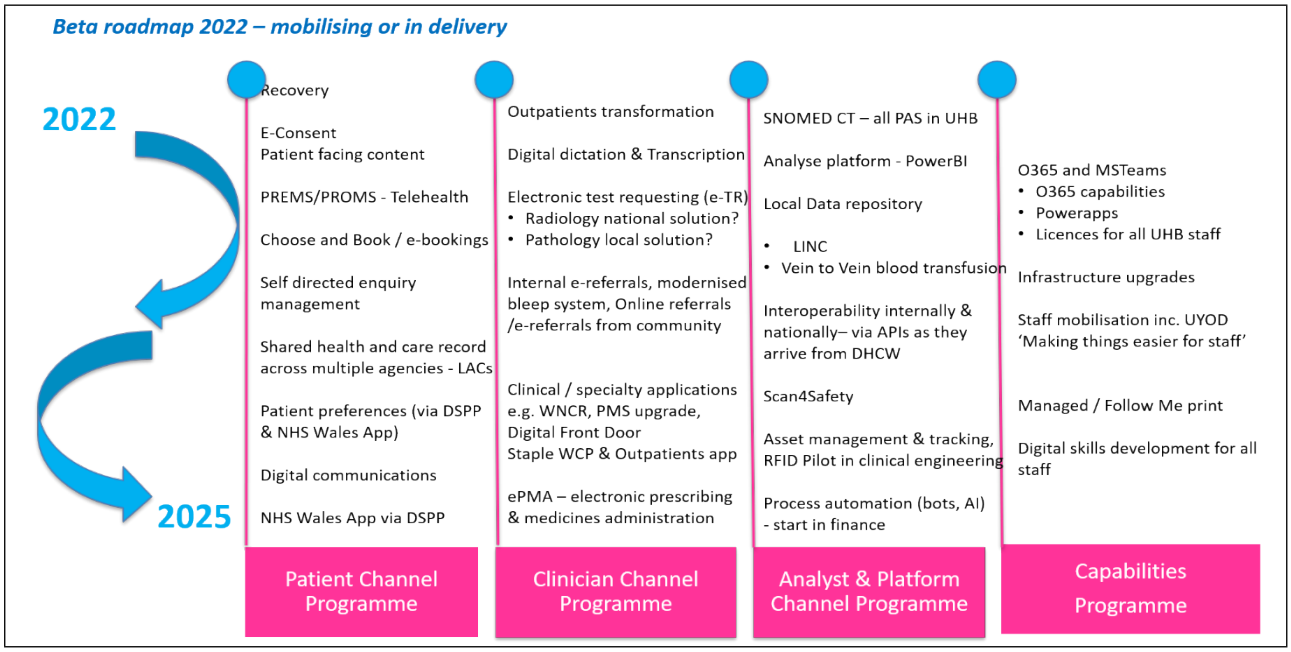
Saunders Kathryn (ABUHB) 03/28/2022 14:51:42

record we have recently developed in our Local Data Repository in partnership with Cardiff and The Vale Local Authorities.

As a primary, community, secondary and as the tertiary centre for Wales, CAV must have modern digital capabilities so that patients, clinicians and colleagues have the right information available to them in any setting at any time.
From the bedside to a patient's home to the device in your pocket.

We are part way through delivering against a high-level roadmap designed to lay the foundations for creating the Learning Health and Care System to which we aspire in the Digital Strategy. This roadmap continues to evolve in response to national and local requirements for responses to our patients and citizens. The roadmap is dynamically refreshed to reflect changes in priorities as the UHB switches gears.

Its initial emphasis is to deliver **capability.**



The Digital and Health Intelligence team is integral to the UHBs ability to respond to the pandemic. Despite the inevitable shift in priorities, progress is being made in delivering on our digital strategy albeit not at the pace we would have liked. Even with these exceptional demands we are now well positioned to accelerate our digital agenda. Taking a strengths-based approach, in 2022 we are very focussed on the mobilisation and / or delivery of the capabilities described in the roadmap and moving to an emphasis on developing digital **maturity.**

Digital maturity will accelerate by way of hybrid EPR functionality. Taking a strengths-based approach, we have undertaken solutions architecture work and conducted some soft market testing in support of this. A business case will be produced in 2022 as we look to secure funding.

Next steps

We know that this scale of investment is challenging, and a phased approach will likely be the only pragmatic approach. In light of this we have outlined a series of digital activities / milestones / timescales for the life of this plan. This is shown in the summary milestones section below, colour coded to reflect that we must explore how to fund implementation.

Saunders-Nyman
03/28/2022 14:37:42

FUNDED & PRIORITY 1
UNFUNDED PRIORITY 1- *Solutions continue to be sought at time of plan submission*
UNFUNDED PRIORITY 2- *Solutions continue to be sought at time of plan submission*
OUTSIDE OF CAV CONTROL

In Summary: *Our Digital milestones*

Digital and Health Intelligence – *A Summary*			
PRIORITY	**DELIVERY TIMESCALES FOR OUR AMBITIONS 22/23 – 24/25**	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE TRACK MONITOR AND BENIEFITS**
			All digital programmes report into our digital governance structure
Electronic patient record	**22-23 Qtr 1** • Refresh solution architecture work • Soft market testing	Hybrid EPR will consolidate a number of existing systems and ways of working by taking a strengths based approach to EPR – which will play a major role in significant reduction in paper (paperless); freeing up clinical time to care; more time with patients; empowering clinicians with accurate timely data to help them make safer decisions, more quickly and give us an agility in the delivery of care we don't necessarily have now due to analogue ways of working	Business case will set out cost and benefit drivers that will be tracked and monitored
UHW2	22-23 Qtr 1 • Review of digital strategy to ensure alignment to ambitions of SoFH programme	Detail is contained in the UUHW2 Feasibility and subsequent business case documentation	TBD
Digital front door	**22-23 Qtr 1** • Virtual ward / home location in EAMD • Medicine and surgery WCWS functionality ported across to EUWS	Month one shows 273 bed days avoided for a cohort of 88 patients presenting in the ED. Patients attending ED considered to be clinically stable enough can be managed in a virtual ward at home and return to ED/assessment areas appropriately for e.g. diagnostics rather than wait in the footprint for a bed or e.g. diagnostics	Tracked by EAMD monthly

Saunders.Nathan
03/28/2022 14:57:42

	22-23 Qtr 2 • Generation upgrade, overhaul of UI, ergonomics and availability; Se-whiteboards further developed for internal referrals from Front Door to internal specialties **22-23 Qtr 3**: SNOMED CT work scoped and planned	Underlying code updated, functionality enhanced following requests from clinicians to incorporate e.g. clinical notes, Frailty, medicine reconciliation, Results, Nutrition, transfer history; e-whiteboard to support internal referrals from ED to other specialties replacing physical whiteboards – track and transfer patients improving safety and flow SNOMED CT look-up options identified; pending resource to support coding and data before implementation and information on ECDS as this will require SNOMED in use and enables analysis to inform service improvement	Tracked by EAMD, specialties and Ops teams – instant view of which patients transferred to which specialty to inform daily operations Utilisation by UEC will be automatic once Live and data available for analysis; reporting via ECDS (when it arrives)
E-consent	**22-23 Qtr 1**: Decision on piloting E-consent **22-23 Qtr 2**: 1st areas go live (If approved) **22-23 Qtr 3**: Pilot evaluation **22-23 Qtr 4**: Decision on next steps	This has been discussed with WRRP and at all Wales MD forum but is not yet agreed – the ability to consent patients for surgery fully digitally negates need for patients to attend to be consented – supported by a VC which can be done individually and / or in groups unless only face2face will suffice saving patient travel and time	If approval is reached, supplier will provide monthly data on utilisation to be shared with Ops and clinical colleagues – data will be available to these anyway
Patient facing content	**22-23 Qtr 1:** Patient facing content published for targeted areas - c130 leaflets **22-23 Qtr 2:** EIDO leaflets published as patient facing content - subject to permissions **22-23 Qtr 3:** Service areas develop for themselves on an ongoing basis	Initial focus on ED – adults and Paeds; ENT, general surgery as part of SDEC; Mental Health. Expected to support discharges, self-care as well as empowering patients and result in fewer calls to the department where resources are available	Expect to see less calls where leaflets are in place – specialties will review
Digital communications – choose and book	**22-23 Qtr 1:** Digital comms ITT specification finalised Inc. hybrid mail, patient portal, digital post, choose & book for patients **22-23 Qtr 2:** Procurement & contract award **22-23 Qtr 3:** Mobilisation & integrations **22-23 Qtr 4**: Implementation starts	For the patient, this option facilitates digital communications and a more modern, slick experience. Communications are faster and access to them is secure.	Business case describes cost and benefit drivers that will be tracked and monitored

Saunders,Nomad
03/28/2022 17:07:42

<table>
<tr>
<td></td>
<td>23-24 Qtr 1: Capabilities in delivery, benefits realisation tracking</td>
<td>The type of information we share can also be extended to include (subject to some development work) clinical information relevant to the patient

If we convert just 50% of our post to digital channels, the following benefits are expected with a scope of:

<table>
<tr><th>Benefit driver</th></tr>
<tr><td>Cost reduction from 0.44p to 0.12p per unit</td></tr>
<tr><td>£50k saving on paper</td></tr>
<tr><td>Carbon reduction – 1 tonne pa</td></tr>
<tr><td>Release time - based on the letter volumes above – 33.3k hours pa</td></tr>
</table>
</td>
<td>by implementation board and Steering group</td>
</tr>
<tr>
<td>DSPP</td>
<td>22-23 Qtr 1: NHS Wales App (from DSPP)
22-23 Qtr 2>: Dependant on DSPP roadmap - patient preferences, comms via app, appointment booking etc</td>
<td>Single front door for patients to access health and care services with micro services behind which we expect will include access to PROMS, hybrid mail, appointment booking etc</td>
<td>DSPP govern</td>
</tr>
<tr>
<td>PROMs</td>
<td>22-23 Qtr 1: PROMs platform & integrations and 1st service areas live
22-23 Qtr 2: Implementation through clinical areas continues22-23 Qtr 3 – 23-24 Qtr 1: Estimated alignment with national PROMs ViH programme and target architecture</td>
<td>Enterprise PROMS solution supporting SDEC, Outpatients transformation and Recovery and VBHC. Patients benefit from a longitudinal persistent record, also accessible by their clinicians. This data can be used to inform service based and treatment improvements to improve outcomes for patients. Links in to national VBHC PROMS target architecture. CAV were first to procure.</td>
<td>Governance via Steering Group</td>
</tr>
</table>

Saunders,Nathan
03/28/2022 14:57:42

Shared health and care records	**22-23 Qtr 1**: Next Use Cases agreed for 22/23; Continued build out of LDR; Evaluation of LACS LDR pilot **22-23 Qtr 2:** Establishment of the CaV region as a 'Digital Care Region' within which Digital change can be co-ordinated across organisational boundaries **22-23 Qtr 3:** common demographics store for the UHB with a stretch target being common 'flagging' (alerts, risks, allergies); BC approvals and funding agreements in place **22-23 Qtr 4:** Mobilise	Builds on successful POC for Looked After Children; overseen by regional health and care partnership board Holistic 'care' record access for practitioners Safer Care Less sentinel or never events (Baby P etc…).	Regional Partnership Board will provide governance
Self-directed enquiry management	**22-23 Qtr 4:** Subject to funding - use RPA for use cases including 3 way matching in Finance (POC) and to signpost incoming search queries from patients CMS queries	This will deliver efficiency in administrative processes in various service areas. Finance is expected to be the POC.	The service in which the project resides will establish project team and governance as well as reporting via the digital channel boards
Outpatient transformation	**22-23 Qtr 1:** • SoS & PIFU spread and scale • SOS and PIFU technical approach to be extended across MH and community; • referrals internally and from primary and community care **22-23 Qtr 2:** Attend Anywhere initiative with the Outpatient modernisation initiative - emphasis is Virtual Consultations agnostic of platform e.g. using video, phone; Outpatients application on PMS redesign commence **22-23 Qtr 4:** Outpatients application on PMS redesign tested and into Production	There are many digital tools supporting Outpatient Transformation including: telephone advice & guidance; e-advice; e-referrals; SoS automatic discharges; automated PIFU follow up appointments being scheduled; virtual consultation; GPeTR radiology; PROMS, digital dictation & transcription; pathway review and redesign and outpatient room bookings so that all are available and managed on an enterprise basis. This requires multiple changes in applications. CAV is working on a) extending utility and utilisation of digital solutions and b) a programme of supported adaptive change – all of which aids and supports planned care and recovery. Reduce RTT; create capacity in the system for follow ups and new referrals by avoiding	Outpatients Transformation Board, Outpatients workstream programme group and reporting into CAV Recovery Board.

Saunders.Nathan
03/28/2022 14:57:42

		unnecessary appointments, VC where possible & appropriate; facilitate better informed RTT supported with diagnostic data, PREMS PROMS; maintain patients on SoS and PIFU pathways supported by information so that patients can better self-manage; reduce carbon & save patients having to travel unnecessarily to main hospital sites etc This is an extensive programme of change.	
Community, Mental Health and PCIC services	**22-23 Qtr 1:** Complete the onboarding of outpatient Physiotherapy, Speech and Language, Dietetics, COVID Rehab, Long COVID, and associated CD&T services into clinical erecord keeping (via PARIS) **22-23 Qtr 1:** Generation upgrade of PARIS to 7.1, overhaul of UI, ergonomics and availability of SNOMED **22-23 Qtr 2:** Commence full scale rollout of e-Diary (e-community scheduling) for non Malinko services (CRTs, Midwifery, Community M.H, Primary Care Liaison services initially) **22-23 Qtr 2:** Clinical Letters to CCP and WCP – is a significant deliverable, giving visibility to 'acute' and 'primary care/GPs' of activity **22-23 Qtr4:** Rollout of WAP e-referral management within PARIS services **23-24 Qtr 2:** Commence migration to SNOMED recording	Efficiency of the PARIS EPR via integration to tools in CAV eco-system. Safer care within Physio with e-record (EPR) being available where the service operates, and not fractured across notes.	MHCS programme has a Governance Board led by the clinical board directors of scoped services.
Digital dictation and transcription	**22-23 Qtr 1:** Lite versions implemented /available UHB wide **22-23 Qtr 2:** Integration with PMS **22-23 Qtr 3 &Q4**: Re-procurement	Saves clinical time; device agnostic solution which works in 3 different ways to suit different specialties and individual requirements. Transcription at point of dictation means faster letter processing. In time these letters will be digital end to end once the Digital Comms solution is in place	Sub set of Digital communications – choose and book
TR radiology & GPeTR	**22-23 Qtr 1**: GPeTR into production & eTR modalities in local acute solution review checkpoint **22-23 Qtr 3:** Review WCP etr for secondary care if released as anticipated and suitable/appropriate **22-23 Qtr 4**: eTR pathology - understand DHCW roadmap / look at local interim options	In advance of national solutions which are anticipated but will not be delivered in the short term.	Radiology and clinical teams monitor through their

Saunders.Nathan 03/28/2022 14:57:42

<table>
<tr>
<td></td>
<td>23-24 Qtr2: eTR for blood, radiology pathology complete</td>
<td>Enables GPs and hospital physicians and ANPs to request, automatically have vetted and processed radiology requests

Etr blood via WCP uptake is on an upwards trajectory and the target of 90%+ compliance is close to being realised

A solution for pathology requests is also desired

Benefits of digitally enabled etr means improved patient safety, faster processing, time savings for doctors released to care are expected to be significant e.g. a straw poll of 89 doctors identified savings in time, improvements in safety, contributes to flow e.g. uninterrupted ward rounds, carbon reduction, reduction in variation etc</td>
<td>clinical boards and reported into Recovery Board

Monitored via Clinical Board and reported via LINC nationally as well</td>
</tr>
<tr>
<td>Clinical / speciality applications</td>
<td>22-23 Qtr 1
• ePMA procurement (off back of DHCW framework);
• Outpatients module stapled into WCP;
• SNOMED CT live in PMS & PARIS
22-23 Qtr 2: WNCR implementation? WiFi phones and pager text capability
22-23 Qtr 3: Internal referrals work extended to all appropriate specialties
22-23 Qtr 4: Internal referrals work extended to all appropriate specialties and ongoing implementations of clinical applications</td>
<td>One example - ePMA local business case describes benefits are anticipated as:

<table>
<tr><td>Benefit driver</td></tr>
<tr><td>Cash releasing</td></tr>
<tr><td>2.5% of £72.2m influenceable spend*</td></tr>
<tr><td>£30k - Stationery</td></tr>
<tr><td>Non cash releasing</td></tr>
<tr><td>24% - Patient safety improvement through reduction in prescribing errors</td></tr>
<tr><td>£5m - Release time to care (productivity)</td></tr>
</table>
</td>
<td>Benefits for each initiative are collated by the Project Sponsor and St Group</td>
</tr>
</table>

Saunders,Nathan
03/28/2022 14:57:42

Interoperability	**22-23 Qtr 1** Integrations with PROMs, digital dictation etc **22-23 Qtr 3:** NDR, LDR and shared record work **22-23 Qtr 4:** PMS & PARIS interoperability in test **23-24 Qtr 1:** PMS & PARIS interoperability in test	Integrations mean less paper based processing or rekeying o data. Release time to care, improve patient safety sharing data effectively between e.g. community/MH & secondary care physicians all contributing to improved patient outcomes	
Scan4Safety	**22-23 Qtr 1** Project initiation and one theatre already baselined **22-23 Qtr 2 onwards** Implementation in line with plan agreed Q4 2021/22	Local business case over 5 years – • £4.88m net benefit (less contribution to WG for NWSSP resource and programme management) • Compliance with medical device bill • Traceability (patient safety) • Less waste • Staff time savings – clinical and non-clinical time spent managing stock and inventory will be freed up	Programme Board established, St Grp and programme with membership from CAV and NWSSP – reports in to Management Exec at CAV and the national Scan4Safety programme
Vein2Vein transfusion (all Wales	**22-23 Qtr 1** Hardware in place **22-23 Qtr 2:** Hardware commissioned **22-23 Qtr 3:** Discovery work concludes and report for WG produced **22-23 Qtr 4:** BC approval and funding bid	CAV initiated and are leading this national programme which is supported by WG DPIF funding subject to business case Mitigate Never Events; reduce wasted blood; standardised processes across Wales blood transfusion centres; reduce risk, improve quality, release time to care	WG monitored DPIF scheme, reporting in to LINC national programme and managed in CAV through the local LINC implementation board
Signals from Noise and power BI	**22-23 Qtr** 1 Evaluation of platforms **22-23 Qtr 2** Decision and discussion at channel board and development of a CAV Data Strategy **22-23 Qtr 3** Secure funding and resource to support decisions **22-23 Qtr 4** Build **23-24 Qtr 1** Iteration	This is subject to resources. Decision will follow evaluation. We are aiming for benefits that will include speedier access to data for clinical and operational staff – this includes an ambition to enable data users to create their own views of data holdings for operational and clinical management purposes	Part of the Analyst channel board portfolio, a Steering group would also be established

Saunders,Nathan
03/28/2022 14:57:42

Use your own device	**22-23 Qtr 2** BISapps migrated to AppProxy; sunset Blackberry **22-23 Qtr 3** AWD virtual desktop built and in test **22-23 Qtr 4** Deployment - virtual desktop	The ambition is to enable access to clinicians to records and information in various applications so that they can operate on the move/from anywhere – frees up clinical time; reduce our capital requirement to refresh desktop PCs; enable access to all you need from almost any device including your own. Improve patient safety, free up clinical time; improve flow; save carbon	Reports to Capabilities channel board
Managed print / follow me print	**22-23 Qtr 3** ITT specification finalised **22-23 Qtr 4** Procurement & contract award **23-24 Qtr 1** Printer estate audit **23-24 Qtr 2** Mobilisation & integrations **23-24 Qtr 3** Implementation starts **23-24 Qtr 4** Capabilities in delivery, benefits realisation tracking	This project is expected to reduce our printer estate c20%, reduce option for colour printing saving money, replace the print fleet with modern more efficient devices that share a common print driver, introduce follow me printing accessible from any printer meaning less cost, more printers available to all staff as accessible from any device;, in time air printing; reduce IG risks as print will only appear when it is 'called off' by the requestor	Capabilities channel board and Steering group once this is mobilised

Saunders.Nathan
03/28/2022 14:57:42

Sustainability

In recognising that climate change is the single biggest issue facing humanity, a target of a net zero public sector by 2030 has been set by Welsh Government.

We are committed to improving the organisation's impact on the environment and ramping up significantly our actions to achieve this. Across the organisation – from front line teams to our Board members, we have people who are passionate about this agenda and recognise the huge responsibility we have as an organisation (along with other large NHS bodies) with a large carbon footprint to take urgent action in response to the climate emergency.

We have good foundations to build on. We have a strong track record of reducing our carbon footprint and at the beginning of 2020 the Board formally declared a climate emergency. That same year we created our first Sustainability Action Plan which focused on the eight dimensions of Energy; Waste & Food; Water; Procurement; People; Built environment, Green Infrastructure Biodiversity; Transport and Clinical Services.

Although our first Sustainability Action Plan worked well for us, it was always seen as just the beginning. We realise that doing the same again will not move the dial on our environmental impact, so we looked at what improvements we can make across the Health Board and the barriers that need to be addressed in order to accelerate improvements to our environmental impact. Our staff were instrumental in the establishment of Green Health Wales and we have joined the Centre for Sustainable Healthcare to ensure that we form part of a network of NHS organisations taken targeted decarbonisation actions.

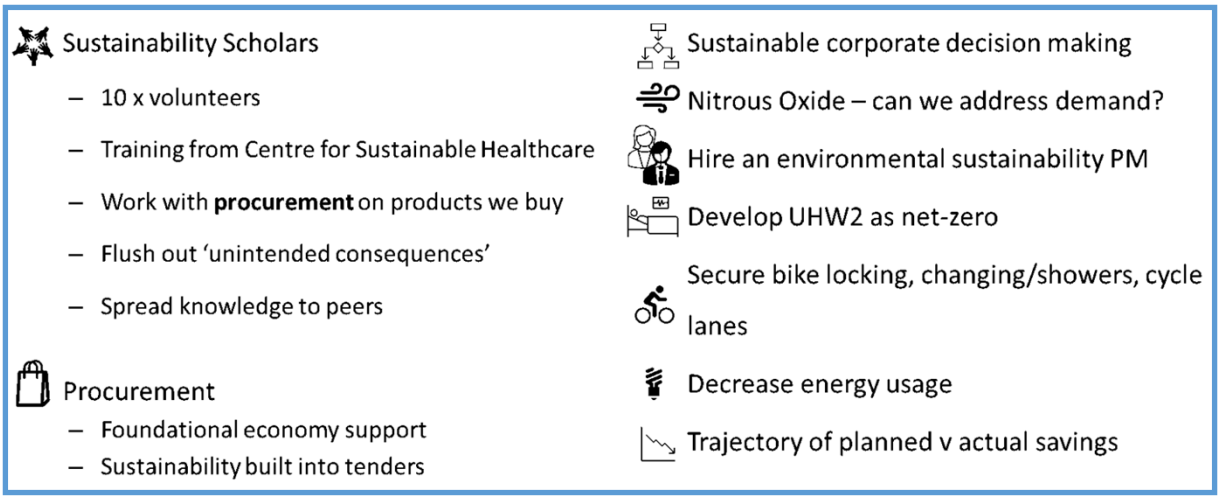
We learnt some key things as part of this process;

- The products we use every day in the Health Board create carbon emissions. Whilst some of the products that we use are designed to be disposed of after use, further opportunities exist to substitute these products for ones that can be used and sterilised over and over.
- Some change needs to come from the top, where the Health Board is making decisions with sustainability as a key criterion and is actively being seen to promote and deliver sustainable outcomes.
- Although sustainability is important, our colleagues may need help to envision what part they can play.
- We are stronger working in collaboration and we are working closely with other NHS bodies as part of Green Health Wales, and also with our PSB partners.

Following the launch of the NHS Wales Decarbonisation Strategic Delivery Plan in March 2021 we have been working with the NHS Wales Decarbonisation Strategic Delivery Plan Leads, meeting and talking to colleagues from other Health Boards and Trusts to understand how we can collectively work towards the ambitions set out in the plan.

As we look towards 2025 when NHS Wales expects to have reduced its carbon emissions by 16% we have consequently refreshed our sustainability action plan. Our refreshed plan inherits the actions defined in the NHS Wales Decarbonisation Plan but goes further. Some highlights include;

Saunders,Nathan
03/28/2022 14:57:42



Sustainability is not a 'silo' ambition discrete from all our other priorities referenced in this plan. As such we have ensured that our approach towards sustainable healthcare and 'net zero' ambitions are also built into our major strategic programmes thinking. We recognise, for example, that the ambitions within our *shaping our future hospitals programme* has in itself the potential to be a large carbon creator / emitter thus sustainability needs to be a core objective of this programme.

Through the execution of our Action Pan and placing sustainability as a principle of how we work across the length and breadth of the organisation we are confident we will take a step change in our maturity and started to have reduce our carbon emissions.

Please find a detailed copy of our sustainability action plan including the in-depth activities and milestones we are working towards by clicking here.

Ensuring interim service sustainability

Critical Care

We expanded our Critical Care footprint and workforce to best meet demand from the outset of the pandemic. It was, and is, recognised that as a regional tertiary centre critical care activity is very much demand-driven. The environment within critical care, with only a small number of isolation rooms and facilities that do not meet current HBN standards has always created a number of challenges for our team to manage operationally- this has been exasperated over the last two years.

We have learnt so much during the pandemic and we are now entirely clear that a key component of our reconstruction efforts needs to be the permanent expansion of our 'core' number of critical care beds. In doing so though we are cognisant of our ambitions for a "UHW2" and of course the challenged position regarding the availability of major capital investment. As such we must find that balance of providing a high quality and safe environment for our patients and staff for an interim number of years before hopefully securing investment in an entirely new critical care unit.

We have started early, clinically lead, scoping work to begin articulating what a permanent expansion of critical care looks like on our current site and this has identified six priority areas for action (below). Work across these areas will continue through year one of this plan.

Saunders.Nathan 03/28/2022 14:57:42

1. Better critical care capacity in Wales
2. Better infrastructure

3. Better incentives and process to support the critical care network
4. Better education
5. Better service support
6. More follow up capacity

BMT

Our BMT services, commissioned via WHSSC, are delivered as part of a tertiary solution through the South Wales Blood and Marrow Transplant (SWBMT) programme along with our partners in Swansea Bay Health Board. Activity levels continue to increase, in line with international trends, with particular pressure within Cardiff due to the increasing complexity of our adult transplant programme through the growth of allogenic activity.

Our focus for the coming IMTP period centres on two core requirements.

1. Finalise and implement our workforce redesign ambitions to help deliver an innovative and robust model of care for patients across South Wales.
2. Agree and deliver an approach to our long-term estates challenges which will require a capital solution in order to provide a modern and sustainable environment for the care and treatment of this high-risk group of patients.

The health board are focused on delivering these core requirements alongside all others required to retain JACIE accreditation for our service.

Learning Disabilities

Over the life of this plan we will continue to work with our partners to progress delivery of the Joint Commissioning Strategy for Adults with Learning Disabilities, 2019-2024. The strategy commits us to deliver activities, and commission services, that will help people to achieve the outcomes that people said were important to them. Further detail can be found here.

Our partners include both Cardiff and Vale of Glamorgan Councils and Swansea Bay University Health Board (SBUHB) who are commissioned by ourselves to provide Specialist community health services for adults with a learning disability, as well as some intake & assessment and Inpatient beds.

We will also continue to support our Primary Care Clusters to expand upon improvements made to the annual health check process, and pathways to the specialist health teams.

We will look to recruit Learning Disability Liaison Nurses to support staff on the wards at the University Hospital of Wales to make reasonable adjustments for patients in their care.

Trauma

Beyond Frail Trauma there is no understating the significant impact that COVID-19 has had on the wider Trauma service for example the relocation of fracture clinics, the continued growth our Major Trauma Centre and knock-on impact for our orthopaedic services which have often been reduced to meet the additional demands. The UHB is committed to addressing the impact on the wider Trauma service as part of our recovery programme. This includes our ongoing commitment to develop the next phase of our Major Trauma Centre at UHW and an overall objective of delivering a fit for purpose trauma service that provides excellent and timely care across UHW and UHL, minimises patient length of stay and is led by a suitably skilled and supported MDT workforce.

Saunders-Nathan 03/28/2022 14:57:42

Stroke services

We recognise that there are opportunities which we need to exploit and realise to improve outcomes for our patients who experience a stroke.

We appreciate that as an organisation we have made commitments to addressing improvements across our stroke services in previous plans and have therefore been careful to set an appropriate level of expectation in this plan on the progress we wish to make.

Whilst there is work which we need to progress 'in house' there is a vital collaboration which is also needed with Cwm Taf Morgannwg (CTMUHB) to ensure access to stroke services is equitable for both populations. The critical mass required for the development of a HASU means that this collaboration is vital.

Progress which we will look to make in the early part of this plan's life will be to -

Fully understand our own current performance challenges – Understand the immediate actions that need to be taken to improve current performance in line with SSNAP requirements.

Identify Immediate local planning priorities - Clarity regarding local pathway, how we can make the most of current resources, how we deploy specific staff/rearrange job plans and understand what it would take to resource the pathway to meet need 24/7

Agree strategic regional planning priorities with CTMUHB - Describe whole service model, describe regional stroke pathway (across HASU and spoke and rehab services), undertake Demand/capacity analysis

Thrombectomy

We see thrombectomy as a vital and complimentary service to that of a HASU although clearly both do not have to be immediately present- one can exist prior to the other.

It is for this reason that during 2021/22 we have also working closely with WHSCC to finalise a business case for the establishment of a regional thrombectomy at our UHW site. Subject to this business case being supported by WHSCC early in 2022 we will look to implement this service within the reminder of year. This will mean that a number of south Wales patients who are eligible for this procedure patients who are currently conveyed to Bristol for this life transforming procedure would in the future be seen closer to home.

Maternity Services

We are committed to developing our Maternity Services to provide exceptional care across midwifery and obstetrics. Our approach will continue to be aligned with the "Maternity Care in Wales A Five-Year Vision for the Future" strategy with our aims centred around workstreams including Family Centred Care, Continuity of Carer, Skilled Multi-professional Teams, Safe and Effective Care and Sustainable, Quality Services.

Saunders, Nathan
03/28/2022 14:51:42

In light of national reports highlight failings within Maternity Services across the UK, our focus remains on implementing the national safety programme and continuing to embed the learning from these failings within our governance structures and processes. Workforce training, development and support is at the core of our requirements for delivering safe and effective care and we are committed

to using the coming year to undertake a discovery and diagnostic approach to fully identify our needs alongside preparing ourselves for future digital maternity solutions.

Cancer Performance

The Health Board has a 3-year strategic plan in place for Cancer (2020-2023). The plan is linked to the aims of the Cancer Delivery Plan for Wales, developed by the Wales Cancer Network through the engagement of cancer stakeholders in Wales, and we will now review our strategy in light of the recently published Quality Statement for Cancer which replaces the Cancer Delivery Plan. The Quality Statement sets out 22 quality attributes for Cancer Services under 6 themes – equitable, safe, effective, efficient, person centred, and timely care.

We know that our current performance needs to improve and we are undertaking specific pieces of demand and capacity work in key areas to identify the gaps and implement solutions to achieve a balanced position and progress towards the 75% Single Caner Pathway. Cancer remains an organisational priority and it is pleasing to note that we have successfully maintained cancer operating through our Protected Elective Surgical Unit during the Covid-19 pandemic.

Further detail on our plans for delivering cancer services can be found in our Recovery and Redesign and regional working where clinically appropriate sections

Services for our Armed forced veterans

We are proud to be an Armed forces covenant signatory and a Gold employer awardee. We remain committed to improving care and support for armed forces, veterans and their families. During 2022-23 we will be:

- Focusing to reduce waiting time for Veterans NHS Wales Mental Health treatment, as during the pandemic referral and waiting times rose.
- Seeking accreditation in 2022 for Veterans NHS Wales via RCPsychiatrists Veterans Mental Services.
- Implementing the RCGP veterans friendly GP practice scheme once this has been endorsed for roll out in Wales
- Improving employment opportunities for Veterans
- Appoint a veteran's Liaison officer to improve navigation of our hospital systems for veterans

Regional working where clinically appropriate

We know success is not driven by individual organisations but how we collectively work as system. An important relationship exists across Health Boards and Trusts as we work together to deliver pathways of care. Collectively we all remain focused on what is most important- equity of care across all our populations. Both in terms of the services they can access, the timeliness of access and also the outcomes which they can expect. The population of Wales should not see the name of the organisation but rather the continuity and consistency of care regardless of geography.

The pandemic has further strengthened cross organisation relationships, rallying to provide mutual aid, sharing good practice and providing much needed support for staff, has been a collective effort. As we recover planned services we will need to continue to work with neighbouring Health Boards and Trusts to meet the needs of our collective populations.

Saunders Norman
03/28/2022 14:57:42

As described in earlier parts this plan the scale of recovery which the health system, not just Cardiff and Vale UHB, needs to undertake is vast. Simply 'doing more' will not meet the challenge. Equally when facing the size challenge that the system does, it remains vital that there is not a loss of focus on ensuring the best possible outcomes.

How we work with our Health Board partners remains an important component in helping address the waiting lists positions but also continuing to deliver the best possible care.

There are currently a number of specific areas of focus for the life of this plan 2021/22 although this remains under consideration and will likely evolve:

Vascular Services

In 2021 the regional programme for Vascular has successfully developed and formally engaged on plans for launching the SEW Vascular Network culminating in an approved business case by all four Health Boards in south-east Wales in July 2021. The programme now moves into its implementation phase during which a number of readiness assessments are being undertaken. This will take place in February 2022 for all network components through a process overseen by Medial Directors and Chief Operating Officers across the three provider Health Boards, with the aim of making a recommendation to launch of the service in Qtr 1 2022.

Ophthalmology

The regional ophthalmology programme has been established and is led by Aneurin Bevan University Health Board. Over 21/22 and into 22/23 the programme has/is focusing on immediate, medium and long term planning issues. These are illustrated in the table below.

Immediate	Medium	Long term
Immediate 'recovery' of services in response to the impact of Covid-19 on waiting lists. Ensuring sustainability of key sub-specialties e.g. vitreoretinal services	Development of a high flow cataract centre as a precursor to the long-term planning opportunities	Developing the vision, principles and scope of a future regional ophthalmology services, where specialist tertiary eye care could be focussed

Work streams have been established for these areas, and will form the core agenda of the programme over the coming year and beyond. Some of the key milestones for the coming year are shown in the summary table at the end of this section.

An additional major development within ophthalmology in 2022/23 will be the operational implementation of a comprehensive electronic patient record. An extended period of quality assurance and system testing has taken place to ensure optimal efficiency and effectiveness, with rollout ongoing through the year.

Saunders,Nathan
03/28/2022 14:57:42

Endoscopy

We continue to collaborate closely with Cwm Taf Morgannwg UHB regarding the use of a mobile endoscopy unit- as described earlier in the diagnostics component of the Recovery section of this plan. We are also fully engaged with the SE Wales Regional Endoscopy Programme to assess and develop joint plans for a collaborative service to meet the long term needs of our wider population.

Tertiary service collaboration

The Regional and Specialised Services Programme is a collaboration between ourselves and Swansea Bay UHB and looks to develop a shared view on the future delivery of sustainable specialised services across the two tertiary centres in South Wales.

The programme includes a number of specific tertiary service projects, as well as the development of an overarching strategy for both health boards and as well as the partnership. The programme has four distinct and interlinked components:

I. Specialised Services Partnership Strategy
II. CVUHB Tertiary Services Strategy (incorporated with the Shaping Our Future Clinical Services Programme)
III. SBUHB Tertiary Services Strategy
IV. Regional and Specialised Services Work Programme

GOALS **(what are we trying to do)**	**METHOD** **(how are we going to do it)**	**OUTCOME** **(what will it deliver)**
To identify a shared approach on the delivery of Specialised Services. To identify priority areas where a collaborative approach will address current service risks associated with service sustainability.	Develop a partnership vision and framework to provide a clear supportive structure for both organisations to work in partnership Develop, monitor and review a baseline assessment of specialised services in both organisations, including risk assessments against quality and patient safety, service sustainability, and delivery and performance.	A balanced and coherent portfolio of sustainable specialised services in both organisations which ensures that patients in South and West Wales (and beyond) have equitable access to safe and effective services.

You can find further background information of these components in annex 12.

The specifics of the current Regional and Specialised Services Work Programme includes the following projects;

- Oesophago-Gastric Cancer Surgery
- Hepato-Pancreato-Biliary Surgery
- Spinal Surgery
- Paediatric Orthopaedics
- Specialist Endocrinology (Adult)

Saunders,Nathan
03/28/2022 14:57:42

Thoracic Surgery

Following a major consultation exercise, a collaborative planning programme has been established by Swansea Bay University Health Board to reconfigure the delivery of thoracic surgery services and to create a single site thoracic surgery centre for South Wales at Morriston Hospital, Swansea. The key aims and benefits of the programme include: -

- Provision of an additional 300 case surgical capacity to deliver a total of 1,300 cases per annum
- Provision of a best practice dedicated thoracic surgery hybrid theatre that supports improved health outcomes for patients
- Improved equity of care across Wales for, e.g. resection rates, surgical procedures and access
- Creation of a more sustainable medical and nursing staffing model
- New ability to address current unmet service need, especially for benign work and supporting MDTs.

We are contributing fully to the programme with clinical, planning and finance representatives engaged.

Sexual Assault Referral Services (SARC)

Health boards, police forces, Police and Crime Commissioners, in partnership with the third sector, have agreed a service model for the delivery of sexual assault referral services in South Wales, Dyfed Powys and Gwent. The model will provide a more integrated service that is driven by the needs of victims and patients and supports the provision of services that meet clinical, forensic, quality and safety standards and guidance (including new ISO accreditation requirements), and ensures robust governance arrangements. The agreed aims of the programme are:

'To deliver sexual assault services that are person/victim centred; with health and wellbeing needs as the key priority and to ensure the best outcomes for victims of sexual violence, achieved through a health-led programme, working in partnership with policing and key stakeholders with the victim voice in the centre.'

Revised governance arrangements have been established with an Assurance and Oversight Board accountable to NHS Wales Health Collaborative. A series of work streams are in place to progress accommodation, standards, clinical rotas, engagement and commissioning / finance arrangements. The UHB is also leading the development of an outline business case for the provision of a fully accredited regional SARC hub that will deliver acute forensic assessments for adult victims of sexual abuse for SE Wales and also for Paediatric victims across South Wales.

Cancer Services

The development of cancer services across both the wider South East Wales region and Cardiff & the Vale specifically are driven through two mechanisms: The South East Cancer Collaborative Leadership Group (CCLG) and the CAV/VNHST Executive partnership board respectively. Both have, and continue to, make excellent progress across four of key agenda.

(i) <u>Acute Oncology Services (AOS)</u>

Acute oncology (AO) ensures that cancer patients who develop an acute cancer-related or cancer treatment related problem receive the care they need quickly and in the most appropriate setting. It brings a multitude of benefits to patients, clinicians and the wider system through improved communication, timely access to expert advice, improved patient experience and cost savings through more appropriate use of investigations, early discharge and admission avoidance.

Saunderspathway 03/28/2022 14:57:42

A regional clinical model has been developed which places stronger emphasis on the specific needs of AOS patients, whilst complementing local wider Urgent and Emergency care management with a primary focus on ambulatory pathways as an alternative to inpatient admission. More details on the Clinical model can be found in the AOS business case (available upon request).

(ii) Development of a Cancer Research Hub at University Hospital of Wales (UHW)

Along with Velindre University NHS Trust (VUNHST) and Cardiff University (CU) we hold a shared ambition to work in partnership together and with other partners to develop a Cardiff Cancer Research Hub. Cancer research in South-East Wales is considered by clinical and academic teams to be at a crossroads and a joined up tripartite approach and investment is needed, to make it competitive on the UK cancer research stage.

This tripartite hub will provide focus and facilities for cancer research in Cardiff.

We recognise that any clinical specification would require both capital and revenue investment and will be subject to individual business cases and conversations with Welsh Government colleagues.

(iii) Implementation of an Enhanced Unscheduled Care Service in South East Wales

We remain committed, alongside VNHST to improving the quality of service, experience and treatment outcomes for acutely unwell cancer patients, and those requiring unscheduled cancer care.

(iv) Development of Haemato-oncology Services in South-East Wales

We share the aim with VNHST to progress a Haemato-oncology project in order to improve the quality, experience and outcomes of treatment and care for cancer patients in Cardiff and the Vale by improving the alignment of Haematology and oncology services.

Robotics

This IMTP will see us continue to develop Robotic Assisted Surgery (RAS) as part of a bold strategy to improve outcomes for our patients. It is part of a wide range of health redesign principles in Wales that look to utilise the finite health resource we have as effectively and efficiently as possible.

There is an established All Wales programme is to rapidly implement a national approach to robotics – The Robotics Assisted Surgery Programme (NRP). This is the first of its kind worldwide for Colorectal, Upper Gastrointestinal, Urological and Gynaecology Oncology which sees us work closely with three other Health Boards- ABUHB, BCUHB and SBUHB.

In conjunction with diagnostic hubs, health pathways and systems to establish early diagnosis of disease the RAS programme will deliver cutting edge technology in our tertiary hospitals. The Royal College of Surgeons' Future of Surgery Commission has identified RAS as one of the key technologies that will deliver the greatest impact for our patients. It allows doctors to perform complex procedures with more precision, flexibility and control than is possible with conventional techniques. It is usually associated with minimally invasive surgery – procedures performed through small (keyhole) incisions.

Saunders,Nathan
03/28/2022 14:37:44

Our Board agreed the CAVUHB component of the business case in its December 2021 Board meeting and this now allows us to progress our component of the case ensuring that we utilise the Welsh Government funding available to implement and commission RAS in UHW. More details on our local implementation plan over the life of this IMTP are available upon request.

A Regional Pathology service for South East Wales

As described in our purposeful partnerships section here and our work with key strategic partners to create a precision medicine campus at the Cardiff Edge Business Park. A key pillar of this is the ambition to realise a South East Wales Regional Pathology Service that aligns to the strategic direction laid out in the National Pathology Statement of Intent (2019) and brings the region into line with the 'A Regional Collaboration for Health' (ARCH) programme in South West Wales and the delivery of a single BCU pathology service in North Wales.

Pending identification of appropriate programme management resource over the coming year we will move into phase two of our planning work and on a partnership basis look to ensure the formation of a multi-agency programme board to develop a business case for a SE Wales regional pathology facility.

Orthopedics

We will be looking to build upon the recent visits which Professor Tim Briggs and his team have made to orthopaedic departments across all health boards as we consider how best we can be part of a regional solution to development of best practice pathways, and responses to the risks / challenges facing service delivery in the short and long term. We will look to work closely with the GIRFT team as part of this.

Stroke

Please also refer to the *Ensuring service sustainability section* here and Recovery and Redesign sections for further details.

We recognise that whilst there is internal work which we need to progress regarding our stroke pathways and performance this cannot, and should not, be done in isolation of the appropriate engagement and partnership working with our neighboring health boards as we seek to ensure we regionally equitable stroke service. A collaborative Stroke Network project is being established in partnership with Cwm Taf Morgannwg and Powys Health Boards to develop a proposed approach to developing a sustainable South-Central Stroke Network Model.

Saunders,Nathan
03/28/2022 14:57:42

In summary: *Regional working milestones*

Regional Working – *A Summary*			
QUARTER / YR	**DELIVERY TIMESCALES FOR OUR AMBITIONS 22/23 – 24/25**	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE TRACK & MONITOR BENIEFITS**
22-23 **Qtr 1**	**Vascular services:** • SE Wales network goes live **Regional AOS model:** • 2/5 of specialist oncology sessions to be filled • All local CAV positions fully recruited and in post (CNS, AHP's, Admin) • Confirmation of AOS clinical sessions in CAV being secured • Twice weekly Hot Clinics held at UHW and UHL to commence. **Thrombectomy:** • Agree Thrombectomy business case with commissioners and partners **Oesphago-Gastric cancer surgery** • From Qtr 1 onwards in 2022/23 the project will finalise and implement the clinical model for SBUHB and commence work to developing the clinical model for the other service spokes in South and West Wales. **Hepato-Pancreato-Biliary Surgery** • From Qtr 1 and over the course of 2022/23, work will be undertaken to address short and medium term actions to improve service provision across the whole patient pathway for patients, and to develop an integrated service model for South and West Wales in line with the All Wales Service Specification. **Spinal Surgery** • Operational Delivery Network (ODN) launchs key deficits in the delivery and commissioning of these services. SBUHB will also act as the host of the ODN.	*For a detailed list of patient and system benefits for each of our work areas please request a copy of the respective programme documentation.* **Regional AOS Model** • Improved patient experience and better patient outcomes • Patients spend more time at home in their last year(s) of life • More patients receive same day emergency care avoiding the need for hospital admission • Enhance links with other hospital-based specialists / services • Better professional AOS education and training **Tripartite Cancer Research Hub** • Increasing research options for Welsh patients nearer to home • Building research critical mass, expertise and infrastructure • Better connecting academic researchers and clinical researchers • Providing opportunities for shared learning, training, education and career pathways • Enhancing Cardiff/Wales research competitiveness at UK level and how Cardiff/Wales is perceived by key research funders **Oesophago-Gastric Cancer Surgery**	**AOS Model** • Via agreed KPIs that have bene set / managed by Medicine clinical Board

Saunders.Nathan
03/28/2022 14:57:42

	Paediatric Orthopaedics • From Qtr 1 onwards CAV/SBHB will work with the commissioners (Health Boards and WHSSC) to support the implementation of the service specifications to inform service delivery and commissioning. **Specialist Endocrinology (Adult)** • From Qtr 1 onwards work will continue in developing an integrated endocrine surgery service, which will improve resilience of service provision across South and West Wales. **Regional Ophthalmology Service** • Agree a regional Ophthalmology strategy to act as the enabler and cross organisational mandate for the planning of this service.	• timely access to a safe, effective and sustainable OG cancer surgery service. **Spinal Surgery** • key deficits in the delivery and commissioning of these services actively addressed **Specialist Endocrinology (Adult)** • improve resilience of service provision across South and West Wales. **Regional Ophthalmology Service** • Reduced waiting times • Improved quality of life • Streamlined approach • Sustainable regional service • Value for money **Vascular** • Sustainable regional service • Value for money • Better patient outcomes **Thrombectomy** • Sustainable regional service • Care closer to come	**Regional Ophthalmology Service** Reduce Outpatient waiting times, no waits over 36 weeks, reduced inpatient waiting times, Increased list sizes, Reduced procedures outsourced, Increased number of procedures undertaken **Thrombectomy** • Call to needle time • Patient outcomes • WHSCC monitoring data
22-23 **Qtr 2**	**Regional AOS model:** • 3/5 of specialist oncology sessions to be filled • CAV clinical sessions to be in post. • Review of hot clinics and development as per available out-patient space **Tripartite Cancer Research Hub** • Clinical Model and Service Specification approved by the tripartite partners • Phase 1 workforce and revenue requirements agreed with tripartite partners • Business Case for Phase 1 approved by tripartite partners **SARC:** centralisation of acute / paediatric services within the Cardiff hub **Thoracic surgery:** Aiming for formal approval of the Outline Business Case		
22-23 **Qtr 3**	**Regional AOS model:** • 4/5 of specialist oncology sessions to be filled • Ongoing service review and development **Regional Ophthalmology Service**		

Saunders,Nathan
03/28/2022 14:57:42

	To have explored and agreed a joint solution and implementation plan for a high flow regional cataract facility.		
22-23 **Qtr 4**	**Regional AOS model:** • 5/5 of specialist oncology sessions to be filled **Tripartite Cancer Research Hub** • Full implementation of Phase 1 completed		
2023-24	**SARC:** accreditation standards complete **Thoracic surgery:** Physical construction work commencing **Tripartite Cancer Research Hub** • Phase 2 capital infrastructure requirements agreed with tripartite partners • Phase 2 workforce and revenue requirements agreed with tripartite partners • Phase 2 business case approved by tripartite partners		
2025-26	**Thoracic surgery:** Full operational implementation of the new service		

Saunders,Nathan
03/28/2022 14:57:42

Purposeful partnerships

Earlier sections of this plan have described the criticality of the partnerships which we have with both our Health Board partners, wider social care system through the RPB and also importantly our local populations. It remains vital however that we also remain and develop our existing partnerships with the vital strategic health authorities in NHS Wales, NHS Wales support services, academia and the wider Cardiff Capital city region partnership.

The Welsh Ambulance Services NHS Trust (WAST) / Emergency Ambulance Services Committee (EASC)

We remain engaged with both WAST and the National Collaborative Commissioning Unit (NCCU) on all Ambulance services. Ambulance service Commissioning intensions were endorsed in October 2021 and as part of this we will continue to input in, and understand these, as we move into 22-23.

We note the acute pressure that WAST are under in regards to EMS service provision and you can read more about our work with them on this within our Urgent and Emergency section of this plan here.

Welsh Health Specialised Services Committee (WHSCC)

We commission specialist services for our population via WHSCC. We are also a major provider of specialist services, and equally work closely with WHSSC to ensure delivery against contracted levels and to an agreed specification.

The last 18 months have presented challenges to the pace and level of delivery of some specialist services as we continue to respond to the ongoing Pandemic. We work closely with WHSSC to share our position in respect of recovery.

Through the established Management Group mechanism, we have been fully engaged in the processes and decisions that have led to the development of the Specialist Services Integrated Commissioning Plan which was approved in February 2022. Where there is a signal in this plan for us to develop business cases for service developments that have bene prioritised within the ICP this need has been fully considered by the appropriate Clinical Board as part of their own local planning.

In addition, we continue to work with WHSCC to develop a thrombectomy business case which would enable the transfer of a service, currently commissioned by WHSCC, back from Bristol. We are looking to have this business case finalised in the early part of 22/23. You can understand our wider plans for stroke and thrombectomy services in the Ensuring service sustainability section of this plan here.

Health Education Improvement Wales (HEIW)

We have worked closely with HEIW inputting into the development of their annual plan and visa versa through some useful meetings during plan development.

Our seven workforce and occupational development priorities shown in our People and Culture section of this plan are aligned to the seven themes of the workforce strategy for health and social care that developed by HEIW and Social Care Wales.

We recognise that there are some significant workforce issues which we are not going to be able to solve on our own. Through the life of this plan we will continue to work closely with HEIW on these issues.

Saunders Nathan
03/28/2022 14:57:42

PHW, DHCW, Shared Services

Through the relevant professional fora, we have also ensured that the direction of travel articulated for the coming twelve months has been tested with these vital partners.

During 22-23 the Cardiff and Vale local public health team will transfer from sitting within Public Health Wales to Cardiff and Vale UHB, while remaining under the leadership of the Executive Director of Public Health. National and local projects have been set up to make the transfer process as smooth as possible.

Cardiff Capital City Region Partnership

In addition to the plans we are developing with Cardiff University in relation to the Academic Health Science component of the Shaping Our Future Hospitals Programme, we are also rapidly advancing plans as a partner in the Cardiff Capital City Region.

The Cardiff Capital Region is transforming the economy, business landscape and creating potential for inclusive prosperity across the most populous region of Wales. At the heart of the work sits the City Deal which is making a real and enduring difference by:

- Nurturing an inclusive economy where no one gets left behind.
- Fostering and inspiring innovation in our businesses, public services and foundational economies.
- Matching our economic ambitions with progressive social policies.

We are proud to be part of this work as a key stakeholder work across the Healthcare sciences agenda. We are developing plans in partnership with neighbouring Health Boards and Trusts including the development of a regional pathology service. This is linked to the Precision Medicine offer which is anchored by the national Genomics Partnership Wales hub on the Cardiff Edge site.

Cardiff and Vale UHB has been developing plans with key strategic partners to create a precision medicine campus at the Cardiff Edge Business Park located adjacent to Junction 32 on the M4 and in close proximity to the new Velindre Cancer Centre. NHS Wales' precision medicine ambition in the SE region is linked to the Capital City Region's (CCR) vision for diagnostics and advanced therapies through establishing Cardiff Edge as a co-productive environment between industry partners and academia and with the NHS at its heart.

The 3 main components of the precision medicine vision are integrated diagnostics, personalised therapies and data science capabilities. If the vision is realised it will enable earlier detection of disease, improve and improve access to advanced therapies and clinical trials for people in Wales.

The vision for Cardiff Edge is for it to become a key regional life science/diagnostics 'spin out' company incubator site. The SMEs created would then occupy facilities in life science parks which exist within the industry cluster including sites aligned to regional NHS organisations creating jobs across the region.

This precision medicine hub will form part of a wider national infrastructure with precision medicine nodes in both South West and North Wales. It will also have strong links to national HEIs with Cardiff University being a key partner in the South East Wales region.

Saunders,Nenad
03/28/2022 14:57:42

We continue to progress the national Cardiac Physiology Network programme at pace and are taking lessons learned forward with other healthcare science disciplines. This will include the shared vision for the development of a collaborative network across the region in areas such as nuclear medicine

and medical physics ionising radiation services. This work will also be aligned to the development of the radiopharmaceutical production unit at the Imperial Park 5 (IP5) site as part of the Transforming Access to Medicines (TRAMS) programme.

In parallel we are developing plans for a regionally networked smart manufacturing offer for the region which is linked to the CCR's vision is for SE Wales to be internationally recognised as a hot spot for Medical Devices and Diagnostics, with a thriving ecosystem connecting cutting-edge businesses, pulling on world class research to deliver improved healthcare outcomes in the region.

Our Major Capital Infrastructure Programme

Reflecting the direction of travel described in this plan it remains our intention to seek capital investment for range of schemes over the life of this plan.

Many of these schemes will, as described in this plan, form key planks of the UHB's recovery plan and as such, we have ambitions to move on many of these, at pace, during the life of this plan. These proposals will, of course, be subject to business case development and approval and will also be subject to prioritisation against the All Wales Capital Programme. The UHB has already undertaken an internal prioritisation exercise in the light of constrained All Wales and Discretionary capital availability. Given the age and condition of much of the UHB's infrastructure, there are a range of schemes that are becoming increasingly urgent in order to maintain the delivery of care in facilities that are fit for purpose and are able to meet mandatory standards for accreditation.

Our ambition is to develop our community infrastructure on a locality and cluster basis with the development of integrated Locality Health & Wellbeing Centre for each of our 3 Localities and integrated wellbeing hubs on a cluster basis, in line with our Programme Business Case, Shaping our Future Wellbeing in the Community, endorsed by Welsh Government in 2019. There are a number of large, residential developments in construction and planned in the Cardiff local authority area and we are working closely with local authority colleagues to ensure that our service models are integrated and support the diverse needs of our existing and new communities.

Our aim for our hospital infrastructure is to continue to develop UHL as a site for ambulatory, diagnostics and low-risk, routine surgical care as well as rehabilitation and mental health inpatient care. The replacement of UHW is critical to support our long-term strategy the existing infrastructure is failing and much of the current hospital accommodation and departments are no longer fit for purpose in terms of functional layout, environmental suitability or physical condition. This results in poor patient experience, demotivated workforce and inefficiency in terms of service delivery, facilities costs and maintenance overheads. Although a new hospital remains a key priority, we recognise that this is a longer term goal and that an interim masterplan is essential to address and manage some of the most critical infrastructure deficiencies to protect patient safety, enhance patient experience and improve workforce satisfaction and service efficiency.

We have undertaken a detailed prioritisation exercise of our current proposed capital schemes and assessed each scheme based on the extent to which it:

- Addresses a critical mandatory, statutory or accreditation standard(s) in particular those relating to health & safety
- Provides critical capacity or capability to essential services and/or service recovery plans
- Supports the delivery of a regional or national service priority
- Meets our strategic priorities in supporting and enhancing the delivery of integrated community, primary care and social care services and moving care closer to our communities

Saunders,Nathan
03/28/2022 14:57:42

- Delivers against the priorities described in the Wales Programme for Government

We would welcome further conversations with Welsh Government on how best we can work together to take forward plan these as we are acutely aware of the constrained position which will exist regarding central capital funds over the life of this plan

The tables below provide an overview of the current position of schemes across both our acute and community estate.

Major Capital Schemes in Construction

Acute Infrastructure

Scheme (Total Capital value)	Current Status	Spend Plan 22-23
Genomics – development of Phase One of Precision Medicine Institute for Wales. Joint infrastructure scheme with NPHS – critical enabler for national Genomics strategy at Coryton site.	FBC approved by WG – Formal approval 07/09/2021 Commenced on site – 10/01/2022 Total scheme cost £15.2m	£12.535m
UHL Engineering Infrastructure to address single electrical point of failure and oxygen storage capacity	Funding approved by WG 05/10/2021 Total scheme cost - £5.875m	£4.362m
UHL Endoscopy Expansion – expanding existing suite by 2 additional theatres to address capacity deficit	BJC approved by WG –18/01/2022 formal approval Revised capital cost of £6.688m	£5.629m

Community Infrastructure

Scheme (Total Capital value)	Current Status	Spend Plan 22-23
Interim SARC @ CRI to address immediate accreditation & accommodation issues £681k 2021-22 (plus £30k equipment) £340k 2022-23	Funding approved by WG 02/09/2021 Construction commencement Oct 2021 Contract completion March 2022	£0.34m
Maelfa Wellbeing Hub Development to support locality based services closer to home, support Cluster plans and essential to replace inadequate GP and Heath Centre facilities in line with RPB and UHB strategic priorities.	FBC approved by WG – 15/01/2021 Construction – completion scheduled Oct-22.	£2.584 m

Saunders,Nathan
03/28/2022 14:57:42

Major Capital Business Cases in Development

Acute Infrastructure

Scheme (Total Estimated Capital value)	Current Status	Spend Plan 22-23
Hybrid/Vascular & Major Trauma Theatre – UHW Scheme critical to support regional service collaboration for SW MTC and SE Wales Vascular surgical centralisation.	OBC approved – 21/01/2022 FBC in development and submission to WG planned – Q3 2022 Total cost est: £33.5m	£0.503m (fees only)
UHL – CAVOC theatres - 2 replacement day case Ortho theatres @ UHL – incl laminar flow & IP&C works for 2 theatres in main CAVOC – critical to increase planned capacity	SOC approved 25/03/2021 – approval of fees 16/12/2021 OBC in development and submission to WG planned – Q3 2022 Total cost est: £11.8m	£0.350m (fees only for OBC)
Dental Block Main Electrical Distribution Replacement – to address significant risk of potential electrical infrastructure failure	In house design progressing from Jan 2022 to inform BJC for submission in 2022 –23 Total cost est: £1.5m	£0.050m (fees for BJC)
UHW Tertiary Tower Electrical infrastructure – essential works	BJC due for submission to Board Q1 2022 Total cost est: £2.2m	£0.050m (fees for BJC)
UHW Lift Refurbishment Programme to address urgent replacement due to increasing breakdowns	BJC due for submission to Board Q1 2022 Survey works commenced Total Cost est: TBC	£0.050m (fees for BJC)
Mortuary Refurbishment – UHW- HTA essential statutory compliance only at UHW	Carried forward from 2021-22 BJC in development Total cost est: £2m	£0.050m (fees for BJC)

Community Infrastructure

Scheme (Total Estimated Capital value)	Current Status	Spend Plan 22-23
Wellbeing Hub Penarth	Original scheme under review due to changing requirements of Local Authority	£TBC
Wellbeing Hub Ely (Park View) Essential scheme for providing alternative essential GP capacity to replace lost Health Cantre facilities and meet local primary care needs in line with RPB and UHB strategic priorities	OBC due for submission to Board Q2 2022 Est Cost £21.4m	£TBC
SARC - Regional Hub – Modernised facilities to meet accreditation standards and support to the provision of transferred acute forensic	SOC approved	£TBC

Saundersfoot Plan 03/28/22 14:07:14

SARC services from Risca and Merthyr SARCs as agreed through national programme. Scheme includes re-provision of Community Drug and Alcohol service & accommodation for Locality Mental Health Teams and services	OBC – submission to Board planned for May 2022. Total cost est: £45.8m	
Health & Wellbeing Centre – CRI The development of this facility is critical to the provision of an integrated Health and Wellbeing Centre for Cardiff South and East as endorsed in the PBC Shaping Our Future Wellbeing in Our Community	OBC (progressing at risk) – submission planned for May 2022 £133m (phased over 10 years)	£TBC
CRI – Safeguarding Works (including MEP)	FBC (progressing at risk) – submission planned for November 2022	£TBC

Major Capital Infrastructure Priority Requirements

The tables below outline the critical enabling or essential compliance schemes that have been rolled over from previous years or arisen as key priorities through the IMTP development process.

Acute Infrastructure

Scheme	Current Status	Spend Plan 22-23
BMT – Haematology Ward & Day Unit UHW Very urgent accreditation requirement ***Advanced Cell Therapy Inpatient beds*** – specialist inpatient capacity to deliver novel nationally commissioned service ***Acute Oncology Unit UHW*** – essential capacity to deliver integrated service for acute oncology patients (jointly provided with Velindre Trust)	• Carried forward from 2021-22 • Prioritised scheme • High risk due to the existing facilities not meeting current JACIE Standards and commitment given to accreditation body to identify a deliverable scheme in 2019. • Current proposal to redevelop UHW outpatients footprint for BMT facility – dependant of outpatients moving to Lakeside (see Lakeside Wing Enabling Scheme below) • High Level feasibility test for fit undertaken by Capital & Estates Team.	Fees only
Critical Care UHW – Essential environmental refurbishment and core expansion to meet current and future demand	• Carried forward from 2021-22 • Prioritised scheme • High Level feasibility test for fit undertaken by Capital & Estates Team.	Fees only
Lakeside Wing Enabling Scheme – Enabling Work to Accommodate: - Transfer of UHW outpatients - Accommodate Fracture Clinic (from UHL) - Provision of Winter/Flex beds	• Prioritised scheme • High-level feasibility work as part of UHW Interim Masterplan	£TBC

Saunders.Nathan 03/28/2022 14:57:42

Repatriate Cardiothoracic Services back to UHW from UHL – critical to deliver sustainable service model • Move ward back to C5 • CITU back to CITU (needs cubicles) • Re-provision of pacing theatre facility	• Prioritised scheme • High level feasibility work as part of UHW Interim Masterplan • Enabling works required to repatriate • Feasibility work not yet undertaken	£TBC
Neurology OPD & Day Case Treatment Unit - Required to repatriate services displaced during COVID surges in 2020. Current arrangement significantly impacting on IP capacity	• Prioritised scheme • Enabling works required to repatriate • Feasibility work not yet undertaken	£TBC
UHW Foul Drainage Replacement of cast iron drainage which has blocked and degraded causing frequent effluent leakages into clinical areas	• Prioritised scheme • Enabling works required to repatriate • Feasibility work not yet undertaken	£TBC
UHW Electrical Infrastructure Replacement Distribution cabling and switchgear is over 50 years old and inadequate to support existing demand and switchgear replacement parts are obsolete	• Prioritised scheme • Enabling works required to repatriate • Feasibility work not yet undertaken	£TBC

The schemes above are critical to the delivery of safe and efficient patient care and are in line with the UHB's strategy. It is essential that the UHB is able to make progress in the development and implementation of these schemes during this IMTP period. We recognise however, that capital availability is seriously constrained and all the above will need to be subject to discussion and scrutiny from Welsh Government colleagues.

Essential Major Capital Schemes in the UHB's 10 Year Programme

The UHB's interim master planning work for UHW/UHL has also identified that following schemes as critical over the next 3-10 years and although a number would be highly desirable sooner, it is recognised that interim work-arounds may need to be found.

Acute Infrastructure

Scheme	Current Status	
UHW – Critical Air Handling Replacement Much of UHW's plant serving high risk areas does not meet current HTM standards	• Prioritised by Capital & Estates Leads through IMTP process • Feasibility work not yet undertaken	
Refurbish SAU - Create a 20-bed short stay ward to provide	• Prioritised by Operational Leads through IMTP process	

Saunders-Kirkwood 03/28/2024 14:07:17

dedicated regional vascular ward on B2.	• Feasibility work not yet undertaken	
UHW ED/MAU – Interim Esstential Clinical Space reconfiguration to enble essential quality, safety and flow improvements.	• Prioritised by Operational Leads through IMTP process • Feasibility work requires further development	
Fourth Catheter Lab - UHW conversion of existing facility to meet continuing increase in predicted demand	• Identified by Operational Leads through IMTP process	
Twin Cataract Theatres (modular) Essential to meet recovery plans	• Proposal to re-provide the mobile theatres – currently situated for 1 year at UHW. • To be reviewed as part of Regional Ophthalmology Programme	
Day Return Unit – UHL Critical Enabler to support Virtual Ward & @Home model	• Prioritised by Operational Leads through IMTP process • Feasibility work not yet undertaken	
UHW Theatre - Do minimum Refurbishment to address significant inadequate and obsolete plant and modernisation requirements – essential works only	• Carried forward from 2021-22 • BJC yet to commence	
Hyper Acute Stroke Unit Facility - UHW	A work programme and service model for the UHB is required. This will need to be incorporated in the planning programme for the proposed development of a regional stroke network with CTM UHB.	No costs until regional model confirmed

Similarly, the UHB, working alongside Local Authority partners seeks to progress the development and delivery of the following community-based schemes over the next 3-10 years and although a number would be highly desirable sooner, it is recognised that interim alternative solutions may need to be found with our partners.

Community Infrastructure

Scheme	Current Status	Spend Plan 22-23
Health & Wellbeing Centre – North Cardiff (Whitchurch Hospital site) Development of an integrated locality facility the North Locality	Carried forward from 2021-22 Internal engagement commenced to develop integrated service output specification with all key stakeholders supported by external healthcare planners utilising 2021-22 slippage funding. Wider stakeholder and public engagement will be required.	
Health & Wellbeing Centre – Barry	Carried forward from 2021-22	

Saunders Lewis
03/28/2022 13:57:42

(Barry Hospital site) Development of an integrated locality facility the Vale Locality	Internal engagement commencing to develop integrated service output specification with all key stakeholders supported by external healthcare planners utilising 2021-22 slippage funding. Wider stakeholder and public engagement will be required.	
Wellbeing Hub and Integrated Community Children's Facility @ Michaelston (W Cardiff)	Carried forward from 2021-22 Potential collaborative scheme with Local Authority and developer to utilise s.106 funding for the provision of integrated community and primary health & social care facilities as part of residential development – in progress. Wider stakeholder and public engagement will be required prior to development of facilities plan – likely to progress through local authority capital programme in order to secure long lease arrangement for use of facilities.	
CHC Paeds Respite Centre for Cardiff & Vale	Carried forward from 2020-21 External healthcare planner support, utilising 2021-22 slippage funding, secured to develop BJC for a new Respite Centre to replace lost services in the private sector – public and wider stakeholder engagement commencing. CAW leading with capital & estates team support.	
Wellbeing Hub @ Lisvane (NE Cardiff)	Carried forward from 2021-22 Proposed collaborative scheme with Local Authority and developer to utilise s.106 funding for the provision of integrated community and primary health & social care facilities as part of residential development – on hold – lack of planning resource	
Wellbeing Hub @ Plasdwr (W Cardiff)	Carried forward from 2021-22 Proposed collaborative scheme with Local Authority and developer to utilise s.106 funding for the provision of integrated community and primary health & social care facilities as part of residential development – on hold – lack of planning resource	
Locality Transition Ward Facilities - TCU @ Barry - TCU @ St David's Hospital	• Prioritised by Prioritised by Operational Leads through IMTP process • Critical enablers to support intermediate care and @Home model • Feasibility testing yet to commence.	

The above schemes feature on the UHB's high-level 10 year capital programme plan, along with some other critical infrastructure maintenance schemes and others as service business cases mature, but it is recognised that the development and implementation of these proposals will be subject to Welsh Government prioritisation and capital availability.

Saunders-Nathan
03/28/2022 14:57:42

Good Governance

Plan Development

Engagement during the production of this plan took place with the Local Partnership Forum, Cardiff & Vale Community Health Council and our Strategic Reference Group (SRG). We also tested the development of the plan with the Strategy and Delivery sub-committee of Board.

Plan Implementation

As set out earlier in this document or approach to plan delivery is all underpinned by robust internal programme governance arrangements.

In the last quarter of 21-22 a 'Change Hub' within the organisation was fully established. This will provide a key resource to the progression of much of this work and bring rigour to the tracking of progress and implementation of benefits.

Following feedback from Audit Wales we are reviewing our arrangements for reporting on plan progress to our Board. We will look to have these new arrangements in place in time for the Board to consider progress at the end of Qtr 1 22-23. It will be vital that these reporting arrangements look to provide a holistic picture for our Board and other stakeholders as to the progress we are making on implementing this plan. Consequently, we will look to implement an approach to our reporting which draws alignment between- our operational performance, our strategic outcomes, our service developments, our finances, workforce and quality / safety and patient experience indicators.

Finally, we have looked to act on feedback from previous plans on being more overt in the actions we are committing to. Consequently, we have provided a summary infographic at the end each major section of this plan which shows our key actions and milestones we are looking to deliver on.

Wider Governance

We have a Board Assurance Framework (BAF) embedded and reported to each Board to maintain oversight of strategic risks. We currently have ten strategic risks (set out earlier in this document. The Audit Committee will review and have oversight of governance and risk arrangements to ensure these remain robust.

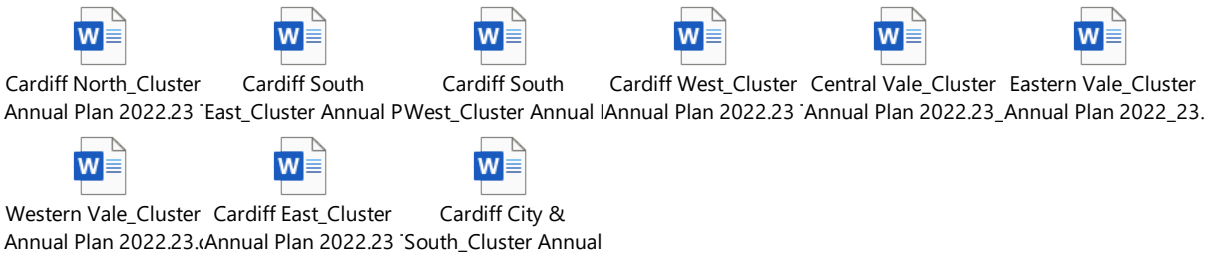
The risk appetite of the organisation was reviewed and approved by board in May 2021- moving from "cautious" to "seek" ("seek" defined in BAF as "eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk")).

Regarding Covid-19 we recently stood back up governance arrangements to reflect operational pressures whilst preparation has been ongoing, and will continue during the life of this plan in regard to any UK and/or Welsh Covid-19 inquiries. We have already appointed a Covid-19 archivist, created a centralised UHB repository and developed a full data catalogue and timeline of Covid-19 events.

Saunders.Nathan
03/28/2022 14:57:42

APPENDICES

Annex 1: Cluster Plans



Saunders,Nathan
03/28/2022 14:57:42

Overview of alignment of Cluster plans to UHB priorities for 22-25

UHB Priority / Cluster	workforce and OD development and design	Addressing the top burdens of disease	Our digital Infrastructure	shift towards a system focusing on prevention	Physical Infrastructure	Integration with Community Services	system renewal and redesign	continued Covid-19 response	Collaboration with partners
City & South	Practice Manager Forum development forum	Diabetes MSK Capacity MH Services				Frailty	Urgent Primary care model A focus on health inequalities		
East	Practice Management Support	Population health- focus on smoking & alcohol MH services					urgent Primary care model Accelerated cluster MDT working	Post covid follow up	
North						Frailty	Accelerated cluster MDT working		Advanced paramedic practitioner attached to cluster
South East	Practice Management Support	Diabetes MH Services					A focus on health inequalities- asylum seekers urgent Primary care model		
South West			My Surgery App ViPC Recite Me-Digital Inclusion & Accessibility	Health promotion workshops					
West			AccuRx+				A focus on population health		
Central Vale		MSK Capacity MH Services	My Surgery App Summarizing & Clinical coding Flu Booking Platform				An urgent Primary care model		
Eastern Vale		MSK Capacity MH Services				Frailty	urgent Primary care model		
Western Vale		MSK Capacity MH Services					urgent Primary care model		

Saunders, Katherine
03/28/2022 14:47:44

Care and Support Needs

Individual

- **People's independence** must be maintained and facilitated within decisions for care and support, employment and accommodation. Any such decisions should be based on **consultation and co-production** with the person they affect

Community

- **Social isolation** was identified in the 2017 PNA and has been exacerbated for many due to COVID-19, with far-reaching consequences for physical and mental health and well-being
- **Holistic approach to physical and mental health**, which includes improved access to services including **reduction in waiting lists**
- **Information provision**; many people were unaware of support available to them and would benefit from increased signposting

Care and Support Needs

Wider determinants

- **Employment (paid or voluntary)** was desired by many – to improve personal finances, as well as to provide a **sense of purpose, reduce isolation**, and to help **protect people's mental health and well-being**
- **Housing and accommodation** needs to be available, accessible, safe, and supportive of what matters most to the individual, for example, an enabling employment. Prevention and early help for homeless people needs to be enhanced
- **Inequalities** were discussed in all chapters, especially in terms of socio-economic deprivation, access to services, and health outcomes. **COVID-19 has had a disproportionate impact** across the population, in part due to pre-existing inequalities in the social determinants of health that have been exacerbated by COVID-19 and restrictions

Range and level of services required

Assets to support well-being

- Individual sources of support across all groups included friends, families, and hobbies
- Local community support like community groups, neighbours, and community-based organisations including religious places of worship, choirs, and places to exercise
- Local authority, NHS, and third sector services (both on a national and local footprint) were praised throughout engagement work
- **People with lived experience** providing peer support (face to face or online) or as service providers were identified as important assets; and supported the need for inclusive recruitment across all sectors
- Service users, professional leads, and providers identified the need for **sustainable funding** of statutory and third sector organisations to maintain and develop their services

Range and level of services required

Prevention

- The following were identified as being able to prevent needs arising or escalating, and may facilitate improved outcomes for people:
  - **Healthy behaviours** such as physical activity to improve mental well-being and prevent falls
  - **Early identification, diagnosis, and intervention** to support people at the right time, and promote better outcomes
  - **Social support**, including maintenance of a social role, and digital inclusion
  - **Advocacy** to enable people to express their views and wishes
  - Care focussed on **delivering services as close to people's homes** as possible

Range and level of services required

Partnership approach

- Many respondents to engagement work did not ask for traditional care and support services, but identified that their needs could be met through:
  - **Supportive employers and access to education**, through provision of reasonable adjustments and inclusive recruitment, for example
  - **Accommodation** provision which gives individuals choice, including over location, and supports independence
  - A **welcoming community and an enabling wider environment**. People considered their communities as assets, but improvements remain to be made to increase awareness of the needs of others. For example, considerate use of public spaces for disabled people; bystand awareness of violence against women and domestic abuse; and accessible transport option

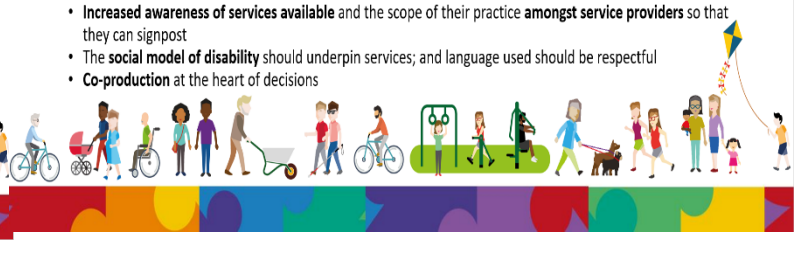
Saunders
03/28/2022 12:42:20 PM
1:351-42

Range and level of services required

Community services

A whole system approach to care and support provision should prioritise:

- **Continuity of care**: for example, in transition from children's to adult services; between NHS services; between prison services and health and local authority services following release; leaving military service; and joined up services between public, private and third sector providers for a "seamless" experience for service users
- **Equitable, accessible, and inclusive services**, where **access is tailored to the individual**. For example, through interpreter provision; letters provided in large print; offering choice of face to face, telephone, or online services; and culturally sensitive services
- **Timely** access to high quality care and support services
- **Respite care** provision which is flexible and accessible to those who need it
- **Increased awareness of services available** and the scope of their practice **amongst service providers** so that they can signpost
- The **social model of disability** should underpin services; and language used should be respectful
- **Co-production** at the heart of decisions



PRIORITY MEASURES – PHASE ONE						
POPULATION HEALTH						
	Priority Measure	**Target**	**Reporting Frequency**	**Source**	**Executive Lead**	**Baseline**
1	Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All Wales Weight Management Pathway	Annual improvement	Annual	All Wales Weight Management Pathway Monitoring Form (Welsh Government)	DOPH	Current systems don't enable this data collection as paper records to date. L3 service now on Paris but not yet able to extract outcome data - database development needed. L2 and children - data collection systems available from April 2022; however, weight is not routinely collected in virtual clinics (patients not comfortable weighing at home; home scales may not be suitable; cannot guarantee robustness of data)
2	Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway	Evidence of improvement	Quarterly	Organisational Qualitative Monitoring Return (Welsh Government)	DOPH	Report due for submission to WG at end of March 2022. Embedded slide shows service areas developed / in progress pathway21+summary.pptx
3	Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally	A 5% prevalence rate by 2030	Quarterly	National Survey for Wales	DOPH	Baseline: 14% Cardiff and Vale of Glamorgan (National Survey for Wales 2019-2020) Trajectory: Reduction in Smoking Prevalence, 5% by 2030 2023 12% 2024 11% 2025 10%
4	Percentage of adult smokers who make a	5% annual target	Quarterly	Smoking Cessation Services Data	DOPH	Baseline: 2.2% Cardiff and Vale of Glamorgan

Saunders.Nathan2@wales.nhs.uk
03/28/2022 14:57:17

	quit attempt via smoking cessation services			Collection (Welsh Government)		(PHW/CVUHB/NWISS 2020-2021) Trajectory: Increase in the percentage of adult smokers making a quit attempt via smoking cessation services 2023 2.5% 2024 3% 2025 3.5%
5	Qualitative report detailing the progress of the delivery of inpatient smoking cessation services and the reduction of maternal smoking rates	Evidence of Improvement	Quarterly	Organisational Qualitative Monitoring Return (Welsh Government)	DOPH	**In-patient Smoking Cessation Service** Baseline: CVUHB have an established hospital in-house Smoking Cessation Service for patients and staff. Working to progress a more integrated model of service delivery with Help Me Quit and Enhanced Services, Community Pharmacy. To establish a baseline of the number of in-patients, smoking on admittance and accepting a referral to smoking cessation services Trajectory: Increase in number of in-patients systematically recorded as smokers (from the baseline) and referred to in-house Smoking Cessation Services **Reduction of Maternal Smoking Rates** Baseline:10% of Pregnant Women smoking on booking 25% of pregnant women on booking, accepting a referral to Smoking Cessation Services (CVUHB, 2020-2021**)** A MAMSS Programme has been implemented to increase the number of pregnant women who smoke, accepting a referral to the Midwifery Support Worker and HMQ services Trajectory: To reduce the number of pregnant women smoking on booking and increase the numbers accepting a referral to Smoking Cessation Services

Saunders,Nathan
03/28/2022 14:57:42

						2023 9% Smoking at Booking 2024 8% Smoking at Booking 2025 7% Smoking at Booking 35% of Pregnant Women who smoke accepting a referral to Smoking Cessation Services 2023 45%, 2024 50% 2025
CARE CLOSER TO HOME						
Priority Measure		**Target**	**Reporting Frequency**	**Source**	**Exec Lead**	**Baseline and Trajectory**
6	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	4 quarter improvement trend, towards an annual increase of 10% from baseline data	Quarterly	Primary Care Information Portal	COO PCIC CB	2018-2019 – 41.58% (All Wales 43.02%) NB. Can't tell age of patients from Portal Data
7	Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months: ❖ Blood pressure reading is 140/80 mmHg or less	1% annual increase from baseline data	Annual	National Diabetes Audit	COO PCIC CB	2018-2019 – 30.28% (All Wales 33.35%) NB. Can't tell age of patients from Portal Data

Saunders Mathian
03/28/2022 14:57:42

	❖ Cholesterol values is less than 5 mmol/l (<5) ❖ HbA1c equal or less than 58 mmol/mol or less					
INFECTION PREVENTION AND CONTROL						
8	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Health Board specific target	Monthly	Public Health Wales	DON	Target < 125 (2018/2019) Acc. Actual 119 (Dec 2021); 33% above
9	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E-coli; S.aureus bacteraemias (MRSA and MSSA) and; C.difficile	Health Board specific target	Monthly	Public Health Wales	DON	Target < 618 (2018/2019) Acc. Actual 460 (Dec 2021); 4% above
SIX GOALS OF URGENT AND EMERGENCY CARE						
Priority Measure		**Target**	**Reporting Frequency**	**Source**	**Exec Lead**	**Baseline and Trajectory**
10	Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPPC models)	Increase by April 2023	Quarterly	Manual Data Collection (Welsh Government)	COO PCIC and Medicine CBs	1 x UPCC in Vale

Supporting Document - 03/12/2021 11:51:42

11	Percentage of total conveyances taken to a service other than a Type One Emergency Department	4 quarter improvement trend	Quarterly	WAST – Ambulance Quality Indicators	COO	Waiting for WAST who are in discussions with NCCU regarding performance reporting for this measure
12	Qualitative report detailing progress against the Health Boards' plans to deliver a Same Day Emergency Day Care Service (12 hours a day, 7 days a week) across all acute sites	7 day a week, 12 hours a day Same Day Emergency Care across 100% of acute sites by April 2025	Quarterly	Organisational Qualitative Monitoring Return (Welsh Government)	COO UHW MD	MEACU – 5 days per week Surgical SDEC – TBC
13	Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission	4 quarter reduction trend	Quarterly	Admitted Patient Care	COO Medicine, Surgery and Specialist CBs	Jan 2022 – 808 NB. LHBs and DHCW currently resolving data issues regarding this measure.
14	Percentage of total emergency bed days accrued by people with a length of stay over 21 days	4 quarter reduction trend	Quarterly	Admitted Patient Care	COO Medicine, Surgery and Specialist CBs	Jan 2022 – 60.2% NB. LHBs and DHCW currently resolving data issues regarding this measure.
ACCESS TO TIMELY PLANNED CARE						

Saunders,Nathan
03/28/2022 14:57:42

Priority Measure		Target	Reporting Frequency	Source	Exec Lead	Baseline and Trajectory
15	Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national target of zero by 2024	Monthly	Referral to Treatment (combined) Dataset	COO	2002 (Dec 2021) March 2022 forecast – 2,722
16	Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national target of zero by 2026	Monthly	Referral to Treatment (combined) Dataset	COO	4330 (Dec 2021) March 2022 forecast – 6,263
17	Percentage of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026	Monthly	Referral to Treatment (combined) Dataset	COO	55% (Dec 2021) March 2022 forecast – 44.5%
18	Number of patients waiting over 104 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 104 week waits by July 2022	Monthly	Referral to Treatment (combined) Dataset	COO	2199 (Dec 2021) March 2022 forecast – 4,646
19	Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by October 2022	Monthly	Referral to Treatment (combined) Dataset	COO	12645 (Dec 2021) March 2022 forecast – 15,411

Satinder.Nathan
03/28/2022 14:57:42

20	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	A reduction of 30% by March 2023 against a baseline of March 2021	Monthly	Outpatient Follow-Up Delay Monitoring Return (Welsh Government)	COO	March 2021 – 49,862 Target = 34,903 42,720 (Dec 2021)
21	Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026	Monthly	Diagnostic & Therapies Waiting Times Dataset	COO Medicine CB	1982 (Dec 2021) *Reportable Endoscopies* March 2022 forecast – 1413
22	Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 75%	Monthly	Suspected Cancer Pathway Data Set (NDR – DHCW)	COO AMD Cancer All CBs bar medicine	March 2022 forecast – 65.8%
WORKFORCE						
Priority Measure		**Target**	**Reporting Frequency**	**Source**	**Exec Lead**	**Baseline and Trajectory**
23	Agency spend as a percentage of the total pay bill	12 month reduction trend	Monthly	Financial Monitoring Returns (Welsh Government)	DOPC	Year to date at Feb 2020: 1.9% YTD Feb 2021: 1.9% YTD Feb 2022: 2.9% Data provided by Finance, from the Financial Monitoring Return submitted to Welsh Government every month
24	Overall staff engagement score	Annual improvement	Annual	NHS Wales Staff Survey	DOPC	2016: 3.64% 2018: 3.83%

Saunders.Nathan1
03/28/2022 11:51:42

						2020: 3.70%
25	Percentage of staff who report that their line manager takes a positive interest in their health and well-being	Annual improvement	Annual	NHS Wales Staff Survey	DOPC	2018: 68% 2020: 63%
26	Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%	Monthly	Electronic Staff Record (ESR)	DOPC	71.07% (Mar-21) 72.43% (Jan-22)
27	Percentage of sickness absence rate of staff	12 Month Reduction Trend	Monthly	Electronic Staff Record (ESR)	DOPC	Feb 2021: 5.79% April 2021 (lowest point in last 12 months): 5.36% Feb 2022: 7.12% Sickness rates rose steadily between April and October, but have come down slightly since then. The February rate is 7.12%. (these figures are sickness only and do not include COVID self-isolation without symptoms or those staff who may continue to shield due to individual circumstances. The top 5 reasons for absence for the past 12 months are; 'Anxiety/stress/depression/other psychiatric illnesses', 'Chest & respiratory problems', 'Other musculoskeletal problems', 'Other known causes - not elsewhere classified' and 'Cold, Cough, Flu – Influenza'.
28	Percentage headcount by organisation who	85%	Monthly	Electronic Staff Record (ESR) &	DOPC	PADR/VBA:

Saunders,Nathaniel
03/28/2022 10:39:13

	have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)			Medical Appraisal & Revalidation System (MARS)		Feb 2020: 50.07% Feb 2021: 33.84% Feb 2022: 31.53% appraisals on MARS system (including dentists): *N.B. The GMC suspended revalidations in March 2020 although staff were able to have an appraisal during this time if they wished. The appraisal process was formally restarted from 1st April 2021. The numbers of completed appraisal is now approaching pre Covid levels.*

Secondary Care	As at 01/02/2020	01/02/2021	01/02/2022
Non training staff in post	1088	1122	1174
Appraisals completed	633	356	638
% of appraisals completed	58%	31%	54%
GPs	As at 01/02/2020	01/02/2021	01/02/2022
Staff in post	452	476	464
Appraisals completed	371	110	397
% of appraisals completed	82%	23%	85%

Saunders,Nathan
03/28/2022 14:37:42

DIGITAL AND TECHNOLOGY						
	Priority Measure	**Target**	**Reporting Frequency**	**Source**	**Exec Lead**	**Baseline and Trajectory**
29	Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes	Evidence of activity undertaken to embed a Value Based Health Care approach (as described in the reporting template)	Every Six Months	Organisational Qualitative Monitoring Return (Welsh Government)	? DOSP and DOF	The UHB has established Innovation & Improvement teams supporting Clinical Boards with project management, pathway redesign and efficiency opportunities. The UHBs dedicated Costing, Benchmarking and Value finance team also supports the agenda, with business intelligence, analysis and evaluation work and they continue to support the UHB in finalising its baseline position.
ECONOMY AND ENVIRONMENT						
30	Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	16% reduction in carbon emissions by 2025 against the 2018/19 NHS Wales baseline position	Annual	Organisation Level Emission Return	DOSP and DOF	2023 – All NHS Decarbonisation due in 2023 actions showing compliance 2024 - >10% reduction in carbon emissions from a 2018 baseline (as per NHS Wales Decarbonisation strategy) 2025 - > 16% reduction in carbon emissions from a 2018 baseline (as per NHS Wales Decarbonisation strategy)
31	Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan	Evidence of improvement	Every Six Months	Organisational Qualitative Monitoring Return (Welsh Government)	DOSP and DOF	Sustainability Action Plan provides detailed baseline position.

Satinder.Nahal
03/29/2021 14:57:42

32	Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme	Delivery of Foundational Economy initiatives and/or evidence of improvements in decision making process	Every Six Months	Organisational Qualitative Monitoring Return (Welsh Government)	DOSP and DOF	We continue to finalise our baseline position so that we work from a robust and truly measurable position.

Saunders,Nathan
03/28/2022 14:57:42

Theme 1 Seamless Workforce Models

Ambition	Context
To deliver a seamless, co-ordinated approach to health and social care by supporting multi-professional and multi-agency working and the development of alternative workforce models	We will support the integration of Health and Social Care and the re-balancing of services and workforce between secondary and primary care by fostering a culture of inclusion and belonging and working closely with partners in social care, independent contractors/clusters, service users, voluntary and independent sectors and supporting the contributions of a wider workforce including unpaid roles (carers and volunteers).

Benefits	Challenges
• better patient outcomes and experience • Breaking down boundaries • Reduce waste, harm and variation • improved ways of working • Integrated workforce planning, OD • engaged and motivated workforce	• embracing new ways of working • developing existing roles, building new/advanced roles, skills and capabilities in new areas • enabling people to work at top of scope of practice • providing a climate for innovation, creativity & drive • harness the right skills in right number, at right time • building a digital ready workforce

Objectives	Key Deliverables / Timeline
• A common purpose and outcomes • A seamless workforce framework • OD programmes to support workforce engagement, leadership development • Lead the strategic and operational workforce and OD plan for the Strategic Plan for Primary Care & Together for Mental Health • Implement workforce models to support MDT /integrated working • New and advanced/extended role pathways • Harmonised, integrated T&Cs, governance and learning, education & development	• understand the strategic plans based on population health needs assessment and define the workforce requirements – outline 04/22 • translate the workforce models being developed through Regional Partnership Boards into a good practice guide for integrated working – 2022-2025 • develop a Seamless Workforce Framework to agree strategic workforce goals and objectives 2022-2025 • Develop OD programme with LA partners, MH and Primary Care 2022-2025 • develop multi-professional workforce plans to support implementation of the primary and community care workforce model and Together for Mental Health • identify opportunities for advanced/extended and new roles • Develop a clear integrated competence and capabilities framework for extended skills and advanced practice across professional groups • Implement and embed harmonised governance, regulation and registration arrangements to facilitate multi-professional working

Stakeholders
Local Authorities, Regional Partnership Board, Clinical Boards, Independent Contractors/Clusters, Service Users and Carers

Risks to Delivery	Measures for Success	
• Culture change • Changed policy, processes, systems • Resources to support delivery • Engagement, commitment • Capacity, capability, resilience	• Reduced non contracted pay • Enhanced Staff H&WB • integrated/enhanced roles • Staff engagement index	• Delivery against workforce plans • Integrated T&Cs • Reduction vacancies and turnover • Reduced sickness

Saunders, Alaina (NHS)
03/28/2023 7:03:54 AM

Annex 4: Our detailed workforce objectives and actions

Theme 2 Engaged, Motivated and Healthy workforce

Ambition	Context
To have a workforce that feels valued and supported wherever they work	It is important that our staff are engaged and supported in respect of their own health and wellbeing. Research repeatedly shows that measures of engagement go together with higher performance. Patient's satisfaction has been shown to be higher in organisations with better ratings for staff health and wellbeing

Benefits	Challenges
• Engaged workforce with better patient outcomes • Improved engagement score • Increased participation on training / surveys • Reduced sickness • Improved retention rates	• Staff are feeling exhausted and experiencing burnout • To ensure that the existing communication channels are enabling our staff to be involved and informed of training, how to participate in surveys and how they can have a voice • Staff have stepped into new roles at short notice without support and training • Staff time to be released for training interventions and to recognise others to nominate for awards

Objectives	Key Deliverables / Timeline
• Update the engagement framework • Develop a wellbeing strategy & plan • Develop coaching and team development • Focus on communications – training & channels • Promote and embed UHB values & behaviours • Staff Surveys (NHS Wales, MES, Pulse, Wellbeing)	• Produce a framework document, with roadmap, project plan and key deadlines, 03/22 • Develop a strategic paper and project plan for Health and Wellbeing 2022-23 • Create an academy which incorporates coaching and team development, 03/22 • Provide training in coaching skills for managers, 12/23 • ILM accredited centre (coaching and leadership and management qualifications), 03/24 • Offer team development initiatives to improve relationships and morale. • provide specific communications training and look at how this is incorporated into all training i.e. leadership and management to improve their skills • Look at channels of communication and explore strategies to reach all staff and provide education, 09/22 • Revisit and promote values & behaviours framework, 09/22

Stakeholders
Clinical Boards, Health Intervention Team, Employee Health and Wellbeing Service, LED, Trade Unions, HEIW

Risks to Delivery	Measures for Success
• Capacity (workload) and skills of key stakeholders • Funding • Engagement of staff • Timelines and structure of All Wales Staff Survey is determined via HEIW	• NHS Wales staff survey / local pulse survey • Medical Engagement Survey • Wellbeing Surveys/HIT reviews • Reduced sickness absence and reasons for sickness • Reduced turnover • Staff benefits

Theme 3 Attract Recruit and Retain

Ambition	Context
To attract, recruit and retain high quality and diverse candidates to work at Cardiff and Vale	High quality, compassionate care is dependent on recruiting & retaining individuals with the right skills, abilities & experiences. This is increasingly difficult due to service pressures and staff resilience brought by the Pandemic. There is a shortage of suitable candidates in many professions, which requires us to think differently about how we attract and recruit new staff. However, we cannot just depend on bringing new people into our workforce and need to improve how we retain, manage and develop our its existing staff.

Benefits

- Improved planning (whole system)
- Improved reputation
- Inclusive recruitment
- Improved staff experience
  Retention of knowledge, skills and experience
- Improved patient experience and outcomes

Challenges

- Large scale vacancies in a number of professions
- High vacancy levels across UK labour market (1.1m)
- Turnover in some staff groups are higher than national average
- High competition from neighbouring Health Boards and other Health /Care employers
- High reliance on Bank and Agency

Objectives

- Develop branding for the UHB's job advertising and career promotions
- Promote NHS careers
- whole systems approach for temporary staffing across multiple professions and roles
- Identify and attract new sources of recruitment
- Review and adapt recruitment processes within NWSSP parameters
- Develop and implement an action plan to improve staff retention.

Key Deliverables / Timeline

- Work with Media resources to develop a specific brand for promoting UHB's job opportunities, 03/22
- Develop and implement an annual recruitment event calendar, 01/22
- Review TSO and implement improvements identified (03/22). SOP to be in place by 03/23
- Merge staff banks following full implementation of Allocate Health Roster
- Maximise apprenticeship opportunities within UHB (to include clinical apprentices). Widen work experience opportunities, 03/22
- Identify opportunities to fast track part of the recruitment process for specific schemes. Review processes from applicant perspective , 03/22
- R improve exit questionnaire/interview response. Introduce starter questionnaires, 03/22

Stakeholders

NWSSP, community groups / sectors, Medacs, Job centre plus
Clinical Boards, staff

Risks to Delivery

- Job evaluation requirements
- perception of NHS roles
- Resources
- Parameters of all-wales processes
- Workforce supply
- Staff engagement

Measures for Success

- Improved turnover rates
- Reduction in variable and non-contracted pay bill
- Time taken to recruit
- Number of appointed candidates
- Reduction in vacancy rate
- Increased diversity in our workforce

03/12/2021 08:52:42

Theme 4 Building a Digitally Ready Workforce

Ambition	Context
To have a workforce that is digitally ready: one which has both the technology available and skills to utilise this effectively	Technology is playing an increasingly important role in our working practices, with the pandemic highlighting the importance of having a workforce which has access to technology and the skills to use it. There has been accelerated progress in the development of technologies and the pace at which these have been rolled out. This has had a positive impact, enabling many to adopt new ways of working, including the ability to work in an agile manner.

Benefits

- Equal access to technologies
- Enhanced digital skills
- Improved ways of working
- Pushing boundaries to innovate

Challenges

- staff have been required to rapidly upskill themselves, in already challenging circumstances
- the implementation of these technologies has highlighted issues with the design of these systems
- new challenges for staff, with the regularity of Teams meetings and volume of email correspondence being highlighted as key issues
- whilst the adoption of new technologies has assisted the workforce and raised the bar of what is possible for many, this has not yet been universal and the digital divide between those with access and those without is perhaps wider than ever before

Objectives

- Improved access to core technologies
- Enable staff to develop a core set of skills
- Develop practices and procedures which enable us to use digital technology effectively, whilst enhancing staff wellbeing
- Maximise the benefits of agile working for the organisation, service and individual
- Keep abreast of enhancements to existing systems and explore new emerging technologies

Key Deliverables / Timeline

- Provide all staff with access to core IT systems, 2023
- Ensure all staff have a core set of digital skills through development of digital skills framework, 2024
- Implement universal guidance on the effective use of digital technologies to promote staff wellbeing, 2022
- Pulse survey to identify benefits of and barriers to agile working, 2023
- Ensure all staff are able to access the correct data through ESR, 2023
- Introduce an employee salary sacrifice scheme to ensure that access to technology is affordable for all by 2023.

Stakeholders

LED, IT, WFIS, Digital champions in Clinical Boards, External suppliers

Risks to Delivery

- Funding
- Engagement
- Enforced system changes
- IT resources
- Conflicting schedules / priorities

Measures for Success

- Staff engagement index
- Enhanced staff wellbeing
- Number of staff without email addresses
- Participation rates in IT training
- Number of staff accessing ESR

Theme 5 Excellent Education and Learning

Ambition

To invest in education and learning to deliver the skills and capabilities needed to meet the future needs of the people we care for

Context

The provision of high-quality education and development is fundamental to providing safe, high quality care and helps NHS staff to feel valued, motivated and resilient. We need a highly skilled and capable workforce with the values and behaviours necessary to support effective service delivery, the UHB strategy and the COVID recovery plan. Our staff must also have access to the education, development and support they need to develop competence, enhance their skill set and ultimately progress their careers.

Benefits

- Inclusive culture
- Supports workforce redesign and service transformation
- Improved recruitment and retention
- Enhanced patient safety
- Staff wellbeing
- Staff engagement

Challenges

- Unprecedented workforce pressures compromising the ability to release staff
- Funding limitations and limited uptake of externally funded learning opportunities
- The impact of the constraints imposed by the pandemic upon face to face learning.
- Leadership, management and clinical education is well established, however, there are limited development opportunities for many other staff groups

Objectives

- Prioritise education & development of the workforce
- Foster an inclusive culture and equitable approach to education
- Develop creative and transformational approaches
- Raise awareness of the education infrastructure and opportunities
- Enable collaborative partnerships to increase access to educational funding for UHB staff and raise the profile of funded educational opportunities.

Key Deliverables / Timeline

- implement overarching education infrastructure, 05/22
- Establish multi-professional Education Group, 10/21
- Develop multi-professional, inclusive education strategy which represents all staff groups and fosters a culture of interprofessional education, 10/21
- Develop Learning@Wales platform to deliver innovative digital/blended learning experiences, 04/22
- Establish Overseas Nurse Education Centre (ONEC) to host Overseas Nurses' Adaptation Programme, 01/22
- Develop the Cardiff and Vale Academy for Coaching, and Team development (CAV-ACT) 12/21
- Undertake monthly reviews re: recruitment and resourcing activity to ensure clinical education is in place to support organisational pressures
- Develop an organisational HCSW development framework 10/21

Stakeholders

HEIW, local universities, social services and other public services, and national professional groups, Clinical Boards, Professional education groups (internal)

Risks to Delivery

- Reprioritisation of activity to support operational pressures
- Release of staff
- Resources (funding and capacity)

Measures for Success

- Evaluation against project plans, pilots, feedback etc.
- Evaluation of learning opportunities
- Course attendance figures
- No. completing overseas nurses Programme
- HCSW Career and Skills Framework compliance data

Saunders, Mari (Jan)
03/28/2022 14:07:42

Theme 6 Leadership and Succession

Ambition

To help our leaders display collective, compassionate and inclusive leadership

Context

There is a clear link between leadership, staff wellbeing and inclusion, and the impact on patient outcomes. We want to improve out leadership potential within the organisation because we believe that if we get this right then other good practice and improved performance will follow.

Benefits

- Improved staff engagement
- Succession planning
- Improved retention
- Enhanced staff wellbeing
- Better outcomes for patients
- Recruiting managers and leaders with compassionate leadership skills

Challenges

- The need to develop leaders at all levels
- Providing a wealth of development opportunities
- Planning for succession

Objectives

- Provide opportunities for leaders and managers at all levels to enhance their skills
- Embed Compassionate, Inclusive and Collective Leadership Principles across organisation through effective development and alignment of approach
- Develop, nurture and facilitate coaching and mentoring network to support individual and organisational effectiveness
- Identify potential leaders at all levels of the organisation
- Embed robust succession planning processes to support recruitment to critical leadership roles

Key Deliverables / Timeline

- Define the behaviours, competencies and approach required of excellent leaders and managers at all levels., 01/ 23
- Offer a breadth of accessible development opportunities (internal and external), 01/23
- Identify pathways to leadership and management development opportunities for under-represented groups, 2024
- Develop an effective VBA that is meaningful for colleagues and supports a healthy high performing organisation, 2024
- Develop infrastructure to facilitate and nurture the coaching and mentoring network, 01/22
- Implement a process for staff to request coaching from the network, 01/22
- Monitor data from VBAs to help identify potential leaders in a range of different areas – review for inclusivity and diversity, 2024.
- Identify critical roles within the organisation and the key skills and qualities required
- Develop talent benches to ensure critical roles can be filled in a timely manner and review to ensure accessible, inclusive and diverse

Stakeholders

LED, Clinical Boards, Health and social care partners, Staff

Risks to Delivery

- Engagement, individuals identifying themselves for opportunities
- Release of staff
- Resources - Capacity and funding

Measures for Success

- Turnover
- Talent Management and Succession Pathways
- No. active coaches and mentors
- Reduced sickness levels
- Feedback e.g. surveys

Theme 7 Workforce Supply and Shape

Ambition	Context
To have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population	Shortages in some professions, services and skills has consequences for service delivery, quality of care, staff experience and escalating costs. Workforce modernisation, new roles and extended skills supported by improved workforce intelligence and workforce planning skills are needed.

Benefits	Challenges
• Quality of care improved • Meaningful strategic workforce planning enabled • Data and modelling will inform strategic decisions and performance • Increased capability, agility, efficiency and performance	• Supply - significant shortages in some professions, services and skills • Rising levels of absence, vacancies and turnover • Lack of capacity and resources for innovation - Workforce Modernisation • Engagement • Digital systems • Lack of capacity – develop & grow our people • Requires collaboration - health and social care

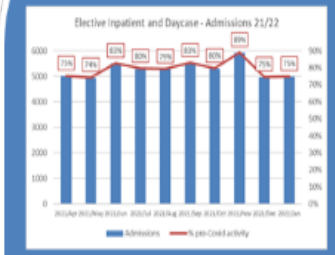
Objectives	Key Deliverables / Timeline
• Shape decisions about people and the workforce using Workforce Analytics. • Shape the workforce by growing our people - supply. • Develop Strategic Workforce Planning capabilities. • Embed Workforce Systems that drive efficiency. • Design of the organisation meets the requirements of a modern health and social care system.	• workforce intelligence and analytics – supporting workforce planning, development, efficiency and productivity, Oct 2022 • Development of new and amended roles, 10/22 • Increase supply via the apprenticeships route, 10/22 • Develop roles that cross organisational boundaries, health and social care Oct 2022 • Continue implementation and effective use of e-rostering systems, 10/22 • Optimise medical workforce sessions aligned to patient outcomes Oct 2022 • Utilise ESR to its full potential by training and upskilling managers to understand how the system can support them manage their teams Oct 2022 • Create a less bureaucratic Job Evaluation process, working within AFC parameters, Oct 2022 • Build capacity and capability in workforce planning and development, Oct 2022

Stakeholders
Social care / local authority partners, WFIS, Clinical Boards, Resourcing and Transformation Team

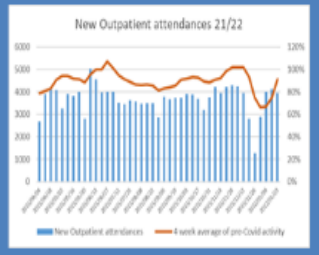
Risks to Delivery	Measures for Success
• Knowledge, skills and expertise (Workforce analytics, strategic workforce planning • System limitations • collaboration/partnership working • Engagement / resistance to change	• Levels of engagement • Workforce metrics – retention, vacancy rate, variable and non-contracted pay • Reduction in skills shortage • Improved efficiency in rostering • Successful roll out of health rostering • No. apprentices appointed and made substantive • Improved accessibility and use of workforce analytics

Saunders,Nathan
03/28/2022 14:57:42

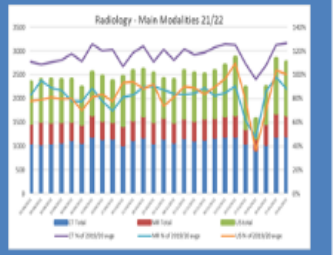
PLANNED CARE AND DIAGNOSTICS



- Elective IP/DC – 79% (April-Jan)

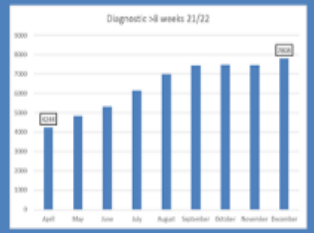


- New OP >100% pre-Christmas



- CT and US currently >100%

- 36 week breaches have risen in volume by but fallen as a % of total WL since April



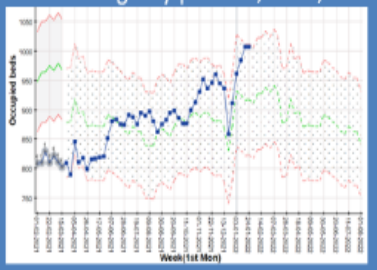
- Diagnostic waits increased from Q1 driven by USS and echo

- SCP – 53.5% (Nov 21)

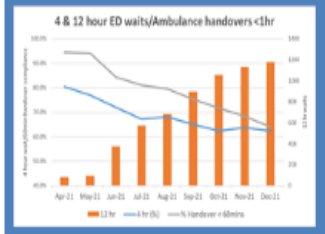
UNSCHEDULED CARE

- Total attendances returning to >90% of pre-Covid levels see in summer 2021
- Covid suspected attendances remain high but lower than previous peaks

Adult emergency patients, UHW, UHL



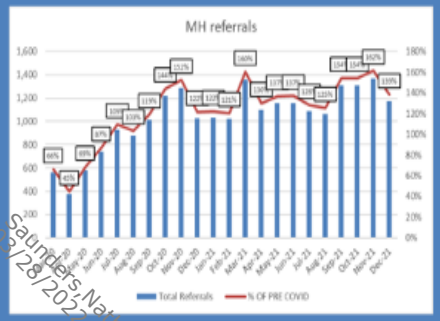
- Occupancy increased significantly through Q1 and has continued to increase to above seasonally expected levels
- Competing demands of emergency and elective moving forwards



To be described

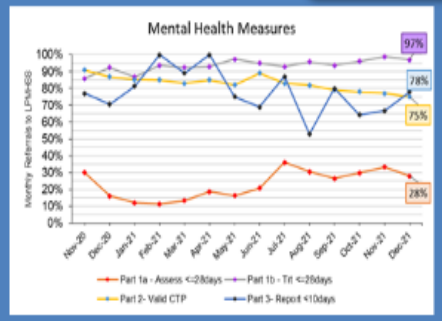
Where are we now

MENTAL HEALTH



Saunders,Natalie (NHS Wales)
03/28/2022 10:18:42

- Following a fall post wave 1, MH referrals increased to and remain at historically high levels
- September – December saw 5,156 referrals (>150% pre-Covid levels)



- Sustained high referral levels have put pressure on Number of assessments increasing with trajectory to reduce average wait for assessment – significant improvement in CAMHs
- our capacity to assess < 28 days

PRIMARY CARE

Performance in relation to General Medical Services (GMS):

- 2 GMS contract resignations, 2 formal list closures. 5 sustainability applications. 2 applications for boundary changes.
- 10/59 practices escalating at level 3 or 4. UHB Is actively supporting 5 practices.

Operational Performance

- GPOOH service (inc dental) Average calls/day – Q1 513, Q2 487, Q3 491, Jan 458
  - Time to clinical triage reduced to 30 mins in March, 74 mins for December
  - CAV24/7 Average calls/day – Q1 277, Q2 260, Q3 247, Jan 201
- Increasing Demand - 10/59 practices escalating at level 3 or 4. UHB Is actively supporting 5 practices.
- Community Dental Service and General Dental Service operating at circa 45% of pre-Covid (Dec)
- Eye care operating circa 108% pre-Covid capacity (Nov)

Annex 6: Primary, Community and Intermediate care – Background and context

Over the last year we have continued to see pressure on our unscheduled care services in Primary Care. Our approach to meeting this challenge includes innovative examples of local service development including our Urgent Primary Care Centre (UPCC) in the Vale of Glamorgan. The introduction of CAV 24/7, our ground-breaking phone first model, has similarly helped improve the ability of our system to triage and direct patients to the most appropriate care provider, thereby reducing the pressure on services and giving more emphasis on valuing patients' time. We plan to accelerate our commitment to developing UPCC with particular focus on how these will be embedded in to our Locality models and in conjunction with our planned Health and Wellbeing Centres and Hubs. The link between CAV 24/7 and UPCC is now well established and we plan to develop the opportunities in this area as we begin to transition to the NHS 111 model.

The pressure felt across our primary care services includes those delivered by our contractor partners such as GPs, pharmacists and dentists. In recognition of this we are again making primary care sustainability a key principle of our IMTP for the coming year and beyond. To this end there has been continued growth in our primary musculoskeletal physiotherapy and mental health services. The development of the primary care workforce is a core requirement to help drive forward our sustainability goals and this includes the continued transition to new roles and ways of working in profession such as nursing, therapies, dental and physician associates.

Many of the core services for which sustainability is so central require us to focus on prevention. A detailed overview of the strategic direction for public health prevention can be found in ***"transformed population health"*** with our ambitions for scaling and transforming our approach to immunisations. Our focus on falls is another example of how the prevention agenda will drive change through the lifecycle of this IMTP as we look to develop our community-based falls clinics with a desire to establish a comprehensive falls service that encompasses rapid assessment and hospital admission avoidance approaches.

We predict that there be will a continued increase in patients' needs in relation to chronic diseases as the full impact of the pandemic is realised. In addition to expanding our work in MSK and Mental Health, that has formed a central part of the most recent plans, we will again be supporting additional and innovative approaches to care in areas such as diabetes where we will look to deploy therapy lead assessment and intervention programmes to empower both those with and at risk of diabetes. Our work in addressing chronic conditions over the coming year is detailed here.

We remain acutely aware of the importance of our partnerships across the Cardiff and Vale Regional Partnership Board (RPB). The recent pressures we have faced across both primary and secondary care can only be addressed through collaborative, coherent partnership working across Health, Social Care and the Third Sector. Further detail on some of our recent and planned partnership working that will help shape our Recovery and Redesign Programme can be found in **section 2** ***transforming partnership working.***

Saunders, Matthew
03/28/2022 12:55:17 PM

Addressing health inequalities is a central tenet of our approach in Primary Care as we transform and improve the delivery of services for complex and vulnerable patient groups. Our focus will once again include the continued modernisation of Learning Disability Services as we work with our partners from Swansea Bay Health Board to transform pathways to and from hospital, so that patients can be treated

in the least restrictive way, and be in hospital for the shortest possible time. COVID-19 highlighted the health inequalities faced by people with learning disabilities with his group being more likely to die from the disease than the rest of the population and also more likely to have suffered a significant impact upon their general health and wellbeing caused by social restrictions. Our plans for the coming year ensure that we are commissioning high quality, effective community and inpatient services through partnership working across health and local authority teams.

Our Cardiff and Vale Health Inclusion Service (CAVHIS) was recently launched with the aim of providing access to public health screening and short-term support for individuals who find it hard to access healthcare and who are not registered with a GP. The growth of this service over the course of the IMTP will be an important part of our work to address health inequalities in our communities.

Our approach to planning on a system wide basis has been informed by our partnership with Canterbury District Health Board in New Zealand. Perhaps the most tangible example of the work we have built in this area has been the development of over 400 Health Pathways which help provide GPs and community teams with up to date and tailored guidance on options to support individuals across the spectrum of services. Our plans for the next IMTP cycle centre on the continued expansion of the *HealthPathways* tool to cover more areas alongside the ongoing refinement of the existing pathways which will form an essential part of our approach to managing waiting lists and supporting patients to access timely care.

Annex 7: Mental Health – Background and context

One of our prime objectives for the coming planning cycle is to improve ease of access to services. Through this work we aim to make services accessible and build on 'right place first time' methodologies which will reduce duplication and waiting times. This work will link closely with our desire to develop a Single Point of Access with integration with NHS 111.

Provision of services to people in mental health crisis has become increasingly important over recent years. These services operate across adult and children and young people, and we are proud of the work we have undertaken to increase our Crisis Home Treatment Services and the additional capacity given to Adult Liaison Psychiatry services to support people presenting to acute hospitals requiring mental health support. Sanctuary support, delivered in conjunction with our third sector partners and through the principles of the Crisis Care Concordat, has been invaluable during the pandemic and we will look to increase this provision moving forward to ensure we are meeting the person centre requirements for people at risk of mental health crisis. Within Children and Young People we are extending the provision of our Crisis service to cover 8am – 12am at the start of the financial year with planned to make the service available 24/7 once recruitment to vacancies is complete. Recruitment is also underway for our Intensive Home Treatment Service which will reduce inpatient admissions and length of stay.

Our services continue to transition towards trauma informed models of care that will again focus on being peer informed and multidisciplinary team led. Working with our partners across education and the third sector will be pivotal to success in this arena, this is especially pertinent given our increasing understanding of the impact of Adverse Childhood Experiences and Post-Traumatic Stress Disorder. Our planning for the coming year will include consideration of how we can provide appropriate low secure inpatient environments for women.

Saunders, Jonathan
03/28/2022 14:57:42

We are proud of our work in providing services for Older Persons and those with Dementia. We know this is an area that will need continued focus over the coming year and we are particularly focused on increasing the availability of options that provide alternatives to admission and preventative interventions with many of these being ably delivered through our therapy teams.

It is important to recognise that the Mental Health sector retains significant ongoing challenges with recruitment to vacancies, in line with national shortages, and thus the UHB is exploring novel approaches to staffing across services. These include deployment of a range of new roles to increase resilience such as Associate Physicians, Supplementary Prescribers and Clinical Associates in Applied Psychology.

Improving access and treatment for young people has never been so important and the UHB is committed to driving improvement across Emotional Wellbeing and Mental Health services. The implementation of a Single Point of Access during 2021 has provided a transformation of our approach to clinical triage and consultation whilst additional information for patients and carers is now available via our new website.

Capacity challenges in our services have been exacerbated by increased demand when compared to pre-pandemic level. Specialist CAMHS have seen a 17% increase during this period with the picture even more stark in Primary Mental Health Services with a 27% increase in referrals. We are working with digital partners to increase capacity for Part 1a assessments and during Q1 2022-23 we will further increased our capacity in this area.

Additional workforce capacity has been provided to our eating disorder services as part of the Recovery and Redesign programme following a growth in referrals and inpatient bed requirements for these patients during the pandemic. Despite a shortage of available workforce our proactive recruitment strategy has led to over 50% of targeted vacancies being filled and we expect to fully release this benefit during the first half of 2022-23. We continue to look at innovative models to provide tailored support to patients, such as BEAT Synergy Programme, which aims to expediate treatment to achieve a quick and sustainable recovery.

Annex 8: Planned Care– Background and context

The impact of waiting times is being seen significantly within the outpatients' part of our patient pathways. The requirement for increased social distancing, the expansion of essential services and workforce pressures have all contributed to this challenge. We are now fully engaged in our Outpatients Transformation programme which we know will be pivotal as we reform moving forwards. This programme, informed by the national steering groups, cover all elements of the outpatient journey as we look to revolutionise our approach to referrals, advice and guidance, virtual working and provide additional capacity. We are proud to have introduced many See on Symptoms / Patient Initiated Follow Up pathways which reduce the unnecessary number of follow up appointments we have historically undertaken and provides patients with the power and authority to access our services when they deem necessary.

Saunders,Nathan
03/28/2022 14:57:42

Our work over the last year has centred on giving us the foundation from which to build our planned care recovery moving forwards. We know that our most important asset is our staff and it is they who

will lead the recovery as we look forward. To that end we have invested in over 130 additional members of staff approved for recruitment in the planned care space.

In addition to increasing our workforce we have focused on ensuring physical capacity is in place to help us return to and exceed our pre-pandemic activity levels. The establishment of our Protected Elective Surgical Unit (PESU), at both UHW and UHL, is a prime example of the UHB seizing the opportunity for new ways of working, with these units ensuring dedicated Covid-19 free surgical capacity is maintained and providing surgical care to over 9,900 patients during 2021.

A new mobile cataract unit at our UHW site has begun treating patients and will provide the capacity for approximately 380 ophthalmology procedures per months whilst affording us the opportunity to implement more efficient ways of working which maximise staff time. One of the groups impacted by a reduced availability of theatre time has been our Gynaecology teams and to help address this we have developed an additional Gynaecology Treatment Room which will provide space for high volume day case procedures to be undertaken, significantly reducing waiting times. More broadly we also plan to continue our utilisation of capacity within the independent sector which has formed an important part of our approach to day case operating across a number of surgical specialities.

We know that cancer outcomes are not good enough. Whilst we have continued to make progress in this area we plan to refresh our cancer strategy over the coming year in line with the recently published Quality Statement for Cancer to ensure we are able to meet the six core themes of equitable, safe, effective, efficient, person centred, and timely care. During the course of this planning cycle we will look at modernising our approach with the aim of providing rapid diagnostics for patients presenting with vague symptoms. We are continuing to work in partnership with Velindre Cancer Centre across all areas of our cancer strategy and particularly to implement an expanded Acute Oncology Service. You can find more detail on our plans for our continued partnership working with Velindre NHS Trust in **Section 3.s *Regional working where clinically appropriate.***

2021-22 also saw the implementation of the first phase of our prehabilitation model with significant additional resource invested which will provide vital support to patients diagnosed with cancer along their treatment journey.

As a large tertiary provider many of our services fall under the commissioning remit of Welsh Health Specialised Services Committee (WHSSC). Despite many of these services having been impacted by pathway and location changes the UHB has continued to deliver high quality care across specialities include Cardiac and Neurosurgery. Work is now underway at a speciality level to determine trajectories for activity and waiting times alongside the planned increase in capacity in areas such as cardiology.

Regional working continues to form a central element of our future planning. We are committed to working with our partners across South Wales to maximise all available opportunities for service redesign and capacities of scale. We are supporting the integration of Vascular services which will be delivered early in the coming year. Full details of our planned regional work is, as referenced above can be found in **Section 3.3 *Regional working where clinically appropriate.***

Detail of our core planned care focus is provided in our Recovery and Redesign section which includes information on our approach to quality driven change and support patients. For further information on our expected trajectories against some of the key planned care metrics, please refer to the trajectories section of this plan.

Saunders,Nathan 03/28/2022 14:[illegible]:42

Annex 9: Urgent and Emergency Care – Background and context

The pandemic has provided us with additional impetus to ensure we have the support systems in place to allow people to remain independent at home, preventing the need for urgent care, or to receive the urgent care they do need away from acute hospitals. The coordination, planning and support for those most at risk of needing urgent care is pivotal to the success of our programme. To that end, the UHB has developed a community-based approach to the development of Multi-Disciplinary Teams who operate within Primary Care Clusters with a specific remit to support patients to remain at home and reduce reliance on admission. Plans for scaling up and rolling out this current pilot can be found here.

Signposting, and in particular ensuring the best use of both patient and clinical time, remains a significant part of our Urgent and Emergency Care planning. The success of our CAV 24/7 system has already been noted and further detail on our work to increase community options and improve pathways can be found in both the Urgent and Emergency Care and strategic sections where we further detail our plans for UPCC and the development of the national "111 First" model.

Within our acute hospital work, has accelerated at pace over recent months to deliver meaningful change to our pathways, infrastructure and flow. Our Acute Medicine Model has been severely tested and we are now utilising our OPAT centre planning approach to reaffirm our "must do's" in this area to ensure we provide a rapid response to patients through expert clinical leadership, particularly over the first 72 hours of acute care, to support prioritisation, escalation and improve outcomes.

Same Day Emergency Care (SDEC) is a well-recognised and evidence-based approach to the delivery of Urgent and Emergency Care. Aligned to national priorities the UHB is delivering a comprehensive SDEC approach which aims to provide an alternative for emergency patients who would otherwise be admitted to hospital. Under this care model, patients presenting with relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided. Construction is underway for a new Surgical SDEC which will provide the appropriate clinical environment to bring together a range of surgical specialities to significantly reduce the flow of surgical patients through our Emergency Department. For our medical patients, additional workforce is being recruited to expand the opening times of our Medical Emergency Ambulatory Care Unit (MEACU) to provide investigation, care and treatment for patients who would otherwise have required admission to hospital.

A number of workstreams are currently focused on improving hospital flow and improving patient experience and outcomes. Our "Right Bed First Time" programme is an effective patient flow management approach which at its core aims to provide patients with the best possible care, and shortest possible length of stay, by ensuring that on admission they access the most appropriate bed for their individual needs. Similarly, we have invested in our therapy workforce in recent months to help us fully implement a frail trauma service which will lead to improved patient experience, reduced length of stay and better outcomes.

Saunders,Nathan
03/28/2022 14:57:42

We recognise that we also have some very specific interim service continuity issues which we must address. We know that we need to resolve these to not only support our recovery programme of work

described here but to also enable the larger long term transformation of our services as described in section 2.

You can find details regarding our plans for these specific services, which include stroke, trauma amongst other areas in **Section 3.3** ***Ensuring interim service sustainability***.

Annex 10: Strategic transformation – Background and context

Transformed Partnership Working

As a committed partner in the Regional Partnership Board (RPB) we will continue to work alongside Cardiff Council, Vale of Glamorgan Council and the third and independent sectors which make up the health and care economy for our region. Over the last year, the RPB has moved towards a focus on improving outcomes for people at different stages in their lives, creating three new partnerships: Starting Well, Living Well and Ageing Well.

Each Partnership oversees a programme of work, determined by the outcomes the RPB has in place to achieve and the needs of our population as defined by the five yearly Population Needs Analysis.

The Partnerships are developing their plans which will culminate in the RPB's 5 yearly Area Plan due for publication in 2023. The RPB is also overseeing the delivery of the Market Stability Report which assesses the stability of the care market – critical in delivering both health and social care in care homes and domiciliary care provision. The report, due for publication in May 2022 is of particular importance because of the impact of COVID-1919 on the care sector.

The Starting Well Partnership is developing a multi-agency wellness model for children and young people with emotional wellbeing and mental health needs, creating an integrated approach focused on earlier support and interventions in schools and early help services, before social care or CAMHS services become necessary. Many of the children in emotional distress do not need psychiatric treatment, but access to a coordinated range of psychologically informed care and support.

The Living Well Partnership is being developed, recognising its huge potential span across a wide range of needs and services including mental health, learning disabilities and autism.

There is also recognition that there is the opportunity for the Starting Well, Living Well and Ageing Well Partnerships to operate in the space between the RPB and the Public Services Boards: creating forums where all public sector services can work plan and deliver together to improve outcomes for the population.

The RPB is also overseeing the local introduction of the new 5-year Regional Integration Fund, which draws together a range of predecessor funds (Integrated Care Fund, Transformation Fund etc). The explicit intention of the fund is to pump prime new care models which over the period of the fund move into business as usual and core funding, through a tapering model of WG and local match funding. This will mean that RPB statutory partners will need to commit increasing amounts of core funding and alignment of core-funded services to the new care models and align. The RIF will enable us to deliver the new models of care set out above.

Working with our RPB partners we have consequently identified five key projects that will sit under our @Home programme. These projects include;

Saunders, Nathan
03/28/2022 14:57:42

I. delivery of a **single point of access** into community services - responding to the escalating needs of people in the community and to facilitate the discharge to assess model for people who needed an acute hospital admission,

II. a new model of **community clusters** - building on the multi-disciplinary cluster model pioneered by the SW Cardiff Cluster,

III. a regional approach to **Intermediate Care –** right-sizing our services to reflect the needs on an ageing population and a rise in the number of people living in our communities with complex care needs (physically disabled people, people with enduring severe mental illness and people with learning disabilities.

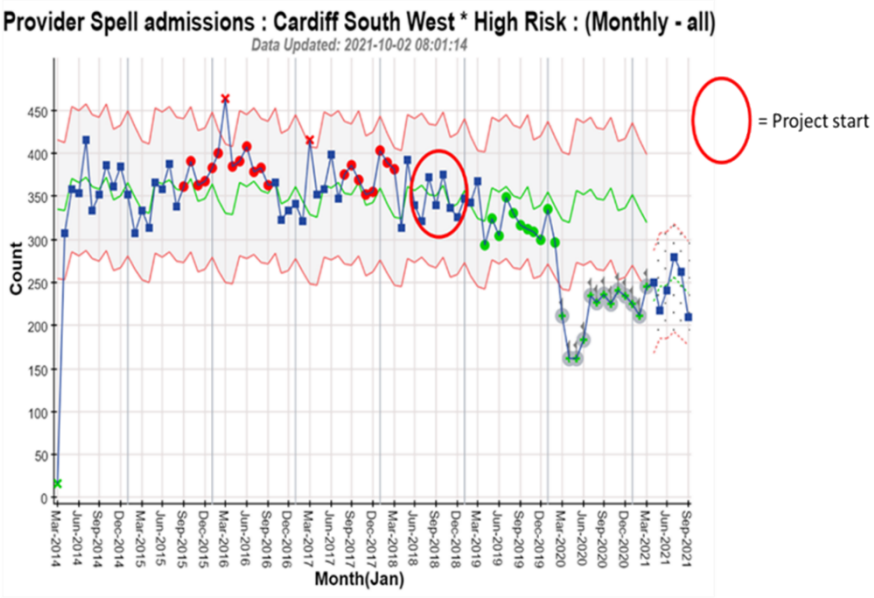
IV. a **Health and Wellbeing Centre** strategy which works for each locality – providing the facilities in which to deliver our care closer to home models of care, and

V. a new formal single integrated **governance structure in the Vale of Glamorgan for community health and care services** – the Vale Alliance**.**

There exists strong evidence that tells us these are the right projects to be progressing and what our population can expect to see that is 'different' as a result. For example, project two "a new model of community clusters" is building on the multi-disciplinary cluster model pioneered by our SW Cardiff Cluster.

Previous to the implementation of their new model the cluster was 32% higher than the average across clusters for GP referrals per population. The cluster managed to reduce the rate by 16%. Whilst the year post COVID-19 all clusters saw a decrease in rates the South West Cluster stood out with the highest rate decrease of 53%.

In quantifiable terms this resulted in South West Cluster bed days from Feb 2019 to Jan 2020 reducing by an average of 538 a month compared to the counterfactual trend whilst a cost benefit analysis has demonstrated that for every £1 expenditure £4.96 has been the return.



We know that we need to take bigger steps in creating an integrated workforce to support these models of care, where every member of the team is able to operate at the top of their professional licence, and the principle of 'trusted assessors' is the prevailing approach. This approach is in keeping with the Prudent Health and Care principles and that of the National Clinical Framework. We know that different organisations have different cultures so the importance of rapping an organisational development programme around this area of work is recognised. The workforce section of this plans notes this as a priority area of work which is being progressed.

Saunders, Nathan
03/28/2022 14:57:42

Transformed clinical services

With transforming / transformed partnership working comes the opportunity to review how our clinical services should change.

The pandemic has brought into sharp focus the real opportunity we now have to accelerate the transformation of our clinical services. Almost be 'default' we have achieved more in the last 18 months in this regard than we might ever have hoped for.

We must ensure the lessons from the way in which we delivered these rapid transformational changes are not lost but rather are embedded into any new models which we plan for the future. We have undertaken a number of formal learning exercises to capture the views from our staff, patients and partners which have been distilled into a number of key learning points that we are taking forward, including how we empower clinical leadership at all levels, and enable front line teams to develop and implement local service improvement plans.

As part of this learning, in the Spring of 2021 we engaged with our citizens, partners and staff to explore the case for change and approach to developing a future programme to reshaping clinical services.

Despite engaging during the COVID-19 pandemic we managed to engage widely and for those who completed the survey which formed part of the engagement process, 88.22% 'strongly agreed' or 'agreed' with the challenges and opportunities we set out, and 91.95% 'strongly agreed' or 'agreed' that there is a need to transform some of our clinical services.

Using this strong level of support as a mandate we progressed our thinking and recognised that the National Clinical Framework (NCF) provided a basis and structure to the way in which the future clinical models need to be developed and delivered across Cardiff and the Vale. The ethos of the framework is complimentary to the transformation of partnership working which we are taking forward.

This has enabled us to reach a point where we have now been able to mature and formalise a *Shaping our Future Clinical Services* (SOFCS) programme of work through defining some core principles and approach.

Put simply SOFCS will develop and deliver an overarching clinical services strategy, delivery plans and structure in order to transform the way our patients access our clinical services in their homes, communities and in hospital over the next ten years.

We will do this by:

1. **Developing service lines** - Bringing policy, best practice, research, data & information, innovation and subject matter experts together in groups of services (i.e. Women's, Cardiovascular, Cancer, MSK). By identifying and assessing the impact of changes of the way in which we deliver care for these services we will create a high-level vision and framework through which multiple care pathways can be tested and developed.
2. **Pathway redesign** - The detailed pathway work will bring stakeholders together from across the care pathway (including community care and acute care clinicians, local and regional partners and patients and their carers) enabling them to design transformed care pathways for the future and develop plans for their delivery. This will bring transformation that is clinically led and centred around the citizens needs not just the treatment for their condition.
3. **Cross Cutting themes –** We know that there are significant burdens of disease and conditions such as diabetes and frailty that have an impact on the health of our population and are

Saunders,Nathan
03/28/2022 14:57:42

applicable to all pathways. A number of these have been identified through clinical discussion and through our initial public and staff engagement. We will look to bring the work on these key areas forward within our plan within the first 2 quarters of the year to develop principles, examples of good practice and developing models to ensure that these are applied to developing service lines and exemplar pathways. The programme team will do this alongside the other programmes within the strategic portfolio as well as linking with national programmes and networks to maximise existing work and spread best practice.

4. **Programme structure -** The development of a cohesive and integrated structure that ensures effective design and delivery of pathways. With a strong focus on cross cutting themes such as; health promotion and disease prevention, frailty, long term conditions and rehabilitation and enabling programme such as digital and workforce. The structure also aims to foster partnerships across the health and social care system as well as regional and national partnerships and will continue to develop in line with the National Clinical Framework.

This approach also supports a 'bottom up' take on transformation by allowing us to test a number of clinical service lines which will be developed to inform the clinical model for our future buildings, digital and workforce infrastructure. It also allows our health and care professionals, partners, and very importantly patients to come together to develop transformed pathways, informed by; the service lines, the national clinical framework, international best practice, population health data and intelligence, digital and workforce developments and strategies.

Specifically, over the next 18 months we will focus on:

- The recruitment of a small programme team.
- Further develop the programme governance, ensuring continued alignment with the National Clinical Framework, mapping of interdependencies and further building relationships with stakeholders.
- Develop a coherent communication and engagement plan in line with other SOF programmes.
- Deliver 14 service line packs to include:
    - Demand and Capacity projections
    - Metrics and assurance process
    - A high-level implementation plan with interventions for Digital, Workforce, Pathways for the short, medium and long term
- Developing principles for a number of 'cross cutting themes' to apply in the redesign of pathways.
- A number of high-level, redesigned exemplar care pathways and implementation plan that enables teams, partners and patients to work together collaboratively and deliver changes locally with support.
- Development and delivery of 2nd phase public and staff engagement in line with other SOF programmes.

Transformed building infrastructure

We know that transforming our partnership working and our clinical services are going to require a review the UHBs building infrastructure (both hospital sites and within the community). This is why as part of the engagement referenced in sub section above we also talked to our stakeholders about our future hospital infrastructure and how it needs to change in order to be an enabler for working with partners in a transformed manner and delivering our clinical services in a different way.

Saunders-Norman
03/28/2022 14:57:2

Hospital site infrastructure

In 2021, UHW reached its 50th anniversary of opening. It has served the population of Wales well but is now no longer fit for purpose. This is why in March of that year a programme business case (PBC) was submitted to Welsh Government (and resubmitted during October 2021 following scrutiny) which set out our vision for how services will be delivered in the future across our system.

This PBC set out the need to build a healthcare delivery system that is sustainable and has flexibility and adaptability 'baked in' to meet the future population needs, achieved through services changes, and investment in infrastructure, and collaboration with NHS and local government partners, academia and industry.

From this the Shaping Our Future Hospitals (SOFH) programme was formalised which now focuses on;

Potential redevelopment of hospital infrastructure - At University Hospital Wales (UHW) and University Hospital Llandough (UHL) sites, enabling net zero carbon and including associated improvements to IT and digital infrastructure and medical equipment.

This work will consider the options that present themselves based upon our strategy and a comprehensive assessment of those options to determine a recommended preferred way forward.

Development of an Academic Health Sciences Hub and a Life Sciences Eco-system - To allow CVUHB, Cardiff University and industry players to collaborate and support innovation, research, and development. This represents a once-in-a-generation opportunity to act as an exemplar of cross-system working, innovation, and technological advances bringing together clinical services, academia, and industry. This will build on our successful partnerships with Cardiff University in relate to being a centre of excellence for teaching the next generation of clinicians, accelerating our Joint Research Office endeavours expanding exponentially the research we jointly undertake contributing to better health care and patient outcomes, and our joint clinical innovation partnership which is bring clinicians and industry partners to get to get ideas translated into new products and treatments, and the more rapid adoption of new treatments and technologies. The full potential of these collaborations has yet to be realised and the next year will make a significant step forward.

During 2022/23 we plan to progress to the Strategic Outline Case stage, subject to WG endorsement of the PBC.

<u>Community site infrastructure</u>

It is important however that we also develop our community building infrastructure which supports place-based, joined-up care across NHS, councils, third sector services and local community networks. Infrastructure must be designed around the person and focused on independence. We must not be developing a transformed hospital infrastructure that continues to draw patients to it because there is not the corresponding community infrastructure to support treating people close to home. We have agreed with partners that integrated/shared facilities where this brings benefit to our communities is the starting point for our shared plans.

Our *Shaping our Future Wellbeing: In our Community* (SOFW:IOC) programme business case was endorsed by Welsh Government (2019) and the subsequent capital business cases and WG investment has supported the development and reconfiguration of community infrastructure to create a network of Locality Health and Wellbeing Centres (H&WCs) and smaller Cluster focused Wellbeing Hubs (WHs) across Cardiff and Vale that support the above objective.

Saunders, Nathan
03/28/2022 14:57:42

We must through the life of this plan look to complete the PBCs 1st tranche of projects before refreshing the PBC as we move into tranches 2 and 3.

Both our hospital based and community based physical infrastructure ambitions also align with, and are reflected in, the capital section of this plan which can be found here.

Health planning work commissioned in the last quarter of 2021/22 will inform the development of the proposals for the Barry Health and Wellbeing Centre/Hospital, the new H&WBC for the North Cardiff Locality and the opportunities created through the development of Michaelson Wellbeing Village which may have a particular focus on services for children and young people. There is a very pressing need to develop the plans for primary and community services in North Cardiff because of the speed at which housing developments are progressing in the area and the wider challenges facing primary care as described in other sections of this plan.

Transformed Population Health – Prevention and Wellbeing

In conjunction with transforming our partnership working, clinical services and physical infrastructure, we need to prioritise improving the health of the population and reducing inequities in Cardiff and Vale. Through a focus on prevention we can keep our residents in good physical and mental health for longer, improving quality of life, and removing and delaying the need for health care.

The pandemic continues to expose deep-seated inequalities in health with impacts seen more heavily in our more deprived areas, and amongst ethnic minority communities. Our Director of Public Health's Annual Report for 2021/22 focus on the stark inequalities that exist across our communities and the impact that this has on differences in healthy years lived and life-expectancy. It set out a range of recommendations that were supported by the Board, and our partners through the PSBs, and which are reflected in this plan.

Critical therefore are transformative public health actions across Cardiff and Vale that respond to the health needs of the half million residents in our area. These actions will need to address and respond to:

- **Health inequalities** - long-standing inequalities in outcomes between people living in our most and least deprived areas, and our ethnic minority communities. These inequalities have been exposed and further exacerbated by the Covid-19-19 pandemic which has not impacted equality on our different population groups.
- **Demographics** our population is getting older on average- in both absolute numbers and as a proportion of society and this has major implications for how we plan services and support communities to develop in age-friendly ways in the future. Whilst previous trends in population growth have slowed, the populations in Cardiff and the Vale of Glamorgan continue to grow, primarily because people are living longer while the birth rate remains constant; along with net inward migration to our area, mostly domestic (rest of UK) in the Vale, and overseas in Cardiff. This has significant implications for the provision of our universal services – GMS and GDS services, community services and social care – particularly in light of the significant upturn in referrals seen at key points during the pandemic.
- **Risk factors for ill health** - these require action at the level of the wider environment and determinants of health, as well as supporting individuals to make health lifestyle choices in a sustainable way. Many of these determinants have been exacerbated by the pandemic:
    - Sub-optimal immunisation uptake
    - Overweight and obesity

Saunders,Nathan
03/28/2022 14:57:42

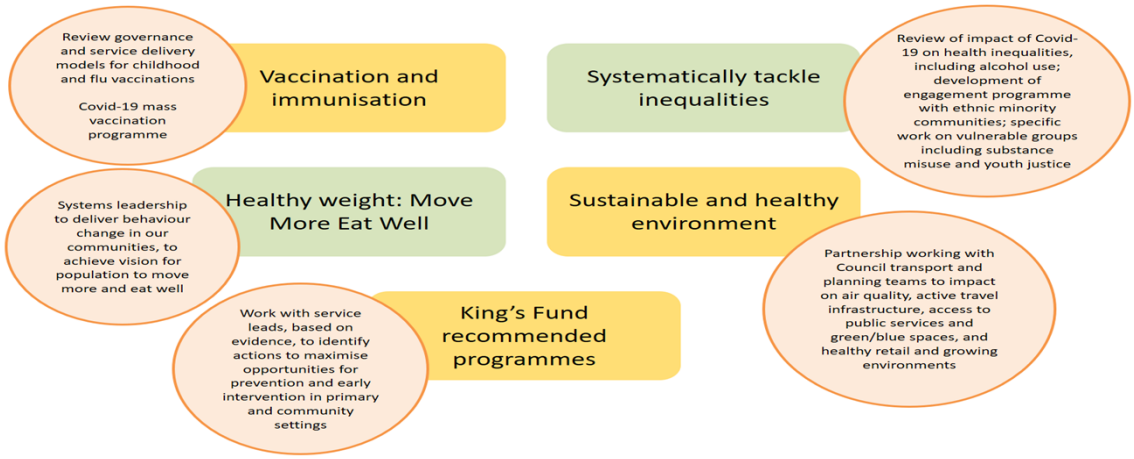
- Poor air quality and the climate emergency
- Tobacco use
- Alcohol consumption
- Social isolation and loneliness
- Adverse Childhood Incidents

- **Covid-19** - we need to protect vulnerable residents and mitigate against future variants of the virus

If we are to move from a system currently focusing on, and dealing with, the huge backlog of existing conditions created by the pandemic to a system based on wellness and the future we describe in *Shaping of Future wellbeing,* then the need for bold public health actions are now clearer than ever. They will be a vital enabler in ensuring we successfully bridge the gap between today and tomorrow. This reflects the need to ensure a rapid 'recovery' from the impact from Covid-19-19 for people for whom treatment has been delayed, and for people who are now presenting with more advanced diseases. In some areas we know that there is un-met need in our populations which is still not presenting into the system either in primary care, or as an acute episode. At the same time, we mist accelerate our focus on upstream disease prevention through generic population health programmes such as Move More Eat Well, and condition specific actions, such as the role out of cluster diabetes prevention programmes with our pre-diabetic patients.

In our 21-22 annual plan we said we would set out our population health approach under a new Shaping Our Future Population Health (SOFPH) programme and how we would ensure we integrate prevention into our other change programmes within the strategic transformation portfolio. We have done both and moving into 22-23 will now look to build on this progress.

The image below describes the SOFPH programme and five composite system level projects that co-ordinate cross-cutting action on our key priorities.



Partnerships will again be a key mechanism of delivery for this area of work. Action on the wider determinants of health is led via the Public Services Boards (PSBs) in Cardiff and the Vale, and reflected in local authority corporate plans. This includes action on fair economic development; housing and homelessness; environment; education; and community safety. The Wellbeing Needs Assessments being finalised at the moment will inform refreshed PSB Wellbeing Plans which will be developed during 2022/23, and which will very much align with our Population Health Programme.

Saunders, Nathan
03/28/2022 14:57:42

Actions at specific life stages (life course approach) are led via the Regional Partnership Board, through the Starting Well, Living Well, and Ageing Well partnerships, which each include specialist public health input from the local public health team.

In addition to the issues generated, and further exposed, by the pandemic, our SOFPH programme will continue to respond to the pre-existing health needs of our local population - notably on specific issues and settings, including sexual health, falls prevention, and the Healthy Schools and Healthy and Sustainable Pre-schools programmes.

Annex 11: Dragons Heart Institute, All Wales Intensive Learning Academy and SFERIC

We launched the Dragon's Heart Institute (DHI) in 2021, inspired by the Health and Social Care sector's response to the worst moments of the Covid-19-19 pandemic. The Institute aims to bottle the innovative, delivery-focused, collaborative spirit demonstrated during this challenging period, and apply it to the next biggest challenges which face us. It provides a home for the varied innovation activity we are driving within the Health Board, with a focus on incubating ideas, building a network of the best leaders and organisations that will help scale these ideas up, and growing internal expert delivery capability and capacity. The DHI is increasingly delivering work on an All-Wales basis, such as our two leadership courses detailed below, in order to ensure learning and best practice is shared between health boards, enabling us to progress together, more quickly. This also aims to reduce duplication of work, in favour of spreading best practice.

In 2021, alongside our partners in Swansea University, Cardiff University, YLab and the Bevan Commission, we were successfully awarded the All Wales Intensive Learning Academy (ILA) for Innovation in Health & Social Care. Through the ILA and hosted by the DHI, we have developed CLIMB. This year-long course brings together 30 leaders of all professions and levels of seniority within Wales' Health and Social Care sector. It aims to create a self-sustaining generation of future leaders to accelerate innovation by providing experiences and opportunities within a safe and supportive environment. Now well underway with our first of three initially funded cohorts, we are helping them to be inspired by world-leading innovators and leaders, to learn from senior mentors and global best practice, and to build a network which will support their development and enable them to deliver the projects we are helping them to launch. This experiential learning approach is underpinned by a strong theoretical base, provided by world-leading teachers such as Sir Muir Gray.

Through the ILA and DHI our Spread and Scale Academy is an immersive training event designed to give people the tools and skills needed to unleash their improvements and innovations at scale across their organisations, Wales and beyond. We are now in our third year of working alongside our partners at the Billions Institute; a Los Angeles-based organisation which specialises in supporting innovators to unleash their potential and make large-scale meaningful change. To date over 50 teams have attended our Academies, leading to the successful spread of ideas such as the Green Health Wales Network and Simulation Training for Tracheostomy Care , which went on to be awarded £400,000 through the Cardiff Capital Region Challenge Fund.

With both CLIMB and the Spread & Scale Academy we will deliver innovation leadership training to 400 learners from across Wales by the summer of 2024, supporting the acceleration of innovation through a network of change leaders and enabling spread and scale of great ideas across Wales and beyond.

Saunders-Norman
03/28/2023 14:57:42

SFERIC

The SFERIC programme is as a new training capability to help CAVUHB minimise its impact on the planet by building capacity across the workforce for sustainable healthcare quality improvement. It seemed important to create a training package for enthusiastic clinicians, where they could be supported in-post to deliver local solutions based on a system-wide understanding of particular sustainability challenges, such as how to switch to reusable PPE in a sterile theatre environment.

The SFERIC programme seeks to assemble cohorts of ten scholars, each drawn from a different clinical directorate and provides them 12 months of training, with both a clinical supervisor and a procurement business manager to oversee their work and networking opportunities to help scale their ideas. A second cohort is planned for Autumn 2022 with cohorts being established in other Health Boards by 2023 for 100 scholars.

The SFERIC programme is being undertaken alongside three other core workstreams:

- A Circular Economy Solution for Sustainable Textile Use across NHS Wales
- A Strategic & Operational Capability to guide NWSSP to Net-Zero by 2030
- A NWSSP Innovation Incubator

Annex 12: Tertiary services collaboration background information

The Regional and Specialised Services Programme is a collaboration between CVUHB and SBUHB to develop a shared view on the future delivery of sustainable specialised services across the two tertiary centres in South Wales.

The programme includes a number of specific tertiary service projects, as well as the development of an overarching strategy for both health boards and as well as the partnership. The programme has four distinct and interlinked components:

- Specialised Services Partnership Strategy
- CVUHB Tertiary Services Strategy (incorporated with the Shaping Our Future Clinical Services Programme)
- SBUHB Tertiary Services Strategy
- Regional and Specialised Services Work Programme

The programme has been informed by a comprehensive assessment of the tertiary services within both organisations. This has included a risk assessment of quality and patient safety, service sustainability, and delivery and performance.

Specialised Services Partnership Vision and Framework

The programme has recently held a series of workshops with senior clinicians and operational leads to develop a vision and framework for the specialised services partnership. The proposed partnership vision is:

World class specialised healthcare in Wales

With four supporting themes:

- Providing outstanding patient outcomes through high quality and effective specialised healthcare
- Creating a vibrant and sustainable environment for people to learn and work
- Working in partnership to plan and deliver specialised clinical pathways across the entire region
- Driving innovation and research in specialised healthcare

Saunders,Nathan
03/28/2022 14:01:42

The proposed framework is composed of 6 sequential stages:

1. **Partnership Vision** – as described above.
2. **Service Selection** – services that fulfil the criteria of a specialised service are assessed in the joint baseline assessment, using the risk assessment and assessment of the impact of Covid-19-19 on service provision.
3. **Service Assessment** – prior to undertaking the service assessment, both organisations identify their respective success factors. The service assessment process includes the following elements:
    - History – set the context
    - Patient focus – describe the problem from the patient perspective.
    - Consensus – build consensus by:
        - identifying areas of agreement;
        - and developing strategies to address areas of disagreement
    - Inclusive – engage with all key stakeholders
    - Holistic – review the whole patient pathway
    - Process – establish clear lines for reporting and accountability

4. **Recommendations** – the recommendation stage is informed by an appraisal against each of the following:
    - Commissioning - review commissioning model;
    - Investment - investment and development of service;
    - Collaboration - work in partnership with another service;
    - Differentiation - develop the unique elements of the service to clarify commissioning arrangement; and
    - Market Development - expansion of catchment area / commissioning arrangements.

    This will include an impact assessment which will include the following elements:
    - Benefits – for patients; service; staff; Health Boards; wider system;
    - Adverse impacts – for patients; service; staff; Health Boards; wider system; and
    - Impact on performance; quality and experience for patients and staff.

    As well as an assessment of the implications for engagement with stakeholders.

5. **Implementation** – the penultimate stage includes consideration of recommendations through the appropriate governance routes in both organisations, and may include public engagement or consultation.

6. **Evaluation** – the final stage is an evaluation of the outcome, including the impact on the success factors identified by each organisation at the service assessment stage.

The aim of the framework is to provide a clear supportive structure for both organisations to work in partnership to ensure that patients in South and West Wales (and beyond) have access to safe, effective and sustainable services. Further internal engagement on the framework will be undertaken by both organisations over the winter, in order to inform the development of the final version for engagement with key external stakeholders.

CVUHB Tertiary Services Strategy (incorporated with the Shaping Our Future Clinical Services Programme)

Saunders, Jonathan
03/28/2022 14:57:42

CVUHB has developed the following vision for its specialised services:

World class specialised healthcare for Wales.

This is supported by four strategic themes:

- **Providing high quality care, with outstanding outcomes**
- **Promoting excellence in education, training and opportunity**
- **Supporting innovation and research**
- **Delivering in partnership across Wales**

This vision will guide planning around the whole of the patient pathway, from local through to tertiary and back to local services, and will enable CVUHB to have informed discussions with its commissioners, and other stakeholders, about the role of these services in supporting the delivery of A Healthier Wales.

Work is well advanced on the tertiary services strategy, and although development was paused at the start of the pandemic, it has since resumed as part of the wider Shaping Our Future Clinical Services Programme.

SBUHB Tertiary Services Strategy

Work on the development of the SBUHB vision and strategy was disrupted by the COVID-19-19 pandemic. This work will be progressed once the ***Specialised Services Partnership Framework and Vision*** has been agreed.

Regional and Specialised Services Work Programme

The work programme is overseen by the Regional and Specialised Services Provider Planning Partnership. This is a joint CVUHB and SBUHB group, chaired by the Chief Executive Officers, which meets on bimonthly basis. Over the course of 2021/22, the programme has worked with the NHS Wales Collaborative Executive Group to address key commissioning gaps within specialised services, as a result agreement has been reached to delegate the following services to WHSSC for commissioning from April 2022 onwards:

- HPB surgery
- Specialised Paediatric Orthopaedic Surgery
- Paediatric Spinal Surgery
- Spinal Services Operational Delivery Network

The partnership is underpinned by a Memorandum of Understanding between the two organisations, and in 2022 will be further strengthened by the appointment of a team to support the Associate Programme Director.

Over the course of 2022/23, further work will be taken to develop the **Tertiary Services Oversight Groups** in both organisations. These will be responsible for:

- Reviewing and evaluating the effectiveness of commissioning arrangements for specialised services which are not commissioned centrally;
- Agreeing and monitoring action plans for specialised services in which risks have been identified, including quality and patient safety, service sustainability, and delivery and performance;
- Identifying specialised services which require a collaborative approach for delivery, or which have critical interdependencies with services delivered by another provider, for discussion at the appropriate partnership forum, e.g. Regional and Specialised Services Provider Planning Partnership
- Making recommendations to the Health Board executive team on the future commissioning, and delivery of the organisation's portfolio of specialised services.

Saunders, Natalie
03/28/2022 14:31:42

Report Title:	Cardiff and the Vale of Glamorgan Population Needs Assessment 2022			Agenda Item no.	7.2
Meeting:	Cardiff and Vale UHB Board	Public	X	Meeting Date:	31.03.2022
		Private			
Status *(please tick one only):*	Assurance		Approval	X	Information
Lead Executive:	Executive Director of Public Health, Cardiff and Vale UHB				
Report Author (Title):	Speciality Registrar in Public Health, Cardiff and Vale UHB / Public Health Wales Consultant in Public Health Medicine, Cardiff and Vale UHB / Public Health Wales				

Main Report

Background and current situation:

Background

Part 2 of the Social Services and Well-being (Wales) Act 2014 requires Local Authorities, in partnership with Local Health Boards, to assess the care and support needs of the population, including carers who need support. An assessment of the range and level of services to meet the identified needs should then be conducted. The Act aims to focus on and promote well-being; to empower people in their relationship with social services; and support co-production of solutions in provision of care and support.

The purpose of the Population Needs Assessment is to ensure that local authorities and Local Health Boards jointly produce a clear and specific evidence base in relation to care and support needs and carers' needs to underpin the delivery of their statutory functions and inform planning and operational decisions.

The Population Needs Assessment (PNA) should be undertaken during every local government electoral cycle, and should look forward to encompass the time period until the next iteration. The inaugural PNA was published in 2017 and this iteration is due for publication on 1st April 2022. Upon completion, population needs assessment reports must be published on the websites of all local authorities and Local Health Boards involved in their production. A copy of the report must also be sent to Welsh Ministers at the time of publication.

The Act specifies themes which should be included within the assessment, and allows for regions to include additional themes as appropriate to the local population. Themes are presented in the report as individual chapters. Chapters include details of progress made since the 2017 Cardiff and Vale Population Needs Assessment; the impact of COVID-19; care and support needs identified; and the range and level of services required including preventative services, and assets that support people's well-being. Supplementary guidance issued in March 2021 by Welsh Government requested consideration of the Socio-Economic Duty, as well as the impact of COVID-19. Increased emphasis on housing needs and Welsh language was recommended. This iteration of the assessment presents these components within each chapter.

The Population Needs Assessment has been developed by the Cardiff and Vale of Glamorgan Regional Partnership Board (a formal partnership between the Local Authorities of Cardiff and the Vale of the Glamorgan, and Cardiff and Vale University Health Board) together with representatives from the third sector, and following engagement work with local residents, service users, carers, health and social care professionals, and independent providers. Consultation is not formally required under the Social Services and Well-being (Wales) Act 2014, however, the Code of Practice stipulates the need for citizen engagement. Dedicated engagement work was conducted, in the form of surveys (for the general public, children and young people, adults resident in HMP Cardiff, and professionals/providers) as well as focus group discussions.

Shrinded Document - 2022-03-24 11:57:11

In line with the Code of Practice, an Equality and Health Impact Assessment (EHIA) of the protected characteristics was completed and is provided as a separate complementary report to the Population Needs Assessment.

To increase accessibility of the report to the general public, an online summary of the report will be available using Microsoft Sway (https://sway.office.com/yUpIfBn567nky46D). It will also be possible to download the full Population Needs Assessment report and EHIA, from this website, once they have been published on 1st April 2022.

Legally, the local authority and Local Health Board are required to formally approve the population assessment report. This will need to be done by the Board of the Local Health Board. This will ensure that the information contained within the report is considered at the most senior levels within these organisations. Once approved, assessment reports must be published on the websites of all Local Authorities and Local Health Boards. A copy of the population assessment report must also be sent to Welsh Ministers at the time of publication.

Well-being Assessments were conducted in both Cardiff and the Vale of Glamorgan Local Authorities concurrent to the Population Needs Assessment. Regular meetings were held between lead authors to promote cohesion between the assessments. The final Population Needs Assessment report will be updated to contain hyperlinks to the online Well-being Assessments (once published) to provide the reader with a comprehensive place-based understanding.

This is the final report for the second Population Needs Assessment for Cardiff and the Vale of Glamorgan, undertaken between May 2021 and March 2022. Existing data and reports were used to inform the assessment, alongside dedicated engagement work in the form of surveys (for the public, children and young people, people in HMP Cardiff, and professionals/providers) as well as focus groups. Findings have been reported in a formal Population Needs Assessment report. An accompanying EHIA is available. A summary of selected findings and recommendations for the general public is also available as a Sway document (https://sway.office.com/yUpIfBn567nky46D). From here, it will be possible to download the full PNA and EHIA, after they have been published on 1st April 2022. Improvements in care and support services have been made across all population groups since the 2017 Population Needs Assessment, despite the challenges of COVID-19. COVID-19 has had a number of impacts, including increasing demand for services, especially mental health, and changing models of delivery for many services. Overarching and key findings can be found in Appendix 1, which is taken from the Executive Summary of the Population Needs Assessment report, with detailed findings in each chapter.

Situation
The purpose of this paper is to share the Cardiff and the Vale of Glamorgan Population Needs Assessment 2022 report with members of the Cardiff and Vale UHB Board, for approval of the final report.

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

- The Population Needs Assessment (PNA) is a legal requirement under the Social Services and Wellbeing (Wales) Act. The legal publication date is 1st April 2022. This is the final PNA report which will be published on 1st April 2022 and can be found in the **supporting documents.**
- The PNA feeds into both the Market Stability Report and Area Plan; and therefore is a crucial document for future planning purposes.
- The overarching findings can be found in the Executive Summary; however each individual population group has bespoke care and support needs, and more detail can be found in the relevant chapter(s).
- An accompanying Equality and Health Impact is available in the **supporting documents.**

Sandra Hill-Hamblett 03/2022 15:07:12

Recommendation:

The Board / Committee are requested to:

- **NOTE** and **APPROVE** the Population Needs Assessment for Cardiff and the Vale of Glamorgan 2022 report

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention	Y	Long term	Y	Integration	Y	Collaboration	Y	Involvement	Y

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: No
Safety: No
Financial: No
There are no financial impacts at this stage. The statutory requirement that Area Plan (which will be informed by the final Population Needs Assessment report) should be developed and implemented subsequently will have potential financial implications. These implications should be discussed as part of the Area Plan.
Workforce: Yes
Emerging findings reported in the assessment report highlight the importance of education, employment and meaningful activities. This includes inclusive recruitment, in particular into public sector positions. These findings can be found in the full PNA report as well as in the summary of overarching findings (Appendix 1).
Legal: Yes
The publication of a Population Needs Assessment is a statutory requirement under the Social Services and Well-being (Wales) Act 2014 and is detailed in Part 2 of the Code of Practice (General Functions). This is summarised in the PNA report. The Code of Practice states that the final report must be formally approved by the Local Authorities and the Local Health Board, to ensure that the information contained in the report is considered at the most senior levels. This will need to be done by the Board of the Local Health Board and in the case of the local authority will need to be approved by the full Council on submission by the council's executive or board. Once approved, assessment reports must be published on the websites of all Local Authorities and Local Health Boards. Upon completion, assessment reports must be published

Saunders-Navaan 03/28/2022 14:19:41

on the websites of all Local Authorities and Local Health Boards involved in their production. A copy of the population assessment report must also be sent to Welsh Ministers at the time of publication.

Local authorities and Local Health Boards must produce one population assessment report per local government electoral cycle. In producing a population assessment report Local Authorities and Local Health Boards must be forward looking and consider the needs for care and support and needs for carers for the whole period up until the next population assessment is due for publication. However, given that circumstances may change, the partnership arrangement established to carry out the population assessment must keep the population assessment report under review. The population assessment report should be reviewed as required, but at least once mid-way through the population assessment period. If this review identifies a significant change in the needs for care and support or the needs of carers, an addendum should be produced and similarly be published and sent to the Welsh Ministers.

Reputational: Yes

There is a legal requirement to publish the PNA report by 1st April 2022.

Socio Economic: Yes

Following the Socio-Economic Duty which came into effect on 31 March 2021, the Supplementary Guidance on conducting a Population Needs Assessment issued by Welsh Government requests that public bodies give due regard to socio-economic disadvantage when making strategic decisions which includes planning and evidence gathering. Deprivation is considered a cross-cutting theme in this PNA report, and is included within each of the chapters.

Equality and Health: Yes

An Equalities and Health Impact Assessment has been undertaken as required by the Code of Practice. This is available as a separate document.

Decarbonisation: No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Draft PNA report	
Cardiff and Vale UHB Board Development	16.12.2021
Cardiff Adult Services Management Team	08.01.2022
Vale of Glamorgan Healthy Living and Social Care Scrutiny Committee	11.01.2022
Cardiff People and Communities Senior Management Team	Electronically circulated for comment
Cardiff Children's Management Team	Electronically circulated for comment
Cardiff Community & Adult Services Scrutiny Committee	Electronically circulated for comment
Senior Leadership Group	Electronically circulated for comment
Regional Partnership Board	Electronically circulated for comment
Community Health Council	Electronically circulated for comment
Final PNA report	
Vale of Glamorgan Cabinet	28.02.2022
Cardiff Cabinet	10.03.2022
Senior Leadership Group	16.03.2022
Regional Partnership Board	For electronic circulation for comment
Vale of Glamorgan Full Council	07.03.2022
Cardiff Full Council	17.03.2022
Cardiff and Vale UHB Board	31.03.2022
Regional Partnership Board	03.05.2022

Cabinet 03/03/2022 Item 5

Appendix 1: Summary of overarching findings

Improvements in care and support services have been made across all population groups since the 2017 Population Needs Assessment, despite the challenges of COVID-19. COVID-19 has had a number of impacts, including increasing demand for services, especially mental health, and changing models of delivery for many services.

Cross-cutting findings identified across many chapters are outlined below; detailed findings for each theme are reported in the relevant chapter in the PNA report (Appendix 1).

Care and support needs

Individual

- People's independence must be maintained and facilitated within decisions for care and support, employment and accommodation. Any such decisions should be based on consultation and co-production with the person they affect

Community

- Social isolation was identified in the 2017 PNA and has been exacerbated for many due to COVID-19, with far-reaching consequences for physical and mental health and well-being
- Holistic approach to physical and mental health, which includes improved access to services including reduction in waiting lists
- Information provision: many people were unaware of support available to them and would benefit from increased signposting

Wider determinants

- Employment (paid or voluntary) was desired by many – to improve personal finances, as well as to provide a sense of purpose, reduce isolation, and to help protect people's mental health and well-being
- Housing and accommodation needs to be available, accessible, safe, and supportive of what matters most to the individual, for example, enabling employment. Prevention and early help for homeless people needs to be enhanced
- Inequalities were discussed in all chapters, especially in terms of socio-economic deprivation, access to services, and health outcomes. COVID-19 has had a disproportionate impact across the population, in part due to pre-existing inequalities in the social determinants of health that have been exacerbated by COVID-19 and restrictions

Range and level of services

Prevention

The following were identified as being able to prevent needs arising or escalating, and may facilitate improved outcomes for people:

- Healthy behaviours such as physical activity to improve mental well-being and prevent falls
- Early identification, diagnosis, and intervention to support people at the right time, and promote better outcomes
- Social support, including maintenance of a social role, and digital inclusion
- Advocacy to enable people to express their views and wishes
- Care focussed on delivering services as close to people's homes as possible

Saunders,Nathan
03/28/2022 14:57:

Assets to support well-being

- Individual sources of support across all groups included friends, families, and hobbies
- Local community support like community groups, neighbours, and community-based organisations including religious places of worship, choirs, and places to exercise
- Local authority, NHS, and third sector services (both on a national and local footprint) were praised throughout engagement work
- People with lived experience providing peer support (face to face or online) or as service providers were identified as important assets; and supported the need for inclusive recruitment across all sectors
- Service users, professional leads, and providers identified the need for sustainable funding of statutory and third sector organisations to maintain and develop their services

Community services

- A whole system approach to care and support provision should prioritise continuity of care (for example, in transition between services); and joined up services between public, private and third sector providers for a “seamless” experience for service users
- Equitable, accessible, and inclusive services, where access is tailored to the individual.
- Timely access to high quality care and support services
- Respite care provision which is flexible and accessible to those who need it
- Increased awareness of services available and the scope of their practice amongst service providers so that they can signpost
- The social model of disability should underpin services; and language used should be respectful
- Co-production at the heart of decisions

Partnership approach

Many respondents to engagement work did not ask for traditional care and support services, but identified that their needs could be met through supportive employers and access to education, accommodation provision which gives individuals choice, including over location, and supports independence, and a welcoming community and an enabling wider environment.

Saunders,Nathan
03/28/2022 14:57:42

Report Title:	Vale PSB and Cardiff PSB Well-being Assessments			Agenda Item no.	7.3
Meeting:	Board	Public	X	Meeting Date:	31 March 2022
		Private			
Status *(please tick one only):*	Assurance		Approval	X	Information
Lead Executive:	Executive Director of Public Health				
Report Author (Title):	Strategic Partnership and Planning Manager				

Main Report
Background and current situation:

Every 5 years, the Public Services Boards (PSBs) in Wales undertake Well-being Assessments, as required under the Well-being of Future Generations (Wales) Act; the UHB is a statutory member of the PSBs in Cardiff and in the Vale of Glamorgan. The Assessments cover issues relating to social, economic, cultural and environmental well-being in their local areas and are a study of the experience of life now but also the different factors that may affect life in the future. They will inform the development of Well-being Plans which must be published in 2023. The Plans will set out how the PSBs will work together to improve the well-being of our communities, bringing the work of public and third sector organisations together to focus on making a difference.

The Well-being Assessments for Cardiff and for the Vale of Glamorgan have been finalised following a period of consultation. They draw on a range of national and local data, research and evidence including the most recent report of the UHB's Director of Public Health.

Vale of Glamorgan PSB Well-being Assessment
Following consultation running 10 January to 13 February 2022, the Vale PSB has completed its Well-being Assessment which will be published in April 2022. The Assessment provides an analysis of the state of well-being for the Vale as a whole and for distinct community areas. The community areas used in this assessment of well-being are Barry, Eastern Vale and Western Vale and these are consistent with the areas used in the last Well-being Assessment published in 2017.

The Assessment has been updated to reflect consultation feedback including from Welsh Government, the Office of the Future Generations Commissioner for Wales, Natural Resources Wales and Glamorgan Voluntary Services. Statutory PSB partners are being asked to sign off the Assessment prior to it being approved for publication by the Vale PSB on 1 April. Ahead of the development of the Well-being Plan, the PSB will continue to update and refine the Assessment as new data becomes available and there will also be an opportunity to analyse further some of the most significant issues for the Vale.

Cardiff PSB Well-being Assessment
Cardiff PSB has similarly been developing and consulting on a Well-being Assessment which will inform a Well-being Plan to be published in 2023. The Cardiff PSB has undertaken a more focused consultation with invited participants and did not seek statutory partner sign off of the Assessment individually ahead of PSB approval and publication in April. The PSB approved the Assessment at its meeting on 9th March 2022 which was attended by the UHB Chair, Chief Executive and Executive Director of Public Health. The Assessment is therefore provided to Board for information only.

Saunders,Nathan
03/2022 12:07:42

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

Vale of Glamorgan PSB Well-being Assessment

The Well-being Assessment has drawn on a range of national and local data, research and evidence and is made up of a suite of reports which together form the overall Assessment and tell

the story of the experiences of well-being in the Vale of Glamorgan. This includes four detailed themed reports covering Demography, Education and Economy, Health and Communities, and Environment and Transport, and the 'View of the Vale of Glamorgan' report, which brings together the findings of the themed reports. The reports have been developed using Microsoft Sway and have embedded Microsoft PowerBI reports; this has enabled the Assessment to be presented in a dynamic and accessible way while also providing a detailed analysis of well-being in the Vale of Glamorgan. This approach enables interrogation of the data by users and will be an important tool for the PSB organisations in supporting decision making in the coming years. Feedback on the approach taken to presenting the Assessment has been very positive.

UHB colleagues, including the local public health team, have been involved in shaping the content and commenting on draft documentation at several points through the development of the Assessment. This includes involvement in a PSB workshop in November 2021 which provided an opportunity to discuss initial findings and explore connections and common themes ahead of the consultation, and a second workshop in February 2022 to sense check the findings emerging from consultation and consider key messages to be included in the Summary.

The Summary highlights the following:

For many, well-being in the Vale of Glamorgan is good. Against a number of key indicators, and when compared to other areas of Wales we can see that we have good educational outcomes, earnings above the Welsh national average, people live in good health, have lower experiences of crime and disorder, are satisfied with where they live and have access to high quality green and blue spaces. This experience is not consistent however. For some, their well-being continues to be affected by experiences of financial hardship, poorer health, crime and disorder and an unequal exposure to environmental risk. While the coronavirus pandemic has had an impact on all lives in the Vale of Glamorgan, research, data and people's shared experiences suggest that this impact has been experienced disproportionately by certain people, groups and communities. It has placed increased pressure on the economic, social, cultural and mental and physical well-being of residents who may have reported good well-being prior to the pandemic; while for those who were already struggling under the burden of poor well-being, the pandemic has weighed heavy.

A number of challenges and opportunities will shape the future of life in the Vale of Glamorgan. It is most likely that the climate and nature emergency will have the largest impact. It will shape key aspects of our future wellbeing, not only our interaction with the natural environment but the way the economy develops and how we think about and deliver health and social care. It is critical that the changes necessary to address the climate and nature emergency are undertaken in a way that addresses disparities in well-being and improves opportunities and well-being as a whole.

The PSB is not alone in its consideration of the well-being of residents, but is one of a number of key partnerships working to improve economic, social, cultural and environmental outcomes in the Vale of Glamorgan. The Cardiff Capital Region, which includes the Vale of Glamorgan, is focused on economic transformation and delivering sustainable growth across the region, the City Deal provides the catalyst for taking this work forward. The Cardiff and Vale Integrated Health and Care Partnership, established under the direction of the Regional Partnership Board (RPB), is working to develop joint working between public sector partners to ensure the delivery of effective services that meet the care and support needs of current and future generations. The RPB has most recently undertaken its second Population Needs Assessment (PNA). This assessment, which is the subject of a separate report to Board, considers the care and support needs of different population groups across the Cardiff and Vale region; the findings of the PNA have been reflected in the different elements of this assessment where relevant.

Sandra Nathan
28/2/2022 14:07:42

Links to the different elements of the Well-being Assessment are set out below:

- A View of the Vale of Glamorgan – An Assessment of Current and Future Well-being
- Demographic Report

- Education and Economy Report
- Health and Communities Report
- Environment and Transport Report

Cardiff PSB Well-being Assessment

The Cardiff Local Well-being Assessment comprises:

- Cardiff Today Executive Summary, providing a summary of the main finding of the Well-Being Assessment
- Cardiff Today Report, drawing together all the main sources of evidence as part of the Well-being Assessment
- Draft Cardiff Tomorrow Report, considers future trends as part of the Well-being Assessment
- Data analysis: Key Data Sets by Theme and Well-being Objective
- Community analysis - Ward profiles: Key data sets for each electoral ward of Cardiff
- Background Report - Methodology and assessment structure, Evidence base, Summary of statutory reviews and assessments the assessment must take into account
- Cardiff Data Dashboard - Interactive Dashboard setting out the latest city-wide trends

A link to the full set of documents is below:

Cardiff's Local Well-being Assessment 2022 - Cardiff Partnership : Cardiff Partnership

The assessment of Cardiff's local well-being is brought together in the Cardiff Today Report. The Executive Summary sets out the key issues arising from the Cardiff Today report under the following themes and by PSB well-being objective (WBO):

- Demography
- Health and Well-being
- WBO 1: Cardiff is a Great Place to Grow Up
- WBO 2: Cardiff is a Great Place to Grow Older
- WBO 3: Supporting People out of Poverty
- WBO 4: Safe, Confident and empowered communities
- WBO 5: A Capital City that Works for Wales
- WBO 6: Cardiff Grows in a Resilient Way
- WBO 7: Modernising and Integrating our Public Services

PSB data and policy officers have collaborated to ensure that each member of the PSB recognised the assessment of Cardiff and confirmed that the assessment cohered with their own organisation's strategic and operational assessment, both in terms of strengths and challenges.

Recommendation:

The Board / Committee are requested to:

Approve the Vale PSB Well-being Assessment ahead of formal PSB approval on 1st April 2022 and subsequent publication.

Declarations Received
02/8/2022 14:11:44

Note that the Leader of the Vale of Glamorgan Council, and chair of the PSB, has authority to approve any minor changes if these will not fundamentally change the analysis and conclusions within the Assessment.

Note the Cardiff PSB Well-being Assessment which was approved by the Cardiff PSB on 9th March 2022.

Link to Strategic Objectives of Shaping our Future Wellbeing: *Please tick as relevant*			
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	
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*									
Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/No
No
Safety: Yes/No
No
Financial: Yes/No
No
Workforce: Yes/No
No
Legal: Yes/No
No
Reputational: Yes/No
No
Socio Economic: Yes/No
No
Equality and Health: Yes/No
No
Decarbonisation: Yes/No
No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
UHB Chair, Executive Director of Public Health and Executive Director of Strategic Planning are members of Vale PSB	The Vale PSB approved the draft Assessment for consultation in November 2021. Final UHB comments were submitted in February 2022.
UHB Chair, Chief Executive, Executive Director of Public Health and Executive Director of Strategic Planning are members of Cardiff PSB	The Cardiff PSB approved the Local Well-being Assessment for consultation with statutory consultees. Final UHB comments were submitted in February 2022.

03/08/2022 14:57:42

Report Title:	Annual Plan of Board Business			Agenda Item no.	7.5
Meeting:	UHB Board	Public	x	Meeting Date:	31st March 2022
		Private			
Status *(please tick one only):*	Assurance		Approval	x	Information
Lead Executive:	**Director of Corporate Governance**				
Report Author (Title):	**Director of Corporate Governance**				

Main Report
Background and current situation:

Standing Orders 7.2 states that 'The Board Secretary, on behalf of the Chair, shall produce an Annual Plan of Board Business.

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

The Board Annual Plan for 2022/23 is attached at the appendix.

The attached Annual Plan has been developed by the Director of Corporate Governance. It details the items which the Board should review and are items which are detailed within the Board's Scheme of Reservation (decisions reserved for the Board). The Plan also, where appropriate, details which Committee / Group where the items should be considered prior to presentation to the Board and who the Executive Director lead is.

It should be noted that any Board Annual Plan should be flexible enough to accommodate additional items that will be added throughout the year.

Strategies and Annual Reports – In line with Standing Orders there are a number of Strategies and Annual Reports which should be presented to the Board. The UHB has just one strategy which is 'Shaping Our Future Wellbeing'. However, there are some specific strategies which do need Board approval e.g. Estates. Likewise Shaping Our Future Wellbeing will also cover off some of the strategies and need to be cross referenced rather than create duplication.

Areas highlighted in blue – There are no timescales against these items as they would be presented to the Board on an 'as and when' basis but should remain in the plan so the Board are aware of their responsibilities.

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

The draft Annual Plan has been developed with due regard to:

- the UHB's Standing Orders and Scheme of Reservation and Delegation of Powers;
- the UHBs Shaping Our Future Wellbeing Strategy;
- the UHB's Draft IMTP;
- key risks and areas where scrutiny is required by the full Board; and
- key statutory, national and best practice requirements and reporting arrangements.

Saunders Medium 03/28/2022 14:47:14

Recommendation:

The Board are asked to:

(a) Approve the Board Annual Plan 2022.23 noting that additional items will be added throughout the year to accommodate the delivery of our Strategic Objectives which are undergoing a review and refresh.

Link to Strategic Objectives of Shaping our Future Wellbeing: *Please tick as relevant*			
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*									
Prevention	x	Long term		Integration		Collaboration		Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/~~No~~
There is a risk that non-delivery the Board's Annual Plan could result in non-compliance with the Health Boards Standing Orders.
Safety: ~~Yes~~/No
Financial: ~~Yes~~/No
Workforce: ~~Yes~~/No
Legal: ~~Yes~~/No
Reputational: ~~Yes~~/No
Socio Economic: ~~Yes~~/No
Equality and Health: ~~Yes~~/No
Decarbonisation: ~~Yes~~/No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Management Executives	21st March 2022

Saunders,Nathan
03/28/2022 14:57:42

Cardiff and Vale University Health Board - Board Plan of Business 2022-23								
App - Approval Ass - Assurance Inf - Information	Committee/ Group	Lead	26-May	28-Jul	29-Sep	24-Nov	26-Jan	30-Mar
Agenda Item								
Strategy and Strategic Plans								
Determine/ review UHBs aims, objectives and priorities (as part of SoFW Strategy)	Management Executives	CEO			App			
Approve / Review Values and Standards of Behaviour Framework (part of SoFW Strategy)	Strategy and Delivery	CEO/EDSP			App			
Approve / review action required on delivery of strategic objectives	Strategy and Delivery	CEO			App			
Approve IMTP	Strategy and Delivery	EDSP						App
Approve/ review development and delivery of patient centred clinical services (as part of SoFWS)	Strategy and Delivery	MD/EDSP			App			
Approve/ Review citizen, partnership and stakeholder engagement and involvement strategies	Strategy and Delivery	EDSP				App		
Approve / Review Quality, Safety and Experience Framework	Quality, Safety and Experience	MD/END				Ass		
Approve / Review People and Culture Plan	Strategy and Delivery	EDPC					Ass	
Approve/ Review Estates Strategy	Strategy and Delivery	DoF			App			
Approve / Review Digital Health Intelligence Strategy	Digital Health Intelligence	DT						Ass
Approve / review Capital Strategy (including investment and disposal plans)	Strategy and Delivery	DoF/EDSP		Ass				
Approve/ Review Framework and Strategy for Performance Management	Strategy and Delivery	CEO		App				
Approve Risk Management Strategy	Audit	DCG		App				
Approve / Review Mental Health Strategy	Mental Health Legislation and Mental Capacity Act	COO						App
Approve Population Health Needs assessment and Commissioning Plan	Strategy and Delivery	EDPH/EDSP						App
Approve Joint Area Plan (prepared under direction of RPB in response to Population Needs Assessment)	Board	CEO	App					
Approve / review Wellbeing objectives in accordance with requirements of Wellbeing of Future Generations Act (as part of SoFW Strategy)	Strategy and Delivery	EDPH/EDSP			Ass			
Approve Wellbeing Plan agreed by Public Service Board	Strategy and Delivery	CEO				Ass		
Standing Items								
Patient Story	Board	MD/END	Inf	Inf	Inf	Inf	Inf	Inf
Minutes of the previous meeting	Board	DCG	App	App	App	App	App	App
Action Log	Board	DCG	Ass	Ass	Ass	Ass	Ass	Ass
Ratify urgent decisions of the Chair/CEO	Board	CCG	App	App	App	App	App	App
Chairs Report	Board	CJ	Ass	Ass	Ass	Ass	Ass	Ass

Saunders, Debbie
03/28/2022 12:26:42

Chief Executive's Report	Board	CEO	Ass	Ass	Ass	Ass	Ass	Ass
Integrated Performance report (including quality, finance, activity and workforce)	Quality, Safety and Experience/ Strategy and Delivery /Finance	END/MD/EDPC/ COO/DoF	Ass	Ass	Ass	Ass	Ass	Ass
Board Assurance Framework	Audit	DCG/CEO	App	App	App	App	App	App
Corporate Risk Register	Audit	DCG	Ass	Ass	Ass	Ass	Ass	Ass
Chair's Committee Reports to Board:								
-Audit Committee	Audit	DCG	Ass	Ass	Ass	Ass	Ass	Ass
-Quality, Safety and Experience Committee	Q,S&E	DCG	Ass	Ass	Ass	Ass	Ass	Ass
-Strategy and Delivery Committee	S&D	DCG	Ass	Ass	Ass	Ass	Ass	Ass
- Finance Committee	Finance	DCG	Ass	Ass	Ass	Ass	Ass	Ass
-Health and Safety Committee	H & S	DCG	D	D		D	D	
- Mental Health and Mental Capacity Act Committee	Mental Health	DCG		D		D	D	
- RaTS Committee	RaTS	DCG	-	-	-	-	-	-
- Charitable Funds Committee	CF	DCG	D		D	D		D
-Digital Health Intelligence Committee	DHIC	DCG		D		D		D
-Shaping Our Future Hospitals Committee	SoFH	DCG	D		D			D
Minutes of Committees of the Board:								
-Audit Committee	Audit	DCG	App	App	App	App	App	App
-Quality, Safety and Experience Committee	Q,S&E	DCG	App	App	App	App	App	App
-Strategy and Delivery Committee	S&D	DCG	App	App	App	App	App	App
- Finance Committee	Finance	DCG	App	App	App	App	App	App
-Health and Safety Committee	H&S	DCG	App	App		App	A	
- Mental Health and Mental Capacity Act Committee	Mental Health	DCG		App		App	A	
- RaTS Committee	RaTS	DCG	-	-	-	-	-	-
- Charitable Funds	CF	DCG	App		App	App		App
-Digital Health Intelligence Committee	DHIC	DCG	App	App		App		App
-Shaping our Future Hospitals Committee	SoFH	DCG						
Minutes of Joint Committee:								
- EASC	EASC	DCG	Ass	Ass	Ass	Ass	Ass	Ass
- WHSCC	WHSCC	DCG	Ass	Ass	Ass	Ass	Ass	Ass
Minutes of Advisory Groups:								
- Stakeholder Reference Group	SRG	EDSP	App		App	App		
- Local Partnership Forum	LPF	EDPC	App	App	App	App	App	App
- Healthcare Professional Forum	HPF	EDPC			App	App	App	App
Governance								
Approve Standing Orders, Scheme of Delegation, SFIs	Audit	DCG	App					
Ratify in public failure to comply with SO's	Audit	DCG	App	App	App	App	App	App
Authorise the use of the seal	Board	DCG	App	App	App	App	App	App
Approve proposals for action on litigation (as and when required)	Board	DCG	App	App	App	App	App	App
Receive and determine action in relation to Board Member declarations of interests (and when required)	Audit	DCG	Ass					
Approve the top level organisation structure	Management Executives	CEO			App			
Approve corporate policies (as and when required)	Management Executives	DCG	App	App	App	App	App	App
Appoint and revise Committees of the Board	Board	CHR						App
Note the appointment of Executive Directors including Board Secretary (as and when required)	RaTS	CHR	Inf	Inf	Inf	Inf	Inf	Inf

Saunders Nathan
03/28/2022 11:...

Approve TOR for all Committees	All Board Committees	DCG						App
Appoint, equip, review and where appropriate dismiss the Chair and any members of any Committee, Joint Committee or Group set up by the Board (as and when required)	Board	CHR						
Appoint, equip, review and where appropriate dismiss individuals appointed to represent the Board on outside bodies and group (as and when required)	Board/RaTS	CHR/CEO						
Approve arrangements relating to responsibilities as a corporate trustee for funds held on trust	Charitable Funds	CHR						App
Approve Risk Management Strategy and Plans	Audit	DCG		App				
Approve Civil contingency and business continuity update	Strategy and Delivery	EDSP			App			
Receive reports on performance from external regulators and inspectors e.g. WAO, CHC, HIW which raise an issue or concern impacting on ability to delivery objectives (as and when required)	Audit Quality, Safety and Experience	MD/END/DCG						
Receive annual opinion from Head of Internal Audit (HoIA) and approve action required	Audit	DCG	Ass					
Receive annual report from Auditor General for Wales and approve action required	Audit	DCG					Ass	
Receive WAO Structured Assessment	Audit	DCG					Ass	
Approve Annual Report (including Accountability Report and Performance Report)	Audit	DCG	App					
Approve audit and assurance arrangements	Audit	DCG					App	
Approve policies for dealing with complaints and incidents (as and when required)	Quality, Safety and Experience	MD/END						
Annual Cycle of Business	Board	DCG						App
Board Development Plan	Board	DCG	App					
Annual consultations summary	Quality, Safety and Experience/ Strategy and Delivery /Audit	DCG					Ass	
AGM Minutes	AGM	DCG				App		
Annual Reports of Board Committees	All Board Committees	DCG						App
Financial								
Approve cases for write off of losses (as and when required)	Finance	DoF						
Approve cases for making special payments above limits of delegation of CEO (as and when required)	Finance	DoF						
Approve Medium Term Financial Plan	Finance	DoF						App
Approve budget and financial framework	Finance	DoF						App
Approve individual contracts/ business cases above the limit delegated to the CEO	Finance	CEO	App	App	App	App	App	App
Approve Capital Plan	ME	DoF/EDSP	App					
Approve Annual Financial Accounts	Finance	DoF	App					
Primary Care Contracts (new awards)	Strategy and Delivery	COO						
Approve reduction in significant activity or operation (as and when required)	Strategy and Delivery	COO						
Annual Reports								
Approve Director of Public Health Annual Report	Strategy and Delivery	EDPH					App	
Approve Health and Safety Annual Report	H&S	EDPC		App				
Approve Risk Management Strategy	Audit	DCG		App				
Approve / Review Mental Health Strategy	MHCLC	COO						App
Approve Safeguarding updates and Annual Report	Quality, Safety and Experience	END		App				

Saunders Matthew
03/28/2022 12:55:47

Approve Tissue and Organ Donation Annual Report	T&OD	MD			App			
Approve Welsh Language Annual Report	Strategy and Delivery	EDPC				App		

Key:
Chair - CHR
Chief Executive - CEO
Executive Director of Finance - DoF
Executive Medical Director - MD
Executive Nurse Director - END
Chief Operating Officer - COO
Executive Director of Strategic Planning - EDSP
Executive Director of Therapies and Health Science - EDTHS
Executive Director of Public Health - EDPH
Executive Director of People and Culture - EDPC
Director of Corporate Governance - DCG
Director of Digital Health Intelligence - DDHI

Saunders,Nathan
03/28/2022 14:57:42

Report Title:	Terms of Reference and Work Plans for Committees of the Board			Agenda Item no.	7.6
Meeting:	Board	Public	x	Meeting Date:	31st March 2022
		Private			
Status *(please tick one only):*	Assurance		Approval	x	Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Director of Corporate Governance				

Main Report
Background and current situation:

The Health Board's Standing Orders and Reservations and Delegations of Powers 3.4 states that the Board shall establish a Committee Structure that it determines best meets its own needs, taking account of any regulatory or Welsh Government requirements. As a minimum, it must establish Committees which cover the following aspects of Board business:

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

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

Terms of Reference and Work Plans for the Committees of the Board are reviewed on an annual basis in line with Standing Orders and good governance. All the Committees of the Board have had the opportunity to review their Terms of Reference, have ratified them and are now with this report recommending to the Board for approval.

Each Committee established by the Board must have its own detailed terms of reference which must be formally approved by the Board. The Terms of Reference must establish Committee Governance and ways of working.

The Membership of all Committees of the Board will be determined by the Board based upon recommendations from the Chair. Executive Directors should not be appointed as Committee Chairs, neither should they be appointed to serve as members on any Committees set up to review the exercise of functions delegated to officers. Executive Directors and designated Officers shall be in attendance at such Committees as appropriate.

The Work Plans for each Committee must reflect the Terms of Reference to ensure that the Committee is discharging its responsibilities appropriately.

Recommendation:

The Board are requested to:

Saunders-Athan 03/28/2022 14:57:42

(a) Approve the establishment of the following Committees of the Board for 2022-23:

- Audit Committee*
- Remuneration and Terms of Service Committee*
- Charitable Funds Committee*

- Mental Health Legislation and Mental Capacity Act Committee (Mental Health Act requirements) *
- Digital Health and Intelligence Committee (Information Governance) *
- Quality, Safety and Experience Committee*
- Finance
- Strategy and Delivery Committee
- Health and Safety Committee
- Shaping Our Future Hospitals Committee – noting that this Committee is currently paused.

(b) Approve the attached Terms of Reference and Work Plans for the following Committees of the Board for 2022-23:

- Audit Committee*
- Remuneration and Terms of Service Committee*
- Charitable Funds Committee*
- Mental Health Legislation and Mental Capacity Act Committee (Mental Health Act requirements) *
- Digital Health and Intelligence Committee (Information Governance) *
- Quality, Safety and Experience Committee*
- Finance
- Strategy and Delivery Committee
- Health and Safety Committee
- Shaping Our Future Hospitals Committee – noting that this Committee is currently paused.

***denotes a statutory Committee**

Link to Strategic Objectives of Shaping our Future Wellbeing: *Please tick as relevant*			
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*									
Prevention		Long term	x	Integration		Collaboration		Involvement	

Saunders Kirkman 03/12/2021 14:57:42

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: ~~Yes~~/No
Safety: ~~Yes~~/No

Financial: ~~Yes~~/No
Workforce: ~~Yes~~/No
Legal: Yes/~~No~~
It is a statutory requirement of the Health Board to ensure that is establishes a Committee Structure to meets its needs and in line with other regulatory and legal requirements from Welsh Government
Reputational: ~~Yes~~/No
Socio Economic: ~~Yes~~/No
Equality and Health: ~~Yes~~/No
Decarbonisation: ~~Yes~~/No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Committees of the Board	During January and February 2022

Saunders,Nathan
03/28/2022 14:57:42

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Cardiff and Vale University Health Board

TERMS OF REFERENCE AND WORKPLANS FOR COMMITTEES OF THE

CARDIFF AND VALE UNIVERSITY HEALTH BOARD

2022/23

Saunders,Nathan
03/28/2022 14:57:42

		Page No.
Statutory Committees		
1.	Audit Committee	3
2.	Remuneration and Terms of Service Committee	11
3.	Charitable Funds Committee	17
4.	Mental Health Legislation and Mental Capacity Act Committee	24
5.	Digital Health Intelligence Committee	32
6.	Quality, Safety and Experience Committee	39
Other Committees		
7.	Finance Committee	47
8.	Strategy and Delivery Committee	52
9.	Health and Safety Committee	60
10.	Shaping Our Future Hospitals Committee	67

Saunders,Nathan
03/28/2022 14:57:42

AUDIT AND ASSURANCE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 The UHB Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the LHB Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2 In line with Standing Orders (3.4.1) and the UHB Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Audit and Assurance Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

2.1 The purpose of the Audit Committee ("the Committee") is to:

- ***Advise*** and ***assure*** the Board and the Accountable Officer on whether effective arrangements are in place - through the design and operation of the UHB's assurance framework - to support them in their decision taking and in discharging their accountabilities for securing the achievement of the UHB's objectives, in accordance with the standards of good governance determined for the NHS in Wales.

2.2 Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its assurance framework may be strengthened and developed further.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to its role in providing advice to the Board, the Committee will comment specifically upon:

- the adequacy of the UHB strategic governance and assurance framework and processes for risk management and internal control designed to support the Accountable Officer's statement on internal control, providing reasonable assurance on:

  - the organisations ability to achieve its objectives;
  - compliance with relevant regulatory requirements, standards and other directions and requirements set by the Welsh Government and others;
  - the reliability, integrity, safety and security of the information collected and used by the organisation;
  - the efficiency, effectiveness and economic use of resources; and

Saunders,Nathan
03/28/2022 14:57:42

- the extent to which the organisation safeguards and protects all its assets, including its people
- the adequacy of the arrangements for declaring, registering and handling interests at least annually
- the adequacy of the arrangements for dealing with offers of gifts or hospitality
- to ensure the provision of high quality, safe healthcare for its citizens;

- the Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate);
- the accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, the ISA 260 Report 'Communication with those charged with Governance' and managements' letter of representation to the external auditors;
- the Schedule of Losses and Compensation;
- the planned activity and results of internal audit, external audit and the Local Counter Fraud Specialist (including strategies, annual work plans and annual reports);
- the adequacy of Executive and Managements response to issues identified by Audit, Inspection and other assurance activity;
- anti-fraud policies, whistle-blowing processes and arrangements for special investigations; and
- any particular matter or issue upon which the Board or the Accountable Officer may seek advice.

3.2 The Committee will support the Board with regard to its responsibilities for governance (including risk and control) by:

- reviewing the ***comprehensiveness*** of assurances in meeting the Board and the Accountable Officers assurance needs across the whole of the UHB's activities, both clinical and non-clinical;
- reviewing the ***reliability and integrity*** of these assurances; and
- considering and approving policies as determined by the Board.

3.3 To achieve this, the Committee's programme of work will be designed to provide assurance that:

- there is an effective Internal Audit function that meets the standards set for the provision of Internal Audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Accountable Officer through the Committee;
- there is an effective Counter Fraud Service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Committee;
- there is an effective clinical audit and quality improvement function that meets the standards set for the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Quality, Safety and Experience Committee;
- there are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Accountable Officer or through the work of the Board's Committees

Saunders.Nathan 03/28/2022 14:57:42

- the work carried out by key sources of external assurance, in particular, but not limited to the UHB External Auditors (Audit Wales), is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity
- the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply;
- the systems for financial reporting to the Board, including those of budgetary control, are effective; and that
- the results of audit and assurance work specific to the UHB, and the implications of the findings of wider audit and assurance activity relevant to the UHB's operations are appropriately considered and acted upon to secure the ongoing development and improvement of the organisation's governance arrangements.

Authority

3.4 The Committee is authorised by the Board to investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB relevant to the Committee's remit, and ensuring patient/client and staff confidentiality, as appropriate. It may seek relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

Access

3.6 The Head of Internal Audit and the Engagement Partner/Audit Manager of External Audit (Audit Wales) shall have unrestricted and confidential access to the Chair of the Audit Committee.

3.7 The Committee will meet with Internal and External Auditors (Audit Wales) and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.

3.8 The Chair of Audit Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Saunders.Nathan 03/28/2019 14:57:42

Sub Committees

3.9 The Committee may, subject to the approval of the UHB Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

4. MEMBERSHIP

Members

4.1 A minimum of three (3) members, comprising:

Chair	Independent member of the Board
Vice Chair	Chosen from amongst the Independent members on the Committee
Members	At least one other independent members of the Board *[one of which should be the member of the Quality and Safety Committee (or equivalent)]*

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2 In attendance

Chief Executive
Director of Finance (Lead Executive)
Director of Corporate Governance
Head of Internal Audit
Local Counter Fraud Specialist
Representative of External Auditor (Audit Wales)
Other Executive Directors will attend as required by the Committee Chair

4.3 By invitation — The Committee Chair may invite:

- any other UHB officials; and/or
- any others from within or outside the organisation
- to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 Secretary - As determined by the Director of Corporate Governance

Member Appointments

4.5 The Membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Saunders.Nathan
03/28/2022 14:57:42

4.6 Committee Members' Terms and Conditions of appointment, (including any remuneration and reimbursement) are determined by the Board, based upon the recommendation of the UHB Chair.

Support to Committee Members

4.7 The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members as part of the UHB's overall OD programme developed by the Director of Workforce and Organisational Development.

5. COMMITTEE MEETINGS

Quorum

5.1 At least two members must be present to ensure the quorum of the Committee, one of whom should be the committee Chair or Vice Chair.

Frequency of Meetings

5.2 Meetings shall be held no less than quarterly, and otherwise as the Chair of the Committee deems necessary – consistent with the UHB annual plan of Board Business.

Withdrawal of Individuals in Attendance

5.3 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. RELATIONSHIP AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

6.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

6.3 The Committee, through its Chair and Members, shall work closely with the Board's other Committees, including joint (sub) Committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

Saunders,Nathan
03/28/2022 14:57:42

6.4 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the UHB overall framework of assurance.

6.5 The Committee shall embed the UHB's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of committee minutes and written reports throughout the year;
- bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the UHB.

7.2 The Committee shall provide a written, annual report to the board and the Accountable Officer on its work in support of the Annual Governance Statement, specifically commenting on the adequacy of the assurance framework, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.

7.3 The Board may also require the Committee Chair to report upon the committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

7.4 The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the UHB Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- quorum (set within individual Terms of Reference)
- Notifying and equipping Committee members – Committee members shall be sent an Agenda and a complete set of supporting papers at least seven (7) clear days before a formal Committee meeting (unless specified otherwise in law).
- Notifying the public and others – at least seven (7) clear days before each Committee meeting a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Health Board's website

Saunders.Nathan
03/28/2022 14:57:42

together with the papers supporting the public part of the agenda (unless specified otherwise in law).

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee with reference to the Board.

Saunders,Nathan
03/28/2022 14:57:42

Audit and Assurance Committee Work Plan 2022 - 23							
App. -Approval Ass.- Assurance Inf. - Information	Exec Lead	05-Apr	14-Jun	05-Jul	06-Sep	08-Nov	07-Feb
Agenda Item							
Governance							
Review the system of assurance	NF	Ass.				Ass.	
Review the risk management system	NF		Ass.				Ass.
Note the business of other Committees and review inter-relationships	NF						Ass.
Review Draft AGS & Draft Annual Report	NF	Ass.	App.				
Review Draft Quality Statement (not required for 21.22)	RW	Ass.	App.				
Review the UHB Annual Report	NF	Ass.	App.				
Review of Standing Orders	NF						Ass.
Report on Declarations of Interest and Gifts and Hospitality	NF	Ass.		Ass.	Ass.	Ass.	Ass.
Receive relevant reports from Regulatory Bodies	NF	Ass.		Ass.	Ass.	Ass.	Ass.
Receive tracking report from Regulatory Bodies	NF	Ass.		Ass.	Ass.	Ass.	Ass.
Receive tracking report from internal audit recommendations	NF	Ass.		Ass.	Ass.	Ass.	Ass.
Receive tracking report from Audit Wales recommendations	NF	Ass.		Ass.	Ass.	Ass.	Ass.
Financial Focus							
Agree final accounts timetable and plans	CP						App.
Review of audited annual accounts and financial statements	CP		App.				
Review changes to SFIs and changes to accounting policies	CP/NF	Ass.					
Review losses and special payments	CP	Ass.	App.			App.	
Single Tender Actions	CP	Ass.		Ass.	Ass.	Ass.	Ass.
Review of Draft Charitable Funds Annual Report and Accounts	CP					Ass.	
Internal Audit							
Review and approve annual internal audit plan	IA	App.					
Review the effectiveness of internal audit	IA					Ass.	
Review of internal audit progress reports	IA	Ass.		Ass.	Ass.	Ass.	Ass.
Receive internal audit reports undertaken during the period	IA	Ass.		Ass.	Ass.	Ass.	Ass.
Receive annual internal audit report and associated opinions (HoIA)	IA		App.				
Audit Wales							
Agree Auditor General's Audit Plan	AW						App.
Review the effectiveness of external audit	AW					Ass.	
Review External Audit Progress Reports	AW	Ass.		Ass.	Ass.	Ass.	Ass.
Receive the Auditors report to those charged with governance	AW		App.				
Receive the Auditors Annual Audit Report	AW						App.
Receive Annual Structured Assessment Report	AW					Ass.	
Clinical Audit							
Review annual Clinical Audit Plan	RW/MJ					Ass.	
Counter Fraud							
Review and approve annual counter fraud plan	CF	App.					
Review counter fraud progress reports	CF	Ass.		Ass.	Ass.	Ass.	Ass.
Review the effectiveness of Counter Fraud Specialist	CF					Ass.	
Receive counter fraud annual report	CF	Ass.	App.				
Audit Committee							
Annual Work Plan	NF						App.
Self assessment of effectiveness	NF	Ass.					
Induction Support for Committee Members	NF	Ass.					
Review Terms of Reference	NF						App.
Produce Audit Committee Annual Report	NF						App.
Minutes of Audit Committee Meeting	NF	App.	App.	App.	App.	App.	App.
Action log of Audit Committee Meeting	NF	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.

Saunders.Nathan
03/28/2022 14:57:42

REMUNERATION AND TERMS OF SERVICE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 The University Health Board (UHB) Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the UHB Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2 In line with standing orders (and the UHB Scheme of Delegation), the Board shall nominate annually a committee to be known as the **Remuneration and Terms of Service Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

2.1 The purpose of the Remuneration and Terms of Service Committee is to:

- Advise and Approve on behalf of the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government; and
- Provide ***Assurance*** to the Board in relation to the UHB arrangements for the remuneration and terms of service, including contractual arrangements, for *all staff*, in accordance with the requirements and standards determined for the NHS in Wales
- Perform certain, specific functions on behalf of the Board.

2.2 The Committee shall have no powers to develop or modify existing pay schemes.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to its role in providing advice and assurance to the Board, the Committee will comment specifically upon the:

- Remuneration and terms of service for the Chief Executive, Executive Directors and other Very Senior Managers (VSMs) not covered by Agenda for Change; ensuring that the policies on remuneration and terms of service as determined from time to time by the Welsh Government are applied consistently;
- Objectives for the Chief Executive and Executive Directors and their performance assessment;
- Proposals to make additional payments to medical consultants; and

Saunders,Nathan
03/28/2022 14:57:42

- Proposals regarding termination arrangements, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance.

3.2 The Board has delegated the following specific powers to the Committee:

- To consider and approve Voluntary Early Release scheme applications, redundancy payments and severance payments;
- To approve any exceptions to the Relocation Expenses Policy
- To approve the engagement of any Board members via an agency or as a contractor in line with Standing Orders and extant Welsh Government guidance.

3.3 Note on an annual basis the engagement of agency workers or individual self-employed contractors into senior posts, as described in the Off-Payroll Procurement Process (n.b. This information is reported to the Audit Committee as part of the compliance report and is for noting only)

Authority

3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB, relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek relevant information from any:

- Employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- Any other Committee, Sub Committee or Group set up by the Board to assist it in the delivery of its functions.

3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

Sub Committees

3.6 The Committee does not have any sub-Committees.

Chairs Action

3.7 The Chair can, with the support of two other Independent Members, act on behalf of the Committee in urgent matters or in relation to routine applications for Voluntary Early Release. All actions taken by the Chair must be ratified at the next Committee meeting.

4. MEMBERSHIP

Members

4.1 A minimum of four (5) members, comprising:

Saunders.Nathan 03/28/2022 14:57:42

Chair	Chair of the Board

Vice Chair	Independent member of the Board
Members	At least three other independent members of the Board
	The Chair of the Audit Committee will be appointed to this Committee either as Vice Chair or member.

Attendees

4.2 The Committee Chair may invite:

- the Director of Corporate Governance
- the Chief Executive
- the Director of People and Culture (Lead Executive)
- any other UHB officials
- and/or any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter (except when issues relating to their personal remuneration and terms and conditions are being discussed).

Secretariat

4.3 The Secretary of the Committee is the Director of Corporate Governance. In the event that this is not appropriate the Executive Director of Workforce will nominate a secretariat

Member Appointments

4.4 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, and subject to any specific requirements or directions made by the Welsh Government.

Support to Committee Members

4.5 The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for committee members in conjunction with the Director of Workforce and Organisational Development.

5. COMMITTEE MEETINGS

Quorum

5.1 At least three members must be present to ensure the quorum of the Committee, one of whom must be the Chair or Vice Chair.

Frequency of Meetings

5.2 The Chair of the Committee, in agreement with Committee Members, shall determine the timing and frequency of meetings, as deemed necessary. It is expected that the Committee shall meet at least once a year, consistent with the UHB's annual plan of Board Business.

Saunders.Nathan 03/28/2022 14:57:42

Meeting Papers

5.3 The Chair and Director of Corporate Governance will check the agenda and papers prior to each meeting

Withdrawal of Individuals in Attendance

5.4 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens.

6.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.3 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of appropriate information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.

6.4 The Committee shall embed the UHB values, corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally and on a timely basis to the Board on the Committee's activities, in a manner agreed by the Board;
- bring to the Board's specific attention any significant matter under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the Board, UHB Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the UHB.

7.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance.

Saunders,Nathan
03/28/2022 14:57:42

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- quorum (set within individual Terms of Reference)
- Notifying and equipping Committee members – Committee members shall be sent an Agenda and a complete set of supporting papers at least seven (7) clear days before a formal Committee meeting (unless specified otherwise in law).
- Notifying the public and others – at least seven (7) clear days before each Committee meeting a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Health Board's website together with the papers supporting the public part of the agenda (unless specified otherwise in law).

9. REVIEW

9.1 These Terms of Reference and operating arrangements shall be reviewed on an annual basis by the Committee with reference to the Board.

Saunders.Nathan
03/28/2022 14:57:42

Remuneration Committee Work Plan 2022-23			
A -Approval D- discussion I - Information	**Exec Lead**	**Apr-22**	**Nov-22**
Agenda Item			
Standard Items			
Approve Voluntary Early Release Scheme applications	RG	A	A
Approve Redundancy Payments	RG	A	A
Approve Severance Payments	RG	A	A
Appove exceptions to the Relocation Expenses Policy	RG	A	A
Approve engagement of any Board Member via an agency or contractor	SR/CJ	A	A
Advice and Assurance to the Board			
Remuneration and Terms of Service for CEO, Executive Directors and other Very Senior Managers	CJ/SR	A	A
Approve Objectives for CEO and Executive Directors	CJ/SR	A	
Review Performance Assessment for CEO and Executive Directors	CJ/SR		D
Approve proposals regarding termination arrangements	RG	A	A
Note Engagement of Agency Workers or self employed contractors in senior posts	RG	I	I
Approve appointments of Executive Directors and other Senior Managers.	CJ/SR	A	A
Approve appointments of Executive Directors	CJ/SR	A	A
Governance			
Annual Work Plan	NF	A	
Self assessment of effectiveness	NF		D
Induction Support for Committee Members	NF		
Review Terms of Reference	NF	A	
Produce annual RaTS Committee Annual Report	NF	A	
Minutes of RaTS Committee Meeting	NF	D	D
Action log of RaTS Committee Meeting	NF	D	D

Saunders,Nathan
03/28/2022 14:57:42

CHARITABLE FUNDS COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 The University Health Board (UHB) standing orders provide that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the UHB either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees".*

1.2 In accordance with standing orders (and the UHB Scheme of Delegation), the Board shall nominate annually a Committee to be known as the **Charitable Funds Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

2.1 Cardiff and Vale University Health Board was appointed as Corporate Trustee (herein after referred to as Charity Trustee) of its charitable funds and the Board serves as its agent in the administration of the charitable funds held by the UHB.

2.2 The purpose of the Charitable Funds Committee (the Committee) is to:

- Provide advice to the Charity Trustee in the discharge of its duties and responsibilities for charitable funds
- Discharge delegated responsibilities from the Charity Trustee for the control and management of Charitable Funds.

2.3 Provide advice and assurance to the Charity Trustee on the delivery of the Charitable Funds Strategy, including fundraising, budgets, priorities and spending criteria.

2.4 Within the strategy and budget determined by the Trustee and consistent with the requirements of the Charities Act 1993, Charities Act 2006 (or any modification of these acts) to apply the charitable funds in accordance with their respective governing documents and the UHB Charitable Funds Governance Framework.

2.5 To ensure that the policies and procedures for charitable funds investments are followed. To make decisions involving the sound investment of charitable funds in a way that both preserves their value and produces a proper return consistent with prudent investment and ensuring compliance with: -

- Trustee Act 2000
- The Charities Act 1993
- The Charities Act 2006
- The Charities Act 2011
- The Charities Act 2016
- Terms of the Funds' Governing documents

Saunders.Nathan 03/28/2017 14:57:42

2.6 To receive at least twice a year, reports for ratification from the Executive Director of Finance on investment decisions and action taken through delegated powers upon the advice of the investment adviser.

2.7 To oversee and monitor the functions performed by the Executive Director of Finance as defined in Standing Financial Instructions.

2.8 To monitor the progress of Charitable Appeals where these are in place and considered to be material.

2.9 To monitor and review the Scheme of Delegation for Charitable Funds expenditure and to set and reflect in Financial Procedures the approved delegated limits for expenditure from Charitable Funds.

2.10 To monitor the work of the Charitable Bids Panel

3. DELEGATED POWERS AND AUTHORITY

Delegated Powers and Duties of the Director of Finance

3.1 The Executive Director of Finance has financial responsibility for the UHB Charitable Funds as defined in the UHB Standing Financial Instructions. The specific powers, duties and responsibilities delegated to the Director of Finance are: -

- Administration of all existing charitable funds;
- To identify any new charity that may be created (of which the UHB is trustee) and to deal with any legal steps that may be required to formalise the trusts of any such charity;
- Provide guidelines with regard to donations, legacies and bequests, fundraising and trading income;
- Responsibility for the management of investment of funds held on trust;
- Ensure appropriate banking services are available;
- Prepare reports to the Trustee including the Annual Accounts;

Authority

3.2 The Committee is empowered with the responsibility for: -

- Overseeing the day to day management of the investments of the charitable funds in accordance with the investment strategy set down from time to time by the Trustee and the requirements of the UHB Standing Financial Instructions;
- The appointment of an investment manager to advise it on investment matters and may delegate day-to-day management of some or all of the investments to that investment manager. In exercising this power, the Committee must ensure that:

  a) The scope of the power delegated is clearly set out in writing and communicated with the person or persons who will exercise it;
  b) There are in place adequate internal controls and procedures which will ensure that the power is being exercised properly and prudently;
  c) The performance of the person or persons exercising the delegated power is regularly reviewed;
  d) Where an investment manager is appointed, that the person is regulated under the Financial Services Act 1986;
  e) Acquisitions or disposal of a material nature must always have written authority of the Committee or the Chair of the Committee in conjunction with the Executive Director of Finance;

Saunders.Nathan
03/28/2022 14:57:42

- Ensuring that the banking arrangements for the charitable funds are kept entirely distinct form the UHB NHS funds;
- Ensuring that arrangements are in place to maintain current account balances at minimum operational levels consistent with meeting expenditure obligations, the balance of funds being invested in interest bearing deposit accounts;
- The amount to be invested or redeemed from the sale of investments shall have regard to the requirements for immediate and future expenditure commitments;
- The operation of an investment pool when this is considered appropriate to the charity in accordance with charity law and the directions and guidance of the Charity Commission. The Committee shall propose the basis to the UHB for applying accrued income to individual funds in line with charity law and Charity Commissioner guidance;
- Obtaining appropriate professional advice to support its investment activities;
- Regularly reviewing investments to see if other opportunities or investment services offer a better return;
- Overseeing the work of the Charitable Funds Bids Panel

3.3 The Committee is authorised by the Charity Trustee to:

- Investigate or have investigated any activity within its Terms of Reference and in performing these duties shall have the right, at all reasonable times, to inspect any books, records or documents of the UHB relevant to the Committee's remit. It can seek any relevant information it requires from any employee and all employees are directed to co-operate with any reasonable request made by the Committee;
- Obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to the Charity Trustee's budgetary and other requirements; and
- By giving reasonable notice, require the attendance of any of the officers or employees and auditors of the Charity Trustee at any meeting of the Committee.

Access

3.4. The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.

Sub Committees

3.5. The Charity Trustee has approved the following sub-committees of the Charitable Funds Committee:

- Charitable Funds Bids Panel
- Staff Benefits Group

4. MEMBERSHIP

Saunders-Jonathan 03/28/2022 14:57:42

Members

4.1 A minimum of six (6) members, comprising:

Chair	Independent Member of the Charity Trustee
Vice Chair	Independent Member or Members of the Charity Trustee
Members	A minimum of 4 other members of the Charity Trustee as follows: Independent Member Executive Nurse Director (Lead Executive) Executive Director of People and Culture Executive Director of Therapies and Health Science

At least half of the overall membership must be Independent Members.

Attendees

4.2. The Committee may require the attendance for advice, support and information routinely at meetings from:

- Director of Communications, Arts, Health Charity and Engagement
- Director of Corporate Governance
- Deputy Director of Finance
- Charitable Funds Accountant
- UHB Investment Advisor
- Chair of Charitable Funds Bids Panel
- Chair of Staff Benefits Group / Vice Chair of Charitable Bids Panel

4.3. By invitation:

The Committee Chair may extend invitations to attend committee meetings to others from within or outside the organisation who the committee considers should attend, taking account of the matters under consideration.

Secretariat

4.4 Secretary: as determined by the Director of Corporate Governance

Member Appointments

4.5 The Membership of the Committee shall be determined by the Charity Trustee, based on the recommendation of the Chair of the Charity Trustee- taking account of the balance of skills and expertise necessary to deliver the committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Charity Trustee, based upon the recommendation of the Charity Trustee Chair {and, where appropriate, on the basis of advice from the UHB Remuneration and Terms of Service Committee}.

Saunders.Nathan
03/28/2022 14:57:42

Support to Committee Members

4.7 The Director of Corporate Governance on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of development for committee members in conjunction with the Deputy CEO and Executive Director of Workforce and Organisational Development.

5. COMMITTEE MEETINGS

Quorum

5.1 At least three members must be present to ensure the quorum of the Committee. Of these three, two must be Independent Members (one of whom is the Chair or Vice Chair) and one must be the Executive Lead for Charitable Funds.

Frequency of Meetings

5.2 Meetings shall be held quarterly and otherwise as the Committee Chairs deems necessary - consistent with the UHB annual plan of Board Business.

Withdrawal of Individuals in Attendance

5.3 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. RELATIONSHIP AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

6.1 The Committee is directly accountable to the Board, in its capacity as Trustee, for its performance in exercising the functions set out in these terms of reference.

6.2. The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:

- Joint planning and co-ordination of Board and Committee business; and
- Appropriate sharing of information

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the UHB overall risk and assurance framework.

6.3 The Committee shall embed the UHB's values, corporate standards, priorities and requirements, e.g., equality, diversity and human rights through the conduct of its business.

Saunders.Nathan
03/28/2022 14:57:42

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall agree arrangements with the UHB Chair to report to the Board in their capacity as Trustee. This may include, where appropriate, a separate meeting with the Board.

7.2 The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the UHB Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (set within individual Terms of Reference)
- Notifying and equipping Committee members – Committee members shall be sent an Agenda and a complete set of supporting papers at least seven (7) clear days before a formal Committee meeting (unless specified otherwise in law).
- Notifying the public and others – at least seven (7) clear days before each Committee meeting a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Health Board's website together with the papers supporting the public part of the agenda (unless specified otherwise in law).

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed on an annual basis by the Committee with reference to the Charity Trustee.

Saunders.Nathan
03/28/2022 14:57:42

Charitable Funds Committee Work Plan 2022.23					
App. -Approval Ass. - Assurance Inf. - Information	**Exec Lead**	**21-Jun**	**20-Sep**	**06-Dec**	**21-Mar**
Agenda Item					
Standing Items					
Staff Lottery Bids Panel Report	RW	Inf	Inf	Inf	Inf
Finance Monitoring Report	CP	Ass	Ass	Ass	Ass
Staff Benefits Report	RW	Inf	Inf	Inf	Inf
New Charitable Fund Applications	RW	App	App	App	App
Feedback on approved successful CFC Bids	RW	Ass	Ass	Ass	Ass
Health Charity Fundraising Report	RW	Ass	Ass	Ass	Ass
Charitable Funds Strategy Review - fundraising - budgets - Priorities - spending Criteria - investment decisions	RW		Ass		Ass
Health Charity Annual Report	RW				App
Legacy Updates	RW				Ass
Walk for Africa	RW			Ass	
Food Sense Wales	RW				Ass
Change Account	RW		Ass		
Arts Annual Report	RW				Ass
Investment Update	CP	Ass		Ass	
Events Planner	RW				App
Scheme of Delegation	CP		App		
Annual Accounts	CP				App
Appeals					
Breast Centre Appeal	RW			Ass	
Prop Appeal	RW	Ass			
Orchard Appeal	RW				Ass
Better Life Appeal	RW		Ass		
Charitable Funds Committee Governance					
Annual Work Plan	NF				App
Self-assessment of effectiveness	NF	Ass			
Review Terms of Reference	NF				App
Produce Charitable Funds Committee Annual Report	NF				App
Minutes of Charitable Funds Committee Meeting	NF	App	App	App	App
Action log of Charitable Funds Committee Meeting	NF	Ass	Ass	Ass	Ass

Saunders.Nathan
03/28/2022 14:57:42

MENTAL HEALTH LEGISLATION AND MENTAL CAPACITY ACT COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 The University Health Board's (UHB) Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the UHB Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2 In line with Standing Orders (and the UHB Scheme of Delegation), the Board shall nominate annually a Committee to be known as the **Mental Health Legislation and Mental Capacity Act Committee.** The detailed terms of reference and operating arrangements agreed by the Board in respect of this Committee are set out below.

1.3 The principal remit of this Committee is to consider and monitor the use of

the Mental Health Act 1983 (MHA), Mental Capacity Act 2005 (which includes the Deprivation of Liberty Safeguards (DoLS)) (MCA) and the Mental Health (Wales) Measure 2010 (the Measure) and any subsequent amendments to the legislation.

Mental Health Act

1.4 The Mental Health Act 1983 covers the detention of people deemed a risk to themselves or others. It sets out the legal framework to allow the care and treatment of mentally disordered persons. It also provides the legislation by which people suffering from a mental disorder can be detained in hospital to have their disorder assessed or treated against their wishes.

1.5 The MHA introduced the concept of "Hospital Managers" which for

hospitals managed by a Local Health Board are the Board Members. The term "Hospital Managers" does not occur in any other legislation.

1.6 Hospital Managers have a central role in operating the provisions of the

MHA; specifically, they have the authority to detain patients admitted and transferred under the MHA. For those patients who become subject to a Community Treatment Order (CTO), the Hospital Managers are those of the hospital where the patient was detained immediately before going on to CTO - i.e. the responsible hospital or the hospital to which responsibility has subsequently been assigned.

1.7 Hospital Managers must ensure that patients are detained only as the

MHA allows, that their treatment and care is fully compliant with the MHA and that patients are fully informed of and supported in exercising their statutory rights. Hospital Managers must also ensure that a patient's case is dealt with in line with associated legislation.

Saunders.Nathan
03/28/2022 14:57:42

1.8 With the exception of the power of discharge, arrangements for authorising day to day decisions made on behalf of Hospital Managers have been set out in the UHB Scheme of Delegation.

Mental Health Measure

1.9 The Mental Health (Wales) Measure received Royal Assent in December 2010 and is concerned with:

- providing mental health services at an earlier stage for individuals who are experiencing mental health problems to reduce the risk of further decline in mental health;
- making provision for care and treatment plans for those in secondary mental health care and ensure those previously discharged from secondary mental health services have access to those services when they believe their mental health may be deteriorating;
- extending mental health advocacy provision.

Mental Capacity Act

1.10 The MCA came into force mainly in October 2007. It was amended by the

Mental Health Act 2007 to include the Deprivation of Liberty Safeguards (DoLS). DoLS came into force in April 2009.

1.11 The MCA covers three main areas –

- The process to be followed where there is doubt about a person's decision-making abilities and decisions may need to be made for them (e.g. about treatment and care)
- How people can make plans and/or appoint other people to make decisions for them at a time in the future when they can't take their own decisions
- The legal framework for caring for adult, mentally disordered, incapacitated people in situations where they are deprived of their liberty in hospitals or care homes (DoLS)

Thus, the scope of MCA extends beyond those patients who have a mental disorder.

2. PURPOSE

2.1 The purpose of the Mental Health Legislation and Mental Capacity Act Committee (the Committee) is to seek and provide assurance to the Board or to escalate areas of concerns and advise on actions to be taken in relation to:

- Hospital Managers' duties under the Mental Health Act 1983;
- the provisions set out in the Mental Capacity Act 2005, and
- in the Mental Health Measure (Wales) 2010

are all exercised in accordance with statute and that there is compliance with:

- the Mental Health Act 1983 Code of Practice for Wales
- the Mental Capacity Act 2005 Code of Practice
- the Mental Capacity Act 2005 Deprivation of Liberty Safeguards Code of Practice
- the associated Regulations

Saunders,Nathan 03/28/2022 14:57:42

.

3. DELEGATED POWERS AND AUTHORITY

3.1 The Committee will:

- ensure that those acting on behalf of the Board in relation to the provisions of Mental Health Act and Capacity legislation, have the relevant skills, competencies and knowledge to discharge the Board's responsibilities;
- identify matters of risk relating to Mental Health and Capacity legislation and seek assurance that such risks are being mitigated;
- consider and approve relevant policies and control documents in support of the operation of Mental Health and Capacity legislation;
- monitor the use of the legislation and consider local trends and benchmarks;
- consider matters arising from the Hospital Managers' Power of Discharge sub-committee;
- ensure that **all** other relevant associated legislation is considered in relation to Mental Health and Capacity legislation;
- consider matters arising from visits undertaken by Healthcare Inspectorate Wales Review Service relating to legislation issues and get assurance that actions identified have been responded to appropriately in particular, issues relating to Mental Health Act 1983;
- The Quality, Safety and Experience Committee will advise the Mental Health Act and Capacity Legislation Committee of any complaints in relation to the Mental Health Act and Capacity legislation received from within reports from Public Services Ombudsman for Wales;
- consider any other information, reports related to the legislation that the Committee deems appropriate.

Authority

3.2 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference, concentrating on the governance systems in place and indicators of their effectiveness, particularly in the management of risk. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB relevant to the Committee's remit, ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- other Committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

3.3 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the UHB's procurement, budgetary and other requirements.

Saunders,Nathan
03/28/2022 14:57:44

Sub Committees

3.4 In accordance with Regulation 12 of the Local Health Boards (Constitution, Procedure and Membership) (Wales) Regulations 2003 (SI 2003/149 (W.19), the Board has appointed a Sub-Committee, to be known as the Power of

Discharge Sub-Committee. Three or more members drawn from the Sub-Committee will constitute a panel to consider the possible discharge or continued detention under the MHA of unrestricted patients and those subject to

CTO.

The Mental Health Legislation and Governance Group is also a sub Committee. The purpose of this group is to monitor use of the MHA and deal with operational issues. Therefore, allowing the MHACLC to focus on policy.

3.5 The Committee has authority to establish short life working groups which are time limited to focus on a specific matter of advice or assurance as determined by the Board or Committee.

Retention of Board Responsibility

3.6 The Board retains final responsibility for the performance of the Hospital

Managers' duties delegated to particular people on the staff of Cardiff and Vale University Health Board, as well as the Power of Discharge Group**.**

4. MEMBERSHIP

Members

4.1 A minimum of four (4) members, comprising:

Chair	Vice Chair of the Board
Vice Chair	Chosen from amongst the Independent Members on the Committee
Members	A minimum of two other Independent Members of the Board
	The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2. The following officers and partners are expected to be in attendance so that the Committee can obtain appropriate assurances on compliance with mental health and mental capacity legislation across its breadth of statutory responsibilities:

- Chief Operating Officer (Lead Executive)
- Director of Corporate Governance
- Executive Nurse Director
- Clinical Board Director - Mental Health Clinical Board
- Director of Nursing - Mental Health Clinical Board
- Director of Operations- Mental Health Clinical Board
- Service users

Saunders.Nathan
03/28/2022 14:57:42

The Director of Operations – Women's and Children's Clinical Board and the Mental Capacity Act Manager will attend the Committee in relation to specific items on the agenda as and when required.

4.3. By invitation:

The Committee Chair may extend invitations to attend Committee meetings to others from within or outside the organisation who the Committee considers should attend, taking account of the matters under consideration.

Secretariat

4.4 The Director of Corporate Governance shall attend every meeting and the meeting will be serviced by a member of the Corporate Governance team.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the UHB Chair (and, where appropriate, on the basis of advice from the UHB Remuneration and Terms of Service sub-committee).

Support to Committee Members

4.7 The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for Committee members as part of the UHB overall OD programme developed by the Director of People and Culture.

5. COMMITTEE MEETINGS

Quorum

5.1 Two Independent Members, one of whom should be the Committee Chair or Vice Chair.

Frequency of Meetings

5.2 Meetings shall be held no less than three times a year or as the Chair of the Committee deems necessary – consistent with the UHB Annual Plan of Board Business.

Withdrawal of individuals in attendance

5.3 The Committee may ask any or all of those who normally attend but who are not members to withdraw, to facilitate open and frank discussion of particular matters.

Saunders.Nathan
03/28/2022 14:57:42

Format of agenda

5.4 The agenda for the meeting will be split into three parts comprising:

- Mental Health Act 1983;
- Mental Health Measure (Wales) 2010;
- and Mental Capacity Act 2005.

The proportion of time to be spent at each meeting on the respective parts will be set out in the Committee meeting planner, alternating the focus during the cycle of meetings and according to need.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for the safety, security and use of information to support the quality and safety of healthcare for its patients through the effective governance of the organisation.

6.2 The Committee is directly accountable to the UHB for its performance in exercising the functions set out in these Terms of Reference.

6.3 The Committee, through its Chair and Members, shall work closely with the Board's other Committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information.

In doing so, it will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

6.4 The Committee shall embed the UHB values, corporate standards, priorities and requirements, for example equality and human rights, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports, as well as the presentation of an annual report;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the UHB.

Saunders.Nathan 03/28/2022 14:57:42

7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, for example the Board's Annual General Meeting, or to

community partners and other stakeholders, where this is considered appropriate, for example where the Committee's assurance role relates to a joint or shared responsibility.

7.3 The Director of Corporate Governance, on behalf of the Board shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation, including that of any Sub-Committees established.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the UHB Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (set within individual Terms of Reference)
- Notifying and equipping Committee members – Committee members shall be sent an Agenda and a complete set of supporting papers at least seven (7) clear days before a formal Committee meeting (unless specified otherwise in law).
- Notifying the public and others – at least seven (7) clear days before each Committee meeting a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Health Board's website together with the papers supporting the public part of the agenda (unless specified otherwise in law).

9. REVIEW

9.1 These Terms of Reference shall be reviewed annually by the Committee with reference to the Board or sooner if required e.g. change in legislation.

Saunders.Nathan
03/28/2022 14:57:42

Mental Health Legislation and Mental Capacity Act Committee Work Plan 2022- 23					
App. -Approval Ass.- Assurance Inf.- Information	**Exec Lead**	**26-Apr**	**26-Jul**	**25-Oct**	**31-Jan**
Agenda Item					
Mental Health Act					
MHA Monitoring Exception Report	CB	Ass.	Ass.	Ass.	Ass.
Section 17 Compliance	CB	Ass.	Ass.	Ass.	Ass.
Section 138 Partnership Arrangements	CB	Ass.	Ass.	Ass.	Ass.
Policies in support of operation of MHCL	CB	Ass.	Ass.	Ass.	Ass.
Hospital Managers Power of Discharge Sub Committee Minutes	CB	Ass.	Ass.	Ass.	Ass.
Mental Health Measure Act Monitoring					
Mental Health Measure Monitoring Report	CB	Ass.	Ass.	Ass.	Ass.
Care and Treatment Plans Update Report	CB	Ass.	Ass.	Ass.	Ass.
Mental Capacity Act					
MCA Monitoring Report	CB	Ass.	Ass.	Ass.	Ass.
DOLs Monitoring Report	CB	Ass.	Ass.	Ass.	Ass.
DOLs Audit	CB			Ass.	
Inspection Reports					
HIW MHA Inspection Reports (where they relate to legislative compliance)	CB	Ass.	Ass.	Ass.	Ass.
Public Service Ombudsman Wales Reports (where they relate to legislative compliance)	CB	Ass.	Ass.	Ass.	Ass.
Annual Reports					
Hospital Managers Power of Discharge Sub Committee Annual Report	CB		Ass.		
HIW MHA Annual Report	CB		Ass.		
MHCL Committee Governance					
Annual Work Plan	NF	App.			
Self assessment of effectiveness	NF		Ass.		
Review Terms of Reference	NF	App.			
Produce Committee Annual Report	NF	App.			
Minutes of MHL&MCA Committee Meeting	NF	App.	App.	App.	App.
Action log of MHL&MCA Committee Meeting	NF	Ass.	Ass.	Ass.	Ass.

Saunders.Nathan
03/28/2022 14:57:42

DIGITAL AND HEALTH INTELLIGENCE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 The UHB Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the LHB Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2 In line with Standing Orders (3.4.1) and the UHB Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Digital and Health Intelligence Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

1.3 Digital & Health Intelligence Committee comprises Information Technology, Business Intelligence/Analytics, Information Management, Information Governance, Clinical Coding. It includes some specific IT project teams including those managing the PARIS system, use for mental health/Community services and local management of the Welsh Clinical Portal. Its function is to provide enabling services across the UHB to support the effective use of technology and the use of data/intelligence in the delivery of services.

2. PURPOSE

The purpose of the DHIC is to:

2.1 Provide **assurance** to the Board that;

- Appropriate processes and systems are in place for data, information management and governance to allow the UHB to meet its stated objectives, legislative responsibilities and any relevant requirements and standards determined for the NHS in Wales.
- There is continuous improvement in relation to information governance within the UHB and that risks arising from this are being managed appropriately.
- Effective communication, engagement and training is in place across the UHB for Information Governance

2.2 Seek assurance on the development and delivery of a Digital Strategy (which encompasses the areas detailed in paragraph 1.3 above) for the UHB ensuring that:

- It supports Shaping our Future Wellbeing and detail articulated within the IMTP
- Good partnership working is in place
- Attention is paid to the articulation of benefits and an implementation programme of delivery
- Benefits are derived from the Digital Strategy

Saunders.Nathan 03/28/2022 14:57:42

3. DELEGATED POWERS AND AUTHORITY

To achieve its purpose, the DHIC must receive assurance that:

- The UHB has an appropriate framework of policies, procedures and controls in place to support consistent standards-based processing of data and information to meet legislative responsibilities.
- Accepted recommendations made by internal and external reviewers are considered and acted upon on a timely basis.
- A risk register is in place and that risks are being appropriately identified, assessed and mitigated at all levels in relation to information governance, management and technology.
- Statutory and mandatory requirements are being met such as Caldicott Guardian, FOI, GDPR etc.

To do this the Committee will take the following actions:

3.1 Approve policies and procedures in relation to the Strategy

3.2 Receive assurance that all statutory and mandatory requirements are being met such as Caldicott Guardian, FOI, GDPR etc.

3.3 Receive assurance on the delivery and implementation of the strategy and associated work plan.

3.4 Receive assurance on clinical and staff engagement of the digital agenda.

3.5 Receive, by exception, data breach reports on the following areas:

- Serious reportable data breaches to the Information Commissioner (ICO) and the Welsh Government and any near misses that may be informative for the Committee.
- Sensitive information (break glass system)
- E-mail
- National and local auditing such as NIIAS
- freedom of information,
- subject access requests
- Data Quality
- IG risk assessments
- Incidents – lessons learned from all recorded / reported incidents.

3.6 Receive periodic reports on development, procurement and implementation of national and local IM&T systems

3.7 Review risks:

- Periodically consider risks escalated to the Committee from Clinical Boards / Corporate Departments in relation to:
  - Information Governance
  - Information Management
  - Information Technology

Saunders.Nathan 03/28/2022 14:57:42

- Review risks escalated to the Committee that have a risk rating of 12 and above.

4. AUTHORITY

4.1 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB relevant to the Committee's remit, and ensuring patient/client and staff confidentiality, as appropriate. It may seek relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

4.2 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

5. ACCESS

5.1 The Chair of Digital & Health Intelligence Committee shall have reasonable access to Executive Directors and other relevant senior staff.

6. SUB COMMITTEES

6.1 The Committee may, subject to the approval of the UHB Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

7. MEMBERSHIP

Members

7.1 A minimum of four (4) members, comprising:

Chair	Independent member of the Board
Vice Chair	Chosen from amongst the Independent members on the Committee
Members	At least two other independent members of the Board

The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

7.2 In attendance:

Saunders,Nathan
03/28/2022 14:57:42

	Director of Digital and Health Intelligence
	Director of Digital Transformation
	Assistant Medical Director IT

		Director of Corporate Governance Information Governance Manager Workforce Representative Other Executive Directors will attend as required by the Committee Chair
7.3	By invitation	The Committee Chair may invite: - any other UHB officials; and/or - any others from within or outside the organisation - to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

7.4	Secretary	- As determined by the Director of Corporate Governance

Member Appointments

7.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair - taking account of the balance of skills and expertise necessary to deliver the committee's remit and subject to any specific requirements or directions made by the Welsh Government.

7.6 Committee members' terms and conditions of appointment, (including any remuneration and reimbursement) are determined by the Board, based upon the recommendation of the UHB Chair {and on the basis of advice from the UHB's Remuneration and Terms of Service Committee}.

Support to Committee Members

7.7 The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members as part of the UHB's overall OD programme developed by the Director of Workforce and Organisational Development.

8. COMMITTEE MEETINGS

Quorum

8.1 At least two members of the Committee must be present in addition to the Director of Digital and Health Intelligence to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

Saunders.Nathan
03/28/2022 14:57:42

Frequency of Meetings

8.2 Meetings shall be held no less than three time per year, and otherwise as the Chair of the Committee deems necessary – consistent with the UHB annual plan of Board Business.

Withdrawal of Individuals in Attendance

8.3 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

9. RELATIONSHIP AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

9.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

9.3 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

9.4 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the UHB overall framework of assurance.

9.5 The Committee shall embed the UHB's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

10. REPORTING AND ASSURANCE ARRANGEMENTS

10.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of committee minutes and written reports throughout the year;
- bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant

Saunders.Nathan 03/28/2022 14:57:42

committees of any urgent/critical matters that may affect the operation and/or reputation of the UHB.

10.2 The Committee shall provide a written, annual report to the board and the Accountable Officer on its work in support of the Annual Governance Statement.

10.3 The Board may also require the Committee Chair to report upon the committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

10.4 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

11. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

11.1 The requirements for the conduct of business as set out in the UHB Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- quorum (set within individual Terms of Reference)
- Notifying and equipping Committee members – Committee members shall be sent an Agenda and a complete set of supporting papers at least seven (7) clear days before a formal Committee meeting (unless specified otherwise in law).
- Notifying the public and others – at least seven (7) clear days before each Committee meeting a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Health Board's website together with the papers supporting the public part of the agenda (unless specified otherwise in law).

12. REVIEW

12.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee with reference to the Board.

Saunders.Nathan
03/28/2022 14:57:42

Digital Health Intelligence Committee Work Plan 2022-23				
App. - Approval Ass.- Assurance Inf. Information and noting	**Exec Lead**	**07-Jun**	**04-Oct**	**14-Feb**
Agenda Item				
Assurance				
Review and delivery of Digital Strategy	DT	Ass.	Ass.	Ass.
Digital budget & investment	DT	Ass.		Ass.
Assurance Review on processes and sysems for Data, Information management	DT		Ass.	
Assurance on Information Governance Training, Communications and Engagement Plans	DT		Ass.	
Review of the framework of policies , procedures and controls	DT	Ass.	Ass.	Ass.
Internal Audit Reviews	DT/NF	Ass.	Ass.	Ass.
WAO Reviews	DT/NF	Ass.	Ass.	Ass.
Other external reviews	DT	Ass.	Ass.	Ass.
Risk Register	DT/NF	Ass.	Ass.	Ass.
Development, procurement and implementation of national and Local IMT systems (as and when required)	DT			Ass.
Statutory and Mandatory Requirements				
Assurance that Caldicott Guardian requirements are met	MJ	Ass.	Ass.	Ass.
Assurance that Freedom of Information requirements are met	DT	Ass.	Ass.	Ass.
Assurance that GDPR Compliance is met	DT	Ass.	Ass.	Ass.
Data Breach Reports: Serious Reportable Data Breaches to the ICO Sensitive Information FOI Subject Access Requests Data Quality Incidents	DT	Ass.	Ass.	Ass.
Digital and Health Intelligence Committee Governance				
Annual Work Plan	NF			App.
Self assessment of effectiveness	NF	Ass.		
Induction Support for Committee Members	NF			
Review Terms of Reference	NF			App.
Produce Digital and Health Intelligence Committee Annual Report	NF			App.
Minutes of Digital and Health Intelligence Committee Meeting	NF	App.	App.	App.
Action log of Digital and Health Intelligence Committee Meeting	NF	Ass.	Ass.	Ass.

Saunders.Nathan
03/28/2022 14:57:42

QUALITY, SAFETY AND EXPERIENCE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 The University Health Board (UHB) Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the UHB Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by Committees*".

1.2 In line with standing orders (and the UHB Scheme of Delegation), the Board shall nominate a Committee to be known as the **Quality, Safety and Experience Committee**. This Committee's focus is on ensuring patient and citizen quality and safety including activities traditionally referred to as 'clinical governance'. The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are set out below.

2. PURPOSE

2.1 The purpose of the Quality, Safety and Experience Committee "the Committee" is to provide:

- evidence based and timely ***advice*** to the Board to assist it in discharging its functions and meeting its responsibilities with regard to quality, safety and experience of health services;

- ***assurance*** to the Board on the setting of local organisational Quality and Safety standards and supporting an organisational safety culture.

- evidence based and timely ***advice*** to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality, safety and experience of public health, health promotion and health protection activities;

- ***assurance*** to the Board in relation to the UHB arrangements for safeguarding and improving the quality and safety of patient and citizen centred health improvement and care services in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales;

- ***assurance*** to the Board in relation to improving the experience of patients, carers citizens and all those that come into contact with our services including those provided by other organizations or in a partnership arrangement

3. DELEGATED POWERS AND AUTHORITY

3.1 The Committee will, in respect of its ***provision of advice*** to the Board:

- oversee the initial development of the UHB plans for the development and delivery of high quality and safe healthcare and health improvement services consistent with the Board's overall Strategy and any requirements and standards set for NHS bodies in Wales;

Saunders.Nathan
03/28/2022 14:57:42

- consider the implications for quality, safety and experience arising from the development of the UHB Strategy, Integrated Medium Term Plan or plans of its stakeholders and partners, including those arising from any Joint Committees of the Board;
- consider the implications for patient and citizen experience arising from internal and external review/investigation reports and actions arising from the work of external regulators;
- consider the outcomes for patient feedback methodologies in line with the National Clinical Services Framework: A Learning Health and Care System.
- review achievement against the Health and Care Standards in Wales to inform the Annual Quality and Annual Governance Statements;
- consider and approve policies as determined by the Board.
- Review and monitor the implementation of the Quality, Safety and Experience Framework and oversee the necessary developments to deliver the seven identified workstreams:
  - Organisational Safety Culture
  - Leadership and the prioritisation of quality, safety and experience
  - Patient experience and involvement in quality, safety and experience
  - Patient safety learning and communication
  - Staff engagement and involvement in safety, quality and experience
  - Patient safety, quality and experience data and insight
  - Professionalism of patient safety, quality and experience

3.2 The Committee will, in respect of its ***assurance role***, seek assurances that governance arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe healthcare and improvement services across the whole of the UHB activities and responsibilities.

3.3 To achieve this, the Committee's programme of work will be designed to ensure that, in relation to all aspects of quality, safety and patient and citizen experience:

- there is clear, consistent strategic direction, strong leadership and transparent lines of accountability;
- the organization, at all levels has a citizen centred approach, putting citizens, patients and carers, patient safety and safeguarding above all other considerations;
- the care planned or provided across the breadth of the organization's functions is consistently applied, based on public health principles, sound evidence, clinical effectiveness and meets agreed standards;
- the organization, at all levels has the right systems and processes in place to deliver, from a patient, carer and citizen perspective - efficient, effective, timely and safe services;
- the organization has effective systems and processes to meet the Health and Care Standards;
- the workforce is appropriately selected, trained, supported and responsive to ensure safe, quality and patient centred services ensuring that regulatory arrangements, professional standards and registration/revalidation requirements are maintained;
- there is an ethos of continual quality improvement and regular methods of updating the workforce in the skills needed to demonstrate quality improvement throughout the organization;

Saunders,Nathan
03/28/2022 14:57:42

- there is good team working, collaboration and partnership working to provide the best possible outcomes for its citizens;
- risks are actively identified and robustly managed at all levels of the organization;
- decisions are based upon valid, accurate, complete and timely data and information;
- there is continuous improvement in the standard of quality and safety across the whole organization – continuously monitored through the Health and Care Standards in Wales;
- all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality and safety of care provided, and in particular that:

  - sources of internal assurance are reliable, e.g., internal audit and clinical audit teams have the capacity and capability to deliver;

  - recommendations made by internal and external reviewers are considered and acted upon on a timely basis; and
  - appropriate review is carried out and corrective action is taken arising from incidents, complaints and claims, known collectively as 'concerns', (noting that concerns information is routinely included in the standing item on the Board agenda (Patient Safety Quality and Experience Report) and will not be duplicated in Committee)

3.4 The Committee will advise the Board on the adoption of a set of key indicators of safety, quality and patient and citizen experience against which the UHB performance will be regularly assessed and reported on through the Annual Quality Statement.

Authority

3.5 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- other Committee, Sub Committee or group set up by the Board to assist it in the delivery of its functions.

3.6 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

Saunders, Jonathan
03/28/2022 14:57:12

Access

3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees and Groups

3.8 Within the Quality, Safety and Experience Framework the Board has approved the following Sub-Committees shall report into the Quality, Safety and Experience Committee:

- 7 Clinical Board Quality and Safety Sub-Committees
- Clinical Effectiveness Committee
- Clinical Safety Group
- Learning Committee
- Concerns Group
- Operational Groups (by exception)

These Committees will report in the Quality, Safety and Experience Committee on a rolling programme as set out in the Annual Work Plan of the Committee and after each of their respective meetings.

3.9 Other Quality, Safety and Experience Committee related Groups will also report into the Committee, once established, and as and when required.

3.10 The Committee has authority to establish short life working groups which are time limited to focus on a specific matter of advice or assurance as determined by the Board or Committee.

4. MEMBERSHIP

Members

4.1 A minimum of four (4) members, comprising:

Chair	Independent Member of the Board
Members	3 other Independent Members of the Board, to include a Member of the UHB Audit Committee. The Committee may also co-opt additional independent 'external' members from outside the organization to provide specialist skills, knowledge and expertise.

Attendees

4.2. The following officers **are required to be in attendance**:

- Executive Nurse Director (Joint Lead)
- Executive Medical Director (Joint Lead)
- Executive Director of Therapies and Health Sciences
- Chief Operating Officer
- Executive Director of Public Health
- Director of Corporate Governance
- Associate Medical Director for Safety and Governance
- Assistant Director of Patient Safety, Quality and Improvement

Saunders.Nathan 03/28/2022 14:57:42

- Assistant Director of Patient Experience

Key Directors should be represented if they are unable to attend a meeting.

Other Executive Directors or deputies should attend from time to time as determined by the Committee Chair.

4.3. By invitation:

The Committee Chair may extend invitations to attend Committee meetings as required from within or outside the organization to whom the Committee considers should attend, taking account of the matters under consideration at each meeting. This may include:

- 2 x Staff Representatives and
- the Cardiff and Vale of Glamorgan Community Health Council.

Secretariat

4.4 Secretary: as determined by the Director of Corporate Governance.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the UHB Chair and, where appropriate on the basis of advice from the UHB Remuneration and Terms of Service Committee.

Support to Committee Members

4.7 The Director of Corporate Governance on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for Committee members in conjunction with the Director of Workforce and Organizational Development.

5. COMMITTEE MEETINGS

Quorum

5.1 At least three members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

Saunders Mahan
03/28/2022 14:57:42

Frequency of Meetings

5.2 Meetings shall be held bi-monthly, and otherwise as the Chair of the Committee deems necessary – consistent with the UHB Annual Plan of Board Business.

Withdrawal of individuals in attendance

5.3 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. RELATIONSHIPS AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information

in doing so, contributing to the integration of good governance across the organization, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

6.3 The Committee shall embed the UHB values, corporate standards, priorities and requirements, for example, public health, equality, diversity and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports, as well as the presentation of the Annual Quality Statement.
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, for example, AGM, or to community partners and other stakeholders, where this is considered appropriate, for example, where the Committee's assurance role relates to a joint or shared responsibility.

7.3 The Board Secretary/Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Quality and Safety Committee Handbook.

Saunders,Nathan
03/28/2022 14:57:42

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the UHB Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (set within individual Terms of Reference)
- Notifying and equipping Committee members – Committee members shall be sent an Agenda and a complete set of supporting papers at least seven (7) clear days before a formal Committee meeting (unless specified otherwise in law).
- Notifying the public and others – at least seven (7) clear days before each Committee meeting a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Health Board's website together with the papers supporting the public part of the agenda (unless specified otherwise in law).

9. REVIEW

9.1 These Terms of Reference and operating arrangements shall be reviewed on an annual basis by the Committee with reference to the Board.

Saunders.Nathan
03/28/2022 14:57:42

Quality Safety and Experience Committee Work Plan 2022 - 23								
App -Approval Ass- Assurance Inf - Information	**Exec Lead**	**12-Apr**	**14-Jun**	**30-Aug**	**11-Oct**	**29-Nov**	**10-Jan**	**07-Mar**
Agenda Item					Special			
Standing Items								
Quality, Safety and Experience Implications arising from IMTP	MJ/RW	Ass						
Quality Indicators	MJ/RW	Ass	Ass	Ass		Ass	Ass	Ass
Quality, Safety and Effectiveness Assurance Reports from Clinical Boards	CB	Ass	Ass	Ass		Ass	Ass	Ass
Sub Groups to Quality, Safety and Experience Committee : **Clinical Effectiveness Committee** (consent MCA, DoLS, National Clinical Audit, NICE, NCEPOD, Patient Information, EOL Care, Dementia and delirium, Transition, Organ Donation, Peer Reviews.)	MJ/RW	Ass				Ass		
Concerns Group (concerns and complaints, incident reporting, Duty of candour, patient/user experience and feedback in line with National Clinical Services Framework: A Learning Health and Care System, claims, datix system.)	MJ/RW		Ass				Ass	
Clinical Safety Group/Committee (when established)(Consent MCA, DoLS, Patient Information, Dementia and delirium, Transition, Organ Donation, IP&C, Pressure Damage Group, IRMER, End of Life Care, Falls Delivery Group, JAG, Medicines Management Group, Mortality Review Group, Blood Transfusion, patient Safety Solutions, Medical Devices Group. Nutrition and Hydration, RADAR)	MJ/RW			Ass				Ass
Learning Committee (when established)	MJ/RW	Ass				Ass		
Operational Groups by Exception (IP&C, Cleanliness, Decontamination, Medicines Management, Safeguarding, Research, Patient Safety Solutions, Medical Devices, Nutrition and hydration, Falls, Health Records, Blood Transfusion, Resus, VTE, Pressure damante, Mortality, Suicide Prevention, Point of Care Testing)The operational groups will feed into the Clinical Safety Group when established with exception reporting only to QSE Committee	MJ/RW	Inf	Inf	Inf		Inf	Inf	Inf
Patient Story	RW	Children and Women; Mental Health	CD&T	Medicine		PCIC	Surgery	Specialist
Quality Governance								
Quality, Safety and Experience Framework -effectiveness review	MJ/RW	Ass				Ass		
Health Care Standards Strategy and Action Plan	MJ/RW		App				App	
Policies	MJ/RW	App	App	App		App	App	App
Health and Social Care (Quality and Engagement) (Wales) Act 2020- Annual Compliance	MJ/RW							
Key External Reports from CHC, Internal Audit, Audit Wales	MJ/RW	Ass	Ass	Ass		Ass	Ass	Ass
HIW Activity Overview	RW	App	App	App		App	App	App
HIW Primary Care Contractors	RW		App			App		
Health Promotion Protection and Improvement								
Public Health Promotion activities	FK	Ass						
Quality, Safety and Experience of Public Health Services	FK					Ass		
Quality, Safety and Experience Committee Governance								
Chairs Action	SE	Inf	Inf	Inf		Inf	Inf	Inf
Annual Work Plan	NF						App	
Review of Meeting	NF	Ass	Ass	Ass		Ass	Ass	Ass
Self assessment of effectiveness	NF	Ass						
Review Terms of Reference	NF						App	
Produce Committee Annual Report	NF						App	
Minutes of Quality, Safety & Experience Committee Meeting	NF	App	App	App		App	App	App
Action log of Quality, Safety and Experience Committee Meeting	NF	Ass	Ass	Ass		Ass	Ass	Ass

Saunders,Nathan
03/28/2022 14:57:42

FINANCE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

The Board shall establish a Committee to be known as Finance Committee. The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

2. PURPOSE

The purpose of this Committee is to advise and assure the Board in discharging its responsibilities with regard to its current and forecast financial position, performance and delivery.

The Board has resolved to establish a Finance Committee which will allow appropriate scrutiny and review to a level of depth and detail not possible in Board Meetings in respect of performance relating to: -

- Financial plans and monitoring including delivery of savings programmes
- Scrutiny and monitoring of Financial monthly performance
- Business Cases over £500k

The Committee will ensure that evidence based and timely interventions are implemented to drive forward improved financial performance thereby allowing the Health Board to achieve the requirements and standards determined for the NHS in Wales.

3. DELEGATED POWERS

The Committee, in respect of its provision of advice and assurance will, and is authorised by the Board to: -

- Review monthly Financial Report prior to submission to the Board
- Monitor, review and scrutinise Cost Reduction Programme and Financial Tracker System for Corporate and Clinical Boards
- Review and monitor the IMTP financial plan and associated business cases over £500K and recommend approval to the Board
- Scrutinise the delegated budgets within the budget plan
- Receive assurances with regard to the progress and impact/pace of implementation of Health Boards Cost Reduction Programmes/Savings Plan
- Seek assurance on the Financial Planning process and consider Financial Plan proposals
- Scrutinise financial performance and cash management against revenue budgets and statutory duties.
- Scrutinise submissions to be made in respect of revenue or capital funding and the service implications of such changes and ongoing monitoring of the Capital Programme.
- Monitor and review agreed dis-investments
- Review the Board's Scheme of Financial Delegation as and when necessary
- Receive reports arising from financial reviews, including performance and accountability reviews of Corporate and Clinical Boards
- Review the Financial Risk Register

Saunders,Nathan
03/28/2022 14:57:13

4. AUTHORITY

The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any: -

- Employee (and all employees are directed to co-operate with any legitimate request made by the Committee)
- Other committee, sub-committee or group set up by the Board to assist in the delivery of its functions

May obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

May consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business

Will review risks from the Board Assurance Framework that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.

5. SUB COMMITTEES

The Committee may, subject to the approval of the Health Board, establish sub-committees to task and finish groups to carry out on its behalf specific aspects of Committee business.

6. MEMBERSHIP

Members

Chair: Independent member of the Board

Members: In addition to the Chair of the Committee a minimum of 2 other Independent member of the Board.

In attendance

Chief Executive
Executive Director of Finance
Chief Operating Officer
Executive Director of Strategic Planning
Director of Corporate Governance
Deputy Director of Finance

Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation who the Committee considers should attend, considering the matters under consideration at each meeting.

Member Appointments

The membership of the Committee shall be determined by the Chairman of the Board taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

The Committee will be chaired by the Independent Member for Finance and supported by a Vice Chair who shall also be an Independent Member.

Appointed Independent Members shall hold office on the Committee until such time as it is stood down.

Secretariat

Committee Secretary: as determined by the Director of Corporate Governance.

Support to Committee Members

The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee Members on any aspect related to the conduct of their role
- Ensure the provision of a programme of development for the Committee members as part of the overall Board Development programme

7. COMMITTEE MEETINGS

Quorum
At least two Independent Members must be present to ensure the quorum of the Committee. This should include either the Chair or the Vice Chair of the Committee. In the interests of effective governance, it is expected that a minimum of two Executive Directors will also be in attendance.

Frequency of Meetings

Meetings shall be routinely held on a monthly basis. This will be reviewed on a regular basis.

Withdrawal of individuals in attendance

The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion or particular matters

8. RELATIONSHIP AND ACCOUNTABILITIE WITH THE BOARD AND IT'S COMMITTEES

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains the overall responsibility and accountability for ensuring good financial management for its citizens through the effective governance of the organisation.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

The Committee, through its Chair and members, shall work closely with the Board's other Committees including Sub-Committee/Advisory Groups to provide advice and assurance to the Board through the:

- Planning and co-ordination of Board and Committee business
- Sharing of information
- In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements

Saunders Martin
03/28/2023 15:15:42

The Committee shall embed the Health Board's strategy, corporate goals and priorities through the conduct of the business.

9. REPORTING AND ASSURANCE ARRANGEMENTS

The Committee Chair shall:

- Report to each Board meeting on the Committee's key activities via the Chair's report
- Ensure the public minutes of each meeting of the Committee are presented to the Board meeting
- Ensure appropriate escalation arrangements are in place to alert the Board and Welsh Government of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (set within individual Terms of Reference)
- Notifying and equipping Committee members – Committee members shall be sent an Agenda and a complete set of supporting papers at least seven (7) clear days before a formal Committee meeting (unless specified otherwise in law).
- Notifying the public and others – at least seven (7) clear days before each Committee meeting a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Health Board's website together with the papers supporting the public part of the agenda (unless specified otherwise in law).

11. REVIEW

These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

Saunders,Nathan
03/28/2022 14:57:42

Finance Committee Work Plan 2022-23													
App. - Approval Ass.- Assurance Inf. - Information	Exec Lead	27-Apr	25-May	29-Jun	27-Jul	24-Aug	28-Sep	26-Oct	26-Nov	14-Dec	25-Jan	22-Feb	29-Mar
Agenda Item													
Items for Assurance													
Financial Report review	CP	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
Cost Reduction Programme	CP	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
Financial Tracker System for Corporate and Clinical Boards	CP/CB	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
Escalation of Corporate and Clinical Boards	CB	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
Monitoring of Capital Programme	CP	Ass.		Ass.		Ass.		Ass.		Ass.		Ass.	
Finance Risk on Board Assurance Framework	NF		Ass.		Ass.		Ass.		Ass.		Ass.		Ass.
Items for approval / ratification													
IMTP Financial Plan review and monitor	CP											App.	
Business cases over £500k review prior to Board (as and when required)	CP	App.	App.	App.	App.	App.	App.	App.	App.	App.	App.	App.	App.
Submissions for revenue and capital funding and service implications (as and when required)	CP/CB	App.	App.	App.	App.	App.	App.	App.	App.	App.	App.	App.	App.
Review of SFIs and Scheme of Financial Delegation	CP											App	
Items for noting													
Review of Financial Risk Register	CP	Inf.	Inf.	Inf.	Inf.	Inf.	Inf.	Inf.	Inf.	Inf.	Inf.	Inf.	Inf.
Items for Development/ Deep dive													
TBC	RT/CP		Ass.			Ass.			Ass.			Ass.	
Finance Committee Governance													
Annual Work Plan	NF											App.	
Self assessment of effectiveness	NF	Ass.											
Review Terms of Reference	NF											App.	
Produce annual Finance Committee Annual Report	NF											App.	
Minutes of Finance Committee Meeting	NF	App.	App.	App.	App.	App.	App.	App.	App.	App.	App.	App.	App.
Action log of Finance Committee Meeting	NF	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.

Saunders.Nathan
03/28/2022 14:57:42

STRATEGY AND DELIVERY COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. PURPOSE

1.1 The purpose of the Strategy and Delivery Committee is to:

Advise and assure the Board on the development and implementation of the UHB's overarching strategy, "Shaping our Future Wellbeing", and key enabling plans. This will include all aspects of delivery of the strategy through the Integrated Medium-Term Plan and any risks that may hinder our achievement of the objectives set out in the strategy, including mitigating actions against these.

In particular the Committee will monitor and receive assurances in respect of the following:

2 RESPONSIBILITIES OF THE COMMITTEE

In broad terms the role and responsibilities of the Committee are divided into four categories as shown below:

A. Strategy
B. Delivery Plans
C. Performance
D. Other Responsibilities

Part A

Strategy and/or Strategic Intent

2.1 **Shaping Our Future Wellbeing (SOFW)**. Provide assurance to the Board that the overarching strategy (SOFW) of the UHB is being:

a. Reviewed and progressed as intended, within the appropriate timescales to achieve desired outcomes.
b. Provide assurance that key milestones identified in SOFW are being delivered.
c. Provide assurance that SOFW is actively embedded.
d. Provide assurances that significant risks associated with the delivery of the SOFW are being mitigated

2.2 **National Strategies**. Provide assurance to the Board that the organisation is strategically aligned with Welsh Government's health and social care strategy 'A healthier Wales: long term plan for health and social care' in addition to:

a. The Wellbeing of Future Generations (Wales) Act
b. Socio-economic Duty Equality Act 2020

Saunders.Nathan
03/28/2022 14:57:42

Part B

Development and Delivery of Plans that support Strategies

2.3 Enabling/Supporting Plans: The Committee will scrutinise and provide assurance to the Board that supporting UHB plans have been developed and that their objectives are being delivered as planned. This will include:

a. **Integrated Medium Term Plan (IMTP):** The development and delivery of the Health Boards three-year plan ensuring that service provision and quality, financial and workforce elements are aligned and integrated.
Particular attention will be given to:

i. **Workforce Plan:** Scrutinise and provide assurance to the Board that:
- The strategic workforce issues as set out in Shaping Our Future Wellbeing strategy are being fully addressed
- That early consideration is given to key service and operational issues which may impact on the delivery of the Health Boards plans

ii. **Capital Plan:** Provide assurance to the Board that **major** capital investments are aligned with SOFW and to provide oversight to the prioritisation of investments. The Committee will where appropriate, be responsible for reviewing achievement of the intended outcomes following completion or implementation. The Committee will also receive the minutes and when required, reports from the UHB's Capital Management Group.

b. **Other Significant Plans**: The Committee will scrutinise and provide assurance to the Board that other significant plans associated with the delivery of the UHB's strategy (SOFW) will be developed, reviewed and monitored to ensure they are being progressed and implemented as intended.

All plans which are presented to the Committee should also ensure that consideration is given to Equality and Health Impact Assessments, Socio-Economic Duty and Decarbonisation.

Part C

Performance

2.4 Performance: The Committee will scrutinise and provide assurance to the Board that key performance indicators are on track and confirm that effective actions are being taken to correct unintended variations considering associated governance arrangements. This will include:

Saunders.Nathan 03/28/2022 14:57:42

a. The key Operational Performance Indicators relevant to the Strategy and Delivery Committee

b. Workforce Key Performance Indicators

c. Closer scrutiny ("Deep Dives") on areas of concern where the Committee considers it appropriate

Part D

Other Responsibilities

2.5 Equality and Health Impact Assessments: To provide assurance to the Board that Equality and Health Impact Assessments are fully considered and properly addressed in all significant service change* proposals (see Welsh Government guidance on engagement and consultation) and that full consideration is given to the UHB's responsibilities for Equality, Diversity, Human Rights and the Welsh Language.

2.6 Socio Economic Duty: To provide assurance to the Board that proposals that constitute significant service change fully consider the requirements of the socio-economic duty

2.7 Decarbonisation: To provide assurance to the Board that proposals for significant service change consider decarbonisation impact.

2.8 Consultation and Engagement: For the Committee to consider, and provide assurance to the Board, when engagement and or consultation is appropriate on various capital build schemes or changes to services provided by the Health Board.

2.9 Staff Wellbeing. To provide assurance to the Board that the wellbeing of staff:

a. Is always fully considered regularly reviewed to ensure that suitable support is made available whenever necessary.

b. Staff wellbeing plans are aligned with SOFW and the values of the organisation

3 GOVERNANCE

3.1 Delegated Powers of Authority

As described above.

- The Committee will advise the Board on the adoption of a set of key indicators of service planning against which the UHB's performance will be regularly assessed and reported.
- The Committee will regularly review the high corporate risks associated with its functions and to ensure that appropriate and effective mitigating actions are in place.

Saunders.Nathan 03/28/2022 14:57:42

3.2 Authority

The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

3.3 Membership

Chair:	Independent member of the Board
Members:	A minimum of 3 other Independent member of the Board, The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

3.4 Attendees

In attendance:	Chief Executive Executive Director of Strategic Planning (Lead Executive) Chief Operating Officer Executive Director of People and Culture Executive Director of Finance or nominated deputy Executive Director of Public Health or nominated deputy Director of Corporate Governance Other Executive Directors should attend from time to time as required by the Committee Chair (nominated deputies must be consistent) Trade Union representation from the Local Partnership Forum
By invitation:	The Committee Chair may extend invitations to attend committee meetings as required to the following: Chairs of the Stakeholder Reference Group and Professional Forum

Saunders.Nathan 03/28/2022 14:57:42

Clinical Board Directors
Representatives of partnership organisations
Public and patient involvement representatives
Trade Union Representatives

as well as others from within or outside the organisation who the Committee considers should attend, taking account of the matters under consideration at each meeting.

3.5 Secretariat

Secretariat: As determined by the Director of Corporate Governance

3.6 Member Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair - taking account of the balance of skills and expertise necessary to deliver the committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Committee members' terms and conditions of appointment, (including any remuneration and reimbursement) are determined by the Board, based upon the recommendation of the UHB Chair {and on the basis of advice from the UHB's Remuneration and Terms of Service Committee}.

3.7 Support to Committee Members

The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members as part of the UHB's overall OD programme developed by the Director of Workforce and Organisational Development.

3.8 COMMITTEE MEETINGS

Quorum

At least two members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

Saunders.Nathan
03/28/2022 14:57:12

Frequency of Meetings

Meetings shall be held bi-monthly and otherwise as the Chair of the Committee deems necessary – consistent with the UHB's annual plan of Board business.

Withdrawal of individuals in attendance

The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

4. RELATIONSHIPS AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES / GROUPS

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

The Committee shall embed the UHB's corporate standards, priorities and requirements, e.g., equality, diversity and human rights through the conduct of its business.

5. REPORTING AND ASSURANCE ARRANGEMENTS

The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of committee minutes and written reports throughout the year;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the UHB Chair, or Chairs of other relevant committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

The Board may also require the Committee Chair to report upon the committee's activities at public meetings, e.g., AGM, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

Saunders.Nathan 03/28/2022 14:57:42

The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

6. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (set within individual Terms of Reference)
- Notifying and equipping Committee members – Committee members shall be sent an Agenda and a complete set of supporting papers at least seven (7) clear days before a formal Committee meeting (unless specified otherwise in law).
- Notifying the public and others – at least seven (7) clear days before each Committee meeting a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Health Board's website together with the papers supporting the public part of the agenda (unless specified otherwise in law).

7. REVIEW

These terms of reference and operating arrangements shall be reviewed annually by the Committee with reference to the Board.

Saunders.Nathan
03/28/2022 14:57:42

STRATEGY AND DELIVERY COMMITTEE WORK PLAN 2022-2023 Approval - App. Assurance - Ass. Information - Inf.	Lead Executive	17-05-22	12.07.22	27.09.22	15.11.22	24.01.23	14.03.23
PART A - Strategy and Strategic Intent							
1. Shaping Our Future Wellbeing Strategy (SOFW) - Provide assurance to the Board that the strategy is being progressed, within timescales and is embedded and with significant risks identified	AH	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
National Strategies:							
1. Wellbeing of Future Generations Act - assurance that the organisation is aligned with WG Health and Social Care Strategy - A healthier Wales.	FK		Ass.				
2. Socio-economic Duty Equality Act 2020 - Assurance to the Board that the organisation is aligned and undertaking its responsibilities under the Socio-Economic Duty	FK	Ass.			Ass.		
PART B - Development and Delivery of Plans that support support Strategies							
1. **IMTP** - Annual review prior to approval by Board	AH					Ass.	
2. **Workforce Plan** - To provide assurance that strategic workforce issues are being addressed including key service and operational issues which may impact upon delivery	RG	Ass.					
3. **Capital Plan** - to provide assurance to the Board that major capital investments are aligned to SOFW	AH					Ass.	
4. **Other significant plans** associated with the delivery of the SoFW Strategy: - (As and when required)	AH	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
PART C - Performance							
1. Key Operational Performance Indicators	CB	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
2. Key Workforce Performance Indicators	RG	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
3. Scrutiny and Deep Dives on areas of concerns (as and when appropriate)	CB/AH/FK/RG	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
PART D - Other responsibilities							
1. Strategic Equality Plan - annual reivew with six month update (to include equality, diversity, human rights and welsh language)	RG			Ass.			Ass.
2. Socio - Economic Duty - assurance to the Board that proposals which constitute significant service change fully consider the requirements of the Socio Economic Duty (as and when required)	FK/AH	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
3. Decarbonisation - assurance to the Board that proposals which constitute significant service change fully consider the impact of decarbonisation.(as and when required)	AH	Ass.	Ass.	Ass.	Ass.	Ass.	Ass.
4. Staff Wellbeing Plan - assurance that wellbeing of staff is fully considered and that plans are aligned with SoFW and the values of the organisation	RG					Ass.	
GOVERNANCE ARRANGEMENTS							
Minutes	NF	App.	App.	App.	App.	App.	App.
Action Log	NF	App.	App.	App.	App.	App.	App.
Approval of Policies (as and when required)	NF	App.	App.	App.	App.	App.	App.
Review Terms of Reference	NF					Ass.	
Committee Self Assessment	NF						Ass.
Committee Annual Report	NF						Ass.

Saunders.Nathan
03/28/2022 14:57:42

HEALTH AND SAFETY COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 The Cardiff and Vale University Health Board (UHB) Standing Orders provide that: "The Board may and, where directed by the Welsh Government must, appoint Committees or sub Committees of the Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees".

1.2 In line with Standing Orders (3.4.1) and the UHB Scheme of Delegation, the Board shall nominate annually a committee to be known as the Health and Safety Committee. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

1.3 The organisation has a statutory obligation by virtue of the Health and Safety at Work Act 1974 to establish and maintain a Health and Safety Committee:

- "Section 2 sub section 7 : "it shall be the duty of every employer to establish in accordance with Regulations (i) a safety committee having the function of keeping under review measures taken to ensure the health and safety of his employees and such other functions as prescribed".

2. PURPOSE

2.1 The purpose of the Health and Safety Committee ("the Committee") is to:

Advise and assure the Board and the Accountable Officer on whether effective arrangements are in place to ensure organisational wide compliance of the UHB Health and Safety Policy, approve and monitor delivery against the Health and Safety Priority Improvement Plan and ensure compliance with the relevant Standards for Health Services in Wales.

This will be achieved by encouraging strong leadership in health and safety, championing the importance of a common-sense approach to motivate focus on core aims distinguishing between real and trivial issues.

2.2 Where appropriate, the Committee will advise the Board and the Accountable Officer on where and how, its Health and Safety management may be strengthened and developed further.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to its role in providing advice to the Board, the Committee will comment specifically upon the adequacy of assurance arrangements and processes for the provision of an effective Health and Safety function encompassing:

Saunders.Natha
03/28/2022 14:57:42

- Staff Health and Safety
- Premises Health and Safety
- Violence and Aggression (Inc. Lone Working and Security Strategy)
- Fire Safety

- Risk Assessment
- Manual Handling
- Health, Welfare, Hazard Substances, Safety Environment
- Patient Health and Safety – Environment Patient Falls, Patient Manual Handling
- Staff healthy lifestyle/health promotion activities
- Staff health and well-being

3.2 The Committee will support the Board with regard to its responsibilities for Health and Safety:

- approve and monitor implementation of the Annual Health and Safety Priority Improvement Plan;
- review the comprehensiveness of assurances in meeting the Board and the Accountable Officers assurance needs across the whole of the UHB's activities, both clinical and non-clinical;
- the consideration and approval of policies as determined by the Board.

3.3 To achieve this, the Committee's programme of work will be designed to provide assurance that:

- objectives set out in the Health and Safety Priority Improvement Plan are on target for delivery in line with agreed timescales;
- standards are set and monitored in accordance with the relevant Standards for Health Services in Wales
- proactive and reactive Health and Safety plans are in place across the UHB
- policy development and implementation are actively pursued and reviewed
- where appropriate and proportionate, health and safety incident and ill health events are investigated and action taken to mitigate the risk of future harm
- reports and audits from enforcing agencies and internal sources are considered and acted upon
- workforce, health, security and safety issues are effectively managed and monitored via relevant operational groups
- employee health and wellbeing activities are in place in line with the UHB commitment to be a public health practicing organisation and corporate health standards
- employee health and safety competence and participation are promoted
- decisions are based upon valid, accurate, complete and timely data and information

Authority

3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- other committee, subcommittee or group set up by the Board to assist it in the delivery of its functions.

Saunders.Nathan
03/28/2022 14:57:42

3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

Access

3.6 The Chair of the Health and Safety Committee shall have reasonable access to Executive Directors and other relevant senior staff.

3.7 The Head of Health and Safety shall have unrestricted access to the chair of the Health and Safety Committee

Sub Committees

3.8 The Committee may, subject to the approval of the UHB Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

3.9 There are no formal Sub-Committees of the Health and Safety Committee but the Committee will receive copies of the minutes of the Operational Health and Safety Group, Fire Safety Group, Security and Personal Safety Strategy Group and the Water Safety Group as part of its assurance framework.

4. MEMBERSHIP

Members

4.1 A minimum of three (3) Members, comprising:

Chair	Independent member of the Board.
Vice Chair	Independent member of the Board.
Members	A minimum of 1 other Independent member of the Board

Attendees

4.2 The following officers to be in attendance:

- Executive Director of People and Culture (Executive Lead)
- Director of Corporate Governance
- Executive Director of Public Health
- Head of Health and Safety
- Director of Capital, Estates and Facilities
- Assistant Director of Patient Safety and Quality
- Chair of Staff Health and Safety Group plus 2 other staff Health and Safety representatives
- Director, Occupational Safety, Health and Environment Unit, Cardiff University
- Community Health Council representative

Other Directors or nominated deputies should attend from time to time as required by the Committee Chair.

Saunders.Nathan 03/28/2022 14:57:42

4.3 By invitation:

The Committee Chair may extend invitations to appropriate persons to attend Committee meetings as required from within or outside the organisation who the committee considers should attend, taking account of the matters under consideration at each meeting.

Secretariat

4.4 Secretary: as determined by the Director of Corporate Governance.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Assembly Government.

4.6 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the UHB Chair.

Support to Committee Members

4.7 The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for committee members in conjunction with the Director of Workforce and Organisational Development.

5. COMMITTEE MEETINGS

Quorum

5.1 At least two Independent Members one of which must be the Chair of Vice Chair of the Committee.

Frequency of Meetings

5.2 Meetings shall be held no less than 4 times per year and otherwise as the Chair of the Committee deems necessary – consistent with the UHB's annual plan of Board Business.

Withdrawal of individuals in attendance

5.3 The Committee may require any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. RELATIONSHIPS AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

Saunders, Nathan 03/28/2022 14:57:42

6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens. The

Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

6.3 The Committee shall embed the UHB's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports, as well as the presentation of an annual report;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, for example, AGM, or to community partners and other stakeholders, where this is considered appropriate, for example, where the Committee's assurance role relates to a joint or shared responsibility.

7.3 The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the UHB Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (set within individual Terms of Reference)
- Notifying and equipping Committee members – Committee members shall be sent an Agenda and a complete set of supporting papers at least seven (7) clear days before a formal Committee meeting (unless specified otherwise in law).
- Notifying the public and others – at least seven (7) clear days before each Committee meeting a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Health Board's

Saunders.Nathan
03/28/2022 14:57:42

website together with the papers supporting the public part of the agenda (unless specified otherwise in law).

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed on an annual basis by the Committee with reference to the Board.

Saunders,Nathan
03/28/2022 14:57:42

Health and Safety Committee Work Plan 2022-23					
App. -Approval Assurance - Ass. Information - Inf.	**Exec Lead**	**19/04/2022**	**19/07/2022**	**18/10/2022**	**17/01/2023**
Agenda Item					
Standard Items					
Health and Safety Priority Improvement Plan	RG	Ass.	Ass.	Ass.	Ass.
Fire Safety and Enforement Report	RG	Ass.	Ass.	Ass.	Ass.
Environmental Health Inspector Report	RG	Ass.	Ass.	Ass.	Ass.
Enforcement Agencies Report	RG	Ass.	Ass.	Ass.	Ass.
Waste Management Compliance Report	RG		Ass.		Ass.
Lone worker Report (Including Security Strategy)	RG	Ass.		Ass.	
Regulatory and Review Body Tracking Report	RG	Ass.		Ass.	
Risk Register for Health and Safety	RG	Ass.	Ass.	Ass.	Ass.
Staff Health and Wellbeing	RG		Ass.		Ass.
Standards for Health Services in Wales relevant to Health and Safety	RG	Ass.			
Strategies					
Health and Safety Strategy	RG	App.			
Annual Reports					
Health and Safety Annual Report	RG		App.		
Fire Safety Annual Report	RG			App.	
Policies					
Health and Safety policies (as and when required)	RG				
Health and Safety Overarching Policy	RG			App.	
Governance					
Annual Work Plan	NF				App.
Self assessment of effectiveness	NF		Ass.		
Induction Support for New Committee Members (as and when required)	NF				
Review Terms of Reference	NF				App.
Produce annual Health and Safety Committee Annual Report	NF				App.
Minutes of Health and Safety Committee Meeting	NF	Ass.	Ass.	Ass.	Ass.
Action log of Health and Safety Committee Meeting	NF	Ass.	Ass.	Ass.	Ass.
Minutes from Other Committees which report into H & S Committee	NF	Inf.	Inf.	Inf.	Inf.

Saunders.Nathan
03/28/2022 14:57:42

SHAPING OUR FUTURE HOSPITALS COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

1.1 The Cardiff and Vale University Health Board (UHB) Standing Orders provide that: "The Board may and, where directed by the Welsh Government must, appoint Committees or sub Committees of the Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees".

1.2 In line with Standing Orders (3.4.1) and the UHB Scheme of Delegation, the Board shall nominate annually a committee to be known as the Shaping Our Future Hospitals Committee. The detailed terms of reference and operating arrangements set by the UHB Board in respect of this committee are set out below.

2. PURPOSE

2.1 The Committee will oversee, scrutinise and provide assurance to the UHB Board on the work of the Shaping Our Future Hospitals Programme Board by:

- Providing assurance that the leadership, management and governance arrangements are robust and appropriately discharged to deliver the outcomes and benefits of the programme.
- Providing oversight and scrutiny of project business cases, including oversight of external advisors engaged to support UHB.
- Reviewing and where appropriate, approving reports, papers and business cases prior to them being submitted to the UHB Board and Welsh Government.
- Scrutinising the progress of the Programme Board and providing the UHB Board with assurance that any deliverables and outputs are produced on time, to budget and in accordance with all professional standards.

3. DELEGATED POWERS AND AUTHORITY

The Shaping Our Future Hospitals Committee will carry out the following duties and responsibilities:

- Provide assurance to the UHB Board that Shaping Our Future Hospitals Programme has a clear and consistent strategic direction of travel, which is aligned to Shaping our Future Wellbeing and Wellbeing of Future Generations act; strong and effective leadership; transparent lines of accountability and responsibility; and effective and timely reporting to key internal and external decision-makers.
- Consider and approve the overall scope of Shaping Our Future Hospitals Programme and its delegated authority to make decisions.
- Scrutinise and recommend approval to the Board relevant Shaping Our Future Hospitals Programme Board decisions in particular those decisions which are

Saunders.Nathan 03/28/2022 14:57:42

outside the delegated authority limits (decisions over £500k) of the Programme Board.

- Scrutinise Shaping Our Future Hospitals Programme Board to ensure the direction of the programme remains within the scope set by the UHB Board and is consistent with wider system plans and political environment.
- Review the stakeholder management strategy and specific plans to ensure buy-in from key internal and external stakeholders and recommend approval to the UHB Board.
- Review and recommend approval, where necessary, business cases for Shaping Our Future Hospitals programme and provide assurance to the UHB Board that they will be delivered within the time, cost and to required quality, as specified by the UHB Board and the Welsh Government, and in line with the Health Board's capital governance arrangements.
- Recommend approval to the Board and/or monitor the ongoing progress of:
  - **(a)** The overall programme plan, including objectives, key milestones, resource plan and performance monitoring for key deliverables
  - **(b)** The appointment of all external project advisors and contractors where the value exceeds the delegated limit of the Programme Board
  - **(c)** All procurement decisions where the value exceeds the delegated limit of the Programme Board
  - **(d)** Any deviation from the timelines and report any concerns to the UHB Board as and when necessary.
- Ensure that an effective risk management system is in place and regularly scrutinise key Programme risks.
- Scrutinise and assure that the Board that Programme expenditure against the budget allocated is appropriate and managed effectively.

4. AUTHORITY

4.1 The Committee is authorised:

- To seek any information it requires, or request attendance at a meeting, from an employee of the UHB or any other person in order to effectively discharge its duties;
- To obtain professional advice on any matter within its terms of reference, subject to Management Executive approval. UHB Procurement team will be consulted prior to procurement of external advice;
- To appoint sub-committees or Working Groups with such membership and terms of reference as the Committee may determine, and delegate any of its responsibilities to such a sub-committee or working group.

5. ACCESS

5.1 The Chair of Shaping Our Future Hospitals Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Saunders.Nathan
03/28/2022 14:57:42

6. SUB COMMITTEES

6.1 The Committee may, subject to the approval of the UHB Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

6.2 Shaping Our Future Hospitals Programme Board is a Sub Committee to the Shaping Our Future Hospitals Committee.

7. MEMBERSHIP

7.1 Members

The Committee is appointed by the UHB Board to ensure representation by key stakeholders involved in the programme development, as well as representation of the views of service users and staff.

A minimum of four (4) Independent Members, comprising:

Chair	Independent Member – Capital and Estates
Vice Chair	Independent Member - Finance
Members	A minimum of 2 other Independent Member of the Board

At the invitation of the Committee Chair any Independent Member who is not a member of the Committee is entitled to attend Committee meetings.

7.2 Attendees

The following officers to be in attendance:

- Chief Executive;
- Executive Director of Strategic Planning
- Executive Medical Director;
- Executive Director of Finance
- Programme Director for Shaping Our Future Hospitals Programme;
- Director of Corporate Governance.

7.4 By invitation:

The Committee Chair may extend invitations to appropriate persons to attend Committee meetings as required from within or outside the organisation who the committee considers should attend, taking account of the matters under consideration at each meeting.

7.5 Secretariat

Secretary: as determined by the Director of Corporate Governance.

Saunders.Nathan
03/28/2022 14:57:42

7.6 Member Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the UHB Chair.

7.7 Support to Committee Members

The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for committee members in conjunction with the Director of Workforce and Organisational Development.

8. COMMITTEE MEETINGS

8.1 Quorum

The quorum for meetings is 3 members, including either the Chair or the Vice Chair.

Two Executive Directors should also be in attendance to include either the Chief Executive or Deputy Chief Executive. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the duties or powers vested in or exercisable by the Committee.

8.2 Frequency of Meetings

The Committee will meet quarterly and the agenda will be agreed by the Chair and Executive Lead with agenda and papers to be circulated 7 working days before the meeting, unless by exception and agreed with Chair of meeting in advance. The Chair can agree extraordinary meetings if an urgent item of business needs to be considered.

8.3 Withdrawal of individuals in attendance

The Committee may require any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

8.4 Decisions and disputes

Decisions will normally be reached by consensus. In the event of a disagreement, a member vote will be taken. In the event of a tie, the Chair will have the casting vote.

In the event of further disagreement, decisions will be referred to the Board.

Saunders,Nathan
03/28/2022 14:57:42

9. RELATIONSHIPS AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

9.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability. The Committee is directly accountable to the UHB Board for its performance in exercising the functions set out in these terms of reference.

9.2 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

9.3 The Committee shall embed the UHB's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

10 REPORTING AND ASSURANCE ARRANGEMENTS

10.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the UHB Board on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports, as well as the presentation of an annual report;
- bring to the UHB Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees of any urgent/critical matters.

10.2 The UHB Board may also require the Committee Chair to report upon the Committee's activities at public meetings, for example, AGM, or to community partners and other stakeholders, where this is considered appropriate, for example, where the Committee's assurance role relates to a joint or shared responsibility.

10.3 The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

11. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

11.1 The requirements for the conduct of business as set out in the UHB Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

Saunders.Nathan 03/28/2022 14:57:42

Quorum (set within individual Terms of Reference)

- Notifying and equipping Committee members – Committee members shall be sent an Agenda and a complete set of supporting papers at least seven (7) clear days before a formal Committee meeting (unless specified otherwise in law).
- Notifying the public and others – at least seven (7) clear days before each Committee meeting a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on the Health Board's website together with the papers supporting the public part of the agenda (unless specified otherwise in law).

12. REVIEW

12.1 These terms of reference and operating arrangements shall be reviewed on an annual basis or as required by the Committee with reference to the Board.

Saunders.Nathan
03/28/2022 14:57:42

Future Hospitals Committee Work Plan 2022-23					
App -Approval Ass. - Assurance Inf. - Information	**Exec Lead**	**28-Jun**	**13-Sep**	**13-Dec**	**28-Mar**
Agenda Item					
Itemes for Review & Assurance					
Review of Future Hospitals Programme Update: - Objectives - Milestones - Resource Plan - Performance monitoring of key deliverables	AH	Ass.	Ass.	Ass.	Ass.
Review Programme Risk Register	AH	Ass.	Ass.	Ass.	Ass.
Oversight of external advisors engaged to support the programme	EH	Ass.	Ass.	Ass.	Ass.
Oversight and scrutiny of Project Business Cases (as required)	EH	Ass.	Ass.	Ass.	Ass.
Review programme budget and expenditure (when available)	AH	Ass.	Ass.	Ass.	Ass.
Items for Approval					
Communications Strategy for Programme	AH		App		
Stakeholder Management Strategy for Programme	AH		App		
Recommend appointment of contractors, consultants and advisors to the Board where value more than £500k (as required)	AH	App	App	App	App
Review procurements decisions and recommend approval to the Board (as required)	EH	App	App	App	App
Review Business Cases, recommend approval and provide assurance to the Board regarding delivery, cost and quality in line with UHB and Welsh Government approvals (as required)	AH	App	App	App	App
Items for Noting and Information					
To be agreed					
Future Hospitals Committee Governance					
Annual Work Plan	NF			App	
Committee Self assessment of effectiveness	NF				App
Review Terms of Reference	NF			App	
Produce Shaping Our Future Hospitals Committee Annual Report	NF			App	
Minutes of Shaping Our Future Hospitals Committee Meeting	NF	App	App	App	App
Action log of Shaping Our Future Hospitals Committee Meeting	NF	App	App	App	App

Saunders,Nathan
03/28/2022 14:57:42

Saunders,Nathan
03/28/2022 14:57:42

Report Title:	**Committees & Advisory Groups of the Board – Annual Reports**			Agenda Item no.	7.7
Meeting:	Board	Public	x	Meeting Date:	31st March 2022
		Private			
Status *(please tick one only):*	Assurance		Approval	x	Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Corporate Governance Officers, Chairs of Committees.				

Main Report
Background and current situation:

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

Attached at the appendices are Annual Reports for the following Committees and Advisory Groups of the Board:

- Audit Committee*
- Remuneration and Terms of Service Committee*
- Charitable Funds Committee*
- Mental Health Legislation and Mental Capacity Act Committee (Mental Health Act requirements) *
- Digital Health and Intelligence Committee (Information Governance) *
- Quality, Safety and Experience Committee*
- Finance
- Strategy and Delivery Committee
- Health and Safety Committee
- Shaping Our Future Hospitals Committee – noting that this Committee is currently paused.
- Stakeholder Reference Group
- Local Partnership Forum

*denotes a statutory Committee

These have all been reviewed by the respective Chairs and/or Committees prior to submission to the Board for approval.

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

Chairs of Committees/ Advisory groups report to the Board after each of their meetings in a document called 'Chairs report to the Board'. This is to ensure the Board is aware of discussions at a Committee as soon as possible after the Committee but before the minutes are actually approved by the Board. This provides timely assurance to the Board that the Committee/ Advisory Group is adhering to its duties set out in its Terms of Reference.

In addition to the regular reporting to the Board Chairs of Committees and Advisory Groups are required to do an Annual Report to the Board. This report is written by the relevant Corporate Governance Officers for the Committee and approved by each Committee Chair prior to submission to the Board.

Sandra Gibson-Nathan 31/03/2022 10:07:42

Recommendation:

The Board are requested to:

(a) Approve the Annual reports from the Committees and Advisory Groups of the Board.

Link to Strategic Objectives of Shaping our Future Wellbeing: *Please tick as relevant*			
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*									
Prevention	x	Long term		Integration		Collaboration		Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: ~~Yes~~/No
Safety: ~~Yes~~/No
Financial: ~~Yes~~/No
Workforce: ~~Yes~~/No
Legal: Yes/~~No~~
It is a requirement of the Health Board's Standing Orders that Committees established by the Board present an Annual Report to the Board to demonstrate compliance with their respective Terms of Reference.
Reputational: ~~Yes~~/No
Socio Economic: ~~Yes~~/No
Equality and Health: ~~Yes~~/No
Decarbonisation: ~~Yes~~/No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Committees of the Board	January 21 – March 21

Swyddfa'r Llywodraeth Leol
03/09/2021 14:54:44

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Cardiff and Vale University Health Board

Annual Report of Audit and Assurance Committee

2021-2022

Saunders,Nathan
03/28/2022 14:57:42

1.0 INTRODUCTION

In accordance with best practice and good governance, the Audit Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 MEMBERSHIP

The Committee membership is a minimum of three Independent Members one of whom must have financial experience and one of whom must be a member of the Quality, Safety and Experience Committee. During the financial year 2021/22 the Committee comprised four Independent Members. In addition to the Membership, the meetings are also attended by the Director of Finance (Lead Executive), Director of Corporate Governance, Head of Internal Audit, Local Counter Fraud Specialist and a Representative of External Auditor (Audit Wales). Other Executive Directors will attend as required by the Committee Chair. The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

The Chair of the Board is not a Member of the Committee but attends at least annually after agreement with the Committee Chair.

3.0 MEETINGS AND ATTENDANCE

The Committee met seven times during the period 1 April 2021 to 31 March 2022. This is in line with its Terms of Reference.

At least two members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

The Audit Committee achieved an attendance rate of 82% (80% is considered to be an acceptable attendance rate) during the period 1st April 2021 to 31st March 2022 as set out below:

	06.04.21	13.05.21	10.06.21	06.07.21	07.09.21	09.11.21	08.02.22	Attendance
John Union (CC)	✓	✓	✓	✓	✓	✓	✓	**100%**
David Edwards (VC)	✓	×	×	✓	✓	✓	×	**57.1%**
Mike Jones	✓	✓	✓	✓	✓	✓	✓	**100%**
Ceri Phillips	✓	✓	✓	✓	×	✓	✓	**85.7%**
Total	**100%**	**75%**	**75%**	**75%**	**75%**	**100%**	**75%**	**86.95%**

4.0 TERMS OF REFERENCE AND WORKPLAN

The Terms of Reference and work plan were reviewed and recommended for Board approval by the Committee on 08 February 2022. The Terms of Reference are due to be approved by the Board on 31 March 2022.

Saunders Nathan
03/28/2022 14:57:42

5.0 WORK UNDERTAKEN

As set out in the Terms of Reference, the purpose of the Audit and Assurance Committee is to advise and assure the Board and the Accountable Officer on whether effective arrangements are in place – through the design and operation of the Health Board's assurance framework – to support them in their decision taking and in discharging their accountabilities for securing the achievement of the Health Board's objectives, in accordance with the standards of good governance determined for the NHS in Wales. In particular, the Committee's role includes (but is not limited to) commenting upon: -

- Compliance with relevant regulatory requirements, standards and other directions/requirements set by Welsh Government and others;

- The efficiency, effectiveness and economic use of resources;

- Adequacy of arrangements for (i) declaring, registering and handling interests, and (ii) dealing with offers of gifts or hospitality;

- The Health Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate);

- The Schedule of Losses and Compensation;

- The planned activity and results of internal audit, external audit and the Local Counter Fraud Specialist; and

- The adequacy of executive and management response to issues identified by audit, inspection and other assurance activity.

During the financial year 2021/22 the Audit and Assurance Committee reviewed the following key items at its meetings:

PRIVATE AUDIT AND ASSURANCE COMMITTEE

APRIL, MAY, JUNE, JULY, SEPTEMBER, NOVEMBER 2021 & FEBRUARY 2022

Papers presented to the private session of the Audit and Assurance Committee were as follows:

- Counter fraud Progress Report
- Procurement Compliance Report
- Workforce and Organisational Development Compliance Report

PUBLIC AUDIT AND ASSURANCE COMMITTEE

The work undertaken and considered by the Committee during the financial year 2021 to 2022 included the following: -

Saunders,Nathan
03/28/2022 14:57:42

- **Internal Audit Progress and Tracking Report & Internal Audit Plan 2021/22**

Internal Audit Reports were submitted to each of the Audit and Assurance Committee meetings (apart from the special meeting in June 2021). The reports provided details on outcomes, key findings and conclusions from the finalised Internal Audit assignments and specific detail relating to progress against the Audit Plan and any updates that occurred within the Plan.

In April 2021 the Committee noted that there had been a delay throughout the year in progressing with delivery of the Internal Audit plan due to the ongoing effects of the COVID-19 pandemic.

The Committee received assurance that the Health Board had put in place appropriate processes, during the COVID-19 pandemic, to monitor and report on matters in compliance with the provisions of the Nurse Staffing Levels (Wales) Act 2016.

The Internal Audit report for the Lakeside Wing, which had been circulated to Committee Members in February 2021, had provided reasonable assurance.

In July 2021 the Committee received a number of completed Internal Audit reports which included: -

a) Annual Planning process 21/22
b) Engagement Around Service Planning
c) Data Quality Performance Reporting (Single Cancer Pathway)
d) Infrastructure / Network Management
e) C&W CB – Rostering in Community Children's Nursing
f) Staff Recruitment
g) Wellbeing Hub at Maelfa.

All of the audits above provided reasonable assurance, save for the Annual Planning process 21/22 report which had demonstrated substantial assurance.

At the September meeting, the Committee received three Internal Audit reports which related to (i) Regulatory, Legislative and Alerts Compliance, (ii) Healthy Eating Standards – Hospitals Restaurant and Retail Outlets) and (iii) Mental Health CB – Cancellation of Outpatient Clinics Follow-up, each of which provided reasonable assurance. The report relating to CD&T CB – Ultrasound Governance provided limited assurance.

At the November meeting, the Committee received two Internal Audit reports which related to (i) Clinical Audit and (ii) Five Steps to Safer Surgery. Both reports provided limited assurance.

At the February 2022 meeting, the Committee received four Internal Audit reports which related to (i) Core Financial Systems, (ii) Theatre Utilisation (Surgery Clinical Board), (iii) Retention of Staff and (iv) Welsh Language Standards. All of those audits received reasonable assurance, except for the Core Financial Systems audit which provided substantial assurance.

Internal Audit Tracking Report

The Internal Audit Tracking Report is presented at each Committee meeting in order to provide Members with assurance on the implementation of recommendations made by Internal Audit.

Saunders Nathan
03/28/2022 14:57:42

In April 2021 the Committee were advised that the recommendations made by Internal Audit had reduced from 110 recommendations to 106 recommendations during the period February to April 2021.

At the Audit Committee meeting in November the Committee had noted that:

- the overall number of outstanding recommendations had reduced from 96 individual recommendations to 86 during the period September 2021 to November 2021.
- The reduction in recommendations could be attributed to the completion of 30 entries from the tracker following July's Committee meeting.
- A further 20 entries have been added to the tracker.
- Of the 86 recommendations listed 17 were recorded as completed, 62 were listed as partially complete and 7 were listed as having no action taken.

At the meeting in February 2022, the Committee was advised that the outstanding number of recommendations had reduced from 86 to 85. Since that date a further 16 entries had been added to the Tracker.

A review of the outstanding recommendations had been undertaken since the last Audit Committee meeting and each Executive Lead had been sent the recommendation which fell within their remit

Audit Wales Update

At each Committee meeting, Committee Members received and considered an update from Audit Wales in relation to the current and planned Audit Wales work. Accounts and performance audit work were considered, and information was also provided on the Auditor General's wider programme of national value-for-money examinations.

In June the Committee (prior to formal Board approval) considered and ratified the Health Board's audited accounts, performance report and accountability report alongside the audit report, in readiness for the document being submitted to Welsh Government by the June 2021 deadline.

The Committee noted that work was undertaken to review the COVID-19 vaccination roll out which had included a high-level overview of the administration planning and the rollout approach of all vaccinations in Wales.

The Committee was informed that between 8 and 12 March 2021, Audit Wales had held an online week of learning, good practice and ideas linked to the COVID-19 learning project "Making Sense of a Crisis: Learning from the CVOID-19 Pandemic". The learning resources produced were available on the Audit Wales website.

At its July meeting, the Committee received a number of reports from Audit Wales which included: -

a) Structured Assessment 2021 (Phase One) – Operational Planning Arrangements
b) Rollout of the COVID-19 vaccination programme in Wales
c) Procuring and Supplying PPE for the COVID-19 Pandemic
d) Welsh Health Specialised Services Committee Governance Arrangements

In September the Audit Committee received an addendum report to the Audit of Accounts Report that Audit Wales had presented to the Committee in June 2021. The addendum report set out six recommendations (five of which were IT related), and the Committee was informed that the said recommendations had reflected well on the accounts which were audited. The addendum report also provided the Committee with

Saunders, Mona(
03/28/2022 14:07:42

an update on the progress the Health Board had made against previous years' recommendations.

At the meeting in November the Committee received the report which related to staff well-being during the COVID 19 pandemic. The Committee noted that in relation to the Structured Assessment (i) Phase 1 had been completed, (ii) Phase 2 was being drafted and (iii) the planned date for consideration of the Phase 2 work was February 2022. The Committee had noted further that the focus of the review for Audit Wales was the clinical audit and delivery arrangements.

At the meeting in February 2022, the Committee received the Phase 2 Structured Assessment which had looked at the Corporate Governance and Financial Arrangements of the Health Board and the follow up of the Radiology Services. A National report on joint working between Emergency Services had also been published. Audit Wales were in the process of drafting the report to review the Quality Governance Arrangements

Audit Wales Tracking Report

The Committee received an Audit Wales Tracking report at each meeting in order to provide Members of the Committee with assurance on the implementation of recommendations which had been made by Audit Wales.

At the meeting in February 2022, the Committee was advised of the following:

- 15 external audits were noted on the Tracker and brought forward from the last Committee meeting.
- Since the last meeting, 4 recommendations had been completed and 11 were partially complete.
- A review of all outstanding recommendations had been undertaken with Executives Leads.

Review of Draft Charitable Funds Annual Report and Accounts

At the November meeting the Committee received and discussed the draft accounts which related to the activities of the Health Board's Charity during the period 1 April 2020 to 31 March 2021.

Procurement Compliance Report

In November, the Committee received and discussed a report which set out some circumstances where potential procurement breaches had occurred together with the actions which had been taken/should be taken in order to mitigate against those breaches. Those actions had included the provision of procurement and governance training to key members of staff and Board members.

Review of WHSSC Governance Arrangements

In September the Committee discussed and noted the proposed management responses of WHSSC and the management responses of the Welsh Government, in response to Audit Wales' recommendations. Those recommendations had been raised in the Audit Wales report which had been reported to the Committee in July.

Review the System of Assurance Strategy

Saunders, Nathan 03/28/2022 12:49:31

The Committee received an update on the system of the Health Board's draft Assurance Strategy at its September meeting. The Committee noted that the purpose of the Assurance Strategy was to help the Health Board to target those areas where further assurance was required and to avoid further duplication.

The Committee had further noted that the draft Strategy was to be signed off by the Board and that the assurance map was being developed by the Corporate Governance team. The RAG rating on the reports presented were given by the Corporate Governance Team and assurance had been given across the 3 lines of defence.

Report of the Auditor General on Test, Trace, and Protect (TTP) in Wales

The report on the TTP was brought to the Audit Committee meeting in April 2021. The Committee had noted and discussed the report, including the following points:

- the service had been developed largely from scratch and at pace and it had been suggested that the service needed to continue to evolve alongside the mass vaccination programme to effectively manage virus rates,
- The report gave a high-level overview of what had been, and continued to be, a rapidly evolving programme,
- The evidence base for the report included document reviews, interviews with staff in Health Boards, Local Authorities, the NHS Wales Informatics Service (NWIS), Public Health Wales (PHW) and the WG between September and December 2020, and an analysis of key metrics that showed how well the TTP programme had been performing.

2021-2022 Fee Letter

The Audit Wales Audit fee was discussed at the meeting in April 2021.

Declarations of Interest, Gifts, Hospitality & Sponsorship

The Committee routinely received an update with regards to the Health Board's Declaration of Interest, Gifts, Hospitality and Sponsorship register.

The Committee had noted the proposal for staff to complete a "lifetime" Declaration of Interest via ESR.

Legislative and Regulatory Tracker Report

The Legislative and Regulatory Tracker Report is presented to the Committee at each meeting. Amongst other matters, the report provided details with regards to regulatory standards the Health Board is required to meet and regulatory inspections that have been carried out and/or are due to be carried out. The Committee had noted that regulatory inspections had been carried out by:

1) Health Inspectorate Wales (HIW);
2) United Kingdom Accreditation Service (UKAS):
3) Cardiff and Vale of Glamorgan Food Hygiene Ratings; and
4) Fire and Rescue Services.

The Committee noted that the Tracker has been developed considerably during the course of the year. More latterly, an internal audit had recommended three areas for improvement and, at its November meeting, the Committee had received assurance that those recommendations had been completed.

Standing Orders, SFI's, Reservation and Delegation of Powers

Saunders Matthew
03/28/2022 10:51:47

The Committee reviewed the proposed updates to the Health Board's Standing Orders, Reservations and Delegation of Powers, and Standing Financial Instructions in May and endorsed those proposed updates for submission to the Board for final approval.

Board effectiveness survey 2020-2021

As part of the Health Board's assurance arrangements, in May the Committee was presented with (i) the findings of the Annual Board Effectiveness Survey 2020-2021, and (ii) an update on the action plan following the survey undertaken in 2019-2020.

Induction Support for Committee Members - Verbal

In April the Committee noted that there was an opportunity for new Members to receive induction training with regards to the role and responsibilities of the Audit and Assurance Committee, and to have the opportunity to familiarise themselves with the standing items on the Audit and Assurance agenda.

6.0 REPORTING RESPONSIBILITIES

The Committee has reported to the Board after each of the Audit and Assurance Committee meeting by presenting a summary report of the key discussion items at the Audit Committee. As per the Committee's Terms of Reference, the report is presented by the Committee Chair in which he must:

1) Report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of Committee minutes and written reports throughout the year;
2) Bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;
3) Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

7.0 OPINION

The Committee is of the opinion that the draft Audit and Assurance Committee Report 2021/22 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

John Union

Committee Chair

Saunders.Nathan
03/28/2022 14:57:42

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Cardiff and Vale University Health Board

Annual Report of the Remuneration and Terms of Service Committee 2021/22

Saunders,Nathan
03/28/2022 14:57:42

1.0 INTRODUCTION

In accordance with best practice and good governance, the Remuneration and Terms of Service Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 MEMBERSHIP

The Committee membership is a minimum of four Independent Members and the Committee is chaired by the Chair of the Health Board. During the financial year 2021/22 the Committee comprised of eight Independent Members until the 31st July 2021 and from 1st August 2021 comprised of six Independent Members. In addition to the Membership, the meetings are also attended by the Chief Executive or their Deputy, Executive Director of People and Culture and the Director of Corporate Governance.

3.0 MEETINGS AND ATTENDANCE

The Committee is scheduled to meet twice a year but invariably meets more regularly to allow for appropriate approvals of matters in relation to Remuneration and Terms of Service of Executive Directors.

	25/5/21	14/7/21	15/9/21	16/12/21	27/1/22	9/2/22	3/22	%
Charles Janczewski	✓	✓	✓	✓	✓	✓		100
Ceri Phillips	✓	✓	✓	✓	✓	✓		100
Michael Imperato	✓	A	✓	✓	✓	✓		83
Rhian Thomas	✓	✓	✓	✓	✓	✓		100
John Union	✓	✓	✓	A	A	✓		67
David Edwards	✓	✓	-	-	-	-	-	100
Akmal Hanuk	✓	A	-	-	-	-	-	50
Susan Elsmore	✓	A	✓	A	A	A		33
Total	100	62	100	67	67	83		67

Saunders Nathan
03/28/2022 14:57:42

The Committee met seven times during the year and achieved an overall attendance rate of TBC%.

4.0 TERMS OF REFERENCE

The Terms of Reference were reviewed and approved by the Committee and the Board in November 2021 with the Terms of Reference and Work Plans being included for the Board to approve on 31 March 2022 in line with other Committees of the Board.

5.0 WORK UNDERTAKEN

During the financial year 2021/22, the following items were considered and approved by the Remuneration and Terms of Service Committee:

25 May 2021

- Approval of appointment of Executive Director for People and Culture.
- Approval of Director of Digital Health Intelligence as Board Level Director.
- Noted changes to the Voluntary Early Release Scheme.
- Reviewed and noted the objectives of the Chief Executive Officer and Executive Directors.

14 July 2021

- Approval of appointment of Shadow and Interim Chief Executive Officer and Accountable Officer arrangements.
- Approval of Deputy Chief Executive Officer arrangements to be put in place.

15 September 2021

- Approval of appointment of Interim Deputy Chief Executive Officer.
- Approval of additional responsibilities of Acting Chief Operating Officer from 1st October 2022 and Interim Chief Operating Officer with effect from 1st January 2022.
- Noted letter of resignation from Chief Executive Officer.
- Appoval of Health and Safety responsibility allocated to the Executive Director of People and Culture.

16 December 2021

- Approval of Interim Deputy Chief Executive Officer.
- Approval of Interim Chief Operating Officer.
- Approval of extension of contract of Executive Director of Therapies and Health Science with Cwm Taf Morgannwg Health Board.

27 January 2022

- Approval to pay Interim Chief Executive Officer outstanding leave owing.
- Noted letter of resignation from Interim Chief Executive Officer.
- Noted pay enhancement circular from Welsh Government.

Saunders,Nerian
03/28/2022 14:57:42

9 February 2022

- Approval of extension of tenure for Interim Medical Director.

- Approval of allowance for Managing Director of UHW.

Xx March 2022

- Approval of redundancies.

6.0 OPINION

The Committee is of the opinion that the Remuneration and Terms of Service Annual Report 2021/22 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Professor Charles Janczewski

Chair of the Health Board

Saunders,Nathan
03/28/2022 14:57:42

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Cardiff and Vale University Health Board

Annual Report of the Charitable Funds Committee 2021/22

Saunders,Nathan
03/28/2022 14:57:42

1.0 INTRODUCTION

In accordance with best practice and good governance, the Charitable Funds Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 MEMBERSHIP

The Committee membership is six Members comprising an Independent Member Chair, Independent Member Vice Chair, a further Independent Member and three Executive Directors who are the Executive Nurse Director (Lead Executive), Executive Director of People and Culture and the Executive Director of Therapies and Health Science. In addition to the Membership, the meetings are also attended by the Director of Corporate Governance, the Director of Communications, Arts & Health Charity and the Deputy Finance Director. The Chair of the Board is not a Member of the Committee but attends at least once annually after agreement with the Committee Chair. Other Executive Directors are required to attend on an ad hoc basis.

3.0 MEETINGS & ATTENDANCE

The Committee met four times during the period 1 April 2021 to 31 March 2022. This is in line with its Terms of Reference.

The Charitable Funds Committee achieved an attendance rate of **75%** (80% is considered to be an acceptable attendance rate) during the period 1st April 2021 to 31st March 2022 as set out below:

	29/06/2021	21/09/2021	07/12/2021	01/03/2022	Attendance
Akmal Hanuk (Chair)	✓	✓	✓	✓	**100%**
Ceri Phillips (Vice Chair until 31 July 2021)	✓				**100%**
Mike Jones (Vice Chair from 1 August 2021))	✓	✓	✓	✓	**100%**
Sara Moseley	✓	**X**	**X**	✓	**50%**
Susan Elsmore	**X**	**X**	**X**	**X**	**0%**

Saunders.Nathan 03/28/2022 14:57:42

Ruth Walker	✓	✓	✓	✓	**100%**
Fiona Jenkins	✓	✓	✓	**X**	**75%**
Rachel Gidman	**X**	**X**	**X**	**X**	**0%**
Total	**75%**	**57%**	**57%**	**57%**	**66%**

4.0 TERMS OF REFERENCE

The Terms of Reference were reviewed by the Committee on the 1st March 2022 and are to be approved by the Board on 31st March 2022.

5.0 WORK UNDERTAKEN

The purpose of the Charitable Funds Committee is to provide advice to the Charity Trustee, with regards to the discharge of its duties and responsibilities for the Charitable Funds.

During the financial year 2021/22, the Charitable Funds Committee ("the Committee") reviewed the following key items at its meetings:

- **Health Charity Financial Position & Investment Update.**

At each meeting, the Committee was advised of its responsibility for overseeing the financial management and stewardship of the Charitable Funds. The Charitable Funds Financial Position Report provided information on the year to date's financial performance of the Cardiff and Vale Health Charity ("the Charity) and assessed the forecast financial position of the Charity against commitments already made and investments.

At every meeting the latest income position of the Charity was provided to the Committee.

- **Over £25K bids for approval**

At each meeting a number of bids, where the value of each individual bid was over £25,000, were presented to the Committee for discussion and a/or approval. Each bid discussed by the Committee during the year, together with the outcome of the same, is listed below:

Saunders,Nathan
03/28/2022 14:57:42

- Neurosciences – Electromyography (EMG) machine purchase – **declined.**

- Endowment Funds – Integrated Medicine – Clinical Trials Manager – **approved.**

- Our Health Meadow – ongoing development and staffing costs – **declined.**

- Clinical Psychologist for Covid-19 High Care Wards: Patient and Staff Support Project – **approved** with an intention to backfill the committed funding via NHS Charities Together.
- Our Health Meadow (re-submitted) – **approved.**
-
- Neurosciences – Electromyography (EMG) machine purchase (re-submitted) – **declined.**

- Brain and Brainstem Basis of Long COVID (BBB-COV) – **declined** with further information required.

- Welsh Transplant Game – 5-year funding – flexible funding between £25.000 and £40.000 – **approved.**

- Refurbishment of Resuscitation Training Room – whilst the bid was noted, it was agreed that an appropriate revenue route would be identified as opposed to a Charitable Funds route.

- Employee Wellbeing Service – **part approved -** the service would be underwritten for another Quarter whilst the Health Board and the Trustee considered its merit for investment.

- Forget-me-not Family Choir: A Choir for Bereaved Dementia Carers: 12 Month Pilot Project – **approved.**

- **<u>Fundraising Reports</u>**

A Fundraising Report was provided to the Committee on a quarterly basis.

The reports covered the progress and activities of the Health Charity Appeals for the period 1st April 2021 – 31st March 2022.

The report outlined various appeals, staff lottery updates, fundraising activities and any significant donations received by the Charity.

Saunders, Nathan
03/28/2022 11:57:42

- **Reporting Feedback on Successful CFC bids**

At each meeting, the Committee was advised of feedback from the bids that had previously been approved by the Committee. These included:

- Disposal of Rookwood Hospital
- Employee Wellbeing Service – In June 2019, the Board of Trustees had approved a bid for £352,586 over a two year period (i) double the number of counsellors within the Employee Wellbeing Service (EWS) and (ii) introduce a new Assistant Psychological Therapy Practitioner (APTP) role within the Employee Wellbeing Service (EWS).
- Bale Fund Expenditure – At a meeting held on 17th November 2020, the Charitable Funds Board of Trustees approved three bids for allocation from the donation of £500k received from Mr. and Mrs. Gareth Bale. During the year 2021/22 the Committee were updated upon and/or considered the following in relation to the Bale Fund Expenditure:-

  - Proactive Wellbeing Support for Staff and Managers - £282,000 - All costs to date (01/11/2021) were committed to salaries. Phase 2 would see the allocation of funding going towards interventions. The expectation was that all monies provided would be allocated within the timescale.

  - Provision of a Staff Haven at University Hospital Wales - £54,000 - All costs completed – balance of £5,754.44 remained which would be re-purposed and put towards the Make it Better Fund.

  - Long Covid-19 Rehabilitation: Keeping Me Well and Recovery - £164,000 - A content/structure audit was undertaken on the digital site, with anticipated completion by the end of 2021, following a main “comms” campaign in early 2022.

- **Staff Benefits Group Report**

Saunders,Natalie
03/28/2022 14:57:42

Cardiff and Vale University Health Board Staff Benefits Group was established in 2017, to explore and co-ordinate discounts and benefits offered by external organisations for Health Board employees. The Staff Benefits Group would ensure and agree ‘best deals’ for staff and

in governance terms would report their work to the Committee and the Local Partnership Forum.

At each meeting, the Committee was informed of staff benefits discussed and agreed by the Group between April 2021 – March 2022. The last Staff Benefits Group meeting was held on 10th November 2021.

Staff benefits are displayed on a dedicated link on the Health Board's website intranet page.

- **Staff Lottery Bids Panel Report**

The Board of Trustees has delegated responsibility for the Staff Lottery Bids Panel to consider and approve Charitable Funds bids up to a maximum of £10,000.

The Small Bids process, which also allows bids up to a value of £250 to be fast tracked for approval, was formally agreed by the Committee at their meeting on the 19th September 2017.

The Charity was pleased to report that the Staff Lottery Scheme income continued to grow month on month. At the end of January 2022, there were 5,425 lottery numbers allocated in each draw pulled, throughoutJ anuary which equated to £23,490 each month.

29th June 2021 Meeting

During the 29 June 2021 meeting, the Committee noted the following items:

- **Health Charity Update Reports**

- Covid Income and Expenditure update – The Charity had received an exceptional amount of support since the start of the COVID-19 pandemic.
  The Committee was advised that the Charity had received support from within the Health Board and from external fundraisers and supporters. It had also received several grants from NHS Charities Together.

- Supporting Staff Wellbeing Report – The report highlighted examples of how the Charity (including the Staff Lottery Bids Panel) had supported staff wellbeing through the generous donations received between April 2020 to March 2021. The report

Saunders,Nathan
03/28/2022 14:57:42

focussed on how monies were spent to support the emotional and physical health and wellbeing of staff throughout the Health Board.

- **Prop Appeal Annual Fundraising Report**

The Prop Appeal was launched in 2008 to raise funds to help improve the overall experience and facilities for people receiving rehabilitation at Rookwood Hospital after suffering brain injury.
The Prop Appeal raises money to ensure facilities at Rookwood Hospital are as comfortable, welcoming and stimulating as possible for people during a very traumatic period. Every penny raised goes towards these making things better, and much of this fundraising is down to those who volunteer for The Prop Appeal.

The Committee was advised of the enhancements to patient services/environment provided to complement the core NHS services:

- Improved patient experience and outcomes
- Promoting health and wellbeing
- Promoting quality and safety in patient care through professional managed exercise sessions and complementary therapies.

- **Self-Assessment of Committee Effectiveness**

The Committee noted the results of the Committee Effectiveness Review for 2021 and agreed that the action plan for improvement would be completed by March 2022.

21st September 2021 Meeting

During the 21 September 2021 meeting, the Committee discussed the following items for review and assurance:

- **Dormant Funds**

The Committee was provided with information on the Dormant Funds assessment for the year ending March 2021, including the proposed value of funds earmarked for transfer to General Reserves.
It was noted that there was circa £0.062million being proposed to transfer to General Reserve resulting from the Dormant Funds exercise for 2020/21.

Saunders Mathieson
03/28/2022 10:57:42

- **Our Health Meadow**

The Committee was advised that the Our Health Meadow project had launched in 2015 and the plan was to create a unique and bespoke space that would become a legacy for generations to come.

It was noted that a relationship with the social enterprise, 'Down to Earth', had provided the project with a turning point and a plan for the next 2 years which included:

- A soft relaunch of the project in October/November 2021.
- Gather information from the consultations around the building.

Money for the project had also been secured through the Active Inclusion Fund which pertained to the development of relationships with those who had been disproportionally affected by Covid-19.
It was noted that the whole project was supported by various other charities.

During the 21 September 2021 meeting, the Committee noted the following items for information:

- **Charitable Funds Strategy Review**

The Charitable Funds Strategy 2019 – 2025 was approved by the Committee and the Board of Trustees in August 2020.
The strategy sets out a 5-year vision for planning, prioritising, engaging and communicating with staff, patients and volunteers of Cardiff and the Vale of Glamorgan to further develop and deliver a successful Charitable Fund benefitting the Health Board, its staff and patients.

The Committee supported the continued approach to implementing and delivering the Health Charity Strategy 2020 - 2025.

- **Health Charity Updates**

- Covid Income and Expenditure update (final report)
- Third Sector Grant Scheme
- Change Account Update

Saunders,Nathan
03/28/2022 14:57:42

7th December 2021 Meeting

During the 21 September 2021 meeting, the Committee discussed the following items for review and assurance:

- **Financial training session on Charitable Funds**

The Committee was provided with a refresh training session from the Deputy Director of Finance that explained the financial terminology associated with the Charitable Funds and how the financial data was collated and reported upon with reference to the Charity.
The training session focussed upon 7 main areas:

- Legal status and purpose
- Management of Charitable Funds
- Delegation of Funds
- Financial Performance
- Investment Management
- Reserves Policy
- Other Financial Matters and Good Governance.

- **Health Charity - Internal funding**

The Committee was advised of the preliminary costs of the fundraising team and were advised that a paper would be received at the March 2022 meeting.

- **Rookwood Hospital – Disposal Options & Update**

At the June 2021 meeting, the disposal of Rookwood Hospital was further discussed, and it was noted that there was now a need to progress the disposal following the re-provision of the Neuro and Spinal Rehabilitation services at University Hospital Llandough.

It was noted that the disposal of charitable assets, particularly land and property, are subject to stringent legal processes and that in order to guide the Charity Board of Trustee on the process, external legal advice on the proposed disposal had been obtained.

Saunders, Jathan
03/28/2022 14:57:43

It was noted that at the Board of Trustees meeting in October 2021 it was agreed to:

- APPROVE the recommendation from the Trustees to progress with the disposal of Rookwood Hospital.
- SUPPORT the recommendation to make a Cy Pres Scheme application to change the objectives of the Charity once the UHB has the receipt from the disposal.
- INSTRUCT the Head of Capital Estates to progress the disposal of the now redundant parts of the Rookwood site.

During the 21 September 2021 meeting, the Committee noted the following items for information:

- **Health Charity Updates:**

- Wales and Africa - The Health Board has an ongoing commitment to support partnerships in sub-Saharan Africa. This was established in 2006 to support and encourage public sector organisations to share skills, establishing positive and collaborative working relationships and help to build stronger communities in Africa.

- Breast Centre Appeal – Annual Report - The Breast Centre at the University Hospital Llandough (UHL) celebrated its 10th Anniversary in 2020, having opened in 2010 to provide a “one stop shop” for patients requiring breast care services. At that time, an Appeal was launched with the support of the Committee, to raise funds to further enhance services available within the Centre.
  It was noted that the fundraising activity had continued to be very successful and was continually funding enhancements to patient care at the Breast Centre.

1st March 2022 Meeting.

During the 1 March 2022 meeting, the Committee discussed the following items for review and assurance:

- **Charitable Funds Internal Costs**

The Committee received a detailed report outlining four areas of the Charitable Funds Internal Costs:

- Return on investment of staffing resource, primarily the fundraising team
- Overview of roles and responsibilities

Saunders,Mathan
03/28/2022 14:57:42

- Feedback on the current direction of travel of Cardiff & Vale Health Charity
- Ensuring links to the Health Charity Strategy 2019-2025

The Committee was advised that the Health Charity had expanded the team and developed the support provided not just to the Health Charity but to the Cardiff and Vale University Health Board (The Health Board) as well.
The Committee was advised that a large proportion of Health Charity work was centered on the mission and objectives of the Health Board and added value in terms of staff benefits, engagement, improving the patient experience and the general wellbeing and morale of patients, staff and the wider community.

- **Pennies from Heaven**

The Committee was advised that that the Chief Executive Officer of 'Pennies from Heaven' had contacted the Health Charity by email in December 2021 expressing concern in relation to the Health Charity's 'In For A Penny' fundraising scheme because 'Pennies from Heaven' had liaised with the Health Board in 2012 to set up a scheme, of the same name, with donations benefiting four charities chosen by the Health Board.

It was noted that since October 2017, 'Pennie from Heaven' had not received donations and alleged that the Health Board has breached its contract.

The Committee was advised that upon completion of an investigation, a discussion had then taken place on 08.02.22 between the Health Charity and the CEO for 'Pennies in Heaven' where a goodwill payment of £500 being given to Pennies in Heaven was agreed.

The proposed payment of £500 was accepted.

During the 1 March 2022 meeting, the Charitable Funds Committee discussed the following items for approval/ratification:

- **Annual Accounts**
- **Arts Annual Report**
- **Events Planner**
- **Committee Annual Report 2020/21**

The Committee will reviewed and recommended the Committee Annual Report to the Board for approval.

Saunders Natalie
03/28/2022 11:07:42

- **Committee Terms of Reference 2020/21**

The Committee reviewed and recommended the Committee Terms of Reference to the Board for approval.

- **Committee Work Plan 2021/22**

The Committee reviewed, approved and recommended the Committee Work Plan to the Board for approval.

During the 1 March 2022 meeting, the Committee noted the following items for information:

- **Health Charity Updates:**
  - Our Health Meadow
  - Legacies
  - Food Sense Wales.

6.0 REPORTING RESPONSIBILITIES

The Committee has reported to the Board after each of its Committee meetings by presenting a summary report of the key discussion items at the Committee. The report is presented by the Chair of the Charitable Funds Committee.

7.0 OPINION

The Committee is of the opinion that the draft Charitable Funds Committee Report 2021/22 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Akmal Hanuk

Committee Chair

Saunders.Nathan
03/28/2022 14:57:42

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Cardiff and Vale University Health Board

Annual Report of Mental Health Legislation and Mental Capacity Act Committee 2021/22

DRAFT

Saunders,Nathan
03/28/2022 14:57:42

1.0 INTRODUCTION

In accordance with best practice and good governance, the Mental Health Legislation and the Mental Capacity Act Committee ("the Committee") produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 MEMBERSHIP

The Committee membership is a minimum of four Independent Members. During the financial year 2021/22 the Committee comprised four Independent Members. In addition to the Membership, the meetings are also attended by the Chief Operating Officer (Executive Lead for the Committee) and the Director of Corporate Governance. The Chair of the Board is not a Member of the Committee but attends at least annually after agreement with the Committee Chair. Other Executive Directors are required to attend on an ad hoc basis.

3.0 MEETINGS AND ATTENDANCE

The Committee met four times during the period 1 April 2021 to 31 March 2022. This is in line with its Terms of Reference. The Committee achieved an attendance rate of 50% (80% is considered to be an acceptable attendance rate) during the period 1st April 2021 to 31st March 2022 as set out below:

	20.04.21	20.07.21	19.10.21	09.02.22	Attendance
Ceri Phillips (Chair from July 2021)	✓	✓	✓	✓	**100%**
Akmal Hanuk	**X**	**X**	**X**	**X**	**0%**
Michael Imperato	✓	✓	**X**	**X**	**50%**
Sara Moseley (Interim Chair to July 2021 and Vice Chair from July 2021)	✓	**X**	✓	**X**	**50%**
Total	**75%**	**50%**	**50%**	**25%**	**50%**

4.0 TERMS OF REFERENCE

The Terms of Reference were reviewed and ratified by the Committee on 9th February 2022 prior to formal approval being sought from the Board on 31st March 2022.

5.0 WORK UNDERTAKEN

The principal remit of the Committee is to consider and monitor the use of the Mental Health Act 1983 ("MHA"), Mental Capacity Act 2005 (which includes the Deprivation of Liberty Safeguards ("DoLS") and the Mental Health (Wales) Measure 2010 ("the Measure"). In particular, the Committee should seek and provide assurance to the Board or escalate areas of concerns and advise on actions to be taken in relation to:

- Hospital Managers' duties under the Mental Health Act 1983;

Saunders, Nathan 03/28/2022 14:57:42

DRAFT

- the provisions set out in the Mental Capacity Act 2005, and
- in the Mental Health Measure (Wales) 2010

are all exercised in accordance with statute and that there is compliance with:

- the Mental Health Act 1983 Code of Practice for Wales
- the Mental Capacity Act 2005 Code of Practice
- the Mental Capacity Act 2005 Deprivation of Liberty Safeguards Code of Practice
- the associated Regulations.

During the financial year 2021/22 the Committee reviewed the following key items at its meetings:

PRIVATE MENTAL HEALTH LEGISLATION AND MENTAL CAPACITY ACT COMMITTEE

There were no private meetings held during the reporting year of 2021/22.

PUBLIC MENTAL HEALTH LEGISLATION AND MENTAL CAPACITY ACT COMMITTEE – SET AGENDA ITEMS

April 2021 - March 2022

PATIENT/ STAFF STORY

The Patient Stories presented were as below:

1. 20 April 2021 - Sectioned under the Mental Health Act (Patient)
2. 20 July 2021 - Shielding & My Mental Well-being (Staff Story)
3. 19 October 2021 - My Battle with Food (Patient Story)

MENTAL CAPACITY ACT

At three of the meetings the Committee was provided with updates and a monitoring report regarding the Mental Capacity Act 2005 (“MCA”) which has been in force for over 13 years and covers people aged 16 years and over. The Committee had noted that the MCA was amended to include the Deprivation of Liberty Safeguards (“DoLS”), which came into force in April 2009.

Members of the Committee were also informed of the work undertaken by the Independent Mental Capacity Advocate (“IMCA”) highlighting the number of referrals made and areas of concern / service issues. The IMCA Procedure had been slightly revised which was approved by the Vulnerable Adult risk management working group.

Liberty Protection Safeguards (LPS) was featured prominently within the Health Board and it was noted to Committee members that relevant Health Board procedures, policies and strategies would need to be amended in line with LPS.

Policies and procedures were reviewed on a rolling programme and LPS elements were included as and when required.

Saunders,Nia(RBC)
03/28/2022 15:07:42

DRAFT

- **Deprivation of Liberty Safeguards (DoLs)**

The Committee received updates at each meeting with regards to the Deprivation of Liberty Safeguards (DoLs) and compliance in relation to the same. The Committee noted that the Cardiff and the Vale DOLS / MCA team operated the Supervisory Body responsibilities of the Deprivation of Liberty Safeguards on behalf of Cardiff & Vale UHB, Cardiff City Council and the Vale of Glamorgan Council, through a Partnership Management Board which consisted of senior representatives of each Supervisory Body.

MENTAL HEALTH ACT

- **Mental Health Act Monitoring Exception Report**

The report, which was shared at each meeting, provided the Committee with further information relating to wider issues of the Mental Health Act. Any exceptions highlighted in the Mental Health Act Monitoring report were intended to raise the Committee's awareness of matters relating to the functions of hospital managers and give assurance that the care and treatment of patients detained by Cardiff and Vale University Health Board and those subject to a community treatment order were only as the Act allows.

At the April 2021 meeting, the Committee was informed of an ongoing issue regarding when "the clock started ticking" for custody of mental health patients in Accident & Emergency (A&E). That issue had remained unresolved albeit further legal opinion had been sought and the Mental Health Clinical Board was awaiting a response.

The response was received by members of the Committee at the July 2021 meeting where Committee Members had noted that the "clock had started ticking" for section 136 in A&E and that relevant data was being collected in relation to those patients who were too unwell in A&E to receive an assessment.

In July 2021 the Committee was provided with an update on the number of people detained. The Committee noted that the figures had risen significantly by May 2021 due to the ongoing COVID-19 pandemic, although by October 2021 the use of section 136 had decreased significantly. That had suggested that the section 136 powers were only used when absolutely necessary by the Police.

- **Child and Adolescent Mental Health Service**

At each meeting, Members of the Committee were advised of the number of those children under 18 who had been assessed under section 136.

Members of the Committee were advised of the care and treatment plan trends which had incorporated the pressures of the COVID-19 pandemic and the Committee was provided with assurance on the parts of the Mental Health Measure applicable to children and young people (those aged under 18). A report provided further assurance that compliance against 28 days referral to assessment had been achieved and sustained. The service had continued to monitor its capacity for the delivery of interventions.

Saunders,Nathan
03/28/2022 14:57:42

REFORM OF THE MENTAL HEALT ACT

At each meeting, Members of the Committee were provided with an update in relation to the proposed reform of the Mental Health Act.

The Committee had noted that the biggest response from Health Board staff was in relation to the increase in work demand and how that would be managed.

Members of the Committee were advised that the consultation with staff had lasted over a month and was also shared with Local Authority (LA) staff via the integrated teams but noted that the responses were from the Health Board and not the LA.

It was noted that all the responses from Wales would be sent to the Welsh Government and a decision would then be made.

At the October 2021 meeting, members of the Committee were advised that the UK Government (and not the Welsh Government) had prepared a response following the consultation undertaken in relation to its White Paper relating to the review of the Mental Health legislation.

MENTAL HEALTH MEASURE

- **Mental Health Monitoring Report**

The Health Board's Mental Health Measure performance data is reported to and monitored by the Welsh Government on a monthly basis, with reports back to the UHB Performance Monitoring Committee.

The Committee noted that the Measure introduced a number of important changes to the assessment and treatment of people with mental health problems in Wales. Parts 1 to 4 of the Measure set the main legislative requirements relating to Mental Health service provision and are supported by subordinate legislation and guidance. At each meeting the Committee receives a report which details the Health Board's compliance rates in relation to Parts 1 to 4 of the measures relate as follows:

- Part 1a – 28-day referral to assessment compliance target of 80%
- Part 1b – 28-day assessment to intervention compliance target of 80%
- Part 2 – Care and Treatment Planning Within Secondary Mental Health Services
- Part 3 - Right to request an assessment by self –referral
- Part 4 – Advocacy – standard to have access to an IMHA within 5 working days

The Committee was also presented with a report on the parts of the Mental Health (Wales) Measure 2010 application to children and young people under the age of 18. The Committee noted and discussed how the COVID -19 pandemic had impacted upon these services. In particular, the notable increase of referrals to the services, which had also seen an unprecended demand to the Children and Young People in Crisis services and how the same was being managed.

- **Care and Treatment Plans**

Part 2 of the Mental Health (Wales) Measure 2010 (the Measure) places a statutory duty on Local Mental Health Partners to ensure that all patients who are accepted into secondary

Saunders Mark
03/28/2022 10:57:42

DRAFT

Mental Health services have a written care and treatment plan (CTP) that is developed and overseen by an appointed care coordinator.

At all meetings, Members of the Committee were presented with an update report for the Mental Health Measure Monitoring Reporting including Care and Treatment Plans.

An update was provided at each meeting outlining issues, concerns and solutions.

POLICIES / PROCEDURES

Two policies and two procedures were reviewed by the Committee in February 2022, and were recommended to Board for formal approval in March. They related to the following :

- Section 5(2) Doctor's Holding Power Policy/Procedure
- Section 5(2) Doctor's Holding Power Procedure
- Section 5(4) Nurse's Holding Power Policy
- Section 5(4) Nurse's Holding Power Procedure

- **COMMITTEE GOVERNANCE**

Reports submitted to the Committee for review in February 2022.

1. Committee Annual Report 2021/22
2. Committee Terms of Reference
3. Committee work plan.

Also presented to the Committee were the minutes from the:

1. Hospital Managers Power of Discharge Minutes
2. Mental Health Legislation and Governance Group Minutes
3. Annual Review of Comments Raised by Members of Power of Discharge

6.0 REPORTING RESPONSIBILITIES

The Committee has reported to the Board after each of the Committee meetings by presenting a summary report of the key discussion items at the relevant Committee. The report is presented by the Chair of the Committee.

7.0 OPINION

The Committee is of the opinion that the draft Mental Health Legislation and Mental Capacity Act Committee Report 2021/22 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

CERI PHILLIPS

Committee Chair

Saunders,Nathan
03/28/2022 14:57:42

SARA MOSELEY

Interim Committee Chair

DRAFT

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Cardiff and Vale University Health Board

Annual Report of Digital Health & Intelligence Committee 2021/2022

DRAFT

Saunders,Nathan
03/28/2022 14:57:42

1.0 Introduction

In accordance with best practice and good governance, the Digital & Health Intelligence Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 Membership

The Committee membership is a minimum of four Independent Members. In addition to the Membership, the meetings are also attended by the Director of Digital and Health Intelligence, Assistant Medical Director IT, Director of Corporate Governance, Data Protection Officer, Workforce Representative. Other Executive Directors will attend as required by the Committee Chair. The Chair of the Board is not a Member of the Committee but attends at least once annually after agreement with the Committee Chair.

3.0 Meetings & Attendance

The Committee met three times during the period 1 April 2021 to 31 March 2022. This is in line with its Terms of Reference.

At least two members of the Committee must be present in addition to the Director of Digital and Health Intelligence and/or an Executive Director to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

The Digital & Health Intelligence Committee achieved an attendance rate of 90% (80% is considered to be an acceptable attendance rate) during the period 1st April 2021 to 31st March 2022 as set out below:

	01/06/2021	05/10/2021	01/02/2022	Attendance
David Edwards (Chair)	✓	✓	✓	**100%**
Michael Imperato (Vice Chair)	✓	✓	✓	**100%**
Ceri Phillips (Committee member until 31 July 2021)	✓	N/A	N/A	**100%**
Sara Moseley (Committee Member with effect from 1 August 2021)	N/A	×	✓	**50%**
Prof Gary Baxter	✓	✓	✓	**100%**
Total	**100%**	**75%**	**100%**	**90%**

4.0 Terms of Reference

The Terms of Reference were reviewed and recommended for Board approval by the Committee on 1 February 2022. The Terms of Reference are due to be formally approved by the Board on 31st March 2022.

5.0 Work Undertaken

As set out in the Committee Terms of Reference the purpose of the Committee is to:

Provide **assurance** to the Board that;

- Appropriate processes and systems are in place for data, information management

DRAFT
Saunders, Nathan 03/28/2022 10:57:4

and governance to allow the Health Board ("the UHB") to meet its stated objectives, legislative responsibilities and any relevant requirements and standards determined for the NHS in Wales.

- There is continuous improvement in relation to information governance within the UHB and that risks arising from this are being managed appropriately.
- Effective communication, engagement and training is in place across the UHB for Information Governance;
- To seek assurance on the development and delivery of a Digital Strategy for the UHB ensuring that:
    - It supports Shaping our Future Wellbeing and detail articulated within the IMTP
    - Good partnership working is in place
    - Attention is paid to the articulation of benefits and an implementation programme of delivery
    - Benefits are derived from the Strategy

During the financial year 2021/22, the Digital Health & Intelligence Committee reviewed the following key items at its meetings:

Private Digital Health & Intelligence Committee

June, October 2021 & February 2022

Papers presented to the private session of the Digital Health & Intelligence Committee were as follows:

- IG Audit Assurance
- Sensitive Issues
- Cyber Security Update
- Minutes of the Digital Delivery Leadership Group (formerly NIMB)

PUBLIC DIGITAL HEALTH & INTELLIGENCE COMMITTEE – SET AGENDA ITEMS

1st June 2021

At June's Committee Meeting the Committee was provided with a proposed draft of the updated Committee's Terms of Reference. It was noted that the draft updated Terms of Reference had taken longer than planned to be reviewed due to the departure of the previous Chair of the Committee and the time required by the new Chair to review the same.
In February, the Committee carried out a further review of the Committee's Terms of Reference in readiness for the annual review and approval of the same by full Board.

Digital Transformation Progress Report (Digital Dashboard)

1st June 2021, 5th October 2021, and March 2022

At the Committee meeting in June the Director of Digital and Health Intelligence ("DDHI") provided the Committee with an overview of the progress made with regards to the Digital Dashboard. The DDHI also highlighted to the Committee the impact that COVID had continued to have in relation to the Health Board's digital portfolio, and the digital and information support that continued to be required. The Committee was advised that the digital link into Woodland House had been upgraded and the impact of that had resulted in a more reliable experience using software, such as Microsoft Teams. The Committee was also informed that similar links into UHL and UHW would be made, as well as at other major sites,

Saunders Hattan 03/28/2022 14:18:12

and the expectation was that this would lead to a better quality of service for all staff using broadband and virtual consultations.

It was noted that a lot of work had been undertaken in relation to the preparation of the National Data Resource (NDR) and that work with regards to the same had started to move forward. A new Programme Director had been appointed by Digital Health Ecosystem Wales (DHEW) to provide focus and to move at pace to lead the NDR work. The Committee also noted that there were plans for the Digital Team to implement the Welsh Nursing Care Record (WNCR), dependent on funding, and that a business case was in progress for both capital and revenue aspects to support the rollout throughout the Health Board.

At the meeting in February, the Committee received an update on the work which was progressing with defining the digital roadmap and the associated business cases to support the digital transformation programme. This included, updates relating to digital patient communications, the PROMS procurement, Scan4Safety, and ePMA.

Digital Strategy & Roadmap Update

The Health Board's Digital Strategy was discussed at each of the Committee meetings.

The creation and development of Cardiff and Vale's Digital Strategy 2020-2025 set out he Health Board's digital direction of travel and was identified as a key enabler of the UHB's service transformation plans over the following 5 years.

The DDHI advised the Committee that the Digital Strategy was approved by the DHIC Committee and Board in July 2020 and that his team were putting in place a roadmap to help bring the contents of that Strategy to fruition.

The DDT informed the Committee that 5 business cases had been produced:

1. Scan 4 Safety
2. Electronic Prescribing & Medicines Administration
3. Digital communications
4. Flexible working business case
5. Rationalising Printer Estate

The Committee had noted that the creation of several business cases had resulted in approval of some, via the Business Case Approval Group which was chaired by the Executive Director of Finance. The Committee was advised of the context surrounding the Digital Strategy, which included:

- The Digital Strategy which was approved in August 2020
    - The Strategy remained relevant and had been tested with Connect3 (Grant Thornton)
    - It was aligned to the Shaping Our Future Clinical Services (SOFCS) / UHW2 with regards to a learning Health and Care system.
    - It was aligned nationally through the National Clinical Framework.
    - It was aligned UK-wide – Action 6 for the NHS (Lance Commission looking forward from Covid).

In February the Committee was advised that a refresh of the Digital Strategy was being undertaken and that the scope was to focus on the robust digital foundations for the future and, specifically, those that support the delivery of the UHW2 strategic vision and clinical model.

Saunders Sathan
03/28/2022 14:01:42

Digital Strategy – Case for Investment

The Health Boards Digital Strategy Case for Investment was discussed at the Committee meeting in June. The Committee was advised that (i) the amount of capital investment that came in routinely as an annual recurring sum was circa £500,000 from discretionary capital and (ii) how that finite sum had compared with other Health Boards.

The Committee had recognised the financial constraints and limited resources of the Digital Team and the impact that could have in relation to being able to adequately plan, in particular given that the funds were usually more readily available at the end of the year or through short term funding solutions. The Committee also noted that if that if the financial allocation continued to be a challenge over a number of years it could damage the underlying structure i.e. physicial structure or virtual structure of the Health Board.

The Committee had recognised that lack of digital investment could become more apparent in the Strategy & Delivery Committee, because the digital technology would underpin the Health Board's key strategies. The Committee had noted that the investment piece of work would be referred to the Strategy & Delivery Committee, and subsequently to the Board, to highlight how the impact of not investing appropriately in Digital could impact upon the delivery of the Health Board's overarching strategy.

IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)

The Committee was advised that the Information Governance Team ("the IG Team") had some outstanding work in order to get back to a pre-Covid position. The Committee had recognised that the IG Team was being mindful not to overburden services with information governance requests whilst pressures had shifted to recovery. Assurances were provided to the Committee in terms of the work undertaken by the IG Team to ensure that the Health Board met its statutory obligations with regards to Subject Access Requests ("SARS") and Freedom of Information requests ("FOI's"). The Committee had noted that the IG Team had continued to review a large number of Information Governance related incidents but only a small number of them were reported to the ICO as the majority did not meet the reporting threshold. The detail of these incidents was reported to the Private DHIC Committee meeting.

The Committee was advised in October that the Interim Medical Director had taken over the role of Caldicott Guardian for the Health Board from the Interim Chief Executive Officer.

The Committee had noted that mandatory training compliance remained a concern and that the IG Team would be contacting all line managers to remind them of the importance of Information Governance and staff training in relation to the same.

The Committee had noted that the volume of monthly Freedom of Information requests was approximately 400 to 450.

Clinical Coding Performance Data

The clinical coding performance data was provided to the Committee at each of its meetings.

In June the Committee noted the concern raised with regards to the loss of staff within the Digital Department. The Committee had noted that a change had been seen over the previous 12 months because the English Health Boards had offered their staff a higher band of pay and more home working. The Committee had noted the need to look at how the Health Board could support its staff in other ways.

Saunders Jathan 03/28/2022 14:37:12

In October 2021 the Committee was advised that Coding Compliance was marginally beneath the Welsh Government tartget of 95%, but well above the national average in Wales.

In February, the Committee was informed that the Health Board had lost a number of experienced staff, four of whom were qualified Accredited Clinical Coders and that the Health

DRAFT

Board was utilising contract coders on a short term basis to cover the small shortfall prior to the end of year submission in June.

Joint IMT & IG Corporate Risk Register

At each meeting, the Committee received the Joint IMT and IG Corporate Risk Register and Committee Members scrutinised the same in order to assure themselves that the identified risks were being managed appropriately.

At its October meeting, the Committee was also appraised of staff recruitment to mitigate cyber security risks and had noted that the Cyber resource was scarce across Wales and that the Health Board was, therefore, at risk of losing staff working in that area.

IMT Audit Assurance Tracker

The Committee received and discussed the IMT Audit Assurance Tracker at the June & October 2021 meetings.

The Committee had noted that the IG Team was under resourced given the amount of work that was required and therefore, the need for an additional post in the new Digital and Health Intelligence structure had been proposed and would be referred to the Management Executives for approval in October.

The Committee was further advised that more issues had been identified on the tracker relating to cyber work that was ongoing and, that as part of the Network and Information Systems Regulations (NIS) the Health Board had been asked to participate in a cyber assessment framework and that the associated 35 days programme of work would start on 11 November 2021.

IG Audit Assurance Tracker and Work Plan

The IG Audit Assurance Tracker and work plan were received and discussed at the Committee meetings in June & October 2021.

In October the Committee was advised: -

- of the work that was being prepared in readiness for the ICO's visit and re-audit; and
- All Welsh Audit Office and internal audit recommendations had been completed or superseded, 8 regulatory recommendations had been closed, and 17 remained open.

Policies

In February 2022, the Committee received and approved the Information Governance Corporate Training Policy.

6.0 Reporting Responsibilities

The Committee has reported to the Board after each of the Digital Health & Intelligence Committee meetings by presenting a summary report of the key discussion items at the Digital Health & Intelligence Committee. The report is presented by the Chair of the Digital Health & Intelligence Committee.

7.0 Opinion

The Committee is of the opinion that the draft Digital Health & Intelligence Committee Report 2021/22 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Saunders Davies Williams 03/28/2022 10:31:12

DRAFT

David Edwards

Committee Chair

DRAFT

Saunders,Nathan
03/28/2022 14:57:42

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

Annual Report of the Quality, Safety and Experience Committee 2021/22

DRAFT

Saunders,Nathan
03/28/2022 14:57:42

1.0 INTRODUCTION

In accordance with best practice and good governance, the Quality, Safety and Experience Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 MEMBERSHIP

The Committee membership is a minimum of four Independent Members, one whom must be a member of the Audit and Assurance Committee. During the financial year 2021/22 the Committee comprised four Independent Members. In addition to the Membership, the meetings are also attended by the Executive Nurse Director (Executive Lead for the Committee) and the Director of Corporate Governance. The Chair of the Board is not a Member of the Committee but attends at least annually after agreement with the Committee Chair. Other Executive Directors are required to attend on an ad hoc basis.

3.0 MEETINGS AND ATTENDANCE

The Committee met six times during the period 1 April 2021 to 31 March 2022 one of which (26 October 2021) was a special meeting. This is in line with its Terms of Reference.

The Quality, Safety and Experience Committee achieved an attendance rate of 83% for (80% is considered to be an acceptable attendance rate) during the period 1st April 2021 to 31st March 2022 as set out below.

	13.04.21	15.06.21	15.09.21	26.10.21	14.12.20	22.02.22	Attendance
Susan Elsmore (Chair)	✓	✓	X	✓	✓	✓	83%
Ceri Phillips (Vice Chair)	X*	X*	✓	✓	✓	X	75%
Michael Imperato	✓	✓	X**	X**	X**	X**	100%
Gary Baxter	✓	✓	✓	✓	✓	✓	100%
Akmal Hanuk	X*	X*	✓	X	X	✓	50%
Mike Jones	✓	✓	X	✓	✓	✓	83%
Total	100%	100%	60%	80%	80%	80%	83%

*The Vice Chair of the Committee and Akmal Hanuk were approved to post in August 2021.

** Michael Imperato was a member of the Committee during the period April 2021 until June 2021.

Mike Jones and Ceri Phillips are also Members of the Audit and Assurance Committee.

4.0 TERMS OF REFERENCE

The Terms of Reference were reviewed and approved by the Committee on 22nd February 2022 and are to be approved by the Board on 31st March 2022.

Saunders,Nathan 03/28/2022 14:57:42

5.0 WORK UNDERTAKEN

This Committee's focus is on ensuring patient and citizen quality and safety including

DRAFT

activities traditionally referred to as 'clinical governance'. In particular, the Committee should seek and provide assurance to the Board or to escalate areas of concerns and advise on actions to be taken in relation to the seven identified work streams:

- Organisational Safety Culture
- Leadership and the prioritisation of quality, safety and experience
- Patient experience and involvement in quality, safety and experience
- Patient safety learning and communication
- Staff engagement and involvement in safety, quality and experience
- Patient safety, quality and experience data and insight
- Professionalism of patient safety, quality and experience

During the financial year 2021/22 the Quality, Safety and Experience Committee reviewed the following key items at its meetings:

1. Impact of Covid-19 on Patient Safety
2. Themes and Trends in Never Events
3. Gosport Review
4. Quality, Safety and Experience Framework
5. Waiting Lists and Cancer Services
6. Pressure Damage
7. Falls Group
8. Perfect Ward
9. Update Report on: Healthcare Standards, Duty of Candour, National Quality Framework and Annual Quality Statement

PRIVATE QUALITY, SAFETY AND EXPERIENCE COMMITTEE

APRIL, JUNE, SEPTEMBER, DECEMBER 2021 AND FEBRUARY 2022

1. Pandemic Update & Any Urgent/Emerging Themes
2. Corporate Risk Register
3. Review into working practices of CMHT's in C&V UHB
4. Nosocomial Investigation Position
5. Cardiac Surgery Report
6. DNAR Orders at St David's Hospital

PUBLIC QUALITY, SAFETY AND EXPERIENCE COMMITTEE – SET AGENDA ITEMS

April 2021 - March 2022

Clinical Board Assurance Reports

The Committee discussed a number of Clinical Board Assurance reports received throughout the year. These reports provided details of the clinical governance arrangements within the Clinical Boards in relation to Quality, Safety and Patient Experience (QSPE). The reports identified the achievements, progress and planned actions to maintain the priority of QSPE.

Saunders, Nathan
03/28/2022 14:51:42

By way of example, in April the Committee received a report in relation to the Children and Women's Clinical Board. That report had provided the Committee with an update of the continued progress made regarding the Quality Safety and Patient Experience Agenda. The report had also highlighted the considerable pressures faced by the Clinical Board and the

DRAFT

concerns of clinicians as the country emerged from the second wave of the pandemic, in particular, the emotional well-being support that will be required for our children and young people.

Quality Indicators Report

In June 2020, the Committee agreed a range of quality indicators that would be routinely monitored at each meeting. To enable this, work was undertaken with the Information Department to develop a QSE dashboard.

The reports provided an overview of current performance against those quality indicators that were available within the dashboard.

Exception Reports

The Committee received five Exception Reports covering 3 areas:

1. IP&C Position
2. COVID reporting
3. System Pressures

COVID-19

At the April meeting, the Committee were provided with information regarding the impact of Covid-19 on Patient Safety which covered:

1. Progress on COVID-19 Mass Vaccination
2. COVID-19 related incident reporting
3. COVID-19 Patient Experience Response
4. COVID-19 Assurance on reporting of deaths

A Special Meeting of the Quality, Safety and Experience Committee 26th October 2021

This meeting is held each year to focus on Serious Incidents and provides a deep dive into particular issues. The following items were presented:

1. Hot Topics
2. Quality, Safety and Experience Themes and Trends 2020-2021

Policies and Procedures

A number of policies and procedures were discussed & approved at the Committee as follows:

1. Thromboprophylaxis Policy
2. Swab, Instrument and Sharps Count Policy and Procedure
3. Prevention and Management of In-Patient Falls Policy
4. Patient Falls Policy
5. Incident, Near miss and Hazard reporting Policy
6. Patient Identification Policy
7. National Patient Safety Incident Reporting Policy
8. Gene Therapy Medicinal Products & Gene Therapy Investigational Medicines Products Policy & Procedure.

Saunders-Jonathan
03/28/2022 12:37:02

Inspections, Peer Reviews and Other Reviews

Eleven Inspections, Peer Reviews and Other Reviews were received and approved over the course of the year and included:

DRAFT

1. Health Inspectorate Wales Update Review
2. Health Inspectorate Wales Activity Overview
3. Health Inspectorate Wales Primary Care Contractors
4. Terms of Reference Annual Review (February 2022)
5. Patient Experience Overview (February 2022)
6. Committee Effectiveness Survey 2020-2021

Corporate Risk Register

At all meetings, the Committee received the Corporate Risk Register. Each risk within the Register is linked to a Committee of the Board and the Board Assurance Framework. The Committee noted those operational risks, which were linked to the Quality, Safety and Experience Committee together with the work being undertaken to address those risks.

Plans

Two plans were presented to the Committee and are as follows:

1. Health Care Standards Strategy and Action Plan
2. Annual Committee Workplan (February 2022)

Quality, Safety and Experience Framework

In September, the Committee received and approved the Health Board's draft Quality, Safety and Experience Framework 2021 to 2026. The Framework had been developed through extensive engagement with a great number of stakeholders over the previous twelve months and set out the Health Board's priorities in delivering safe, effective services that deliver excellent user experience.

Other Reports

Over the course of the year a number of other reports and presentations were presented to the Committee. They included the following items:

1. **Blood Inquiry Update**

The Committee received an update with regards to the Infected Blood Inquiry. That update had included the following points: -

- on 2 July 2018, the Independent Public Inquiry into Infected Blood and Blood Products (the Infected Blood Inquiry) was launched.
- The inquiry will examine the circumstances in which men, women and children treated by the NHS in the UK were given infected blood and blood products, in particular since 1970.
- Since responding to the Inquiry on 12th September 2018, the Health Board has continued to work with Haemophilia Wales, Welsh Blood Service, Public Health Wales, Velindre NHS Trust and other Health Boards across Wales.

Saunders,Nathan
03/28/2022 14:57:42

- Following a six-week suspension of the Blood Inquiry hearings from 31st March 2021 until 18th May 2021 for Easter, hearings recommenced the week commencing 17th May with additional hearings scheduled until August 2021.

2. Patient Safety Solutions

The Health Board regularly receives alerts and notices from Welsh Government which cover a range of patient safety issues. Each notice or alert contains a list of actions to be completed before compliance can be declared. The timescale given to undertake these actions varies according to the complexity of the actions required. By the specified deadline, the Health Board must report a position of compliance, non-compliance or not applicable.

In December the Committee received a report in relation to Patient Safety Solutions. Amongst other matters, the report provided details of a business case which had been submitted for additional resource within the team and for the implementation of AMaT software, both to provide further assurance with regards to this area.

Perfect Ward Presentation.

At its September meeting, the Committee received a presentation in relation to the "Perfect Ward". The presentation had highlighted that ward Accreditation was the development of a set of standards to enable areas for improvement to be identified and areas of excellence celebrated.

It was noted that Ward Accreditation was used quite frequently in England and highlighted that the Health Board was the first Health Board in Wales to introduce it.

The Committee had noted that the framework could be utilised in both Primary and Secondary care settings and that the aim would be to achieve a Bronze, Silver or Gold accreditation.

3. Health Care Standards Strategy Plan and Action Plan

The Committee was advised that work had been undertaken with specialist leads in the Health Board in order to make sure their improvement plans had been implemented.

4. Board Assurance Framework – Patient Safety

At its meetings, the Members of the Committee are provided with the opportunity to review the Patient Safety risk on the Board Assurance Framework. The purpose of the same was to provide an extra level of assurance to the Committee.

5. Patient Falls

In-patient falls are the most frequently reported incident for the Health Board (and this is true throughout the UK). With the Health Board's patient population increasing in age and complex multi-morbidity, the challenge to reduce the number of falls and injuries from falls is significant. The Committee was briefed upon the significant amount of work that has been done to date and to describe the proposed approach to falls prevention in Cardiff and the Vale of Glamorgan.

The Committee was advised that the falls delivery group continue to meet and excellent community work was underway. Much of this work was started by Oliver Williams, a physiotherapist working with the Patient Safety team and led on falls.

Saunderson Talbot
03/28/2022 14:57:42

The Falls Policy was last ratified in 2016 and was reviewed and updated for approval at the June meeting.

6. Pressure Damage

In order to provide assurance, the Committee received a report which set out the proposed multidisciplinary approach to reduce health care acquired pressure damage. The Committee recommended that the pressure damage update was shared at full Board.

7. Ombudsman Annual Letter and Report

The Public Service Ombudsman for Wales annually writes to each Health Board in Wales and provides an overview of trends, performance and key messages arising from activity in the Ombudsman's office over the previous year. The letters are published on the Ombudsman's website.

8. Healthcare Standards, Duty of Candour, National Quality Framework and the Annual Quality Statement updates.

At the February 2022 meeting, the Committee was provided with an update in relation to Healthcare Standards, Duty of Candour, National Quality Framework and the Annual Quality Statement after a number of policy and legislative changes.

9. Patient Experience Overview

The Committee was provided with an overview of the Patient Experience Team's roles and regulatory functions.

6.0 COMMITTEE GOVERNANCE

Reports submitted to the Committee for review in February 2022.

1. Committee Annual Report 2021/22
2. Committee Terms of Reference 2022/23
3. Committee work plan 2022/23

Also presented to the Committee at each meeting were the minutes from the:

1. Clinical Board QSE Sub Committees
2. Clinical Effectiveness Committee

7.0 REPORTING RESPONSIBILITIES

The Committee has reported to the Board after each of Quality, Safety and Experience Committee meetings by presenting a summary report (introduced from November 2018) of the key discussion items at the Quality, Safety and Experience Committee. The report is presented by the Chair of the Quality, Safety and Experience Committee.

Saunders Mannan
03/28/2022 14:57:42

8.0 OPINION

DRAFT

The Committee is of the opinion that the draft Quality, Safety and Experience Committee Report 2021/22 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

SUSAN ELSMORE
Committee Chair

DRAFT

Saunders,Nathan
03/28/2022 14:57:42

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Cardiff and Vale University Health Board

Annual Report of the Finance Committee 2021/22

Saunders,Nathan
03/28/2022 14:57:42

1.0 INTRODUCTION

In accordance with best practice and good governance, the Finance Committee produces an Annual Report to the Board setting out how the Committee has met it's Terms of Reference during the financial year.

2.0 MEMBERSHIP

In addition to the Chair of the Committee, the Committee membership is a minimum of two other Independent Members. The meetings are also attended by the Executive Director of Finance (Executive Lead for the Committee), Chief Executive, Chief Operating Officer, Executive Director of People and Culture, Executive Director of Strategic Planning, Executive Director of Nursing, Director of Corporate Governance, Deputy Director of Finance and Assistant Director of Finance. Other Executive Directors are required to attend on an ad hoc basis.

3.0 MEETINGS AND ATTENDANCE

The Committee is scheduled to meet 12 times during the period from 1st April 2021 to 31st March 2022. This is in line with its Terms of Reference. The Finance Committee achieved an attendance rate of 94% (80% is considered to be an acceptable attendance rate) during the period 1st April 2021 to 16th February 2022 as set out below:

Members	28th April 2021	26th May 2021	23rd June 2021	28th July 2021	25th August 2021	29th Sept. 2021	27th Oct. 2021	24th Nov. 2021	5th Jan. 2022	26th Jan. 2022	16th Feb. 2022	23rd March 2022	Attendance to Jan 2022 **
Dr Rhian Thomas (Committee Chair from May 2020)*	Yes	Yes	Yes	Yes	Yes	Apols.	Yes	Yes	Yes	Yes	Yes	n/a	91%
John Union (Independent Member - Finance)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	n/a	100%
David Edwards (Independent Member - IC & T)	n/a	n/a	n/a	n/a	n/a	n/a	Yes	Yes	Yes	Apols.	Apols.	n/a	60%
Charles Janczewski (UHB Board Chair)	Yes	Yes	Apols.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	n/a	91%
Overall Attendance to January 2022 (based on Chair and 2 other Independent members)	100.00%	100.00%	66.67%	100.00%	100.00%	66.67%	100.00%	100.00%	100.00%	100.00%	100.00%		94%

* The Meeting of 29th September 2021 was chaired by the Independent Member – Finance

* * Attendance percentage based on Terms of Reference membership requirement of 3 independent members

4.0 TERMS OF REFERENCE

The Terms of Reference were reviewed in November 2021 and will be reviewed again by the Committee on 16th February 2021 with the intention of making a recommendation for approval at the Board on 31st March 2022.

Saunders-Noonan
03/28/2022 14:57:42

5.0 WORK UNDERTAKEN

During the financial year 2021/22, the following standing items were considered and reviewed at each Finance Committee:

- Finance Report for previous month
- Finance Risk Register

An extract from the Monthly Finance Monitoring Returns submitted to Welsh Government is also noted at each Committee Meeting.

In addition, the following items were discussed at Finance Committee meetings:

April 2021

- Resource Allocations and Funding
- Draft 2021/22 Financial Plan

May 2021

- Draft 2021/22 Financial Plan

June 2021

- 2021/22 Final Financial plan
- Review of 2021/22 Savings Plans

July 2021

- Commissioning and Contracting

October 2021

- WHSCC

November 2021

- Terms of Reference

December 2021 (meeting held January 5th 2022)

- Financial Plan 2022/23 – update on Revenue Allocations

January 2022

- 2022/23 -2024/25: IMTP Draft Financial Framework

February 2022

Saunders,Nathan
03/28/2022 07:57:42

- Update on 2022/23 -2024/25: IMTP Draft Financial Framework
- 2021/22 Workplan
- Terms of Reference
- Finance Committee Work Plan
- Annual Report of the Finance Committee

March 2022 (per agenda)

- Update on 2022/23 -2024/25: IMTP Draft Financial Framework

6.0 REPORTING RESPONSIBILITIES

The Committee has reported to each Board meeting by presenting a summary report of the key discussion items at the Finance Committee. The report is presented by the Chair of the Finance Committee. In addition, the finance dashboard which is reviewed at Committee meetings is included within the Performance Report which is submitted to each Board meeting.

7.0 OPINION

The Committee is of the opinion that the Finance Committee Report 2021/22 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Dr Rhian Thomas

Committee Chair

Saunders.Nathan
03/28/2022 14:57:42

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Cardiff and Vale University Health Board

Annual Report of the Strategy & Delivery Committee 2021/22

Saunders,Nathan
03/28/2022 14:57:42

1.0 Introduction

In accordance with best practice and good governance, the Strategy & Delivery Committee (the Committee) produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 Membership

The Committee membership comprises of the Chair (who must be an Independent Member of the Board) plus a minimum of three other Independent Members of the Board. In addition to the Membership, the meetings are also attended by the Chief Executive, Executive Director of Strategic Planning, Chief Operating Officer, Executive Director of Workforce and Development, Executive Nurse Director or nominated deputy, Executive Director of Finance or nominated deputy, Executive Director of Public Health or nominated deputy, & Director of Corporate Governance. Other Executive Directors are required to attend on an ad hoc basis. The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise

3.0 Meetings & Attendance

The Committee met six times during the period 1 April 2021 to 31 March 2022. This is in line with its Terms of Reference.

At least two members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

The Strategy & Delivery Committee achieved an attendance rate of 86% (80% is considered to be an acceptable attendance rate) during the period 1st April 2021 to 31st March 2022 as set out below:

	11.05.21	13.07.21	14.09.21	16.11.21	11.01.22	15.03.22	Attendance
Michael Imperato (Chair)	✓	✓	✓	✓	✓	✓	**100%**
Sara Mosely (Vice Chair)	✓	✓	✓	✓	✓	✓	**100%**
Prof. Gary Baxter	**X**	✓	✓	✓	✓	**X**	**67%**
Dr. Rhian Thomas	✓	✓	✓	✓	✓	✓	**100%**
Ceri Philip (from 1 August 2021)	**N/A**	**N/A**	✓	**X**	**X**	✓	**50%**

Saunders Martin 09/28/2022 11:57:42

Total	**75%**	**100%**	**100%**	**80%**	**80%**	**80%**	**86%**

4.0 Terms of Reference and Workplan

The Terms of Reference and Work Plan were reviewed and approved by the Committee on 11th January 2022.

5.0 Work Undertaken

The purpose of the Committee is to advise and assure the Board on the development and implementation of the Health Board's overarching strategy, namely the Shaping our Future Wellbeing Strategy (SOFW), and key enabling plans.

As set out in the Committee Terms of Reference the role and responsibilities of the Committee are divided into four categories as shown below:

- Strategy – this includes the SOFW and National Strategies (e.g. Welsh Government's Health and Social Care Strategy).

- Delivery Plans – including the Health Board's Integrated Medium-Term Plan (IMTP), the Workforce Plan and the Capital Plan.

- Performance – The Committee scrutinises and provides assurance to the Board that key performance indicators (e.g. key Operational Performance Indicators which are relevant to the Committee and Workforce Key Performance Indicators) are on track.

- Other Responsibilities – including providing assurance to the Board with regards to the wellbeing of its staff, and in relation to Equality and Health Impact Assessments.

During the financial year 2021/22, the Committee reviewed the key items at its meetings as set out in this Report.

In addition to the routine business of the Committee, which is set out below, the Committee also had more detailed reviews and "deep dives" in the following key areas:

- Emerging thinking for developing care at a System Level
- Primary Care and Community Care
- Stroke Performance
- Rehabilitation Model Implementation
- Ophthalmology in Primary Care
- Digital Transformation

Saunders,Nathan
03/28/2022 14:57:42

- Scoping of the Long-Term Strategy
- Shaping our Future Population Health
- Well-being of Future Generations (Wales) Act in Cardiff and Vale UHB
- Employee Relations.
- Leading Sustainable Culture Change

These detailed reviews and “deep dives” included presentations from key staff and enabled the Committee Members to gain an in depth understanding of the work undertaken in these areas.

PUBLIC STRATEGY & DELIVERY COMMITTEE

Key matters which were reviewed and discussed by the Committee included the following: -

Pharmaceutical Needs Assessment (PNA) Report

On May 11th an update was given on the PNA process. It was noted that Welsh Government had changed the way in which applications to provide Pharmaceutical Services from Pharmacies, dispensing contractors and dispensing doctors, are made and determined by introducing PNAs. From 1st October 2021 the Health Board was required by law to publish its first PNA. In May the Committee endorsed the proposed approach for the Health Board to develop a process for developing its first PNA.

Strategic Equality Plan

In May the Committee received an update in relation to the Strategic Equality Plan - Caring about Inclusion 2020-2024 (which had been endorsed by the Committee in September 2020). As part of that update, the Committee was informed of the priority interventions that had been identified for the coming year and the associated first year action plan that had been developed.

It was noted there were many areas of inequalities that required action and that there was more work to be undertaken and much wide-reaching consideration should be given as to how this work was reported.

The Committee received a further Strategic Equalities Update at its January meeting.

Recovery Planning Update

On 11th May an overview on the recovery planning approach was presented to the Committee.

The Committee was informed of the level of activity lost from March 2020 to February 2021 and how that had led to more than 22,000 procedures not being undertaken.

The Committee was advised that (i) a full ’recovery’ from the pandemic was likely to take 5-10 years, (ii) the NHS would need to fundamentally review the services it

Saunders,Nathan
03/28/2022 14:57:42

The Committee were informed that given the prevailing pandemic conditions, the Health Board had continued to progress plans outlined in its updated 2021/22 annual plan and 'Planning for Recovery and Redesign' addendum as submitted to Welsh Government in June 2021. Those plans had been based on three key principles - clinically led, data driven and risk orientated. Specifically, in regard to the latter and relevant to operational performance, the Health Board's recovery had remained centred upon Patients being seen in order of clinical priority rather than time-based targets.

provided and the way in which they were provided and (iii) patients should be supported and expectations managed.

Shaping Our Future Wellbeing Strategy (SOFW) Update

At each of its meetings, the Committee received an update and a composite overview of the SOFW and the Strategic Programmes portfolio, by way of flash reports.

In November the Committee was informed that the Strategic Programme Portfolio governance structure has been further refined and the Strategic Programmes Portfolio Steering Group had been overseeing the delivery of the 4 key Programmes:

- Shaping Our Future Clinical Services
- Shaping Our Future Hospitals
- Shaping Our Future Community Hospitals @ Home (in collaboration with the Regional Partnership Board)
- Shaping Our Future Population Health

In order to assure the Committee, at every meeting the current status, key progress, planned actions, risks and mitigations for each of the programmes are presented to the Committee Members.

Key Organisational Performance Indicators

At all meetings in 21-22, the Committee discussed and noted the year to date performance indicators for 2021-22 against key operational Welsh Government performance targets and delivery profiles as set out in the Health Board's Integrated Medium-Term Plan.

The Committee received information and statistics in relation to: -

- Planned Care – for example, Referral to Treatment, Cancer services, follow up Out-Patient appointments and eye care.

- Unscheduled Care – attendance at the Emergency Unit, including how the Health Board had complied with performance targets in relation to 4-hour performance, 12-hour delays, stroke patients, and ambulance handovers.

Saunders.Nathan2
03/28/2022 14:39:12

At each meeting, the Committee Members were informed that the Health Board had continued to experience significant operational pressures in light of COVID 19. In order

to mitigate against those pressures, the Committee was advised of the following actions: -

- the Health Board were enacting the Local Choices Framework and had reduced planned care surgery.
- The Health Board was working closely with its Local Authority partners in order to achieve timely discharge of patients.
- A transitional care ward has been opened.

At the meeting on 11th January 2022, the Committee received assurance that: -

- Whilst Part 1a Mental Health measures were not compliant overall, CAMHs performance specifically was now above target. Demand for Mental Health Services continued to be high.

- Significant work had been done in light of Omicron and encountering staff absences.

At the meeting on 15th March 2022, the Committee received assurance that: -

- The workforce was beginning to stabilise which had been modelled forward which showed a prediction of a continued improvement.

- The vacancy rate for the Health Board was still high but it was noted there was confidence from the workforce team that it would come down by April 2022 due to mass recruitment and an internal nurse recruitment campaign.

Workforce Key Performance Indicators

At each meeting, the Committee received regular Key Performance Indicator updates and was provided with an overview report against the broader Workforce & OD Delivery Plan, and, more latterly, against the seven themes within the People & Culture Plan.

The Committee noted that the People and Culture plan would be launched after the Board meeting in January 2022.

Key Operational Performance Indicators

At the March 15th 2022 meeting, the Committee received Key Operational Performance Indicators which included:

Saunders,Nathan
03/28/2022 14:57:42

- Unscheduled Care
- Mental Health Measures
- Recovery and Redesign Update

It was noted that there were a number of schemes in place for the following areas:

- Planned Care
- Diagnostics
- Mental Health
- Unscheduled Care
- Primary Care
- Enablers

IMTP 2022-2025

The Committee was provided with an update with regards to the draft IMTP prior to the draft IMTP being taken to full Board for formal approval in March 2022.

Policies approved by the Committee

The Committee considered and approved/adopted a number of Policies and Procedures during the year which included the following: -

- Respect & Resolution Policy
- Special Leave Policy
- Recruitment & Retention Protocol
- No Smoking and Smoke Free Environment Policy
- NHS Wales Secondment Policy
- Raising Concerns Procedure
- SAS Job Planning Procedure

The Committee Terms of Reference and Work Plan – 2022/23

The Committee undertook its annual review of its Terms of Reference and Work Plan for 2022/23 and ratified the same at its January meeting, prior to the same being presented to full Board for formal approval in March.

Other Business

During the year the Committee also received and discussed the following matters: -

- Board Assurance Framework – at each meeting, the programme of risks associated with the Committee, were reported to the Committee, with specific risks being discussed at the individual Committee meetings.

- People and Culture Plan – in November the Committee received the draft People and Culture Plan which set out the actions the Health Board would take over the next three years. The said Plan contains a clear focus on

Saunders.Nathan 03/28/2022 14:57:42

improving the wellbeing, inclusion, capability and engagement of the Health Board's workforce.

- Capital Plan/Capital Programme Status reports – were presented to the Committee in July and September.

- Quarterly reports for all RPB short term funding streams – were routinely received by the Committee during the year.

Private Strategy & Delivery Committee

May, July, September, November 2021 & January, March 2022

The Suspension Report was presented to each Private session of the Committee for the financial year 2021/22.

6.0 Reporting Responsibilities

The Committee had reported to the Board after each Committee meeting by presenting a summary report of the key discussion items at the Committee. As per the Committee's Terms of Reference the report is presented by the Committee Chair in which he must:

1. report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports throughout the year;

2. bring to the Board's specific attention any significant matters under consideration by the Committee;

3. ensure appropriate escalation arrangements are in place to alert the UHB Chair, or Chairs of other relevant committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

7.0 Opinion

The Committee is of the opinion that the draft Strategy & Delivery Committee Annual Report 2021/22 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Saunders.Nathan
03/28/2022 14:55:42

Michael Imperato

Committee Chair

Saunders,Nathan
03/28/2022 14:57:42

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

Annual Report of Health and Safety Committee 2021/22

DRAFT

Saunders,Nathan
03/28/2022 14:57:42

1.0 Introduction

In accordance with best practice and good governance, the Health and Safety Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 Membership

The Committee membership is a minimum of three Independent Members. In order for the meeting to be quorate two Independent Members must be present. Meetings are also attended by the Director of People and Culture, who has assumed responsibility as the Executive Lead for Health and Safety, Director of Public Health, Director of Therapies and Health Sciences and Director of Corporate Governance. Staff Safety Representatives also attend the meeting. Other Executive Directors are required to attend on an ad hoc basis.

3.0 Meetings and Attendance

Due to the way in which the meetings were scheduled (i) in 2020 to 2021, with the last Committee being held on 30 March 2021, and (ii) for 2022 to 2023 (with the first meeting scheduled on 19 April 2022), the Committee met three times during the period 1 April 2021 to 31 March 2022. The Health and Safety Committee achieved an attendance rate of 87.5% during the period 1 April 2021 to 31 March 2022 as set out below:

	27/07/2021	12/10/2021	25/01/2022	Attendance
Mike Jones (Chair)	Y	Y	Y	100%
Akmal Hanuk	Y	Y	Y	100%
Michael Imperato	Y	Y	Y	100%
Ceri Phillips	N/A	N	Y	50%
Total	100%	75%	100%	87.5%

Please be advised that Akmal Hanuk was Chair until 31 July 2021 and then Mike Jones took over from 1 August 2021. Ceri Phillips was also appointed to the Committee on 1 August 2021.

4.0 Terms of Reference

The Terms of Reference were reviewed and recommended for Board approval by the Committee on the 25 January 2022. The Terms of Reference are due to be approved by the Board on 31 March 2022.

5.0 Work Undertaken

Saunders,Natalan 03/28/2022 14:57:12

As set out in the Committee Terms of Reference the purpose of the Committee is to:

a) Provide assurance to the Board that there are effective arrangements in place to ensure organisational wide compliance of the UHB Health and Safety Policy;

DRAFT

b) approve and monitor implementation of the Annual Health and Safety Priority Improvement Plan and ensure compliance with the relevant Standards for Health Services in Wales;
c) review the comprehensiveness of assurances in meeting the Board and the Accountable Officers assurance needs across the whole of the UHB's activities, both clinical and non-clinical in relation to Health and Safety;

d) consider and approve policies as determined by the Board;

e) provide assurance that:

- objectives set out in the Health and Safety Priority Improvement Plan are on target for delivery in line with agreed timescales;
- standards are set and monitored in accordance with the relevant Standards for Health Services in Wales;
- proactive and reactive Health and Safety plans are in place across the UHB;
- policy development and implementation are actively pursued and reviewed;
- where appropriate and proportionate, health and safety incident and ill health events are investigated and action taken to mitigate the risk of future harm;
- reports and audits from enforcing agencies and internal sources are considered and acted upon;
- workforce, health, security and safety issues are effectively managed and monitored via relevant operational groups;
- employee health and wellbeing activities are in place in line with the UHB commitment to be a public health practising organisation and corporate health standards;
- employee health and safety competence and participation is promoted; and
- decisions are based upon valid, accurate, complete and timely data and information

There are a number of standing agenda items discussed at every Committee meeting, these being:

Enforcement Agency Reports, Fire Enforcement and Management Compliance Reports, Updated Health and Safety Related Policy Schedules, Minutes from the Operational Health and Safety Group and Environmental Health Inspection Reports.

During the financial year the Health and Safety Committee reviewed the following key matters at its meetings: -

Fire Enforcement Report

27 July 2021

Saunders-Newman 03/28/2022 14:51:42

The Committee was advised that Cardiff and Vale University Health Board (CVUHB) had seen a down turn in instances of unwanted fire signals last quarter due to COVID-19.

The Committee was advised that Hafan y Coed had been visited by the South Wales Fire and Rescue Service (SWFRS) who had sent 2 enforcement notices. One enforcement notice related to infrastructure issues and the other related to policy.

DRAFT

The Committee was advised that the SWFRS would be invited to inspect the changes made to enable closure of the enforcement notices.

12 October 2021

The Committee was advised that the pilot for face to face training had taken place and 2,800 staff members had attended the events.

The Committee was advised that CVUHB had a fire enforcement notice in place for Hafan Y Coed and a further notice had been received due to an arson taking place at Hafan Y Coed.

The Committee was advised that that the management team within Hafan Y Coed had been excellent and noted that as a result of the arson, two investigations had been set up. One of the investigations related to the patients, and that would be led by the Patient Safety team, and the other related to the environmental settings which would be led by the Head of Health and Safety.

The Committee was advised that the incident would be looked at and reviewed and any management system failures that occurred would be identified and rectified.

25 January 2022

The Committee was advised that another deliberate fire took place Hafan Y Coed. The Fire Service visited but they did not issue a Fire Enforcement Notice as they were satisfied with the work being carried out.

Environmental Health Inspector Report

27 July 2021

The Committee was advised that environmental health visits had stopped during COVID-19 and that they had now started back up again and they had inspected 5 areas in the last quarter:

- Central Food Processing Unit (CFPU), UHW
- Aroma Coffee Outlet – Barry Hospital
- Barry Hospital – Ward Based Catering
- Cardiff Royal Infirmary
- Teddy Bear Nursery – UHW

The Committee was advised that upon receipt of the reports, action plans were developed to address the issues raised, and further to the initial inspection on 17 March 2021, an additional two visits to review the CFPU Product Recall Procedure and a Re-visit Inspection were undertaken on 12 April and 29 April 2021.

The Committee was advised that the Food Safety Manager had helped with documentation improvements and also carried out spot checks and swab testing to make sure that the teams were compliant.

Saunders,Natasha
03/28/2022 04:01:42

12 October 2021

The Committee was advised that is a legal requirement that each hospital / food unit would be registered as a food premises with the Local Authority and were therefore subject to an annual inspection by Local Authority Officers.

DRAFT

It was noted that since March 2021 the inspection process had once again commenced and the following UHB premises had been visited and inspected since the last Health and Safety Committee meeting:

- Teddy Bear Nursery – UHW
- Aroma Plaza Coffee Outlet – UHL
- Food Production, Main Wards & Restaurant – UHL

Waste Management Compliance Report

27 July 2021

The Committee was advised that the CVUHB Waste Department continued to operate at increased volumes due to the requirement of PPE across all of the estate as a result of the COVID19 pandemic.

The Committee was advised that in addition to the increased waste, there had been a reduction in segregation as the majority of the waste was being treated as contaminated.

The Committee was advised that there were external suppliers with appropriate expertise and that a tender exercise was being prepared to appoint an external Waste Consultant to review the CVUHB waste processes and to highlight areas of improvement and innovation.

Risk Register for Health and Safety – Verbal Update

27 July 2021

The Committee was advised that every action would be scored under the risk register matrix and be brought back to the October H&S meeting.

12 October 2021

The Committee was advised that the risk register would be reviewed but that no major risks had been identified at present.

Lone worker Devices Report

27 July 2021

The Committee was advised that the work relating to the lone worker device had been very encouraging with a month on month improvement since February 2021.

It was noted that it was largely due to a team member in the case management team who was driving the use of lone worker devices.

The Committee was advised that compliance was just under 69% and it was highlighted that it was an important risk reduction measure.

The Committee was advised that the current contract for the supply of lone worker devices was due to expire in July 2022 and that the future commissioning of the lone worker device would need to be considered.

The Committee was advised that a tender exercise would be planned for new contracts and it was noted that it would not be based on cost alone as a number of factors would be taken into consideration such as:

- Improved technology
- Ease of use

Saunders-Newman 03/28/2022 14:57:42

DRAFT

- Cost
- Training

12 October 2021

The Committee was advised that good work had been undertaken with case management to raise the profile of the Lone Worker Devices and noted that usage had increased.

Health and Safety Policy – Verbal Update

27 July 2021

The Committee was advised that the policy statement had been written and that the draft was complete.

It was noted that it would be brought to the Committee in October once the structure and the Responsible, Accountable, Consulted, Informed (RACI) matrix had been identified.

Health & Safety Dashboard update

12 October 2021

The Committee was advised that the H&S dashboard had been running since April 2021 and provided CVUHB with a consistent format and was quick and easy to navigate.

It was noted that the dashboard provided important data sets and would be used to set KPIs and other targets within CVUHB as well as identifying areas that struggled with compliance and performance.

Enforcement Agencies Report

12 October 2021

The Committee was advised that the Health and Safety Executive (HSE) had written to CVUHB in September 2021 regarding concerns that had not been reported through RIDDOR regarding cases of Covid-19 that had been transmitted via the workplace.

It was noted that the H&S team had written back to the HSE outlining the past, present and future positions of the Health Board and the HSE had responded and concluded that, having reviewed the information supplied, they were satisfied that the Health Board did have a system for gathering information and assessing if there was reasonable evidence to support Covid-19 cases in workforce due to occupational exposure via the rapid assessment form process which was then reviewed by the Health and Safety Team.

25 January 2022

The Committee was advised that a Pre-Inquest Review into two staff COVID deaths, that was originally scheduled for early December, was adjourned and rescheduled for March 16 2022.

It was also noted that an inquest into a staff COVID death was conducted on the 6 December 2022 and the verdict concluded that it was not a work-related transmission. That matched the Health Board's determination.

Saunders-Altman
03/28/2022 14:57:42

Regulatory and Review Body Tracking Report

12 October 2021

Pedestrian Safety Strategy

25 January 2022

The Committee was advised that traffic for pedestrians across the Health Board sites had improved over the last few years. It was noted that there was still a lot of work to be done in terms of pedestrian safety. However, more people were being encouraged to cycle and take public transport such as “park and ride”.

The Committee was advised that the concerns which had been raised on the ventilation in UHW theatres had now been closed out and noted that the Head of Estates and Facilities’ team had responded to all issues raised.

It was noted that all of the fire concerns raised in the report had also been closed.

The Committee was advised that the Strategy required funding along with many other obligations. The Discretionary Programme funding, out of which the Strategy was being funded, had been reduced by 25% and this caused concerns for the Committee

Policies

12 October 2021

The Committee received and approved 3 policies which included the following:

- Health & Safety Policy
- Violence and Aggression Policy
- Minimal Manual Handling Policy

The Committee has reported to the Board after each of the Health and Safety Committee meetings by presenting a summary report of the key discussion items at the Health and Safety Committee. The report is presented by the Chair of the Health and Safety Committee.

7.0 Opinion

The Committee is of the opinion that the draft Health and Safety Committee Report 2021/22 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Akmal Hanuk

Mike Jones

DRAFT

Saunders.Nathan
03/28/2022 14:57:42

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Annual report of Our Future Hospitals Committee 2021/22

Saunders,Nathan
03/28/2022 14:57:42

1. Introduction

In accordance with best practice and good governance, our Future Hospitals Committee produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2. Membership

The Committee membership is a minimum of three Independent Members comprising of the Independent Member for Capital and Estates, the Independent Member of Finance and a minimum of one other Independent Member of the Board. In addition to the Membership, the meetings are also attended by the Chief Executive, Executive Director of Strategic Planning, Executive Medical Director, Executive Director of Finance, Programme Director for Our Future Hospitals Programme, Director of Corporate Governance. Other Executive Directors will attend as required by the Committee Chair. At the invitation of the Committee Chair any Independent Member who is not a member of the Committee is entitled to attend Committee meetings.

3. Meetings & Attendance

The Committee met four times during the period 1st April 2021 to 31st March 2022 2022.

This is in line with its Terms of Reference. The quorum for meetings is 2 members, including either the Chair or the Vice Chair and 2 Executive Directors to include either the Chief Executive or Deputy Chief Executive.

The Future Hospitals Committee achieved an attendance rate of 87.5% which is considered to be an acceptable attendance rate during the period 1st April 2021 to 31st March 2022 as set out below:

	21/07/2021	13/10/2021	12/01/2022	09/03/2022	Attendance
Dr Rhian Thomas (Chair)	✓	✓	✓	✓	100%
John Union (Vice Chair)	X	✓	✓	✓	75%
David Edwards	✓	✓	✓	X	75%
Gary Baxter	✓	✓	✓	✓	100%
Total	75%	100%	100%	75%	87.5%

4. Terms of Reference

The Terms of Reference have been reviewed and approved by the Committee on the 12th January 2022 and will be approved by the Board on 31st March 2022.

Saunders.Nathan
03/28/2022 14:21:43

5. Work Undertaken

As Set out in the Committee Terms of Reference the purpose of the Committee is to:
Provide assurance to the Board that;

- Our Future Hospitals Programme has a clear and consistent strategic direction of travel, which is aligned to Shaping our Future Wellbeing and Wellbeing of Future Generations act; strong and effective leadership; transparent lines of accountability and responsibility; and effective and timely reporting to key internal and external decision-makers.
- Consider and approve the overall scope of Our Future Hospitals Programme and its delegated authority to make decisions.
- Scrutinise and recommend approval to the Board relevant Our Future Hospitals Programme decisions in particular those decisions which are outside the delegated authority limits (decisions over £500k) of the Programme Board.
- Scrutinise Our Future Hospitals Programme to ensure the direction of the programme remains within the scope set by the UHB Board and is consistent with wider system plans and political environment.
- Review and approve the stakeholder management strategy and specific plans to ensure buy-in from key internal and external stakeholders.
- Review and approve, where necessary business cases for Our Future Hospitals programme and provide assurance to the UHB Board that they will be delivered within the time, cost and to required quality, as specified by the UHB Board and the Welsh Government, and in line with the Health Board's capital governance arrangements.
- Recommend approval to the Board and monitor the ongoing progress of:
  - **(a)** The overall programme plan, including objectives, key milestones, resource plan and performance monitoring for key deliverables
  - **(b)** Appointment of all external project advisors and contractors where the value exceeds the delegated limit of the Programme Board
  - **(c)** All procurement decisions where the value exceeds the delegated limit of the Programme Board
  - **(d)** It will seek explanations and remedies for any deviation from the timelines and report any concerns to the UHB Board as and when necessary.
- Ensure that an effective risk management system is in place and regularly scrutinise key Programme risks.
- Scrutinise and assure that the Board that Programme expenditure against the budget allocated is appropriate and managed effectively.

During the financial year 2021/22, Our Future Hospitals Committee reviewed the following key items at its meetings:

<u>Our Future Hospitals Committee</u>

July and October 2021, and March 2022

Saunders,Nathan
03/28/2022 14:57:42

Papers presented to the private session of Our Future Hospitals Committee were as follows:

- Stakeholder Engagement Updates
- Welsh Government Meeting Outcomes

- JLL Report
- Gateway Zero Report
- Programme Overview
- Risk Register
- Business case review
- Infrastructure report
- Update – Programme Business Case Endorsement.

Our Future Hospitals Committee – set agenda items

21st July 2021

- **Stakeholder Engagement Updates**

The future hospitals stakeholder engagement was discussed at the July and October 2021 committee meetings. The committee was advised that the programme business case had been completed in record time and had been delivered in the timeframe that was required. Cardiff University had shown a strong support and intent to invest £200m - £300m in Heath Park West. The Executives had met with partnership organisations to increase the level of advocacy for the programme amongst stakeholders.

13th October 2021

- **Stakeholder Engagement Updates**

The Committee was advised that all main stakeholders were sent a letter signed by Stuart Walker and Len Richards to explain the programme business case. Conversations had taken place with Welsh Government and the Director of Climate Change.

- **Welsh Government meeting outcomes**

Following a meeting held with Welsh Government on the 27th August 2021, it was noted that the definitive way forward in relation to the programme business case was discussed. The Welsh Government suggested reference to some of the economical appraisal and the capital figure £2 billion were removed from the outline business case. A resubmission date for the 1st October was agreed.

- **Business case review**

The business case review was discussed at the October 2021 meeting. It was noted that since the submission of the business case, the shaping our future hospital engagement had taken place which had identified a strong mandate from the public. A mutual investment model could be considered to resource the project, and that could consider phasing in order to make the scheme more affordable.

Saumaes Martin
03/28/2022 14:57:42

12th January 2022

- **Feedback on the Infrastructure Investment Board**

The Committee was advised that officers from the Health Board had given a presentation to the Welsh Government panel which receives business cases. The presentation had highlighted the current issues with UHW also the need for a new Hospital. The Committee were informed that a report was due to be presented to the Welsh Government Cabinet and that the Health Board currently awaited a response to the same.

- **Lifesciences Commercial Opportunity**

The Committee were advised that proposals were being considered to have a research hospital for the future, but had not yet been endorsed by WG. Grant Thornton had been engaged to provide support the work being undertaken in this regard.

- **Update on scoping of the SOC and the work of Grant Thornton**

The Committee were updated in relation to the work relating to the scoping of the Strategic Outline Case (SOC

Operational Lead Update

The Committee was advised that work was being undertaken in order to gather intelligence on hospitals which have been built over the last 5 years and plan to open in the next 5 years.

- **Committee Terms of Reference and Committee Work Plan for 2022/23**

The Committee received and considered the proposed (i) Terms of Reference and (ii) Work Plan for 2022/2023 prior to the same being presented to full Board for formal approval.

9th March 2022

- **Review of Hospitals Programme Update**

The Committee was advised that the Programme Business Case (PBC) had gone to Welsh Government. It was anticipated that the PBC would be considered by Cabinet in January 2022. The most likely best option would be to rebuild the University Hospital of Wales (UHW) which could be completed in a phased way. Until the Strategic Outline Case (SOC) was completed and options were set out then sites could not be discussed. It was noted that Grant Thornton were helping with the scoping of the SOC. The SOC needed to be completed by June 2022 because the Cabinet would be bringing back another paper.

- **Review of Programme Risk Register**

The Committee received the Programme Risk Register. It was noted that there were actions around the Spring work that were taking place and the Committee should have answers next month. One of the risks was delay to the programme and what the Health Board were doing about it. The Committee were also advised that another risk was linked to staff wellbeing.

Saunders,Nathan
03/28/2022 14:57:42

6. Reporting Responsibilities

The Committee has been reporting to the Board.

7. Opinion

The Committee is of the opinion that the draft Our Future Hospital Committee Report 2021/2022 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Dr Rhian Thomas

Committee Chair

Saunders,Nathan
03/28/2022 14:57:42

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Cardiff and Vale University Health Board

Annual Report of the STAKEHOLDER REFERENCE GROUP 2021/22

Saunders,Nathan
03/28/2022 14:57:42

1.0 INTRODUCTION

In accordance with best practice and good governance, the Stakeholder Reference Group produces an Annual Report to the Board setting out how the Advisory Group has met its Terms of Reference during the financial year.

2.0 MEMBERSHIP

The Advisory Group membership is drawn from within the area served by the UHB, and involves a range of bodies, sectors and groups operating within the communities served by the UHB. In addition to the Membership, the meetings are also attended by the Executive Director of Planning (Executive Lead for the Group) and the Director of Corporate Governance. The South Glamorgan Community Health Council is also invited to attend.

3.0 MEETINGS AND ATTENDANCE

The Committee will have has met five times during the period 1 April 2021 to 16 March 2022 and will also meet on 22 March. This is in line with its Terms of Reference.

The Stakeholder Reference Group achieved an attendance rate of 64% during the period 1st April 2021 to 16th March 2022 as set out below.

	25.05.21	22.07.21	29.09.21	23.11.21	25.01.22	Attendance
Sam Austin (Chair) *Children and Young Persons' Third Sector*	✓	✓	✓	✓	✓	100%
Geoff Simpson (Vice Chair) *One Voice Wales*	✓	✓	X	✓	✓	80%
Duncan Azzopardi *Cardiff University*	X	X	X	X	X	0%
Frank Beamish *NHS Volunteer*	✓	✓	✓	✓	✓	100%
Mark Cadman *WAST*	X	X	X	X	X	0%
Jason Evans *South Wales Fire and Rescue*	X	✓	X	X	✓	40%
Iona Gordon *Cardiff Council*	✓	✓	X	✓	✓	80%
Shayne Hembrow *Registered Social Landlords*	✓	✓	X	✓	✓	80%
Tom Hurlock Evans/ Lauren Spillane* *Carers Trust*	✓	✓	✓	✓	✓	100%
Duncan Innes *Cardiff Third Sector Council*	✓	✓	✓	✓	✓	100%
Zoe King *Diverse Cymru*	X	X	✓	X	✓	40%
Paula Martyn *Independent Care Sector*	✓	✓	X	X	✓	60%

Sarah.Stinchcombe@wales.nhs.uk 03000 852 274

Tim Morgan *South Wales Police*	✓	✓	X	X	X	40%
Siva Sivapalan *Older Person's Third Sector*	✓	✓	✓	✓	✓	100%
Lani Tucker/ Linda Pritchard** *Glamorgan Voluntary Services*	✓	✓	✓	✓	✓	100%
Janice Charles/Stephen Griffiths*** *Vale of Glamorgan Council*	X	X	X	X	X	**0%**
Total	**69%**	**75%**	**44%**	**56%**	**75%**	**64%**

***** Lauren Spillane replaced Tom Hurlock Evans in July 2021.

** Lani Tucker and Linda Pritchard job share

*** Cllr Griffiths replaced Cllr Charles in May 2021

At least four members or one third of the total membership (16 members), whichever is greater, must be present to ensure the quorum of the SRG. All meetings in 2021/22 were quorate. In accordance with the Terms of Reference, reasonable cause for a run of non-attendance has been explored with members, acknowledging the pressures caused by the pandemic particularly on emergency services members. Where appropriate, alternative membership is being explored.

4.0 TERMS OF REFERENCE

The Terms of Reference were reviewed and updated in January 2020, incorporating advice from the Director of Corporate Governance following Welsh Government's provision of Model Standing Orders.

5.0 WORK UNDERTAKEN

This Advisory Group's focus is on facilitating full engagement and active debate amongst stakeholders from across the communities served by the UHB, with the aim of reaching and presenting a cohesive and balanced stakeholder perspective to inform the UHB's decision making. In particular, the role is to provide independent advice on any aspect of UHB business. This may include:

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

During the financial year 2021/22 the Stakeholder Reference Group discussed the following key items at its meetings:

1. Recovery planning

Saunders,Nathan 03/28/2022 14:57:42

2. Development of Acute Cancer Services in South East Wales and implications for Cardiff and the Vale of Glamorgan
3. Draft Sustainability Action Plan
4. UHB Active Travel initiatives
5. Draft Quality, Safety and Patient Experience Framework
6. Health inequalities and the Director of Public Health Annual Report
7. Draft Integrated Medium Term Plan 2022-2025 (early draft and final draft)
8. Strategic programmes
9. Making effective strategic choices
10. Modernising Spinal Services in South Wales
11. 'State of the Nation' overview of the impact of extreme pressures
12. @Home/Shaping Our Future Communities programme
13. Introduction to the UHB's new Chief Executive

SET AGENDA ITEMS - April 2021 - March 2022

Feedback from the Board

The Director of Corporate Governance provided the Group with a verbal update of issues discussed at every Board meeting, to keep SRG members abreast of key areas of UHB business and decisions being taken.

6.0 ADVISORY GROUP GOVERNANCE

The SRG Chair is a member of the Board as an Associate Member. UHB Executive leadership for the SRG is provided by the Executive Director of Planning; the Director of Corporate Governance also attends.

7.0 REPORTING RESPONSIBILITIES

A report from the Chair of the Stakeholder Reference Group is submitted to Board after every Advisory Group meeting, providing a summary of key issues discussed.

8.0 OPINION

The Advisory Group is of the opinion that the draft Stakeholder Reference Group Annual Report 2021/22 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Group is aware of at this time that have not been disclosed appropriately.

SAM AUSTIN
Stakeholder Reference Group Chair

Saunders.Nathan
03/28/2022 14:57:42

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Cardiff and Vale University Health Board

Annual Report of the Local Partnership Forum 2021/22

Saunders,Nathan
03/28/2022 14:57:42

1.0 INTRODUCTION

In accordance with best practice and good governance, this Annual Report sets out how the Local Partnership Forum (LPF) has met its Terms of Reference during the financial year 2021-22.

2.0 MEMBERSHIP

LPF is co-chaired by the Chair of Staff Representatives and the Executive Director of People and Culture. Members are Staff Representatives from accredited Trade Unions recognised as part of the Partnership and Recognition Agreement, the Executive Team and Chief Executive, the 3 Assistant Directors of Workforce and OD, the Head of Workforce Governance and the General Manager for UHL and Barry. The Independent Member for Trade Unions has a standing invitation to attend, as does the Chair of the Board.

3.0 MEETINGS AND ATTENDANCE

The Local Partnership Forum met six times during the period 1 April 2021 to 31 March 2022. This is in line with its Terms of Reference.

Attendance is fluid compared to Board and Committees as it is often dependant on the release of staff representatives from their substantive roles and while there are regular attendees from the staff side there is a degree of variation from meeting to meeting. Quoracy is determined by the number of management and staff representatives present, not specific individuals, as set out in the Terms of Reference.

Members of the Forum who are unable to attend a meeting may send a suitable deputy who will contribute to the meeting being quorate.

Current Executive / Management attendance is as follows (n.b.* denotes that a deputy attended in their place):

	22.04.21	**17.06.21**	**18.08.21**	**21.10.21**	**01.12.22**	**17.02.22**
Director of People and Culture (co-Chair)	Y	Y	Y	Y	*	Y
Chief Executive	*	Y		Y	Y	Y
ED of Finance	Y	*	Y		Y	
ED Nurse Director	Y	*	Y	Y		*
Medical Director						
ED of Strategy and Planning			*		Y	Y

Saunders,Nathan 03/28/2022 14:37:12

ED of Therapies and Health Science		*	Y			
Deputy Chief Operating Officer (Interim COO since Jan 2022)	Y	Y	Y	Y	*	Y
ED of Public Health	Y	Y	Y	Y	Y	Y
Director of Corporate Governance				Y		Y
Director of Communications and Engagement	Y	Y	*	Y	Y	Y
AD of Organisational Development					Y	Y
AD of Workforce	Y	Y		Y	Y	Y
AD of Workforce Resourcing					Y	
Head of Workforce Governance	Y	Y	Y	Y	Y	
Head of People Services (previously Head of HR Ops)	Y	*	Y		Y	Y
General Manager, UHL and Barry	Y	Y	Y	Y		Y

Note:
Chief Executive: Len Richards April – August, Stuart Walker (interim) October/December, Suzanne Rankin February 2022
Assistant Director of Workforce: Julie Cassley April/June, Lianne Morse August – February
Head of HR Operations / People Services: Lianne Morse April/June, Katrina Griffiths August – February
AD of Workforce Resourcing commenced November 2021
AD of Organisational Development commenced October 2021

Saunders Nathan
03/28/2022 14:57:42

4.0 TERMS OF REFERENCE

The Terms of Reference are incorporated into the Partnership and Recognition Agreement. This was reviewed by the Local Partnership Forum on 17 June 2021 and was approved by the Board on 29th July 2021.

5.0 WORK UNDERTAKEN

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.

Key topics considered during the period April 2021 – 2022 include:

22 April 2021

- The Forum received a presentation from the Programme Director on Shaping Our Future Clinical Services. There had been a previous discussion with the Forum prior to the formal launch of the engagement process. This was now complete and an analysis of the feedback had begun.

- The Deputy Director of Operations for Mental Health Clinical Board, was in attendance to provide a joint presentation on the Covid-19 Response and recovery in Mental Health with Peter Hewin (lead staff rep for MHCB). As a Clinical Board they tried to ensure readiness for an expected increase in demand while also keeping momentum around their transformation agenda and keeping safe. 4 priority areas were identified as staff and team resilience, outpatient models and locality working, effective home working and co-production (including the use of peers with experience of mental health conditions and services). A number of challenges were also identified including activity and demand, but also new ways of working and positive risk taking.

- A new All-Wales Respect and Resolution Policy has been developed which superseded both the Dignity at Work Process and Grievance Policy. It was approved at an All-Wales level and was going through local ratification processes ahead of the official launch date of 1 June 2021. The new Policy builds upon an approach started with the Maximising Attendance at Work Policy which recognises that treating people fairly doesn't mean treating everyone the same. It requires us all to make sure we approach difficult workplace issues with the aim of resolving them at an early stage and without formal policy and processes being invoked. The Policy is ACAS approved and includes tools and flowcharts to support staff and managers find solutions earlier. There would also be an All-Wales mediation network and training delivered in partnership with staff representatives.

Saunders,Nathan
03/28/2022 14:57:42

17 June 2021

- The Forum received a presentation from the Health Improvement Team looking at the purpose of the team, work completed since the team started in April 2021 and the approach adopted, and the 5 ways to wellbeing concept which is being utilised (give, take notice, connect, be active, keeping planning). During the presentation the HIT team asked the following three questions as part of their wider consultation exercise:
    - What does wellbeing mean to you?
    - What would an organisation with excellent standards of wellbeing look like?
    - What change would you make to enhance staff wellbeing in the organisation?

- The Deputy COO delivered a presentation on the UHB Reset and Recovery Plan. It was noted that while this was the latest position, it was an iterative process and the plan will change as we go forward and learn more. She talked about the impact of covid, the context of the plan, the principles of the response and the approach adopted.

- The revised Terms of Reference for the Employment Policy Sub Group were considered and approved

August 2021:

- The Director of Operations, PCIC Clinical Board, was in attendance to deliver a presentation on the current operational situation within PCIC. The Primary Care and Community position and priorities (including recovery priorities) were noted, along with continuing developments around unscheduled and urgent care. The Forum was advised that joint Executive discussions are taking place with the Local Authorities regarding pressures within the community, especially relating to social care and domiciliary care. The importance of working in partnership across the whole system pathway and ensuring that silos are reduced was discussed. Trade Unions expressed a strong interest in being involved in conversations taking place about a potential staffing model which would extend beyond traditional health and care approaches in relation to social and domiciliary care.

- The Forum received an update on the development of the IMTP 2022-25 as part of the ongoing engagement process. The themes, priorities and deliverables were shared and members were asked for views on whether the triangulation and balance of priorities was right. One of the themes is 'taking great care of our staff': the Executive Director of People and Culture explained that this will be driven by a new People and Culture Plan which is in the very early stages of development. It was noted that that engagement should not

Saunders.Nathan
03/28/2022 14:57:...

be about touchpoints, but should be ongoing as part of business as usual. A further update on the development of the IMTP would be provided to LPF in the Autumn.

- The Deputy Executive Director of Nursing gave a presentation on the situation in relation to the Nurse Staffing Act. He reminded the Forum that the Act had come into force via a staged approach, with the first sections being implemented from 2018. Prior to Covid-19 good progress had been made but the current reporting period (April 2020-21) had been a period of unprecedented disruption with wards being repurposed and increased operational capacity, however, within the UHB a decision had been made to provide assurance to the Board through exception reporting from July 2020 and formal monthly reviews were held to monitor staffing. The reporting schedule for April 2021 – May 2024 was shared and it was noted that from September 2021 Paediatric wards will be included for the first time. A 3 year report will be submitted to Welsh Government at the end of this year.

21 October 2021:

- The Director of Transformation was in attendance to give presentation on the Dragon's Heart Institute. The Executive Director of People and Culture noted the alignment with the People and Culture Plan currently under development and advised that there would be an in-house leadership programme from January 2022.

- The Deputy COO gave an operational update. It was noted that there are system wide operational pressures with an increase in demand across the board. Covid admissions were increasing and non-covid demand was back to pre-pandemic levels. It was acknowledged that this was a challenging time for the workforce and staff were thanked for all their efforts. LPF was advised that steps are being taken ahead of winter to alleviate the pressures, including working with Local Authorities to address the issue of delayed discharges.

- The Equality Manager gave an update on the Strategic Equality Plan as we approached the end of the first year of the Plan. There had been good progress made on the SEP during this period, with some key milestones being met including completion of the Stonewall Workplace Equality Index and Welsh Language Standards Annual Report.

Saunders,Nathan
03/28/2022 14:57:42

- This year's statutory Annual Report of the Director of Public Health (DPH) was shared with the Forum. It focused on how Cardiff and the Vale of Glamorgan can emerge positively from the COVID-19 pandemic, with a spotlight on prevention and addressing the inequities exacerbated by the events of the last

18 months.. It described the impact of the pandemic on our population, identified priority areas for attention and set out a vision for future partnership working.

1 December 2021:

- The Head of Integrated Care was in attendance to give an update on the D2A model and activity taking place to address the issue of medically fit patients, including the introduction of transitional care beds. The Executive Nurse Director thanked staff for the flexibility they had shown by moving round the system to support the management of these pressures.
- The Local Partnership Forum gave their support and endorsement to proposals to support the implementation of the Smoke-Free Premises and Vehicles Regulations, including the engagement and training of dedicated Enforcement Officers who are able to issue Fixed Penalty Notices.
- The Operational Delivery Director was in attendance to provide an Operational Update. A site based leadership model was being introduced to enable a system wide, co-ordinated response to current pressures. This approach was temporary but allowed delegated authority and autonomy to enable timely decision making. The next steps which had been identified around systems, processes and capacity were highlighted, along with a high-level timeline against the unscheduled care schemes. The need to be prepared for surges and spikes was noted, along with the need to continue to hold system risks collectively. It was noted that one of the benefits of the site based leadership approach is that they will be better able to articulate to staff the reasons behind the things they were being asked to do.
- The Executive Director of Strategy and Planning provided an update on the IMTP, with a summary of decisions taken to date and seeking views, in particular on the design of the plan. It was noted that it is a strategic Plan and does not attempt to describe everything we do as an organisation.
- The Assistant Director of Workforce Resourcing delivered a presentation on a number of actions have already been taken and additional ideas have been put forward for further exploration under three areas: Attract; Recruit; and Retain. This is one of themes of the People and Culture Plan.

17 February 2022:

- The Executive Director of Strategy and Planning advised the Forum that a draft IMTP would be presented to the Board the following week. She advised that the main issues faced include not having the workforce needed to deliver the full range of services that we want to provide and keeping some of the good practices picked up during the pandemic, but in a sustainable way. The People and Culture Plan will be central to how this is achieved.

Saunders,Nathan
03/28/2022 14:57:42

The importance of engaging with Trade Union colleagues at Clinical Board level was noted.

- The Interim COO delivered a presentation on the current operational postion and the application of the Local Choices Framework, noting that while there is whole system pressure the real issue is around occupancy and discharges. Staff were thanked for their flexibility and assurances were given that work was taking place to identify what could be done differently to improve the situation for both patients and staff.

- The Assistant Director of OD delivered a presentation on Employee Health and Wellbeing. She noted that a physically and psychologically safe and healthy workforce is essential for excellent healthcare. There were issues before the pandemic and work has been done before and during it, including work by the Health Charity. As we move to recovery we need to determine the best way to support our staff to reflect and move on, acknowledging that a longer term approach is needed as this will not happen overnight. Research told us that staff wanted: improvements to the working environment; compassionate leadership; EWB services; peer support; more regular feedback; and a holistic approach to wellbeing. Our response is underpinned in the People and Culture Plan – not just in theme 2 (Engaged, healthy and motivated workforce) but also in how we recruit, retain, offer learning and development, our systems, and ways of working. Examples of progress to date include:
    - Winning Temp – a weekly engagement survey to be piloted with nursing staff
    - Schwartz Rounds
    - Staff rooms, water bottles and hydration stations
    - A more visible EWB team and HIT team
    - Additional OH support which has reduced waiting times
    - Leadership and development programmes.

  It was noted that this is part of the bigger picture and that staff health and wellbeing should be included in all of our strategies and underpinned by our values and behaviours.

STANDARD AGENDA ITEMS

Chief Executives Report

22 April 2021:

Saunders,Nathan
03/28/2021 14:57:42

The Deputy Chief Executive updated the Forum on the following:

- A Programme Business Case had been submitted to Welsh Government (WG) for UHW2 asking for endorsement. If approved, this would allow us to proceed to the Strategic Outline Case stage.
- The Annual Plan had been submitted to WG. This set out the approach to be taken over the next year in regards to: our response to the pandemic; short and medium term recovery plans; and links with the longer term strategy

17 June 2021:

In the absence of the Chief Executive, the Chief Operating Officer attended to update LPF on the following topics: current pressures in the system; reset and recovery; the Annual Plan; a Joint Executive Team (JET) meeting; the vaccination position; and the appointment of a new CEO.

18 August 2021:

The Chief Executive updated LPF on the following topics: current pressures in the system; collaborative work taking place around cancer and vascular services, and developments with Cardiff University to enable easier and less bureaucratic research.

21 October 2021:

The Interim Chief Executive updated LPF on the following topics: the appointment of Suzanne Rankin as our new Chief Executive; the appointment of Judith Paget as NHS Wales Chief Executive for a period of 18 months; the allocation of Recovery funding; exciting developments within the genomics service; an update on the UHW2 business case; and an update on the development of the IMTP.

1 December 2021:

The Interim Deputy Chief Executive updated the Forum on the following matters: system pressures; the Reset and Recovery Programme; the Omnicron variant and the current uncertain picture we have; and steps being taken to support the wellbeing of our staff.

17 February 2022:

Suzanne Rankin attended her first LPF meeting since she joined the organisation as Chief Executive. She introduced herself and her reasons for moving to Cardiff and Vale, including the alignment of her personal values with our strategy *Shaping Our*

Saunders Nathan
03/28/2022 14:57:42

Future Wellbeing. She set out her developing priorities and provided a brief summary on each of them:

- Team resilience and wellbeing
- Digital infrastructure
- Urgent emergency care pathway
- Our approach as we move from the pandemic response and restrictions lift
- The underlying financial position
- Refreshing our strategy in the context of the post pandemic world
- Embedding our values

Integrated Performance Report

In December 2021 the LPF received a copy of the Integrated Performance Report developed for Board as a new standing agenda item. Prior to this, the separate Finance and Patient Safety, Quality and Experience Reports received by the Board had also been noted at LPF.

LPF also receives a copy of the People Dashboard and WOD KPIs developed for the Strategy and Delivery Committee. In 2021-22 these have included 'deep dives' into the following topics:

- Turnover
- Employee relations
- Statutory and Mandatory Training
- Values Based Appraisal
- Sickness

6.0 REPORTING RESPONSIBILITIES

The Local Partnership Forum has reported to the Board after each meeting by presenting a summary report of the key discussion items. Copies of the approved minutes are also provided.

Saunders.Nathan
03/28/2022 14:57:42

Report Title:	Integrated Care Fund Capital Project – Grant Agreements			Agenda Item no.	7.8
Meeting:	Board	Public		Meeting Date:	31 March 2022
		Private			
Status *(please tick one only):*	Assurance		Approval	X	Information
Lead Executive:	Abigail Harris Executive Director of Srategic Planning				
Report Author (Title):	Meredith Gardiner Head of Partnerships and Assurance				

Main Report
Background and current situation:

The UHB manages all funding related to the Integrated Care Capital Fund on behalf of the Cardiff and Vale Regional Partnership Board. Over the last few years a range of projects have been successfully completed, the majority of which have been led and owned by other partner organisations.

To fulfil requirements of the funding, the UHB is obliged to:-

(i) ensure that it has entered into appropriate back to back grant agreements with those organisations to whom the Health Board is passing on all or some of the ICF grant funding; and

(ii) to ensure that an organisation (other than a Local Authority) which receives an amount of the ICF funding over £100,000, enters into a Legal Charge with the Health Board and secures the Legal Charge against the property that is the subject of the grant funding/grant funded partner-owned project. This will ensure that, if their building / asset was to be sold within 5-10 years of receiving the original fund, that partner would be legally obliged to return it via the UHB to Welsh Government.

The capital projects have all been completed through the ICF capital fund between 2018-2021 and relate to an overall total of £7.690m. There are three back to back grant agreements to be signed, namely:

a. the Health Board (1) and Glamorgan Voluntary Services (2) - with a grant value of up to £250,000;

b. the Health Board (1) and Cardiff Council (2) - with a grant value of up to £4,847,866; and

c. the Health Board (1) and Vale of Glamorgan Council (2) - grant value of up to £2,842,296.

Those agreements referred to under b. and c., will require Board approval due to their value. However, it is deemed advisable for the Board to consider all three agreements given the overall value and that they relate to the same stream of Welsh Government funding.

The draft back to back agreements have received approval from NWSSP Legal & Risk Services, and the UHB's corporate team have provided advice in relation to the signing of the same. Legal & Risk will be instructed to draw up the appropriate Legal Charge documentation.

Saunders Marian 03/28/2022 14:57:49

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

The Board is advised to agree the execution under seal of all attached agreements.

Recommendation:

The Board is requested to:

1. **authorise** that the Back to Back Grant Agreements referred to under paragraph a, b and c of this report and attached as draft to this report, may be entered into;

2. subject to recommendation 1 being approved:-

   (i) **authorise** the execution of the Legal Charge in relation to the Llantwit Major Community Hub project (referred to under Schedule 2 of the Back to Back Grant Agreement to be entered into between the Health Board and Glamorgan Voluntary Services); and

   (ii) **approve** the use of the Health Board's seal in order to execute the three Back to Back Grant Agreements referred to under Recommendation 1, and the associated Legal Charge referred to under recommendation 2(i) above.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Prevention		Long term	X	Integration	X	Collaboration	X	Involvement	X

Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: yes

Failure to arrange the legal charges places risk on the Health Board to recompense Welsh Government directly in the unlikely event that the projects are sold within the timeframe.

Workforce: no

Legal: Yes

Signed: S Himan 01/10/2021 14:57:42

Approval of the charges is a legal requirement of the grant funding.
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
03/28/2022 14:57:42

Dated: March 2022

(Template 1 – to be used where the Health Board is passing some of the ICF Grant funding to a Local Authority to deliver a project(s) and where the Health Board is retaining some of the Grant funding to deliver a project(s) itself. – delete wording)

AGREEMENT

In relation to the Integrated Care Fund Main Capital Programme

Between

(1) **Cardiff and Vale University Health Board**

And

(2) **Cardiff Council**

Saunders.Nathan
03/28/2022 14:57:42

THIS AGREEMENT is made on day of 20

BETWEEN

(1) Cardiff and Vale University Health Board whose principal office is at Woodland House, Maes-Y-Coed Road, Cardiff, CF14 4HH ("the Health Board")

(2) Cardiff Council whose principal office is at County Hall, Atlantic Wharf, Cardiff, CF10 4UW. ("the Local Authority")

BACKGROUND

(A) By way of background, the Social Services and Well-being (Wales) Act 2014 provides for regional partnership boards which bring together health, social services, housing, the third sector and other partners to take forward the effective delivery of integrated services in Wales. Their purpose is to improve the outcomes and well-being of people with care and support needs and their carers.

(B) In accordance with the Partnership Arrangements (Wales) Regulations 2015 (as amended), the Cardiff and Vale of Glamorgan Regional Partnership Board was established by the following bodies, namely (i) the Health Board, (ii) the Local Authority, (iii) Vale of Glamorgan Council.

(C) The Integrated Care Fund ("ICF") is grant funding made available by the Welsh Government and is intended to help regional partnership boards develop and test new approaches and service delivery models that will support the underpinning principles of integration and prevention.

(D) Under the ICF Main Capital Programme, ICF funding is being is distributed to Regional Partnership Boards via Local Health Boards to deliver projects either themselves, by local authorities, housing associations and/or the third sector. The ICF Main Capital Programme can be used to fund, amongst other matters, (i) accommodation led solutions for health and social care provision, (ii) expenditure to evidence or explore the feasibility of larger capital investment and/or (iii) other capital projects which support the integration of health, social care and housing.

(E) Accordingly, the Health Board, as the Lead Authority acting under the auspices of the Regional Partnership Board, has agreed to receive the ICF grant funding under the said Programme on behalf of itself and the Local Authority and, acting as a conduit, has agreed to administer the Grant funding to the Local Authority to enable the Local Authority to undertake the Projects under the direction of the RPB.

(F) The Parties are committed to better integration of their statutory obligations and discretionary powers in relation to the Programme and wish to enter this Agreement.

Saunders,Nathan
03/28/2022 14:57:42

(G) This Agreement is made pursuant to Section 194 of the National Health Service (Wales) Act 2006 (power of Local Health Board to make payments to local authorities towards expenditure incurred on community services) together with all other enabling powers now vested in the Parties.

(H) Each of the Parties has the necessary authority to enter into this Agreement.

AGREED TERMS

1. DEFINITIONS AND INTERPRETATION

1.1 In this Agreement the following expressions shall have the following meanings:-

"Agreement" means this Agreement and attached Schedules

"Application" means that part of the application relating to the Project submitted by the Lead Authority acting on behalf of the RPB to the Welsh Government in relation to the RPB's bid for ICF Capital Grant Funding in relation to the Programme and the Purposes, a copy of which is attached as Schedule 3

"Clawback Period" means the period commencing on the Commencement Date and expiring either (i) five (5) years from the date of the final payment of the Grant funding or (ii) ten (10) years from the date of the final payment of the Grant funding, as appropriate

"Commencement Date" means date at which the Welsh Government's Grant funding period commenced as outlined in schedule 3

"Data Protection Legislation" means all applicable data protection legislation and privacy legislation in force from time to time in the UK including the GDPR; the Data Protection Act 2018; the Privacy and Electronic Communications Directive 2002/58/EC (as updated by Directive 2009/136/EC) and the Privacy and Electronic Communications Regulations 2003 (SI 2003/2426); any other directly applicable European Union regulation relating to privacy; and all other legislation and regulatory requirements in force from time to time which apply to a party relating to the use of Personal Data and the privacy of electronic communications.

"Disposal" means the transfer of, or the grant of a lease or any estate or interest, out of your interest in the property or the sale and "Dispose" "Disposes" and "Disposed" have corresponding meanings but excluding a Permitted Disposal

"EIR" means the Environmental Information Regulations 2004

"FOIA" means the Freedom of Information Act 2000

"GDPR" means General Data Protection Regulation ((EU) 2016/679)

Saunders,Nathan
03/28/2022 14:57:42

"Grant" means the amount of funding up to four million, eight thousand and forty seven, eight hundred and sixty six pounds (£4,847,866) being made available from the ICF Capital Grant Funding and passed from the Health

Board to the Local Authority in accordance with the provisions of this Agreement

"Grant Conditions" means the grant conditions set out in the Grant Funding Agreement

"Grant Funding Agreement" means the grant funding agreement entered into between (1) the Head of Health & Housing Team – Homes & Places under authority of the Minister for Housing and Local Government, one of the Welsh Ministers and (2) the Health Board, a draft of which is attached to Schedule 1

"Grant Period" means the period from the Commencement Date to the last day of the grant period as outlined in schedule 3.

"ICF Capital Grant Funding" means the funding up to four million, eight thousand and forty seven, eight hundred and sixty six pounds (£4,847,866) being made available by the Welsh Government to the Health Board in its capacity as the Lead Authority in relation to the Programme accordance with the terms of the Grant Funding Agreement

"Intellectual Property Rights" means all patents, copyrights and design rights (whether registered or not) and all applications for any of the foregoing and all rights of confidence and Know-How however arising for their full term and any renewals and extensions.

"Know-How" means information, data, know-how or experience whether patentable or not and including but not limited to any technical and commercial information relating to research, design, development, manufacture, use or sale

"Lead Authority" means the Health Board

"Notification Event" means any of the events listed in Schedule 3 of the Grant Funding Agreement

"Party" means the Health Board and/or the Local Authority, and "Parties" shall be construed accordingly

"Permitted Disposal" means the bona fide grant or renewal of a lease or licence at arm's length for a term of less than 15 years at a rack rent without taking a fine or premium

"Personal Data" shall have the same meaning as set out in the Data Protection Legislation.

"Programme" means the Welsh Government's Integrated Care Funding Main Capital Programme

"Project" means the project and/or projects referred to under Schedule 2;

"Purposes" means the purposes for which the overall ICF Capital Grant Funding is being made available to the Lead Authority on behalf of the RPB, as set out under the Grant Funding Agreement

Saunders,Nathan
03/28/2022 14:57:42

"RPB" means the Cardiff and Vale of Glamorgan Regional Partnership Board

1.2 In this Agreement:-

1.2.1 any reference to a “clause” or “Schedule” is, unless the context otherwise requires, a reference to a clause or Schedule in this Agreement;

1.2.2 The Schedules form part of this Agreement and shall have effect as if set out in full in the body of this Agreement. Any reference to this Agreement includes the Schedules.

1.2.3 Unless the context otherwise requires, words in the singular shall include the plural and in the plural shall include the singular;

1.2.4 A reference to any Party shall include that Party’s personal representatives, successors and permitted assigns.

1.2.5 A reference to a statute or statutory provision is a reference to it as amended, extended or re-enacted from time to time;

1.2.6 A reference to a statute or statutory provision shall include all subordinate legislation made from time to time; and

1.2.7 Any words following the terms including, include, in particular, for example or any similar expression shall be construed as illustrative and shall not limit the sense of the words, description, definition, phrase or term preceding those terms.

2. COMMENCEMENT AND DURATION

2.1 This Agreement shall commence upon the Commencement Date and except where otherwise specified, the terms of this Agreement shall apply from the Commencement Date until the anniversary of expiry of the Grant Period or for so long as any Grant monies remain unspent by the Local Authority, whichever is longer.

2.2 Any obligations under this Agreement that remain unfulfilled following the expiry or termination of the Agreement (and for the avoidance of doubt, this includes (without limitation) any obligations in relation to Clause 5 (Property Arrangements) and the Clawback Period) shall survive such expiry or termination and continue in full force and effect until they have been fulfilled.

2.3 Notwithstanding the date of this Agreement, the Parties acknowledge and agree that the Agreement commenced upon the Commencement Date.

3. PURPOSE AND USE OF GRANT

3.1 The Parties acknowledge and agree that:-

Saunders,Nathan
03/28/2022 14:57:42

3.1.1 the Welsh Government is making ICF Capital Grant Funding available to the RPB in relation to the Programme and for the Purposes set out in the Grant Funding Agreement;

3.1.2 the Welsh Government intends to pay the ICF Capital Grant Funding to the Health Board, as the Lead Authority acting on behalf of the partnership bodies to the RPB (including, the Local Authority and the Health Board);

3.1.3 Subject always to receipt of the ICF Capital Grant Funding, the Health Board agrees to pass over to the Local Authority the Grant to enable the Local Authority to deliver the Project.

3.2 The Local Authority shall use the Grant solely for the purposes of delivering the Project and in accordance with the terms and conditions of this Agreement, the Grant Conditions and the Application. In the event of any conflict between the terms of the Agreement, the Grant Conditions and the Application, the conflict shall be resolved in accordance with the following order of precedence: (1) terms and conditions of the Agreement, (2) the Grant Conditions and (3) the Application.

3.3 The Local Authority agrees to comply with the Grant Conditions, including, for the avoidance of any doubt, the clawback provisions, and should the Welsh Government modify any of the Grant Conditions the Local Authority shall comply with any such modified Grant Condition.

3.4 In accordance with the Grant Conditions, the Local Authority shall notify the Health Board and/or the Welsh Government immediately if a Notification Event has occurred or is likely to occur but the Health Board also reserves the right to notify the Local Authority where it believes a Notification Event has occurred or is likely to occur.

3.5 The Local Authority shall not spend any part of the Grant on the Project after the Grant Period.

3.6 Should any part of the Grant remain unspent at the end of the Grant Period, the Local Authority must notify the Health Board of the same, and, save for those circumstances where the Welsh Government may approve the use for the unspent monies for other beneficial approved purposes, the Local Authority shall return any underspent Grant monies to the Health Board.

3.7 Any liabilities arising at the end of the Project including any redundancy liabilities for staff employed by the Local Authority to deliver the Project must be managed and paid for by the Local Authority without using the Grant and, for the avoidance of any doubt, the costs of the same must be borne by the Local Authority.

4. PAYMENT OF GRANT

4.1 The Parties acknowledge and agree that the payment of the ICF Capital Grant Funding is payable by the Welsh Government to the Lead Authority, quarterly in arrears and subject to receipt of valid claim forms and other supporting document as specified in the Grant Funding Agreement.

Saunders,Nathan
03/28/2022 14:57:42

4.2 Subject always to clause 4.3 (clawback), the Health Board shall pay the Grant to the Local Authority within thirty (30) days of receipt of the Grant from the Welsh Government and for the avoidance of any doubt, the Local Authority agrees and accepts that payments of the Grant can only be made

to the extent that the Health Board has received the available Grant funds from the Welsh Government.

4.3 The Health Board reserves the right to withhold, suspend, claw back and /or seek repayment of the Grant (whether in whole or in part) in particular, in the event that the Welsh Government seeks to clawback, withdraw, suspend and/or seek repayment of the Grant in whole or in part, and/or in the event that the Local Authority breaches any of the Grant Conditions, and in any such circumstances, the Local Authority shall, upon request, repay to the Health Board the Grant in such sums as are requested.

4.4 The Local Authority shall promptly repay to the Health Board any money incorrectly paid to it either as a result of an administrative error or otherwise.

5. PROPERTY ARRANGEMENTS

5.1 Where a property is involved in the Project that the Local Authority intends to deliver, the Local Authority shall:-

5.1.1 Comply with all appropriate requirements (including any relevant statutory requirements) as may be necessary in relation to the purchase of and/or redevelopment/modification of the said property, including, without limitation, any relevant planning permission, building regulation approval, licence, permissions, consents and any other approvals as may be required;

5.1.2 keep the Health Board regularly informed of (i) the progress of any required planning applications, (ii) any meetings to be held with the planning authority, highway authority, service undertakers and local residents in connection with any submitted planning applications;

5.1.3 Upon request, provide the Health Board with any documentary evidence that the Health Board and/or the Welsh Government may require in order to undertake due diligence with regards to administering any part of the Grant, including (without limitation) any documents in relation to those matters referred to under clause 5.1.1;

5.1.4 where the Local Authority is using over £100,000 or more of the Grant:

5.1.4.1 the Local Authority shall provide the Health Board with a restriction registered against the property that is subject to the Grant funding to prevent a Disposal of the property without the Health Board's written consent in the following form:-

"No disposition of the registered estate by the proprietor of the registered estate or by the proprietor of any registered charge, not being a charge registered before the entry of this restriction, is to be registered without a written consent signed by [ ] Health Board or its conveyancer"

Saunders,Nathan
03/28/2022 14:57:42

5.1.4.2 if the Grant funding being provided is between £100,001 and £250,000 then such restriction should be secured against the property for a period of 5 years from the final payment of the

Grant funding. If the Grant funding being provided is £250,000 or more then the restriction should be secured against the property for a period of 10 years from the date of the final payment of the Grant funding.

5.2 Where a property is involved in the Project that the Local Authority intends to deliver and it wishes to Dispose of the property whilst the restriction remains in place and/or during the Clawback Period the Local Authority shall:-

5.2.1 Not enter into any agreement to Dispose of the property without first notifying the Health Board of the Local Authority's intention;

5.2.2 Not Dispose of the whole or any part of the property without the Health Board's and/or the Welsh Government's prior written consent;

5.2.3 Provide the Health Board with full and complete particulars of any proposed and/or completed Disposal as may be required by the Health Board and/or Welsh Government; and

5.2.4 Comply with the provisions contained in Schedule 5 of the Grant Funding Agreement and repay to the Health Board in the circumstances specified in Schedule 5 of the Grant Funding Agreement such amount as may be determined by the Welsh Government in accordance with Schedule 5 and this Agreement.

6. MONITORING ARRANGEMENTS

6.1 The Local Authority shall on request provide the Health Board with such information, explanations and documents as the Health Board and/or the Welsh Government may reasonably require in order for it to establish that the Grant has been used properly in accordance with this Agreement and the Grant Conditions.

6.2 The Local Authority shall permit any person authorised by the Health Body such reasonable access to its employees, agents, premises, facilities and records, for the purpose of discussing and monitoring the Local Authority's fulfilment of the conditions of this Agreement.

6.3 Without prejudice to the generality of clauses 6.1 and 6.2, the Local Authority shall provide the Health Board and/or the Welsh Government with:-

6.3.1 any information and documentation as evidence that the Local Authority has satisfied a particular Grant Condition or in support of a Grant claim; and

6.3.2 within twelve (12) months following the end of the financial year in which Grant funding is given in relation to the Project, evidence that the restriction required as part of the Project has been registered.

Saunders,Nathan
03/28/2022 14:57:43

6.4 In order to enable the Health Board, acting in its capacity as the Lead Authority under the Programme, to comply with the monitoring requirements set out in the Grant Funding Agreement, the Local Authority agrees to provide such assistance as the Health Board may reasonably require in relation to the Grant arrangements and/or the Programme.

7. AUDIT REQUIREMENTS

7.1 The Local Authority shall keep all invoices, receipts, and accounts and any other relevant documents relating to the expenditure of the Grant and /or any expenditure in relation to the Programme until such time as the Welsh Government inform the Health Board and/or the Local Authority that it is safe to destroy the same.

7.2 The Local Authority shall comply and facilitate the Health Board's and/or the Welsh Government's compliance with all statutory requirements as regards accounts, audit or examination of accounts, annual reports and annual returns applicable to itself, the Health Board and/or the Welsh Government.

8. INTELLECTUAL PROPERTY RIGHTS

8.1 The Parties acknowledge and agree that all rights, title and interest in or to any information, data, reports, documents, procedures, forecasts, technology, Know-How and any other Intellectual Property Rights whatsoever owned by either the Health Board or the Local Authority before the Commencement Date or developed by either party during the Grant Period, shall remain the property of that Party.

8.2 Where the Health Board has provided the Local Authority with any of its Intellectual Property Rights for use in connection with the Project (including without limitation its name and logo), the Local Authority shall, on termination of this Agreement, cease to use such Intellectual Property Rights immediately and shall either return or destroy such Intellectual Property Rights as requested by the Health Board.

9. CONFIDENTIALITY

9.1 Subject to Clause 10 (Freedom of Information), each Party shall during the term of this Agreement and thereafter keep secret and confidential all Intellectual Property Rights or Know-How or other business, technical or commercial information disclosed to it as a result of the Agreement and shall not disclose the same to any person save to the extent necessary to perform its obligations in accordance with the terms of this Agreement or save as expressly authorised in writing by the other party.

9.2 The obligation of confidentiality contained in this clause shall not apply or shall cease to apply to any Intellectual Property Rights, Know-How or other business, technical or commercial information which:

9.2.1 at the time of its disclosure by the disclosing party is already in the public domain or which subsequently enters the public domain other than by breach of the terms of this Agreement by the receiving party;

9.2.2 is already known to the receiving party as evidenced by written records at the time of its disclosure by the disclosing party and was not otherwise acquired by the receiving party from the disclosing party under any obligations of confidence; or

Saunders,Nathan
03/28/2022 14:57:42

9.2.3 is at any time after the date of this Agreement acquired by the receiving party from a third party having the right to disclose the same to the receiving party without breach of the obligations owed by that party to the disclosing party.

10. FREEDOM OF INFORMATION

10.1 The Parties acknowledge and agree that each is subject to the requirements of FOIA and the EIR, and shall assist and co-operate with one another to enable each Party to comply with these information disclosure requirements, where necessary.

11. DATA PROTECTION

11.1 Both Parties will comply with all applicable requirements of and all their obligations under the Data Protection Legislation which arise in connection with the Agreement.

12. LIMITATION OF LIABILITY

12.1 The Health Board accepts no liability for any consequences, whether direct or indirect, that may come about from the Local Authority running the Project, the use of the Grant or from withdrawal, suspension and/or clawback of the Grant. The Local Authority shall indemnify and hold harmless the Health Board, its employees, agents, officers or sub-contractors with respect to all claims, demands, actions, costs, expenses, losses, damages and all other liabilities arising from or incurred by reason of the actions and/or omissions of the Local Authority in relation to the Project, the non-fulfilment of obligations of the Local Authority under this Agreement and/or the Grant Conditions) or its obligations to third parties.

12.2 Subject to Clause 12.1, the Health Board's liability under this Agreement is limited to the payment of the Grant.

13. TERMINATION

13.1 Without prejudice to any rights that have accrued under this Agreement or any of its rights or remedies, either Party may at any time terminate this Agreement with immediate effect by giving written notice to the other Party if:

13.1.1 The other Party commits a breach of any term of this Agreement and (if such breach is remediable) fails to remedy that breach within a period of thirty (30) days after being notified to do so;

13.1.2 The other Party repeatedly breaches any of the terms of this Agreement in such a manner as to reasonably justify the opinion that its conduct is inconsistent with it having the intention or ability to give effect to the terms of this Agreement.

Saunders,Nathan
03/28/2022 14:57:42

13.2 If this Agreement is terminated by either Party pursuant to Clause 13.1 the costs occasioned to the non-defaulting Party shall be met by the defaulting Party and the defaulting Party shall indemnify the non-defaulting Party against any such losses or costs which the Health Board may suffer as a result of such termination.

13.3 Without prejudice to any rights that have accrued under this Agreement or any of its rights or remedies, the Health Board reserves the right to terminate this Agreement and any Grant payments, in the event that the Grant Funding Agreement terminates for any reason whatsoever.

14. GENERAL CONDITIONS

14.1 The Local Authority shall:-

14.1.1 safeguard the Grant against fraud generally and, in particular, fraud on the part of its management, employees and/or suppliers and notify the Health Board immediately if it has reason to suspect that any fraud has occurred or is occurring or is likely to occur.

14.1.2 comply with all applicable laws or regulations or official directives whether derived from domestic, EU or international law;

14.1.3 put in place and maintain adequate insurances to cover against the risks which may arise in connection with any property or any activity undertaken in delivery of the Project and, upon request, provide to the Health Board proof of such insurance;

14.1.4 co-operate fully with the Health Board and/or the Welsh Government to monitor the Local Authority's use of the Grant and its compliance with this Agreement and the Grant Conditions.

14.2 The Parties acknowledge and agree that any amendment or variation to this Agreement must be in writing and signed by both Parties.

14.3 The Local Authority may not assign or otherwise dispose of in any way its rights, benefits, obligations or duties under this Agreement.

14.4 Without prejudice to the provisions of clause 2.2 , clauses 14.1.1 to 14.1.4, clauses 3.4, 7, 8, 10, 11, 14.4 and such other clauses which by implication need to continue in force beyond the final payment of the Grant will so continue in full force and effect.

14.5 This Agreement shall be governed by and construed in accordance with the laws of England and Wales as applied in Wales and the Parties irrevocably submit to the exclusive jurisdiction of the courts of Wales and England.

14.6 This Agreement shall not create any partnership or joint venture between the Health Board and the Local Authority, nor any relationship of principal and agent, nor authorise any Party to make or enter into any commitments for or on behalf of the other Party.

Saunders,Nathan
03/28/2022 14:57:42

14.7 This Agreement does not and is not intended to confer any contractual benefit on any person pursuant to the terms of the Contracts (Rights of Third Parties) Act 1999.

This document has been executed as a deed and is delivered and takes effect on the date stated at the beginning of it.

Saunders,Nathan
03/28/2022 14:57:42

Signed for and on behalf of
The Health Board

Authorised Signatory

Signed for and on behalf of
The Local Authority

Authorised Signatory

Saunders,Nathan
03/28/2022 14:57:42

Schedule 1

A copy of the Grant Funding Agreement is attached

Year	Grant Funding Agreement	Variation correspondence (if issued)
2018/19		
2019/20		
2020/21		

Saunders,Nathan
03/28/2022 14:57:42

Schedule 2

Project Ref	Project	Funding (£)	Year
ICF-CA&V-03	ICFC1803 Fairwater Day Centre Remodelling	386,000	18/19
ICF-CA&V-05	ICFC1807 Ty Gwyn Hub - Integrated services for children and young adults with complex needs	475,000	18/19 & 19/20 &20/21
ICF-CA&V-21	ICFC1905 Community Wellbeing Hubs	1,133,322	19/21 &20/21
ICF-CA&V-24	ICFC1923 Community Care Housing in Maelfa and Butetown	948,544	19/21 &20/21
ICF-CA&V-28	ICF1919a Young persons assessment centre	455,000	20/21
ICF-CA&V-29	ICF1919b Supported Living for Young Persons - Pearl House	1,450,000	20/21
		4,847,866	

Saunders,Nathan
03/28/2022 14:57:42

Schedule 3

A copy of the Application is attached.

Project Ref	Project	Year	Legal Charge Term (yrs)	
ICF-CA&V-03	ICFC1803 Fairwater Day Centre Remodelling	18/19	10	
ICF-CA&V-05	ICFC1807 Ty Gwyn Hub - Integrated services for children and young adults with complex needs	18/19 & 19/20 &20/21	10	
ICF-CA&V-21	ICFC1905 Community Wellbeing Hubs	19/21 &20/21	10	
ICF-CA&V-24	ICFC1923 Community Care Housing in Maelfa and Butetown	19/21 &20/21	10	
ICF-CA&V-28	ICF1919a Young persons assessment centre	20/21	10	
ICF-CA&V-29	ICF1919b Supported Living for Young Persons - Pearl House	20/21	5	

Saunders,Nathan
03/28/2022 14:57:42

Dated: March 2022

(Template 1 – to be used where the Health Board is passing some of the ICF Grant funding to a Local Authority to deliver a project(s) and where the Health Board is retaining some of the Grant funding to deliver a project(s) itself. – delete wording)

AGREEMENT

In relation to the Integrated Care Fund Main Capital Programme

Between

(1) **Cardiff and Vale University Health Board**

And

(2) **Vale of Glamorgan Council**

Saunders.Nathan
03/28/2022 14:57:42

THIS AGREEMENT is made on day of 20

BETWEEN

(1) Cardiff and Vale University Health Board whose principal office is at Woodland House, Maes-Y-Coed Road, Cardiff, CF14 4HH ("the Health Board")

(2) Vale of Glamorgan Council whose principal office is at Civic Offices, Holton Road, Barry, CF63 4RU ("the Local Authority")

BACKGROUND

(A) By way of background, the Social Services and Well-being (Wales) Act 2014 provides for regional partnership boards which bring together health, social services, housing, the third sector and other partners to take forward the effective delivery of integrated services in Wales. Their purpose is to improve the outcomes and well-being of people with care and support needs and their carers.

(B) In accordance with the Partnership Arrangements (Wales) Regulations 2015 (as amended), the Cardiff and Vale of Glamorgan Regional Partnership Board was established by the following bodies, namely (i) the Health Board, (ii) the Local Authority, (iii) Cardiff Council, (.

(C) The Integrated Care Fund ("ICF") is grant funding made available by the Welsh Government and is intended to help regional partnership boards develop and test new approaches and service delivery models that will support the underpinning principles of integration and prevention.

(D) Under the ICF Main Capital Programme, ICF funding is being is distributed to Regional Partnership Boards via Local Health Boards to deliver projects either themselves, by local authorities, housing associations and/or the third sector. The ICF Main Capital Programme can be used to fund, amongst other matters, (i) accommodation led solutions for health and social care provision, (ii) expenditure to evidence or explore the feasibility of larger capital investment and/or (iii) other capital projects which support the integration of health, social care and housing.

(E) Accordingly, the Health Board, as the Lead Authority acting under the auspices of the Regional Partnership Board, has agreed to receive the ICF grant funding under the said Programme on behalf of itself and the Local Authority and, acting as a conduit, has agreed to administer the Grant funding to the Local Authority to enable the Local Authority to undertake the Projects under the direction of the RPB.

(F) The Parties are committed to better integration of their statutory obligations and discretionary powers in relation to the Programme and wish to enter this Agreement.

Saunders,Nathan
03/28/2022 14:57:42

(G) This Agreement is made pursuant to Section 194 of the National Health Service (Wales) Act 2006 (power of Local Health Board to make payments to local authorities towards expenditure incurred on community services) together with all other enabling powers now vested in the Parties.

(H) Each of the Parties has the necessary authority to enter into this Agreement.

AGREED TERMS

1. DEFINITIONS AND INTERPRETATION

1.1 In this Agreement the following expressions shall have the following meanings:-

"Agreement" means this Agreement and attached Schedules

"Application" means that part of the application relating to the Project submitted by the Lead Authority acting on behalf of the RPB to the Welsh Government in relation to the RPB's bid for ICF Capital Grant Funding in relation to the Programme and the Purposes, a copy of which is attached as Schedule 3

"Clawback Period" means the period commencing on the Commencement Date and expiring either (i) five (5) years from the date of the final payment of the Grant funding or (ii) ten (10) years from the date of the final payment of the Grant funding, as appropriate

"Commencement Date" means date at which the Welsh Government's Grant funding period commenced as outlined in schedule 3

"Data Protection Legislation" means all applicable data protection legislation and privacy legislation in force from time to time in the UK including the GDPR; the Data Protection Act 2018; the Privacy and Electronic Communications Directive 2002/58/EC (as updated by Directive 2009/136/EC) and the Privacy and Electronic Communications Regulations 2003 (SI 2003/2426); any other directly applicable European Union regulation relating to privacy; and all other legislation and regulatory requirements in force from time to time which apply to a party relating to the use of Personal Data and the privacy of electronic communications.

"Disposal" means the transfer of, or the grant of a lease or any estate or interest, out of your interest in the property or the sale and "Dispose" "Disposes" and "Disposed" have corresponding meanings but excluding a Permitted Disposal

"EIR" means the Environmental Information Regulations 2004

"FOIA" means the Freedom of Information Act 2000

"GDPR" means General Data Protection Regulation ((EU) 2016/679)

"Grant" means the amount of funding up to two million, eight hundred and forty two thousand, two hundred and ninety six pounds (£2,842,296) being made available from the ICF Capital Grant Funding and passed from the

Saunders,Nathan
03/28/2022 14:57:42

Health Board to the Local Authority in accordance with the provisions of this Agreement

"Grant Conditions" means the grant conditions set out in the Grant Funding Agreement

"Grant Funding Agreement" means the grant funding agreement entered into between (1) the Head of Health & Housing Team – Homes & Places under authority of the Minister for Housing and Local Government, one of the Welsh Ministers and (2) the Health Board, a draft of which is attached to Schedule 1

"Grant Period" means the period from the Commencement Date to the last day of the grant period as outlined in schedule 3, subject to the early termination rights set out in this Agreement.

"ICF Capital Grant Funding" means the funding up to two million, eight hundred and forty two thousand, two hundred and ninety six pounds (£2,842,296) being made available by the Welsh Government to the Health Board in its capacity as the Lead Authority in relation to the Programme accordance with the terms of the Grant Funding Agreement

"Intellectual Property Rights" means all patents, copyrights and design rights (whether registered or not) and all applications for any of the foregoing and all rights of confidence and Know-How however arising for their full term and any renewals and extensions.

"Know-How" means information, data, know-how or experience whether patentable or not and including but not limited to any technical and commercial information relating to research, design, development, manufacture, use or sale

"Lead Authority" means the Health Board

"Notification Event" means any of the events listed in Schedule 3 of the Grant Funding Agreement

"Party" means the Health Board and/or the Local Authority, and "Parties" shall be construed accordingly

"Permitted Disposal" means the bona fide grant or renewal of a lease or licence at arm's length for a term of less than 15 years at a rack rent without taking a fine or premium

"Personal Data" shall have the same meaning as set out in the Data Protection Legislation.

"Programme" means the Welsh Government's Integrated Care Funding Main Capital Programme

"Project" means the project and/or projects referred to under Schedule 2;

"Purposes" means the purposes for which the overall ICF Capital Grant Funding is being made available to the Lead Authority on behalf of the RPB, as set out under the Grant Funding Agreement

Saunders,Nathan
03/28/2022 14:57:42

"RPB" means the Cardiff and Vale of Glamorgan Regional Partnership Board

1.2 In this Agreement:-

1.2.1 any reference to a "clause" or "Schedule" is, unless the context otherwise requires, a reference to a clause or Schedule in this Agreement;

1.2.2 The Schedules form part of this Agreement and shall have effect as if set out in full in the body of this Agreement. Any reference to this Agreement includes the Schedules.

1.2.3 Unless the context otherwise requires, words in the singular shall include the plural and in the plural shall include the singular;

1.2.4 A reference to any Party shall include that Party's personal representatives, successors and permitted assigns.

1.2.5 A reference to a statute or statutory provision is a reference to it as amended, extended or re-enacted from time to time;

1.2.6 A reference to a statute or statutory provision shall include all subordinate legislation made from time to time; and

1.2.7 Any words following the terms including, include, in particular, for example or any similar expression shall be construed as illustrative and shall not limit the sense of the words, description, definition, phrase or term preceding those terms.

2. COMMENCEMENT AND DURATION

2.1 This Agreement shall commence upon the Commencement Date and except where otherwise specified, the terms of this Agreement shall apply from the Commencement Date until the anniversary of expiry of the Grant Period or for so long as any Grant monies remain unspent by the Local Authority, whichever is longer.

2.2 Any obligations under this Agreement that remain unfulfilled following the expiry or termination of the Agreement (and for the avoidance of doubt, this includes (without limitation) any obligations in relation to Clause 5 (Property Arrangements) and the Clawback Period) shall survive such expiry or termination and continue in full force and effect until they have been fulfilled.

2.3 Notwithstanding the date of this Agreement, the Parties acknowledge and agree that the Agreement commenced upon the Commencement Date.

3. PURPOSE AND USE OF GRANT

Saunders,Nathan
03/28/2022 14:57:42

3.1 The Parties acknowledge and agree that:-

3.1.1 the Welsh Government is making ICF Capital Grant Funding available to the RPB in relation to the Programme and for the Purposes set out in the Grant Funding Agreement;

3.1.2 the Welsh Government intends to pay the ICF Capital Grant Funding to the Health Board, as the Lead Authority acting on behalf of the partnership bodies to the RPB (including, the Local Authority and the Health Board);

3.1.3 Subject always to receipt of the ICF Capital Grant Funding, the Health Board agrees to pass over to the Local Authority the Grant to enable the Local Authority to deliver the Project.

3.2 The Local Authority shall use the Grant solely for the purposes of delivering the Project and in accordance with the terms and conditions of this Agreement, the Grant Conditions and the Application. In the event of any conflict between the terms of the Agreement, the Grant Conditions and the Application, the conflict shall be resolved in accordance with the following order of precedence: (1) terms and conditions of the Agreement, (2) the Grant Conditions and (3) the Application.

3.3 The Local Authority agrees to comply with the Grant Conditions, including, for the avoidance of any doubt, the clawback provisions, and should the Welsh Government modify any of the Grant Conditions the Local Authority shall comply with any such modified Grant Condition.

3.4 In accordance with the Grant Conditions, the Local Authority shall notify the Health Board and/or the Welsh Government immediately if a Notification Event has occurred or is likely to occur but the Health Board also reserves the right to notify the Local Authority where it believes a Notification Event has occurred or is likely to occur.

3.5 The Local Authority shall not spend any part of the Grant on the Project after the Grant Period.

3.6 Should any part of the Grant remain unspent at the end of the Grant Period, the Local Authority must notify the Health Board of the same, and, save for those circumstances where the Welsh Government may approve the use for the unspent monies for other beneficial approved purposes, the Local Authority shall return any underspent Grant monies to the Health Board.

3.7 Any liabilities arising at the end of the Project including any redundancy liabilities for staff employed by the Local Authority to deliver the Project must be managed and paid for by the Local Authority without using the Grant and, for the avoidance of any doubt, the costs of the same must be borne by the Local Authority.

4. PAYMENT OF GRANT

4.1 The Parties acknowledge and agree that the payment of the ICF Capital Grant Funding is payable by the Welsh Government to the Lead Authority, quarterly in arrears and subject to receipt of valid claim forms and other supporting document as specified in the Grant Funding Agreement.

Saunders,Nathan
03/28/2022 14:57:42

4.2 Subject always to clause 4.3 (clawback), the Health Board shall pay the Grant to the Local Authority within thirty (30) days of receipt of the Grant from the Welsh Government and for the avoidance of any doubt, the Local Authority agrees and accepts that payments of the Grant can only be made

to the extent that the Health Board has received the available Grant funds from the Welsh Government.

4.3 The Health Board reserves the right to withhold, suspend, claw back and /or seek repayment of the Grant (whether in whole or in part) in particular, in the event that the Welsh Government seeks to clawback, withdraw, suspend and/or seek repayment of the Grant in whole or in part, and/or in the event that the Local Authority breaches any of the Grant Conditions, and in any such circumstances, the Local Authority shall, upon request, repay to the Health Board the Grant in such sums as are requested.

4.4 The Local Authority shall promptly repay to the Health Board any money incorrectly paid to it either as a result of an administrative error or otherwise.

5. PROPERTY ARRANGEMENTS

5.1 Where a property is involved in the Project that the Local Authority intends to deliver, the Local Authority shall:-

5.1.1 Comply with all appropriate requirements (including any relevant statutory requirements) as may be necessary in relation to the purchase of and/or redevelopment/modification of the said property, including, without limitation, any relevant planning permission, building regulation approval, licence, permissions, consents and any other approvals as may be required;

5.1.2 keep the Health Board regularly informed of (i) the progress of any required planning applications, (ii) any meetings to be held with the planning authority, highway authority, service undertakers and local residents in connection with any submitted planning applications;

5.1.3 Upon request, provide the Health Board with any documentary evidence that the Health Board and/or the Welsh Government may require in order to undertake due diligence with regards to administering any part of the Grant, including (without limitation) any documents in relation to those matters referred to under clause 5.1.1;

5.1.4 where the Local Authority is using over £100,000 or more of the Grant:

5.1.4.1 the Local Authority shall provide the Health Board with a restriction registered against the property that is subject to the Grant funding to prevent a Disposal of the property without the Health Board's written consent in the following form:-

"No disposition of the registered estate by the proprietor of the registered estate or by the proprietor of any registered charge, not being a charge registered before the entry of this restriction, is to be registered without a written consent signed by [ ] Health Board or its conveyancer"

Saunders,Nathan
03/28/2022 14:57:42

5.1.4.2 if the Grant funding being provided is between £100,001 and £250,000 then such restriction should be secured against the property for a period of 5 years from the final payment of the

Grant funding. If the Grant funding being provided is £250,000 or more then the restriction should be secured against the property for a period of 10 years from the date of the final payment of the Grant funding.

5.2 Where a property is involved in the Project that the Local Authority intends to deliver and it wishes to Dispose of the property whilst the restriction remains in place and/or during the Clawback Period the Local Authority shall:-

5.2.1 Not enter into any agreement to Dispose of the property without first notifying the Health Board of the Local Authority's intention;

5.2.2 Not Dispose of the whole or any part of the property without the Health Board's and/or the Welsh Government's prior written consent;

5.2.3 Provide the Health Board with full and complete particulars of any proposed and/or completed Disposal as may be required by the Health Board and/or Welsh Government; and

5.2.4 Comply with the provisions contained in Schedule 5 of the Grant Funding Agreement and repay to the Health Board in the circumstances specified in Schedule 5 of the Grant Funding Agreement such amount as may be determined by the Welsh Government in accordance with Schedule 5 and this Agreement.

6. MONITORING ARRANGEMENTS

6.1 The Local Authority shall on request provide the Health Board with such information, explanations and documents as the Health Board and/or the Welsh Government may reasonably require in order for it to establish that the Grant has been used properly in accordance with this Agreement and the Grant Conditions.

6.2 The Local Authority shall permit any person authorised by the Health Body such reasonable access to its employees, agents, premises, facilities and records, for the purpose of discussing and monitoring the Local Authority's fulfilment of the conditions of this Agreement.

6.3 Without prejudice to the generality of clauses 6.1 and 6.2, the Local Authority shall provide the Health Board and/or the Welsh Government with:-

6.3.1 any information and documentation as evidence that the Local Authority has satisfied a particular Grant Condition or in support of a Grant claim; and

6.3.2 within twelve (12) months following the end of the financial year in which Grant funding is given in relation to the Project, evidence that the restriction required as part of the Project has been registered.

Saunders,Nathan
03/28/2022 14:57:43

6.4 In order to enable the Health Board, acting in its capacity as the Lead Authority under the Programme, to comply with the monitoring requirements set out in the Grant Funding Agreement, the Local Authority agrees to provide such assistance as the Health Board may reasonably require in relation to the Grant arrangements and/or the Programme.

7. AUDIT REQUIREMENTS

7.1 The Local Authority shall keep all invoices, receipts, and accounts and any other relevant documents relating to the expenditure of the Grant and /or any expenditure in relation to the Programme until such time as the Welsh Government inform the Health Board and/or the Local Authority that it is safe to destroy the same.

7.2 The Local Authority shall comply and facilitate the Health Board's and/or the Welsh Government's compliance with all statutory requirements as regards accounts, audit or examination of accounts, annual reports and annual returns applicable to itself, the Health Board and/or the Welsh Government.

8. INTELLECTUAL PROPERTY RIGHTS

8.1 The Parties acknowledge and agree that all rights, title and interest in or to any information, data, reports, documents, procedures, forecasts, technology, Know-How and any other Intellectual Property Rights whatsoever owned by either the Health Board or the Local Authority before the Commencement Date or developed by either party during the Grant Period, shall remain the property of that Party.

8.2 Where the Health Board has provided the Local Authority with any of its Intellectual Property Rights for use in connection with the Project (including without limitation its name and logo), the Local Authority shall, on termination of this Agreement, cease to use such Intellectual Property Rights immediately and shall either return or destroy such Intellectual Property Rights as requested by the Health Board.

9. CONFIDENTIALITY

9.1 Subject to Clause 10 (Freedom of Information), each Party shall during the term of this Agreement and thereafter keep secret and confidential all Intellectual Property Rights or Know-How or other business, technical or commercial information disclosed to it as a result of the Agreement and shall not disclose the same to any person save to the extent necessary to perform its obligations in accordance with the terms of this Agreement or save as expressly authorised in writing by the other party.

9.2 The obligation of confidentiality contained in this clause shall not apply or shall cease to apply to any Intellectual Property Rights, Know-How or other business, technical or commercial information which:

9.2.1 at the time of its disclosure by the disclosing party is already in the public domain or which subsequently enters the public domain other than by breach of the terms of this Agreement by the receiving party;

9.2.2 is already known to the receiving party as evidenced by written records at the time of its disclosure by the disclosing party and was not otherwise acquired by the receiving party from the disclosing party under any obligations of confidence; or

Saunders,Nathan
03/28/2022 14:57:42

9.2.3 is at any time after the date of this Agreement acquired by the receiving party from a third party having the right to disclose the same to the receiving party without breach of the obligations owed by that party to the disclosing party.

10. FREEDOM OF INFORMATION

10.1 The Parties acknowledge and agree that each is subject to the requirements of FOIA and the EIR, and shall assist and co-operate with one another to enable each Party to comply with these information disclosure requirements, where necessary.

11. DATA PROTECTION

11.1 Both Parties will comply with all applicable requirements of and all their obligations under the Data Protection Legislation which arise in connection with the Agreement.

12. LIMITATION OF LIABILITY

12.1 The Health Board accepts no liability for any consequences, whether direct or indirect, that may come about from the Local Authority running the Project, the use of the Grant or from withdrawal, suspension and/or clawback of the Grant. The Local Authority shall indemnify and hold harmless the Health Board, its employees, agents, officers or sub-contractors with respect to all claims, demands, actions, costs, expenses, losses, damages and all other liabilities arising from or incurred by reason of the actions and/or omissions of the Local Authority in relation to the Project, the non-fulfilment of obligations of the Local Authority under this Agreement and/or the Grant Conditions) or its obligations to third parties.

12.2 Subject to Clause 12.1, the Health Board's liability under this Agreement is limited to the payment of the Grant.

13. TERMINATION

13.1 Without prejudice to any rights that have accrued under this Agreement or any of its rights or remedies, either Party may at any time terminate this Agreement with immediate effect by giving written notice to the other Party if:

13.1.1 The other Party commits a breach of any term of this Agreement and (if such breach is remediable) fails to remedy that breach within a period of thirty (30) days after being notified to do so;

13.1.2 The other Party repeatedly breaches any of the terms of this Agreement in such a manner as to reasonably justify the opinion that its conduct is inconsistent with it having the intention or ability to give effect to the terms of this Agreement.

Saunders,Nathan
03/28/2022 14:57:42

13.2 If this Agreement is terminated by either Party pursuant to Clause 13.1 the costs occasioned to the non-defaulting Party shall be met by the defaulting Party and the defaulting Party shall indemnify the non-defaulting Party against any such losses or costs which the Health Board may suffer as a result of such termination.

13.3 Without prejudice to any rights that have accrued under this Agreement or any of its rights or remedies, the Health Board reserves the right to terminate this Agreement and any Grant payments, in the event that the Grant Funding Agreement terminates for any reason whatsoever.

14. GENERAL CONDITIONS

14.1 The Local Authority shall:-

14.1.1 safeguard the Grant against fraud generally and, in particular, fraud on the part of its management, employees and/or suppliers and notify the Health Board immediately if it has reason to suspect that any fraud has occurred or is occurring or is likely to occur.

14.1.2 comply with all applicable laws or regulations or official directives whether derived from domestic, EU or international law;

14.1.3 put in place and maintain adequate insurances to cover against the risks which may arise in connection with any property or any activity undertaken in delivery of the Project and, upon request, provide to the Health Board proof of such insurance;

14.1.4 co-operate fully with the Health Board and/or the Welsh Government to monitor the Local Authority's use of the Grant and its compliance with this Agreement and the Grant Conditions.

14.2 The Parties acknowledge and agree that any amendment or variation to this Agreement must be in writing and signed by both Parties.

14.3 The Local Authority may not assign or otherwise dispose of in any way its rights, benefits, obligations or duties under this Agreement.

14.4 Without prejudice to the provisions of clause 2.2 , clauses 14.1.1 to 14.1.4, clauses 3.4, 7, 8, 10, 11, 14.4 and such other clauses which by implication need to continue in force beyond the final payment of the Grant will so continue in full force and effect.

14.5 This Agreement shall be governed by and construed in accordance with the laws of England and Wales as applied in Wales and the Parties irrevocably submit to the exclusive jurisdiction of the courts of Wales and England.

14.6 This Agreement shall not create any partnership or joint venture between the Health Board and the Local Authority, nor any relationship of principal and agent, nor authorise any Party to make or enter into any commitments for or on behalf of the other Party.

Saunders,Nathan
03/28/2022 14:57:42

14.7 This Agreement does not and is not intended to confer any contractual benefit on any person pursuant to the terms of the Contracts (Rights of Third Parties) Act 1999.

This document has been executed as a deed and is delivered and takes effect on the date stated at the beginning of it.

Saunders,Nathan
03/28/2022 14:57:42

Signed for and on behalf of
The Health Board

Authorised Signatory

Signed for and on behalf of
The Local Authority

Authorised Signatory

Saunders,Nathan
03/28/2022 14:57:42

Schedule 1

A copy of the Grant Funding Agreement is attached

Year	Grant Funding Agreement	Variation correspondence (if issued)
2018/19		
2019/20		
2020/21		

Saunders,Nathan
03/28/2022 14:57:42

Schedule 2

Project Ref	Project	Funding (£)	Year
ICF-CA&V-04	**ICFC1806 Ty Deri Hub**	702,666	18/19 & 19/20 & 20/21
ICF-CA&V-06	**ICFC1810 Southway - Dementia Friendly Environment**	196,975	18/19
ICF-CA&V-19	**ICFC1915 Penarth Older Person's Village**	693,000	19/20 & 20/21
ICF-CA&V-22	**ICFC1917 Smart House**	263,000	20/21
ICF-CA&V-25	**ICFC1823a:- Ty Dyfan Dementia Friendly environment & Lounge Re-location**	253,000	20/21
ICF-CA&V-26	**ICFC1823b:- Dementia Friendly Passenger lifts**	150,000	20/21
ICF-CA&V-30	**ICFC1823c Cartref Porthceri, Enabling Dementia Friendly Environments**	172,500	20/21
ICF-CA&V-31	**ICFC1823d Infection control, Sluice Room upgrade.**	175,000	20/21
ICF-CA&V-33	**ICFC2101 Vale Safe Accommodation Scheme**	236,155	20/21
		2,842,296	

Saunders,Nathan
03/28/2022 14:57:42

Schedule 3

A copy of the Application is attached.

Project Ref	Project	Year	Legal Charge Term (yrs)	
ICF-CA&V-04	**ICFC1806 Ty Deri Hub**	18/19 & 19/20	10	
ICF-CA&V-06	**ICFC1810 Southway - Dementia Friendly Environment**	18/19	5	
ICF-CA&V-19	**ICFC1915 Penarth Older Person's Village**	19/20 & 20/21	10	
ICF-CA&V-22	**ICFC1917 Smart House**	20/21	10	
ICF-CA&V-25	**ICFC1823a:- Ty Dyfan Dementia Friendly environment & Lounge Re-location**	20/21	10	
ICF-CA&V-26	**ICFC1823b:- Dementia Friendly Passenger lifts**	20/21	5	
ICF-CA&V-30	**ICFC1823c Cartref Porthceri, Enabling Dementia Friendly Environments**	20/21	5	
ICF-CA&V-31	**ICFC1823d Infection control, Sluice Room upgrade.**	20/21	5	
ICF-CA&V-33	**ICFC2101 Vale Safe Accommodation Scheme**	20/21	5	

Saunders,Nathan
03/28/2022 14:57:42

Dated:

(Template 2 – to be used where the Health Board is passing some of the ICF Grant funding to a third sector organisation (not being a Local Authority) to deliver a project (s)and where the Health Board is using some of the Grant funding to deliver a project(s) itself – delete wording)

AGREEMENT

In relation to the Integrated Care Fund Main Capital Programme

Between

(1) **Cardiff and Vale University Health Board**

And

(2) **Glamorgan Voluntary Services**

Saunders.Nathan
03/28/2022 14:57:42

THIS AGREEMENT is made on day of 20

BETWEEN

(1) Cardiff and Vale University Health Board whose principal office is at Woodland House, Maes-Y-Coed Road, Cardiff, CF14 4HH ("the Health Board")

(2) Glamorgan Voluntary Services, Charity Number 1163193, Barry Community Enterprise Centre, Skomer Road, Barry, CF62 9DA ("the Organisation").

BACKGROUND

(A) By way of background, the Social Services and Well-being (Wales) Act 2014 provides for regional partnership boards which bring together health, social services, housing, the third sector and other partners to take forward the effective delivery of integrated services in Wales. Their purpose is to improve the outcomes and well-being of people with care and support needs and their carers.

(B) In accordance with the Partnership Arrangements (Wales) Regulations 2015 (as amended), the Cardiff and Vale Regional Partnership Board was established by the following bodies, namely (i) the Health Board, (ii) Cardiff Council, (iii) Vale of Glamorgan Council

(C) The Integrated Care Fund ("ICF") is grant funding made available by the Welsh Government and is intended to help regional partnership boards develop and test new approaches and service delivery models that will support the underpinning principles of integration and prevention.

(D) Under the ICF Main Capital Programme, ICF funding is being is distributed to Regional Partnership Boards via Local Health Boards to deliver projects either themselves, by local authorities, housing associations and/or the third sector. The ICF Main Capital Programme can be used to fund, amongst other matters, (i) accommodation led solutions for health and social care provision, (ii) expenditure to evidence or explore the feasibility of larger capital investment and/or (iii) other capital projects which support the integration of health, social care and housing.

(E) Accordingly, the Health Board, as the Lead Authority acting under the auspices of the Regional Partnership Board, has agreed to receive, and administer, the ICF grant funding under the said Programme on behalf of itself and the other Partners.

(F) The Organisation submitted a bid for funding in connection with the Purposes, following which its application for the said grant funding was successful. Accordingly, the Health Board, acting in its capacity as the Lead Authority for the RPB, has agreed to administer the Grant funding to the Organisation to enable the Organisation to undertake the Project so as to assist the RPB meet the objectives and/or Purposes of the Programme.

Saunders Martin
03/28/2022 12:57:42

(G) This Agreement is made pursuant to Section 194 of the National Health Service (Wales) Act 2006 (power of Local Health Board to make payments to specified bodies, including local authorities, housing authorities and registered social

landlords towards expenditure incurred on community services) together with all other enabling powers now vested in the Health Board.

(H) This Agreement sets out the terms and conditions upon which the Grant is being administered by the Health Board, as the Lead Authority for the RPB, to the Organisation.

(I) Each of the Parties has the necessary authority to enter into this Agreement.

AGREED TERMS

1. DEFINITIONS AND INTERPRETATION

1.1 In this Agreement the following expressions shall have the following meanings:-

"Agreement" means this Agreement and attached Schedules

"Application" means that part of the application relating to the Project submitted by the Health Board as Lead Authority for the RPB for grant funding in relation to the Programme and the Purposes, a copy of which is attached as Schedule 3

"Bribery Act" means the Bribery Act 2010 and any subordinate legislation made under that Act from time to time together with any guidance or codes of practice issued by the relevant government department concerning the legislation.

"Clawback Period" means the period commencing on the Commencement Date and expiring either (i) five (5) years from the date of the final payment of the Grant funding or (ii) ten (10) years from the date of the final payment of the Grant funding, as appropriate

"Commencement Date" means April 2020

"Data Protection Legislation" means all applicable data protection legislation and privacy legislation in force from time to time in the UK including the GDPR; the Data Protection Act 2018; the Privacy and Electronic Communications Directive 2002/58/EC (as updated by Directive 2009/136/EC) and the Privacy and Electronic Communications Regulations 2003 (SI 2003/2426); any other directly applicable European Union regulation relating to privacy; and all other legislation and regulatory requirements in force from time to time which apply to a party relating to the use of Personal Data and the privacy of electronic communications.

"Disposal" means the transfer of, or the grant of a lease or any estate or interest, out of your interest in the property or the sale and "Dispose" "Disposes" and "Disposed" have corresponding meanings but excluding a Permitted Disposal.

Saunders,Nathan
03/28/2022 14:57:42

"EIR" means the Environmental Information Regulations 2004

"FOIA" means the Freedom of Information Act 2000

"GDPR" means General Data Protection Regulation ((EU) 2016/679)

"Grant" means the amount of funding up to two hundred and fifty thousand pounds (£250,000) being made available from the ICF Capital Grant Funding and passed from the Health Board to the Organisation in accordance with the provisions of this Agreement

"Grant Conditions" means the grant conditions set out in the Grant Funding Agreement

"Grant Funding Agreement" means the grant funding agreement entered into between (1) the Head of Health & Housing Team – Homes & Places under authority of the Minister for Housing and Local Government, one of the Welsh Ministers and (2) the Health Board, a draft of which is attached to Schedule 1

"Grant Period" means the period from the Commencement Date to xxxxx ((*insert date upon which grant funding agreement ends ie the last day of the grant period to which the ICF grant funding is being made available by Welsh Government in relation to the relevant financial year – eg if funding available from WG covers period from 1 April 2019 to 31 March 2020, the Grant Period in this back to back agreement shall be from the Commencement Date to 31 March 2020),* subject to the early termination rights set out in this Agreement

"ICF Capital Grant Funding" means the funding up to two hundred and fifty thousand pounds (£250,000) being made available by the Welsh Government to the Health Board in its capacity as the Lead Authority in relation to the Programme accordance with the terms of the Grant Funding Agreement

"Intellectual Property Rights" means all patents, copyrights and design rights (whether registered or not) and all applications for any of the foregoing and all rights of confidence and Know-How however arising for their full term and any renewals and extensions.

"Know-How" means information, data, know-how or experience whether patentable or not and including but not limited to any technical and commercial information relating to research, design, development, manufacture, use or sale

"Lead Authority" means the Health Board

"Legal Charge" means a legal charge in the form which is set out in Annex 1 to the Grant Funding Agreement

"Notification Event" means any of the events listed in Schedule 3 of the Grant Funding Agreement

"Partners" means the partnership bodies of the RBP as referenced under paragraph B) of the Background section to this Agreement

"Party" means the Health Board and/or the Organisation, and "Parties" shall be construed accordingly

Saunders,Nathan
03/28/2022 14:57:42

"Permitted Disposal" means the bona fide grant or renewal of a lease or licence at arm's length for a term of less than 15 years at a rack rent without taking a fine or premium

"Personal Data" shall have the same meaning as set out in the Data Protection Legislation.

"Programme" means the Welsh Government's Integrated Care Funding Main Capital Programme

"Prohibited Act" means an offering, giving or agreeing to give to any servant of the Health Board any gift or consideration of any kind as an inducement or reward for:

(i) doing or not doing (or for having done or not having done) any act in relation to the obtaining or performance of this Agreement or any other contract with the Health Board; or

(ii) showing or not showing favour or disfavour to any person in relation to this Agreement or any other contract with the Health Board;

(iii) under the Bribery Act; or

(iv) under legislation creating offences in respect of fraudulent act

"Project" means the project and/or projects referred to under Schedule 2

"Purposes" means the purposes for which the overall ICF Capital Grant Funding is being made available to the Lead Authority on behalf of the RPB, as set out under the Grant Funding Agreement

"RPB" means the the Cardiff and Vale of Glamorgan Regional Partnership Board

1.2 In this Agreement:-

1.2.1 any reference to a "clause" or "Schedule" is, unless the context otherwise requires, a reference to a clause or Schedule in this Agreement;

1.2.2 The Schedules form part of this Agreement and shall have effect as if set out in full in the body of this Agreement. Any reference to this Agreement includes the Schedules.

1.2.3 Unless the context otherwise requires, words in the singular shall include the plural and in the plural shall include the singular;

1.2.4 A reference to any Party shall include that Party's personal representatives, successors and permitted assigns.

1.2.5 A reference to a statute or statutory provision is a reference to it as amended, extended or re-enacted from time to time;

1.2.6 A reference to a statute or statutory provision shall include all subordinate legislation made from time to time; and

Saunders,Nathan
03/28/2022 14:57:42

1.2.7 Any words following the terms including, include, in particular, for example or any similar expression shall be construed as illustrative and shall not limit the sense of the words, description, definition, phrase or term preceding those terms.

2. COMMENCEMENT AND DURATION

2.1 This Agreement shall commence upon the Commencement Date and except where otherwise specified, the terms of this Agreement shall apply from the Commencement Date until the anniversary of expiry of the Grant Period or for so long as any Grant monies remain unspent by the Organisation, whichever is longer.

2.2 Any obligations under this Agreement that remain unfulfilled following the expiry or termination of the Agreement (and for the avoidance of doubt, this includes (without limitation) any obligations in relation to Clause 5 (Property Arrangements) and the Clawback Period shall survive such expiry or termination and continue in full force and effect until they have been fulfilled.

2.3 Notwithstanding the date of this Agreement, the Parties acknowledge and agree that the Agreement commenced upon the Commencement Date.

3. PURPOSE AND USE OF GRANT

3.1 The Parties acknowledge and agree that:-

3.1.1 the Welsh Government is making ICF Capital Grant Funding available to the RPB in relation to the Programme and for the Purposes set out in the Grant Funding Agreement;

3.1.2 the Welsh Government intends to pay the ICF Capital Grant Funding to the Health Board, as the Lead Authority acting on behalf of the Partners to the RPB;

3.1.3 Subject always to receipt of the ICF Capital Grant Funding, the Health Board agrees to administer to the Organisation the Grant to enable the Organisation to deliver the Project.

3.2 The Organisation shall use the Grant solely for the purposes of delivering the Project and in accordance with the terms and conditions of this Agreement, the Grant Conditions and the Application. In the event of any conflict between the terms of the Agreement, the Grant Conditions and the Application, the conflict shall be resolved in accordance with the following order of precedence: (1) terms and conditions of the Agreement, (2) the Grant Conditions and (3) the Application.

3.3 The Organisation shall not make any significant change to the Project without the Health Board's prior written agreement.

3.4 Where the Organisation intends to apply to a third party for other funding for the Project, it will notify the Health Board in advance of its intention to do so and, where such funding is obtained, it will provide the Health Board with details of the amount and purpose of that funding. The Organisation agrees and accepts that it shall not apply for duplicate funding in respect of any part of the Project or any related administration costs that the Health Board is funding in full under this Agreement.

Saunders.Nathan
03/28/2022 14:57:42

3.5 The Organisation agrees to comply with the Grant Conditions, including, for the avoidance of any doubt, the clawback provisions, and should the Welsh Government modify any of the Grant Conditions the Organisation shall comply with any such modified Grant Conditions.

3.6 In accordance with the Grant Conditions, the Organisation shall notify the Health Board and/or the Welsh Government immediately if a Notification Event has occurred or is likely to occur but the Health Board also reserves the right to notify the Organisation where it believes a Notification Event has occurred or is likely to occur.

3.7 The Organisation shall not spend any part of the Grant on the Project after the Grant Period.

3.8 Should any part of the Grant remain unspent at the end of the Grant Period, the Organisation must notify the Health Board of the same, and, save for those circumstances where the Welsh Government may approve the use for the unspent monies for other beneficial approved purposes, the Organisation shall return any underspent Grant monies to the Health Board.

3.9 Any liabilities arising at the end of the Project including any redundancy liabilities for staff employed by the Organisation to deliver the Project must be managed and paid for by the Organisation without using the Grant and, for the avoidance of any doubt, the costs of the same must be borne by the Organisation.

3.10 If the Organisation decides to buy any goods and/or services to deliver the Project and/or meet the Purposes, any such goods and/or services must be purchased in a competitive and sustainable way so as to demonstrate that the Organisation has achieved best value in the use of public funds.

4. PAYMENT OF GRANT

4.1 The Parties acknowledge and agree that the payment of the ICF Capital Grant Funding is payable by the Welsh Government to the Lead Authority, quarterly in arrears and subject to receipt of valid claim forms and other supporting document as specified in the Grant Funding Agreement.

4.2 Subject always to clause 4.3 (clawback), the Health Board shall pay the Grant to the Organisation within thirty (30) days of receipt of the Grant from the Welsh Government and for the avoidance of any doubt, the Organisation agrees and accepts that payments of the Grant can only be made to the extent that the Health Board has received the available Grant funds from the Welsh Government.

4.3 The Health Board reserves the right to withhold, suspend, claw back and /or seek repayment of the Grant (whether in whole or in part) including such circumstances as follows;-

Saunders,Nathan
03/28/2022 14:57:42

4.3.1 in the event that the Welsh Government seeks to clawback, withdraw, suspend and/or seek repayment of the Grant in whole or in part;

4.3.2 in the event that the Organisation breaches any of the Grant Conditions;

4.3.3 the Organisation commits or committed a Prohibited Act;

4.3.4 the Health Board and/or the Welsh Government considers that the Organisation has not made satisfactory progress with the delivery of the Project;

4.3.5 the Organisation is, in the reasonable opinion of the Health Board and/or the Welsh Government, delivering the Project in a negligent manner;

4.3.6 the Organisation provides the Health Board with any materially misleading or inaccurate information;

4.3.7 the Organisation obtains duplicate funding from a third party for the Project.

4.4 Should any of the circumstances referred to under Clause 4.3 arise the Organisation shall, upon request, repay to the Health Board the Grant in such sums as are requested by the Health Board and/or the Welsh Government.

4.5 The Organisation shall promptly repay to the Health Board any money incorrectly paid to it either as a result of an administrative error or otherwise.

5. PROPERTY ARRANGEMENTS

5.1 Where a property is involved in the Project that the Organisation intends to deliver, the Organisation shall:-

5.1.1 Comply with all appropriate requirements (including any relevant statutory requirements) as may be necessary in relation to the purchase of and/or redevelopment/modification of the said property, including, without limitation, any relevant planning permission, building regulation approval, licence, permissions, consents and any other approvals as may be required;

5.1.2 keep the Health Board regularly informed of (i) the progress of any required planning applications, (ii) any meetings to be held with the planning authority, highway authority, service undertakers and local residents in connection with any submitted planning applications;

5.1.3 Upon request, provide the Health Board with any documentary evidence that the Health Board and/or the Welsh Government may require in order to undertake due diligence with regards to administering any part of the Grant, including (without limitation) any documents in relation to those matters referred to under clause 5.1.1;

Saunders,Nathan
03/28/2022 14:57:42

5.1.4 where the Health Board is giving Grant funding of over £100,000 or more to the Organisation to achieve delivery of any or all of the Purposes and/or Project and a property is involved:-

5.1.4.1 the Organisation shall enter into a Legal Charge with the Health Board and shall secure that Legal Charge and a restriction is registered against the property that is subject to the Grant funding to prevent a Disposal of the property without the Health Board's written consent in the following form:-

"No disposition of the registered estate by the proprietor of the registered estate or by the proprietor of any registered charge, not being a charge registered before the entry of this restriction, is to be registered without a written consent signed by the proprietor for the time being of the charge dated March 2022 in favour of Cardiff and Vale Health Board referred to in the charges register or its conveyancer"

5.1.4.2 if the Grant funding being provided is between £100,001 and £250,000 then such Legal Charge and restriction should be secured against the property for a period of 5 years from the final payment of the Grant funding. If the Grant funding being provided is £250,000 or more then the Legal Charge and restriction should be secured against the property for a period of 10 years from the date of the final payment of the Grant funding.

5.2 Where a property is involved in the Project that the Organisation intends to deliver and it wishes to Dispose of the property whilst the Legal Charge and restriction remains in place and/or during the Clawback Period the Organisation shall:-

5.2.1 Not enter into any agreement to Dispose of the property without first notifying the Health Board of the Organisation's intention;

5.2.2 Not Dispose of the whole or any part of the property without the Health Board's and/or the Welsh Government's prior written consent;

5.2.3 Provide the Health Board with full and complete particulars of any proposed and/or completed Disposal as may be required by the Health Board and/or Welsh Government; and

5.2.4 Comply with the provisions contained in Schedule 5 of the Grant Funding Agreement and repay to the Health Board in the circumstances specified in Schedule 5 of the Grant Funding Agreement such amount as may be determined by the Welsh Government in accordance with Schedule 5 and this Agreement.

6. MONITORING ARRANGEMENTS

6.1 The Health Board shall closely monitor the delivery and success of the Project throughout the Grant Period to ensure that the aims and objectives of the Project are being met and that this Agreement is being adhered to.

Saunders,Nathan
03/28/2022 14:57:42

6.2 The Organisation shall on request provide the Health Board with such information, explanations and documents as the Health Board and/or the Welsh Government may reasonably require in order for it to establish that the

Grant has been used properly in accordance with this Agreement and the Grant Conditions.

6.3 Without prejudice to the generality of Clause 6.2, where the Organisation has obtained funding from a third party for its delivery of part of the Project, the Organisation shall include the amount of such funding in the information to be provided to the Health Board under this Clause 6, together with details of what that funding has been used for and where a property is involved whether the funding is to be secured against the property by way of a legal charge and the priority required by such legal charge.

6.4 The Organisation shall permit any person authorised by the Health Body such reasonable access to its employees, agents, premises, facilities and records, for the purpose of discussing and monitoring the Organisation's fulfilment of the conditions of this Agreement.

6.5 Without prejudice to the generality of clauses 6.2 and 6.4, the Organisation shall provide the Health Board and/or the Welsh Government with:-

6.5.1 any information and documentation as evidence that the Organisation has satisfied a particular Grant Condition or in support of a Grant claim; and

6.5.2 within twelve (12) months following the end of the financial year in which Grant funding is given in relation to the Project, evidence that any Legal Charge and restriction required as part of the Project has been registered.

7. AUDIT REQUIREMENTS

7.1 The Organisation shall keep all invoices, receipts, and accounts and any other relevant documents relating to the expenditure of the Grant and /or any expenditure in relation to the Programme until such time as the Welsh Government inform the Health Board and/or the Organisation that it is safe to destroy the same.

7.2 The Organisation shall comply and facilitate the Health Board's and/or the Welsh Government's compliance with all statutory requirements as regards accounts, audit or examination of accounts, annual reports and annual returns applicable to itself, the Health Board and/or the Welsh Government.

8. INTELLECTUAL PROPERTY RIGHTS

8.1 The Parties acknowledge and agree that all rights, title and interest in or to any information, data, reports, documents, procedures, forecasts, technology, Know-How and any other Intellectual Property Rights whatsoever owned by either the Health Board or the Organisation before the Commencement Date or developed by either party during the Grant Period, shall remain the property of that Party.

Saunders,Nathan
03/28/2022 14:37:49

8.2 Where the Health Board has provided the Organisation with any of its Intellectual Property Rights for use in connection with the Project (including

without limitation its name and logo), the Organisation shall, on termination of this Agreement, cease to use such Intellectual Property Rights immediately and shall either return or destroy such Intellectual Property Rights as requested by the Health Board.

9. CONFIDENTIALITY

9.1 Subject to Clause 10 (Freedom of Information), each Party shall during the term of this Agreement and thereafter keep secret and confidential all Intellectual Property Rights or Know-How or other business, technical or commercial information disclosed to it as a result of the Agreement and shall not disclose the same to any person save to the extent necessary to perform its obligations in accordance with the terms of this Agreement or save as expressly authorised in writing by the other party.

9.2 The obligation of confidentiality contained in this clause shall not apply or shall cease to apply to any Intellectual Property Rights, Know-How or other business, technical or commercial information which:

9.2.1 at the time of its disclosure by the disclosing party is already in the public domain or which subsequently enters the public domain other than by breach of the terms of this Agreement by the receiving party;

9.2.2 is already known to the receiving party as evidenced by written records at the time of its disclosure by the disclosing party and was not otherwise acquired by the receiving party from the disclosing party under any obligations of confidence; or

9.2.3 is at any time after the date of this Agreement acquired by the receiving party from a third party having the right to disclose the same to the receiving party without breach of the obligations owed by that party to the disclosing party.

10. FREEDOM OF INFORMATION

10.1 The Organisation acknowledges that the Health Board is subject to the requirements of the FOIA and the EIR.

10.2 The Organisation shall:

10.2.1 provide all necessary assistance and cooperation as reasonably requested by the Health Board to enable the Health Board to comply with its obligations under the FOIA and EIRs;

10.2.2 transfer to the Health Board all requests for information relating to this Agreement that it receives as soon as practicable and in any event within 2 working days of receipt;

10.2.3 provide the Health Board with a copy of all information belonging to the Health Board requested in the request for information which is in its possession or control in the form that the Health Board requires within 5 working days (or such other period as the Health Board may

Saunders,Nathan
03/28/2022 14:57:42

reasonably specify) of the Health Board's request for such information; and

10.2.4 not respond directly to a request for information unless authorised in writing to do so by the Health Board.

10.3 The Organisation acknowledges that the Health Board may be required under the FOIA and EIR to disclose information without consulting or obtaining consent from the Organisation. The Health Board shall take reasonable steps to notify the Organisation of a request for information (in accordance with the Secretary of State's section 45 Code of Practice on the Discharge of the Functions of Public Authorities under Part 1 of the FOIA) to the extent that it is permissible and reasonably practicable for it to do so but (notwithstanding any other provision in this Agreement) the Health Board shall be responsible for determining in its absolute discretion whether any information is exempt from disclosure in accordance with the FOIA and/or the EIR.

11. DATA PROTECTION

11.1 Both Parties will comply with all applicable requirements of and all their obligations under the Data Protection Legislation which arise in connection with the Agreement.

12. LIMITATION OF LIABILITY

12.1 The Health Board accepts no liability for any consequences, whether direct or indirect, that may come about from the Organisation running the Project, the use of the Grant or from withdrawal, suspension and/or clawback of the Grant. The Organisation shall indemnify and hold harmless the Health Board, its employees, agents, officers or sub-contractors with respect to all claims, demands, actions, costs, expenses, losses, damages and all other liabilities arising from or incurred by reason of the actions and/or omissions of the Organisation in relation to the Project, the non-fulfilment of obligations of the Organisation under this Agreement and/or the Grant Conditions) or its obligations to third parties.

12.2 Subject to Clause 12.1, the Health Board's liability under this Agreement is limited to the payment of the Grant.

13. TERMINATION

13.1 Without prejudice to any rights that have accrued under this Agreement or any of its rights or remedies, the Health Board may at any time terminate this Agreement with immediate effect by giving written notice to the Organisation if:

Saunders,Nathan
03/28/2022 14:57:42

13.1.1 The Organisation commits a breach of any term of this Agreement and (if such breach is remediable) fails to remedy that breach within a

period of thirty (30) days after being notified to do so;

13.1.2 the Organisation repeatedly breaches any of the terms of this Agreement in such a manner as to reasonably justify the opinion that its conduct is inconsistent with it having the intention or ability to give effect to the terms of this Agreement;

13.1.3 the Organisation suspends, or threatens to suspend, payment of its debts or is unable to pay its debts as they fall due or admits inability to pay its debts or is deemed unable to pay its debts within the meaning of section 123 of the Insolvency Act 1986;

13.1.4 the Organisation commences negotiations with all or any class of its creditors with a view to rescheduling any of its debts, or makes a proposal for or enters into any compromise or arrangement with its creditors;

13.1.5 a petition is filed, a notice is given, a resolution is passed, or an order is made, for or in connection with the winding up of the Organisation (being a company);

13.1.6 an application is made to court, or an order is made, for the appointment of an administrator, or if a notice of intention to appoint an administrator is given or if an administrator is appointed over the Organisation (being a company);

13.1.7 the holder of a qualifying floating charge over the assets of the Organisation (being a company) has become entitled to appoint or has appointed an administrative receiver;

13.1.8 a person becomes entitled to appoint a receiver over the assets of the Organisation or a receiver is appointed over the assets of the Organisation;

13.1.9 a creditor or encumbrancer of the Organisation attaches or takes possession of, or a distress, execution, sequestration or other such process is levied or enforced on or sued against, the whole or any part of the Organisation's assets and such attachment or process is not discharged within [14] days;

13.2 If this Agreement is terminated by the Health Board pursuant to Clauses 13.1.1 and 13.1.2 the costs occasioned to the Health Board shall be met by the Organisation and the Organisation shall indemnify the Health Board against any such losses or costs which the Health Board may suffer as a result of such termination.

13.3 Without prejudice to any rights that have accrued under this Agreement or any of its rights or remedies, the Health Board reserves the right to terminate this Agreement and any Grant payments, in the event that the Grant Funding Agreement terminates for any reason whatsoever.

Saunders,Nathan
03/28/2022 14:57:42

14. GENERAL CONDITIONS

14.1 The Organisation shall:-

14.1.1 safeguard the Grant against fraud generally and, in particular, fraud on the part of its management, employees and/or suppliers and notify the Health Board immediately if it has reason to suspect that any fraud has occurred or is occurring or is likely to occur.

14.1.2 comply with all applicable laws or regulations or official directives whether derived from domestic, EU or international law;

14.1.3 put in place and maintain adequate insurances to cover against the risks which may arise in connection with any property or any activity undertaken in delivery of the Project and, upon request, provide to the Health Board proof of such insurance;

14.1.4 co-operate fully with the Health Board and/or the Welsh Government to monitor the Organisation's use of the Grant and its compliance with this Agreement and the Grant Conditions.

14.2 The Parties acknowledge and agree that any amendment or variation to this Agreement must be in writing and signed by both Parties.

14.3 The Organisation may not assign or otherwise dispose of in any way its rights, benefits, obligations or duties under this Agreement.

14.4 Without prejudice to the provisions of clauses 2.2 and 2.3, clauses 14.1.1 to 14.1.4, clauses 3.5, 3.6, 7, 8, 10, 11, 14.4 and such other clauses which by implication need to continue in force beyond the final payment of the Grant will so continue in full force and effect.

14.5 This Agreement shall be governed by and construed in accordance with the laws of England and Wales as applied in Wales and the Parties irrevocably submit to the exclusive jurisdiction of the courts of Wales and England.

14.6 This Agreement shall not create any partnership or joint venture between the Health Board and the Organisation, nor any relationship of principal and agent, nor authorise any Party to make or enter into any commitments for or on behalf of the other Party.

14.7 This Agreement does not and is not intended to confer any contractual benefit on any person pursuant to the terms of the Contracts (Rights of Third Parties) Act 1999.

This document has been executed as a deed and is delivered and takes effect on the date stated at the beginning of it.

Saunders,Nathan
03/28/2022 14:57:42

Signed for and on behalf of
The Health Board

Authorised Signatory

Signed for and on behalf of
The Organisation

Authorised Signatory

In the presence of:

Saunders,Nathan
03/28/2022 14:57:42

Schedule 1

A copy of the Grant Funding Agreement is attached

Year	Grant Funding Agreement	Variation correspondence (if issued)
2020/21		

Saunders,Nathan
03/28/2022 14:57:42

Schedule 2

Project Ref	Project	Funding (£)	Year	Amount Inc. in CRL (£)
ICF-CA&V-18	ICFC1907 Llantwit Major Community Hub	250,000	20/21	-
				-
				-
	TOTAL	**250,000**		

Saunders,Nathan
03/28/2022 14:57:42

Schedule 3

A copy of the Application is attached

Saunders,Nathan
03/28/2022 14:57:42

Archwilio Cymru
Audit Wales

Structured Assessment 2021 (Phase Two) – Corporate Governance and Financial Management Arrangements: Cardiff and Vale University Health Board

Audit year: 2021

Date issued: December 2021

Document reference: 2744A2021-22

Saunders,Nathan
03/28/2022 14:57:42

This document has been prepared for the internal use of Cardiff and Vale University Health Board as part of work performed/to be performed in accordance with statutory functions.

The Auditor General has a wide range of audit and related functions, including auditing the accounts of Welsh NHS bodies, and reporting to the Senedd on the economy, efficiency, and effectiveness with which those organisations have used their resources. The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

Audit Wales is the non-statutory collective name for the Auditor General for Wales and the Wales Audit Office, which are separate legal entities each with their own legal functions as described above. Audit Wales is not a legal entity and itself does not have any functions.

© Auditor General for Wales 2021

No liability is accepted by the Auditor General or the staff of the Wales Audit Office in relation to any member, director, officer, or other employee in their individual capacity, or to any third party in respect of this report.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 Code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

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

Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

Saunders,Nathan
03/28/2022 14:57:42

Contents

Summary report

About this report 4

Key messages 4

Recommendations 5

Detailed report

Governance arrangements 7

Managing financial resources 22

Appendices

Appendix 1 – management response to audit recommendations 27

Saunders,Nathan
03/28/2022 14:57:42

Summary report

About this report

1 This report sets out the findings from phase two of the Auditor General's 2021 structured assessment work at Cardiff and Vale University Health Board (the Health Board). Our structured assessment work is designed to help discharge the Auditor General's statutory requirement to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources under section 61 of the Public Audit (Wales) Act 2004. Our 2021 structured assessment phase one report considered the Health Board's operational planning arrangements and how these are helping to lay the foundations for effective recovery.

2 The COVID-19 pandemic required NHS bodies to quickly adapt their corporate governance and decision-making arrangements to ensure timely action was taken to respond to the surge in emergency COVID-19 demand and to ensure the safety of staff and patients. Our 2020 structured assessment report considered the Health Board's revised governance arrangements and was published in October 2020.

3 NHS bodies have continued to respond to the ongoing challenges presented by COVID-19, whilst also starting to take forward plans for resetting and recovering services affected by the pandemic. Our 2021 structured assessment work, therefore, was designed in the context of the ongoing response to the pandemic thus ensuring a suitably pragmatic approach to help the Auditor General discharge his statutory responsibilities whilst minimising the impact on NHS bodies as they continued to respond to COVID-19.

4 Phase two of our 2021 structured assessment has considered how corporate governance and financial management arrangements have adapted over the last 12 months. The key focus of the work has been on the corporate arrangements for ensuring that resources are used efficiently, effectively, and economically. We have also considered how business deferred in 2020 has been reinstated and how learning from the pandemic is shaping future arrangements for ensuring good governance and delivering value for money. We have also sought to gain an overview of the Board's scrutiny of the development and delivery of the Health Board's 2021-22 Annual Plan.

5 We have provided updates on progress against any areas for improvement and recommendations identified in previous structured assessment reports.

Key messages

6 Overall, we found that **the Health Board has effective Board and committee arrangements which are underpinned by maturing systems of assurance, but opportunities to strengthen public transparency of Board business remain. The Health Board has clear plans in place to support the recovery of services, but arrangements for monitoring and reporting on overall plan delivery need to be strengthened. The Board maintains robust oversight of**

Saunders, Mr Huw
03/28/2022 11:37:12

the Health Board's finances. The Health Board identified certain weaknesses in financial controls relating to procurement and expenditure on major capital projects which it is addressing. The pandemic continues to pose a risk to the Health Board's ability to break even.

7 The Health Board has good arrangements in place to conduct Board and Committee business effectively. The Health Board has taken positive steps to enhance public transparency of Board business by, for example, increasing the frequency of public Board meetings during the pandemic. There is scope to strengthen these arrangements further. The Health Board is committed to continuous improvement, as well as learning from the pandemic. The Health Board has a full and stable cadre of Independent Members. There have been significant changes to the Executive Team during the year. However, the Health Board has managed these changes well by moving swiftly to make interim appointments to ensure business continuity, maintain Board cohesion, and minimise disruption to staff and stakeholders.

8 The Health Board's approach to operational planning remains robust. It has clear plans in place, such as the Annual Plan, for responding to the ongoing pandemic, as well as for recovering services in the short and medium term, and redesigning services for the longer term. However, its arrangements for monitoring and reporting on overall delivery of these plans remain less robust and require strengthening to enable full scrutiny and assurance. The Health Board has further strengthened its approach to risk management and tracking recommendations, and its arrangements for providing assurance on quality and safety matters have improved.

9 The Health Board continued to operate within its capital resource allocation, but it failed to meet the duty not to exceed its resource revenue allocation over the rolling three-year period to 31 March 2021. The pandemic has severely hampered the achievement of cost savings, but the Health Board is working to improve this during 2021-22. The Health Board has continued to operate within most of its existing financial controls. However, weaknesses in financial controls relating to major capital procurement and expenditure identified by the Health Board have resulted in systematic breaches. The Health Board has investigated these and is taking steps to strengthen its governance controls and arrangements in respect of capital schemes and expenditure. The Health Board's financial position receives robust scrutiny and is supported by good quality financial reports, but there is scope to improve public transparency of Board business in this area.

Recommendations

10 Recommendations arising from this audit are detailed in **Exhibit 1**. The Health Board's management response to these recommendations is summarised in **Appendix 1**.

Saunderswatkin
03/28/2022 14:57:42

Exhibit 1: 2021 recommendations

Recommendations
Strengthening public transparency of Board business R1 The Health Board has taken a number of positive steps to enhance public transparency of Board business since our 2020 structured assessment report. However, there is scope for the Health Board to strengthen public transparency further by: a. ensuring all recordings of public Board meetings are uploaded to the Health Board's website in a timely manner after each meeting, and ensuring that links to previous meetings remain active; b. making recordings of public Committee meetings available on its website or publishing unconfirmed minutes of Committee meetings as soon as possible afterwards; c. uploading all Committee papers to the Health Board's website in line with agreed timescales; d. updating the membership details of Committees on the Health Board's website as soon as changes are approved; e. listing the matters to be discussed in private by Committees on the agenda of their public meetings on an ongoing basis; f. signpost the public to Board and Committee papers and recordings of public Board meetings via the Health Board's social media channels on an ongoing basis; and g. ensuring counter-fraud and procurement papers are considered by the Audit and Assurance Committee in public, with only sensitive matters reserved for private meetings.
Strengthening operational plan reporting and monitoring R2 The Health Board's approach to planning remains robust. However, the Health Board's arrangements for monitoring and reporting on plan delivery are less robust. The Health Board, therefore, should strengthen its arrangements for monitoring and reporting on the overall delivery of its Annual Plan and future Integrated Medium Term Plans by: a. ensuring these plans contain clear summaries of key actions/deliverables, timescales, and measures to support effective monitoring and reporting; and b. providing more information to the Board and Strategy and Delivery Committee on progress against delivery of these plans to enable full scrutiny and assurance.

Saunders,Nathan
03/28/2022 14:57:42

Detailed report

Governance arrangements

11 Our structured assessment work considered the Health Board's governance arrangements while continuing to respond to the challenges presented by the pandemic.

We found that **the Health Board has effective Board and committee arrangements which are underpinned by maturing systems of assurance, but opportunities to further strengthen public transparency of Board business remain. Whilst the Health Board has clear plans in place to support the recovery of services, its arrangements for monitoring and reporting on overall plan delivery need to be strengthened.**

Conducting business effectively

12 We found **that the Health Board has good arrangements in place to conduct Board and Committee business effectively. Public transparency of Board business has improved but could be strengthened further. Commitment to continuous improvement is strong, and recent changes to Board-level membership have been managed well.**

Public transparency of Board business

13 The Health Board continues to hold Board and Committee meetings virtually. The use of technology is well embedded, and the number of IT connectivity issues remains low. Board and Committee members observe virtual etiquette and make good use of the various features of the online platform to support the effective conduct of meetings. Whilst all members acknowledge the benefits of virtual meetings, there is a desire amongst some to resume in-person meetings as soon as it is safe to do so.

14 All public Board meetings are livestreamed via MS Teams, with recordings uploaded to the Health Board's website afterwards. However, our review of the Health Board's website found that links to several recordings were not active, and one recording was unavailable several weeks after the meeting[1] (see **Recommendation 1a**). The Health Board does not currently livestream Committee meetings, but they are recorded for the purposes of preparing the minutes. The Health Board, therefore, may want to consider making these recordings available on its website to enhance transparency (see **Recommendation 1b**).

Saunders,Nathan
03/28/2022 14:10:34

[1] The recording of the public Board meeting held on 30 September 2021 was not available at the time of our review at the end of November 2021.

15 The Health Board strives to publish agendas and papers on its website in advance of meetings in line with agreed standards – ten days prior to public Board meetings and seven days prior to Committee meetings. Compliance with these standards has continued to be good, with only a small number of breaches relating mostly to the Finance Committee[2], and the Charitable Funds and Health and Safety Committees[3] (see **Recommendation 1c**). The Health Board also publishes the membership, workplan, and terms of reference of each Committee on its website, with the exception of the Remuneration and Terms of Service Committee. However, the Health Board needs to update the membership details of some Committees to reflect the membership changes agreed in July 2021 (see **Recommendation 1d**).

16 Unconfirmed minutes of public Board and Committee meetings continue to be published on the Heath Board's website when included in papers for the next meeting. The Health Board should consider publishing unconfirmed minutes a few days after each Committee meeting to enhance transparency as an alternative to livestreaming meetings or making recordings available on its website (see **Recommendation 1b**). This would also allow the Health Board to address a concern highlighted in the 2020-21 Board Effectiveness Survey that unconfirmed minutes for certain meetings are not circulated to members in a timely manner. Whilst confirmed minutes are published separately on the Health Board's website, our review found that several sets were not available.

17 We recommended in our structured assessment last year that the Board should take steps to enhance public transparency during the pandemic (see **Exhibit 2, Structured Assessment 2020 Recommendation 1**). In November 2020, the Board agreed to meet in public more frequently by holding the first 90 minutes of its bi-monthly Board Development in public to focus largely on COVID-19-related matters. The Board continued with this arrangement until June 2021. The Health Board has placed a notice on its website explaining how members of the public can observe public Board meetings and submit questions in advance. However, there is scope to better promote these opportunities and signpost the public to Board and Committee papers and recordings of public Board meetings via the Health Board's social media channels (see **Recommendation 1f**).

18 The Health Board has continued to engage regularly with patient advocates from the Community Health Council (CHC), with CHC representatives describing the communication arrangements as robust. CHC representatives also attend public Board meetings and relevant Committee meetings to provide views on strategic

[2] Our review of the Health Board's website at the end of November 2021 found that the papers for the Finance Committee on 25 August 2021, 29 September 2021, and 27 October 2021 were not available.

[3] The 2020-21 Board Effectiveness Survey highlighted the need to improve the timeliness of papers issued for meetings of the Charitable Funds Committee, and Health and Safety Committee.

Audit Wales 029 2032 0500 info@audit.wales

developments, service changes, and public accessibility to Health Board business and services.

Exhibit 2: progress made on previous year recommendations

Recommendation	Description of progress
Structured Assessment 2020 Recommendation 1 Recognising the numerous challenges the Health Board faced during the first COVID-19 peak, the Board should reflect on its experiences of governing during that period in order to strengthen future governance both generally and in the event of a second COVID-19 peak. In reflecting on its experiences, the Board should focus in particular on: a. considering what worked well and what did not work so well, and identifying what it would do differently in the event of a second COVID-19 peak; b. establishing which new ways of working introduced during the pandemic it wants to retain going forward; c. supporting the development of the whole cadre of Independent Members as well as enhancing their role and input; and, d. enhancing Board reporting and transparency.	**Completed** The Board reflected on its experiences of governing during the first wave and also reviewed the findings of our structured assessment work as well as the findings of audits undertaken by Internal Audit and KPMG. In November 2020, the Board approved several amendments to its COVID-19 governance arrangements which are detailed in this report (see **paragraphs 17**, **33**, and **38**).

Board and committee arrangements

19 Last year, our structured assessment described the streamlined Board and Committee arrangements introduced by the Health Board in March 2020 to support agile decision-making and allow a focus on business-critical matters during the first wave of the pandemic. By autumn 2020, all Committees had been reinstated and each one continued to meet during the second wave of the pandemic.

20 The Health Board's Committee structure has remained largely unchanged. However, a new Committee, the Shaping Our Future Hospitals Committee, was established in March 2021 to provide oversight to the development of the Health

Saunders Latham 03/28/2022 14:15:42

Board's future hospitals programme[4]. All Committees have clear terms of reference and workplans which were approved by the Board in March 2021. Committee membership was reviewed and refreshed in July 2021 to reflect the appointment of three new Independent Members[5] and to strengthen the resilience of certain Committees by increasing their membership, such as the Audit and Assurance Committees.

21 The Health Board ensures that agendas are structured to provide focus and enable scrutiny where it is needed most. Items for review and assurance are first on the agenda, followed by items for approval and ratification, and finally items for noting and information. Whilst the Health Board's approach to agenda setting is generally effective, concerns have been expressed via the 2020-21 Board Effectiveness Survey about the length of the Quality, Safety, and Experience Committee agendas in particular. In order to address these concerns and help manage time and energy levels across all meetings, the Health Board may want to consider:

- allocating specific amounts of time for each agenda item;
- adopting the use of consent agendas[6] for items presented for noting and information only (such as minutes of Committees and Sub-committees); and
- publishing supplementary papers that provide background information separately.

22 The number of items discussed by the Board and its Committees in private is generally kept to a minimum. Whilst a list of the items to be discussed in private by the Board is published on the agenda of public Board meetings, the Health Board should do the same for items to be discussed in private by Committees in order to enhance transparency (see **Recommendation 1e**).

23 Our observations of Board and Committee meetings found that meetings are chaired well to support focused discussions on key issues and enable contributions to be made by all attendees. Contributions from Independent Members at meetings are balanced, supportive, and appropriately challenging where necessary.

24 Minutes of meetings prepared by members of the Corporate Governance Team are comprehensive and provide a good record of key issues discussed and decisions made. As noted in **paragraph 16**, there is scope though to ensure that

[4] The programme is comprised of the three constituent core projects – Project 1: Clinical service transformation in line with a new clinical model and vision; Project 2: Redevelopment of hospital infrastructure at University Hospital Wales and University Hospital Llandough sites; and Project 3: Development of a Health and Life Sciences Eco-system to support collaboration innovation, research, and development.

[5] A new Vice-Chair, a new Independent Member for Information Communication and Technology, and a new Independent Member for Trade Unions have joined the Board during 2021.

[6] A consent agenda is a technique for addressing and approving several matters in a single agenda item, such as reports, minutes, and other items that do not require discussion.

Audit Wales 03/08/2022 14:37:42

unconfirmed minutes are circulated to Board and Committee members in a timelier manner.

25 Despite staffing challenges during the year, the Corporate Governance Team has continued to provide a professional service to the Board and its Committees, which is valued and appreciated by Independent Members and Executive Directors alike.

Exhibit 3: progress made on previous year recommendations

Recommendation	Description of progress
Structured Assessment 2019 Recommendation 1 We found scope to review the timings and frequency of some committee meetings to support members to scrutinise current information more often. Reviewing timings will also allow maximum attendance at meetings. The Health Board should: a. review the frequency of Audit Committee meetings to close the gap between the May and September meeting; and b. review independent members' capacity and timings of committee meetings where there is infrequent independent member attendance.	**Completed** The Audit and Assurance Committee meets more frequently, with meetings now held in June and July each year. The membership of the Audit and Assurance Committee has increased to four Independent Members from three. This has strengthened the capacity and resilience of the Committee.

Board and committee information

26 The Health Board strives to provide good quality, accessible information to the Board and its Committees.

27 Cover reports clearly set out the purpose of papers and include the results of relevant health and equality impact assessments. Cover reports also provide links to the Health Board's objectives and the sustainable development principles as set out in the Well-being of Future Generations (Wales) Act 2015. However, there is scope to strengthen cover reports by:

- including an additional section outlining the approval or scrutiny route of the report (if it has been discussed elsewhere previously);
- enhancing the assessments and risks section to ensure the relevant quality and safety, legal, financial, workforce, and socio-economic impacts and implications are better articulated; and

Saunders,Nathan 03/28/2022 14:31:42

- limiting the status section to one option only to provide greater clarity on the overall purpose of the report (for assurance, for approval, for discussion, or for information).

28 Whilst most papers are of an appropriate length, Independent Members and Executive Directors told us there is scope to summarise information further to provide a greater focus on the key issues requiring the attention of the Board and/or its Committees. They also told us that background information should be kept to a minimum or published as supplementary information if necessary. The Health Board, therefore, may want to consider providing training or guidance on report writing for staff that regularly prepare and present reports to the Board and its Committees.

29 Where verbal reports are provided at meetings, the minutes provide a detailed summary of the main points covered and the subsequent deliberations of the Board or Committee.

30 The Board has continued to receive and consider highlight reports prepared by Committee Chairs. As highlight reports are often presented alongside the minutes of previous Committee meetings, there is a risk they may be perceived by the public as duplicating the same information. Furthermore, highlight reports are a key source of assurance for the Board. As a result, the Health Board may want to consider placing the highlight reports under the assurance section of the agenda to separate them from the minutes of previous meetings and ensure they receive appropriate consideration by the Board.

31 The Board has continued to receive and consider streamlined performance reports in public, which cover both financial and operational performance. The Board has also continued to receive and consider separate quality, safety, and patient experience reports in public. Prior to November 2021, information on key workforce performance indicators was only presented to the Strategy and Delivery Committee for scrutiny. Whilst these reports provide a good overview of the Health Board's performance against a range of different indicators, they do not provide any information on the action being taken to either sustain or improve performance.

32 In May 2021, the Board agreed to adopt a more strategic and integrated approach to performance management by overseeing the development of an agreed suite of key indicators across all main areas of business. The suite of indicators is included in a single integrated report for the Board to scrutinise. Under this approach, the role of the Committees would be strengthened to undertake more detailed scrutiny of performance within their areas of business in order to provide greater assurance to the Board. The Board has started to receive and consider the Integrated Performance Report in public since November 2021. Whilst this is a positive development, there is scope to enhance the report by aligning the indicators to the

Saunders.Nathan
03/28/2022 14:57:42

four harms associated with COVID-19[7], as well providing stronger assurances to the Board on the actions being taken to sustain or improve performance.

33 We recommended in our 2020 structured assessment that the Board should take steps to increase public reporting on all relevant COVID-19-related matters during the pandemic (see **Exhibit 2, Structured Assessment 2020 Recommendation 1**). In November 2021, the Board agreed to receive a report at each public meeting, the Coronavirus Update Report, which would focus specifically on the impact of COVID-19 on key areas of business including, quality of services and patient safety; workforce (including staff wellbeing and safety); governance; public health; and the operational framework. The report, which has been considered at each public Board meeting since November 2020, has ensured greater transparency and enhanced reporting on certain matters that were largely underreported in public during the first wave, such as staff wellbeing.

Exhibit 4: progress made on previous year recommendations

Recommendation	Description of progress
Structured Assessment 2019 Recommendation 2 We found that performance monitoring at an operational level is sound, but some information received by the Board and its committees needs to be improved. When the Health Board restarts its performance framework review it should be extended to include: a. monitoring IMTP delivery on a quarterly basis and reporting the wholescale position to the Strategy and Delivery Committee and Board. We have previously suggested presenting the committee with a summarised version of the IMTP progress reports available at clinical board performance reviews. b. ensuring that the Strategy and Delivery Committee receives the same, or more detailed,	**Completed** a. Superseded by Structured Assessment 2021 (Phase 2) Recommendation 2b. b. The Strategy and Delivery Committee receives detailed information on the Health Board's performance against key operational and workforce performance indicators, which is summarised in the Integrated Performance Report to Board. c. In May 2021, the Board agreed to adopt a more strategic and integrated approach to performance management by overseeing the development of an agreed suite of key indicators across all main areas of business. The suite of indicators are included in the Integrated

Saunders,Nathan 03/28/2022 14:17:43

[7] The four harms are – (i) harm from COVID-19 itself; (ii) harm from overwhelmed NHS and social care system; (iii) harm from reduction in non-COVID-19 activity; and (iv) harm from wider societal actions / lockdown.

Recommendation	Description of progress
performance information than that received by the Board. c. review the format and legibility of the performance dashboard currently reported to Board.	Performance Report for the Board to scrutinise (see **paragraph 32**).
Structured Assessment 2018 Recommendation 4 The Health Board should update its performance management framework to reflect the organisational changes that have taken place since 2013.	**Completed** An updated performance management framework document was presented to and agreed in principle by the Strategy and Delivery Committee in September 2020.

Board commitment to continuous improvement

34 The Health Board is committed to continuous improvement and undertakes regular reviews of Board and Committee effectiveness. In May 2021, the Board and its Committees reviewed their effectiveness as part of the process of preparing the Health Board's Annual Governance Statement. The overall findings of the 2020-21 Board Effectiveness Survey were positive, but a small number of areas were identified as requiring improvement. An Action Plan is in place to address these areas for improvement, which is monitored by the Board. The Health Board has also undertaken an assessment of its compliance with the Corporate Governance Code for Central Government and did not identify any departures from the code during the year.

35 The Health Board has effective arrangements in place to support the development of new and existing Independent Members. The Health Board has a comprehensive induction programme in place for new Independent Members, and it successfully managed the process of onboarding the three new Independent Members remotely. The Chair has reviewed the performance of all Independent Members and has actively involved them in the process of setting their own objectives for 2021-22. The Health Board has put appropriate arrangements in place to meet the development needs of Independent Members as identified through the performance appraisal process. The Chair is also effective at sharing information with Independent Members outside of formal meetings, and Independent Members continue to make regular use of the WhatsApp group established at the start of the pandemic to support each other.

Saunders Mathias
03/28/2022 11:37:12

36 The Health Board has continued to make effective use of Board Development Sessions to enhance the knowledge and understanding of Independent Members

on certain topics and issues across the healthcare system as well as to support Board growth and cohesion more generally.

37 At the time of our review, all Board members had completed their declarations of interest, gifts, hospitality, and sponsorship. Whilst Board member declarations can be viewed on the Health Board's website, they are published in a single document which also lists the declarations of Health Board staff. The Health Board, therefore, may want to consider publishing Board member declarations separately to ensure appropriate transparency. The Health Board has recently agreed a series of changes to improve compliance with its interest, gifts, hospitality, and sponsorship policy more generally, with progress being monitored and reported to the Audit and Assurance Committee.

Ensuring organisational design supports effective governance

38 As described in our 2020 structured assessment, the Health Board decided not to deploy a traditional top-down Gold Command and Control structure to manage and co-ordinate its response to the pandemic. Instead, the Health Board established a COVID-19 Command Structure in March 2020 to allow it to adopt a more sustainable, inclusive, flexible, and bottom-up approach. These arrangements were formally reviewed in autumn 2020 with a number of changes approved by the Board in November 2020, including expanding the core membership of the Board Governance Group to include all Independent Members (see **Exhibit 2, Structured Assessment 2020 Recommendation 1**).

39 The Health Board embarked on a large programme of learning following the first wave which culminated in the publication of the COVID-19 Discovery Report in the autumn of 2020. The Health Board has also been involved in reviewing learning in relation to governing during the pandemic through the all-Wales Chairs Group and Board Secretaries Network. However, there is scope for the Health Board to better highlight how it has embedded this learning and new ways of working.

40 The Health Board has a full and stable cadre of Independent Members, and the membership of the Board has been expanded to include the Director of Digital and Health Intelligence. However, there have been several changes at Executive Director level:

- the new Executive Director of Finance and new Executive Director of People and Culture took up their positions at the Health Board in March and May 2021 respectively;
- the Chief Executive Officer left the Health Board in September 2021; and
- the Chief Operating Officer and the Medical Director have announced they are leaving their posts in December 2021 and March 2022 respectively.

Saunders Mandy 03/28/2022 11:55:12

The Health Board moved swiftly to appoint an interim Chief Executive Officer, interim Medical Director, and interim Chief Operating Officer to ensure business continuity, maintain Board cohesion, and minimise disruption to staff and stakeholders. These interim appointments were approved by the Remuneration

and Terms of Service Committee. The new Chief Executive Officer takes up position at the Health Board in February 2022 and permanent appointments to the Medical Director and Chief Operating Officer positions will be made shortly afterwards.

Planning for recovery[8]

41 We found that **the Health Board has clear plans in place for recovery, but delivery timescales are dependent on many factors outside of its direct control. Whilst the Health Board's approach to planning remains robust, arrangements for monitoring and reporting on plan delivery need to be strengthened.**

42 Recovery from the COVID-19 pandemic is a significant challenge for the Health Board. The pandemic, alongside significant unscheduled care pressures, continues to affect the available service capacity and productivity of wider services. In response to these challenges, the Health Board has developed an Annual Plan 2021-22 (the Annual Plan), which is accompanied by an addendum that focuses specifically on planned care, which sets out how activity will be maximised and redesigned to support recovery.

43 The Board discussed and approved the draft Annual Plan at its private meeting in March 2021 as directed by the Welsh Government. The final Annual Plan, along with the planned care addendum, was approved by the Board at its public meeting in June 2021. We observed good scrutiny of both the draft and the final versions of the Annual Plan by the Board, with Independent Members seeking assurance that the plan was realistic and achievable. However, the Strategy and Delivery Committee was unable to scrutinise the Annual Plan prior to Board approval due to the tight timescales involved.

44 The Annual Plan is detailed, well-structured, and makes good use of visual signposts to assist the reader to understand how each section relates to the relevant Health Board priority or Ministerial priorities. The Annual Plan outlines the Health Board's priorities in relation to responding to the ongoing pandemic (including the four harms associated with COVID-19), as well as its priorities for recovering services in the short and medium term, and redesigning services for the longer term. It addresses all the Ministerial priorities as set out in the NHS Wales Annual Planning Framework 2021-22 and describes the enablers required to support its implementation.

[8] NHS bodies are required to submit a three-year Integrated Medium Term Plan (IMTP) to the Welsh Government on an annual basis. The IMTP process for 2020-2023 was paused by the Welsh Government in March 2020, to allow NHS bodies to focus on responding to the COVID-19 pandemic. Instead, health bodies were required to submit quarterly plans during 2020-21 as well as prepare an annual plan for 2021-22 by 31 March 2021. Our 2021 structured assessment phase one report considered the Health Board's operational planning arrangements.

45 Whilst the Annual Plan includes a number of key actions/deliverables, timescales, and measures, they are not summarised or presented in a way that would allow progress to be monitored and reported effectively. This was also the case with the quarterly plans produced during 2020-21 as noted in our structured assessment 2021 Phase 1 report. The Health Board, therefore, should ensure that future Annual Plans or Integrated Medium Term Plans contain clear summaries of key actions/deliverables, timescales, and measures to support effective monitoring and reporting (see **Recommendation 2a**).

46 Welsh Government feedback on the draft Annual Plan was largely positive, and highlighted opportunities for the Health Board to strengthen it further by providing assurance on alignment with national priorities/programmes; providing further assurance on deliverables required, particularly essential services; addressing learning disabilities, decarbonisation, and new regional planning initiatives; and outlining how services that effect wider south-east population and tertiary services will be delivered. The cover report accompanying the final version of the Annual Plan presented to the public Board meeting in June 2021 clearly set out the steps taken by the Health Board to address Welsh Government feedback.

47 The Annual Plan addendum focusses specifically on planned care and covers whole system operational recovery and redesign across the five core areas of Primary and Community Care, Mental Health, Planned Care, Unscheduled Care, and Diagnostics. The addendum provides a good overview of the schemes identified by the Health Board to restore and improve access, transform pathways, and minimise harm in each of these areas in line with the principles of being clinically-led, data-driven, risk-orientated, and COVID-19 ready.

48 The addendum acknowledges the factors that may affect delivery timescales, many of which are outside of the Health Board's direct control, including:

- the pace of approving capital business cases, constructing new facilities and reconfiguring existing facilities;
- the ability to recruit and train new members of staff; and
- the rate at which infection prevention and control measures can be reduced and removed.

49 Whilst the Health Board has secured additional funding from the Welsh Government to progress some of its schemes, there is a risk it might not be able to secure all the financial resources it requires to deliver and sustain all of the changes set out in the addendum.

50 Our structured assessment 2021 Phase 1 report highlighted opportunities to strengthen arrangements for monitoring and reporting on the overall delivery of operational plans to enable full scrutiny and assurance. To date, the performance reports presented to the Board do not provide any information on progress in delivering the Annual Plan. There is slightly better reporting on the addendum though, with a Flash Report on the recovery and redesign portfolio presented to the Strategy and Delivery Committee in November 2021 as part of a broader update on the Health Board's strategic programmes. The Health Board, therefore, should

Saunders, Nathan 03/28/2022 14:01:42

take steps to provide more information to the Board and Strategy and Delivery Committee on progress against delivery of the Annual Plan and the addendum to enable full scrutiny and assurance (see **Recommendation 2b**).

Systems of assurance

51 We found that **the Health Board has further strengthened its risk management arrangements and approach to tracking recommendations. Arrangements for providing assurance on quality and safety matters have improved and are set to improve further following the adoption of a new Quality, Safety, and Experience Framework.**

Managing risk

52 We found that **the Health Board has effective arrangements in place for managing risk which continue to mature.**

53 As described in our 2020 structured assessment, the Health Board established and maintained a separate COVID-19 Board Assurance Framework (BAF) alongside its standard BAF to capture, manage, and mitigate the strategic risks relating to the pandemic. In July 2020, the Board agreed to merge the standard BAF and COVID-19 BAF into a single unified BAF. The unified BAF clearly sets out the principal risks which could impact upon the delivery of the Health Board's strategic objectives as set out in in its ten-year strategy, Shaping Our Future Wellbeing. The BAF also clearly sets out the current controls and assurances in place, as well as the actions to be taken to address gaps in controls and assurances where relevant. The BAF was enhanced in September 2021 to reflect the Health Board's risk appetite as well as to align assurances to the three lines of defence[9] set out in the new Risk Management and Board Assurance Framework Strategy.

54 The Health Board manages the BAF as a live document. The Director of Corporate Governance, who has overall responsibility for the BAF, ensures it is reviewed regularly by the relevant Executive Leads to reflect ongoing, new, and emerging principal risks as well as to capture progress in implementing agreed actions to address gaps in controls and assurances. The BAF is presented to the Board in public on a bi-monthly basis for scrutiny and approval, with Committees of the Board routinely reviewing the principal risks assigned to them in order to provide further assurances to the Board. The Audit and Assurance Committee is responsible for overseeing and reviewing the adequacy and effectiveness of the BAF on behalf of the Board.

Saunders,Nathan
03/28/2022 14:10:42

[9] The first line of defence is management level assurance, the second line of defence is Board and Committee level assurance, and the third line of defence is independent level assurance.

55 The Health Board's Corporate Risk Register is aligned to the BAF and captures extreme operational risks graded 20 or above[10]. Since January 2021, the Corporate Risk Register is presented to the Board in public on a bi-monthly basis for scrutiny, following detailed review and consideration by the Health Board's Management Executive and Health System Management Board. In September 2021, there were 11 extreme operational risks graded 20 or above on the Corporate Risk Register. The Corporate Governance Directorate is responsible for monitoring and maintaining the Corporate Risk Register, with Committees of the Board routinely reviewing the relevant extreme operational risks in order to provide further assurances to the Board.

56 As described in our 2020 structured assessment, the Health Board established Local Command Centres to manage its operational response to the pandemic. As part of this arrangement, each Local Command Centre managed their own Risk Registers which ran alongside the Risk Registers of Clinical Boards and fed into the Corporate Risk Register as required. The Local Command Centre Risk Registers were closed during 2021 when business-as-usual arrangements were reinstated. Operational risks relating to COVID-19 are now identified and managed through the Health Board's Clinical Board and Corporate Directorate structures.

57 The risks detailed in the BAF and Corporate Risk Register also inform the Health Board's risk appetite. In October 2020, the Board agreed to use the Good Governance Institute's Risk Appetite Matrix to set its risk appetite as 'cautious' (preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward) moving towards 'seek' (eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk). In December 2020, the Board agreed to further refine this approach by adding more sub-elements to the Risk Appetite Matrix to enable better application of the risk appetite at an operational level. The Health Board's Risk Appetite Matrix was published in July 2021 as part of the new Risk Management and Board Assurance Framework Strategy and will be reviewed annually by the Board.

58 During 2021, the Risk and Regulation Team has delivered specific training sessions for Clinical Board and Corporate Directorate Risk Leads, as well as weekly virtual online training sessions for all Health Board staff. These sessions have proved helpful in embedding a consistent approach to the identification, assessment, and response to risks across the Health Board's Clinical Boards and Corporate Directorates.

59 The Health Board's risk management arrangements were reviewed by Internal Audit in March 2021, resulting in a 'reasonable' assurance rating.

Saunders, Kathryn
03/28/2022 10:37:47

[10] Prior to July 2021, the Corporate Risk Register contained extreme risks graded 15 or above. However, a decision was taken to only include risks graded 20 or above due to the Health Board's increasing confidence in the appropriateness of risk scores prepared by Clinical Boards and Corporate Directorates.

Quality and safety assurance[11]

60 We found that **the Health Board's arrangements for providing assurance on quality and safety matters have improved, with further improvements planned following the adoption of a new Quality, Safety, and Experience Framework.**

61 Reporting to the Board on the Health Board's arrangements to provide quality services and ensure patient safety has improved. The Patient Safety, Quality and Experience Report provides an overview of the Health Board's performance against a range of quality and safety indicators which are reviewed and scrutinised regularly beforehand by the Quality, Safety, and Experience Committee. However, as set out in **paragraph 32**, there is scope to better align the indicators to the four harms associated with COVID-19 as well as to provide stronger assurances to the Board on the actions being taken to sustain or improve performance. Information on COVID-19 outbreaks, hospital-acquired COVID-19, and COVID-19-related concerns is provided in the Coronavirus Update Report. The Board also receives regular patient stories which provide valuable insights into patients' experiences of receiving care by the Health Board during the pandemic.

62 In September 2021, the Health Board adopted a new Quality, Safety, and Experience Framework following extensive engagement with internal and external stakeholders. The new framework sets out the Health Board's priorities for the next five years, with the aim of moving away from a culture focussed on ensuring that 'as few things as possible go wrong' to one focussed on ensuring that 'as many things as possible go right'. The Health Board has also approved a new quality governance structure, with a number of new groups being established to strengthen the focus on clinical effectiveness, clinical safety, and organisational learning. Whilst the new framework and structure may take time to embed, they should help to ensure an increased focus on key quality areas, reduce the workload of the Quality, Safety, and Experience Committee, and provide greater assurances to the Board.

63 The Health Board remains committed to staff safety and wellbeing, with 'taking great care of our staff' identified as one its priorities in the Annual Plan. Reporting to the Board on the Health Board's measures to ensure staff safety and wellbeing has improved, with regular updates provided in the Coronavirus Update Reports. The Chair's Report in May 2021 was also dedicated to providing information to the Board on staff wellbeing. Regular reporting to the Strategy and Delivery Committee on workforce key performance indicators resumed in September 2020, following a brief pause during the first wave of the pandemic. Historically, there has been

Saunders Latham 03 Feb 2022 X.0.1.3

[11] We have limited the work we have undertaken on quality governance arrangements as part of our 2021 structured assessment as we are undertaking a separate review of quality governance arrangements at the Health Board. The review will consider whether the organisation's governance arrangements support delivery of high quality, safe and effective services. We will report our findings in 2022.

limited reporting to the Board on the Health Board's performance against these indicators. However, the inclusion of a high-level set of indicators in the Integrated Performance Report should lead to greater oversight and scrutiny of workforce related matters at Board level.

Tracking progress against audit and review recommendations

64 We found that **the Health Board has good arrangements in place for tracking and implementing audit and review recommendations.**

65 The Corporate Governance Directorate regularly reviews all outstanding recommendations with the relevant Executive Leads, with the outcomes reported to each meeting of the Audit and Assurance Committee. The detailed trackers are made available to the Audit and Assurance Committee to ensure transparency and provide opportunities for detailed scrutiny and analysis. However, the Health Board may want to consider reviewing the way in which the detailed trackers are presented to support a greater focus on areas of higher risk or concern, for example, by grouping the recommendations by order of priority rather than by year.

66 The Health Board has made considerable progress in implementing outstanding recommendations despite the challenges and pressures it has faced during the pandemic. In November 2021, there were 86 outstanding Internal Audit recommendations and 16 outstanding Audit Wales recommendations, compared with 226 and 31 respectively in June 2020.

67 Internal Audit has undertaken additional work during the year to validate the stated position for a sample of recommendations within the tracker. Internal Audit was able to confirm the recorded position for the majority of sampled recommendations and, therefore, provide additional assurance to the Audit and Assurance Committee around the accuracy of the information provided by the Executive Leads in the tracker. It has since been agreed that Internal Audit, in conjunction with the Corporate Governance Directorate, will refine this process in order to provide ongoing assurance to the Committee around the recommendation tracker.

68 The Corporate Governance Directorate also presents a legislative and regulatory tracker report to each meeting of the Audit and Assurance Committee, which provides a good overview of the Health Board's progress in implementing recommendations made by inspection and regulatory bodies, such as the Health and Safety Executive and Healthcare Inspectorate Wales. These arrangements were reviewed by Internal Audit in July 2021, resulting in a 'reasonable' assurance rating. The Corporate Governance Directorate has recently improved the content of the report to provide more robust assurance to the Audit and Assurance Committee, as well as to provide a commentary on the Health Board's management of Welsh Health Circulars and Patient Safety Solutions: Alerts and Notices.

Saunders, Nathan
03/28/2022 14:57:42

Managing financial resources

69 Our work considered the Health Board's financial performance, financial controls and arrangements for monitoring and reporting financial performance.

70 We found that **there is robust oversight of the Health Board's finances which is supported by good quality reporting, but there are weaknesses in some financial controls. The pandemic continues to pose a risk to the Health Board's ability to break even.**

Achieving key financial objectives

71 We found that **the Health Board underspent against both its revenue and capital resource allocations for 2020-21, as it had done in 2019-20. However, regarding revenue expenditure, the Health Board failed its duty to spend within its allocation over a three-year rolling period. The pandemic has severely hampered the achievement of cost savings, but the Health Board is working to improve this during 2021-22.**

72 During the year, managing COVID-19 pressures had a big impact on the Health Board's expenditure, additional expenditure as a result of COVID-19 totalled £179.205 million. A substantial part of this cost was the set-up and expansion of the Dragon Heart Field Hospital in the Principality Stadium. The Welsh Government funded most of the COVID-19 expenditure, without which the Health Board would have exceeded its resource allocations.

73 While the Health Board continued to operate within its capital resource allocation, with regard to revenue, it did not meet the duty not to exceed its allocation over the rolling three-year period to 31 March 2021. The Health Board achieved small surpluses of £58,000 and £90,000 in 2019-20 and 2020-21 respectively, but for 2018-19 the Health Board reported an overspend of £9.87 million, meaning that for the three years to 31 March 2021 the Health Board overspent its £3.167 billion resource allocation by £9.72 million.

74 Regarding capital expenditure, the Health Board stayed within its capital resource limit for 2020-21, with a small surplus of £104,000 against a budget of £95.44 million. For the three years to 31 March 2021, the Health Board underspent its capital resource allocation by £267,000, thereby meeting the financial duty in respect of capital.

75 The pandemic severely hampered the Health Board's ability to deliver its 2020-21 cost improvement plan, especially several large schemes focusing on reducing bed capacity, improving patient flow, and workforce efficiencies and modernisation. The Health Board's savings target for 2020-21 was £29 million. At month 12, it had only identified £8.66 million in savings, leaving the remaining £20.34 million unidentified. Consequently, the Health Board's draft financial plan for 2021-22 included a planned £21.3 million deficit. However, as the deficit was caused by COVID-19

Saunders Stathan
03/28/2022 14:57:42

pressures, the Welsh Government is funding it on a non-recurrent basis, meaning the 2021-22 financial plan forecasts a break-even position.

76 At month 7 2021-22, the Health Board has identified £15.2 million of savings against its £16 million target (1.5% recurrent savings and 0.5% non-recurrent savings). Whilst positive, the Health Board needs to focus on increasing its levels of recurrent savings, which at month 7 were £4.3 million short of the £12 million recurrent savings target.

77 In terms of the overall financial position, in month 7 2021-22 the Health Board is reporting a small underspend of £270,000 and is on track to break even at the year-end. However, the break-even position is based on the continued assumption that the Welsh Government will fund COVID-19 response and recovery costs.

Exhibit 5: progress made on previous year recommendations

Recommendation	Description of progress
Structured Assessment 2017 Recommendation 1 For 2018-19, the Health Board needs to use intelligence such as benchmarking data to identify stretch targets on a case-by-case basis in areas where greater levels of savings could be made.	**Completed** In 2019-20, the Health Board identified a number of high-value cross-cutting opportunities and these were built into its Cost Improvement Programme. These made up circa 40% of the savings plan and included Health-Board-wide initiatives such as review of management structures, bed reductions, and discretionary spending. Savings were identified on a case-by-case basis, and the costs taken out were therefore differentially applied across the Health Board and reflected where savings could be made.

Financial controls

78 We found that **whilst the Health Board has continued to operate within most of its existing financial controls, procurement breaches on capital expenditure identified by the Health Board have highlighted weaknesses in some financial controls.**

79 Our 2020 structured assessment reported that the Health Board operated within its existing financial controls and put in place mechanisms to clearly track COVID-19 expenditure. The Health Board's COVID-19 expenditure continues to be clearly

Saunders, Nathan (03/28/2022 14:37:42)

tracked and actual and forecast spending is well articulated in the finance reports received by the Finance Committee.

80 During the pandemic, the Health Board did not change its financial controls, with those detailed in the Health Board's Scheme of Delegation, Standing Orders, and Standing Financial Instructions still applicable. In 2021, the Standing Orders and Standing Financial Instructions were updated to reflect the NHS Wales Model Standing Orders. The Audit and Assurance Committee received a report detailing the changes in May 2021.

81 The Audit and Assurance Committee receives regular assurance reports on financial controls – it considers losses and special payments in public every six months[12], and updates on counter-fraud activities and procurement compliance are considered by the Committee at most private sessions. In order to enhance transparency, the Health Board should ensure counter-fraud and procurement papers are considered by the Committee in public session, with only sensitive matters reserved for private meetings (see **Recommendation 1g**).

82 In April 2021, some of the Health Board's core financial systems (the asset register and cash management systems) were reviewed by Internal Audit, resulting in a 'reasonable' assurance rating.

83 In August 2021, the Health Board informed us and the Chief Executive of NHS Wales that it had identified procurement breaches on capital expenditure relating to contracted works at Rookwood Hospital. The Health Board instigated an internal review of the procurement and governance arrangements for its capital schemes and expenditure in order to better understand the extent of these breaches. The Health Board reviewed a sample of eight out of a total of 69 contracts valued at over £500,000 which were issued over the last three years and for which procurement thresholds applied.

84 The Health Board concluded the breaches were caused by poor procurement practices and weak internal controls. It also concluded there was no indication of fraudulent activity, no detriment to the public in the delivery of these schemes, and low outstanding risk to the Health Board on these schemes.

85 These matters have received detailed consideration by both the Board and the Audit and Assurance Committee, albeit in private sessions, whilst the review progressed. In November 2021, the final findings of the review were reported to the Board in public and an action plan was approved to strengthen the Health Board's internal governance controls and arrangements in respect of capital schemes and expenditure.

Saunders,Nathan
03/28/2022 14:16:37

[12] A losses and special payments report was presented to the Audit and Assurance Committee in June 2021.

Exhibit 6: progress made on previous year recommendations

Recommendation	Description of progress
Structured Assessment 2018 Recommendation 3 The Health Board should: a. update the Scheme of Delegation to reflect the delegated responsibility for calculating nurse staffing levels for designated acute medical and surgical inpatient wards; and b. review and update the Standing Orders and Standing Financial Instructions, ensuring these documents are reviewed and approved on an annual basis.	**Completed** The updated Scheme of Delegation was approved by the Board in November 2021. Standing Orders have been approved annually by the Board. The updated Standing Financial Instructions were approved by the Board in April 2021 for the first time since this recommendation was made due to the long wait for the Model All-Wales version to be issued.
Structured Assessment 2018 Recommendation 6 The Health Board should ensure that all recommended matches from the next NFI exercise in January 2019 are reviewed and where necessary investigated in a timely manner.	**Completed** The latest NFI matches were released in January 2021. All of the high risk ones have been reviewed and no fraud has been identified.

Monitoring and reporting

86 We found that **the Health Board's financial position receives robust scrutiny and is supported by good quality financial reports, but Finance Committee papers are not uploaded to the Health Board's website in a timely manner.**

87 The Health Board's financial position continues to receive robust Board-level oversight and scrutiny. The Finance Committee continues to meet monthly, and the Board receives Finance Committee minutes and the Chair's Report, which clearly highlight key issues and points of discussion. Whilst Committee members receive papers on time, they are not uploaded to the Health Board's website at the same time (see **paragraph 15**) thus limiting public transparency.

88 The Finance Committee receives a range of good quality reports. These include the monthly financial performance report, the financial risk register, and a copy of

Saunderslathom 03/28/2022 04:57:42

the Health Board's monthly monitoring returns to the Welsh Government[13]. In our 2020 structured assessment we found that reporting on the financial position was comprehensive with information consistent with that provided to the Welsh Government through monthly monitoring returns. This has continued during 2021. The monthly finance report is clearly written and includes charts and narrative on:

- performance against key financial performance measures (within the finance dashboard);
- cumulative financial position;
- income, pay and non-pay position;
- expenditure due to COVID-19;
- forecast COVID-19 funding;
- key financial assumptions, including overarching planning assumptions for 2021-22;
- financial performance of clinical boards;
- savings programme performance; and
- progress against the capital resource limit.

89 Additionally, since April 2021, the Finance Committee has included a 'deep-dive' topic on its agenda every other month. The 'deep-dives' are a positive tool used to develop Committee members' understanding of various financial topics, provide assurance, and strengthen scrutiny. To date, 'deep-dive' topics have included resource allocations, the cost improvement programme, and commissioning and contracting.

Saunders,Nathan
03/28/2022 14:31:47

[13] All NHS bodies submit a Monthly Monitoring Form to the Welsh Government setting out financial performance against their plans.

Appendix 1

Management response to audit recommendations

Exhibit 7: management response

Ref	Recommendation	Management response	Completion date	Responsible officer
R1	The Health Board has taken a number of positive steps to enhance public transparency of Board business since our 2020 structured assessment report. However, there is scope for the Health Board to strengthen public transparency further by:			

Saunders,Nathan
03/28/2022 14:57:42

Ref	Recommendation	Management response	Completion date	Responsible officer
	a. ensuring all recordings of public Board meetings are uploaded to the Health Board's website in a timely manner after each meeting, and ensuring that links to previous meetings remain active;	The Corporate Governance Department has just purchased software to enable the team to upload the recordings of the Board meetings in a suitable format and so that the same can be published within 2/3 days of the relevant Board meeting. The recordings of the Board meetings held in November and December 2021 should be published as soon as the new software has been installed (in January 2022). The intention is to make each recording available on the website for a period of 12 months. Thereafter, copies of the recordings would be available upon request.	End of January 2022	Head of Corporate Governance
	b. making recordings of public Committee meetings available on its website or publishing unconfirmed minutes of Committee meetings as soon as possible afterwards;	As of December 2021 the Corporate Governance Team has started to record public Committee meetings. From the New Year the recordings will be published on the Health Board's website. Further, our plan is to 'livestream' the public Committee meetings from the New Year.	End of January 2022	Head of Corporate Governance

Saunders.Nathan
03/28/2022 14:57:42

Ref	Recommendation	Management response	Completion date	Responsible officer
	c. uploading all Committee papers to the Health Board's website in line with agreed timescales;	This has now been completed and SOPs amended to ensure, that going forward, all relevant Committee papers received by the Corporate Governance Team are routinely published in line with agreed timescales (ie 7 clear working days before the Committee meeting).	End of December 2021	Head of Corporate Governance
	d. updating the membership details of Committee on the Health Board's website as soon as changes are approved;	This has now been completed and SOPs amended to ensure that Membership details are updated, on an ongoing basis, once approved by the Board.	End of December 2021	Head of Corporate Governance
	e. listing the matters to be discussed in private by Committees on the agenda of their public meetings on an ongoing basis;	Noted. This will be implemented with effect from January 2022.	End of January 2022	Head of Corporate Governance

Saunders,Nathan
03/28/2022 14:57:42

Ref	Recommendation	Management response	Completion date	Responsible officer
	f. signpost the public to Board and Committee papers and recordings of public Board meetings via the Health Board's social media channels on an ongoing basis; and	Noted. Arrangements will be put in place so that this can be implemented with effect from January 2022.	End of January 2022	Head of Corporate Governance
	g. ensuring counter-fraud and procurement papers are considered by the Audit and Assurance Committee in public, with only sensitive matters reserved for private meetings.	Arrangements have been put in place so that this recommendation can be implemented with effect from April 2022.	End of April 2022	Head of Corporate Governance

Saunders,Nathan
03/28/2022 14:57:42

Ref	Recommendation	Management response	Completion date	Responsible officer
R2	The Health Board's approach to planning remains robust. However, the Health Board's arrangements for monitoring and reporting on plan delivery are less robust. The Health Board, therefore, should strengthen its arrangements for monitoring and reporting on the overall delivery of its Annual Plan and future Integrated Medium Term Plans by:			
	a. ensuring these plans contain clear summaries of key actions /deliverables, timescales, and measures to support effective monitoring and reporting; and	It is intended that the IMTP for 22/23 will have clear actions, timescales and deliverables which can be tracked. This is already well established for the Recovery Programme and the Strategic Programmes so we will ensure it covers the other areas included within the IMTP.	End of April 2022	Executive Director of Planning

Saunders.Nathan
03/28/2022 14:57:42

Ref	Recommendation	Management response	Completion date	Responsible officer
	b. providing more information to the Board and Strategy and Delivery Committee on progress against delivery of these plans to enable full scrutiny and assurance.	We will look at how best to report on the key deliverables set out in the Annual Plan/IMTP to ensure the Board is able to scrutinise and seek assurance. We will do this in a way that aims to minimise duplication with the Performance Report that is provided to the Board regularly.	End of April 2022	Executive Director of Planning

Saunders.Nathan
03/28/2022 14:57:42

Saunders,Nathan
03/28/2022 14:57:42

Archwilio Cymru
Audit Wales

Audit Wales
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500
Fax: 029 2032 0600
Textphone: 029 2032 0660

E-mail: info@audit.wales
Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Swyddfa Archwilio Cymru
09/28/2022 14:57:42

Archwilio Cymru
Audit Wales

Annual Audit Report 2021 – Cardiff and Vale University Health Board

Audit year: 2020-21

Date issued: January 2022

Document reference: 2792A2022

Saunders,Nathan
03/28/2022 14:57:42

This document has been prepared for the internal use of Cardiff and Vale University Health Board as part of work performed in accordance with statutory functions.

The Auditor General has a wide range of audit and related functions, including auditing the accounts of Welsh NHS bodies, and reporting to the Senedd on the economy, efficiency, and effectiveness with which those organisations have used their resources. The Auditor General undertakes his work using staff and other resources provided by the Wales Audit Office, which is a statutory board established for that purpose and to monitor and advise the Auditor General.

Audit Wales is the non-statutory collective name for the Auditor General for Wales and the Wales Audit Office, which are separate legal entities each with their own legal functions as described above. Audit Wales is not a legal entity and itself does not have any functions.

© Auditor General for Wales 2021

No liability is accepted by the Auditor General or the staff of the Wales Audit Office in relation to any member, director, officer or other employee in their individual capacity, or to any third party in respect of this report.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 Code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

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

Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

Saunders,Nathan
03/28/2022 14:57:42

Contents

Summary report

About this report 4

Key messages 5

Detailed report

Audit of accounts 8

Arrangements for securing efficiency, effectiveness and economy in the use of resources 10

Appendices

Appendix 1 – reports issued since my last annual audit report 17

Appendix 2 – audit fee 20

Appendix 3 – financial audit risks 21

Saunders,Nathan
03/28/2022 14:57:42

Summary report

About this report

1 This report summarises the findings from my 2021 audit work at Cardiff and Vale University Health Board (the Health Board) undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:

- examine and certify the accounts submitted to me by the Health Board, and to lay them before the Senedd;
- satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
- satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources.

2 I report my overall findings under the following headings:

- Audit of accounts
- Arrangements for securing economy, efficiency, and effectiveness in the use of resources

3 This year's audit work took place at a time when public bodies continued responding to the unprecedented challenges presented by the COVID-19 pandemic, whilst at the same time recovering services. My work programme was designed to best assure the people of Wales that public funds are well managed. I have considered the impact of the current crisis on both resilience and the future shape of public services. I aimed to ensure my work did not hamper public bodies in tackling the crisis, whilst ensuring it continued to support both scrutiny and learning. On-site audit work continues to be restricted, and we continued to work and engage remotely where possible, using technology. This inevitably had an impact on how we deliver audit work but has also helped to embed positive changes in our ways of working.

4 As was the case in 2020, the delivery of my audit of accounts work was not without its challenges, not only in how and where we undertook the work, but also in taking account of considerations for financial statements arising directly from the pandemic. The success in delivering it reflects a great collective effort by both my staff and the Health Board's officers to embrace and enable new ways of working and remain flexible to and considerate of the many issues arising.

5 I have adjusted the focus and approach of my performance audit work to ensure its relevance in the context of the crisis and to enable remote working. My programme of work has provided focus on themes, lessons and opportunities relating to NHS governance and NHS staff wellbeing. I have reviewed the Test, Trace, Protect programme and the rollout of the COVID-19 vaccine. My local audit teams have commented on how governance arrangements have adapted to respond to the pandemic, and the impact the crisis has had on service delivery. I have also reviewed the governance arrangements of the Welsh Health Specialised Services Committee.

Saunderson Nathan 03/28/2022 14:31:42

6 This report is a summary of the issues presented in more detailed reports to the Health Board this year (see **Appendix 1)**. I also include a summary of the status of planned work currently being re-scoped.

7 **Appendix 2** presents the latest estimate of the audit fee that I will need to charge to cover the costs of undertaking my work, compared to the original fee set out in the 2021 Audit Plan.

8 **Appendix 3** sets out the financial audit risks set out in my 2021 Audit Plan and how they were addressed through the audit.

9 The Interim Chief Executive and the Director of Finance have agreed the factual accuracy of this report. We presented it to the Audit and Assurance Committee on 8 February 2022. The Board will receive the report at a later Board meeting and every member will receive a copy. We strongly encourage the Health Board to arrange its wider publication. We will make the report available to the public on the Audit Wales website after the Board have considered it.

10 I would like to thank the Health Board's staff and members for their help and co-operation throughout my audit.

Key messages

Audit of accounts

11 I concluded that the Health Board's accounts[1] were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in the Health Board's internal controls (as relevant to my audit). However, I placed an Emphasis of Matter paragraph in my report to the Senedd, to draw attention to disclosures in note 21.1 of the accounts relating to the impact of a Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government.

12 I reported five audit issues, together with my audit recommendations, to the Health Board's Audit and Assurance Committee. I will review the Health Board's actions as part of my 2021-22 audit.

13 While the Health Board achieved financial balance for its capital expenditure for the three-year period to 31 March 2021, it did not achieve financial balance for its revenue expenditure for the same period. I therefore issued a qualified opinion on the regularity of the financial transactions within the Health Board's 2020-21 accounts.

Saunders,Nathan
03/28/2022 14:

[1] I audit and certify the Health Board's Performance Report, Accountability Report and Financial Statements. 'Accounts' is a generic term.

14 Other than the breach of the Health Board's revenue resource limit, I found no material financial transactions that were not in accordance with authorities in place, nor used for the purposes intended.

15 Alongside my audit opinion, I included an Emphasis of Matter (EoM) commentary that draws attention to note 21 of the audited accounts. The note describes the impact of a Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government. The Ministerial Direction covered the need for interim remedial action to address the impact of HM Treasury's changes to the tax arrangements on senior clinicians' pension contributions. While I did not modify my audit opinion in respect of this matter, I did place a substantive report on the Health Board's financial statements.

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

16 My programme of Performance Audit work has led me to draw the following conclusions:

- the Test, Trace, and Protect programme is making an important contribution to the management of COVID-19 in Wales. Whilst the programme struggled to cope with earlier peaks in virus transmission, it has demonstrated an ability to rapidly learn and evolve in response to the challenges it has faced.
- in relation to the Welsh Health Specialised Services Committee Governance Arrangements: since the previous reviews in 2015, governance, management and planning arrangements have improved, but the impact of COVID-19 will now require a clear strategy to recover services and there would still be benefits in reviewing the wider governance arrangements for specialised services in line with the commitments within 'A Healthier Wales'.
- the COVID-19 vaccination programme in Wales has been delivered at significant pace with local, national and UK partners working together to vaccinate a significant proportion of the Welsh population. A clear plan is now needed for the challenges which lie ahead.
- all NHS bodies have maintained a clear focus on staff wellbeing throughout the pandemic and implemented a wide range of measures to support the physical health and mental wellbeing of their staff during the crisis. It is vital that these activities are built upon, and that staff wellbeing remains a central priority for NHS bodies as they deal with the combined challenges of recovering services, continuing to respond to the COVID-19 pandemic, and also managing seasonal pressures.
- the Health Board's arrangements for developing operational plans are effective, but opportunities to strengthen arrangements for monitoring and reporting on delivery of operational plans remain.
- the Health Board has effective Board and committee arrangements which are underpinned by maturing systems of assurance, but opportunities exist

Saunders,Nathan
03/28/2022 14:31:42

to further strengthen public transparency of Board business. Whilst the Health Board has clear plans in place to support the recovery of services, its arrangements for monitoring and reporting on overall plan delivery need to be strengthened.

- there is robust oversight of the Health Board's finances which is supported by good quality reporting, but there are weaknesses in some financial controls. The pandemic continues to pose a risk to the Health Board's ability to break even.
- the Health Board has made good progress to address our 2017 recommendations relating to its radiology services, but there is further work necessary.

17 These findings are considered further in the following sections.

Saunders,Nathan
03/28/2022 14:57:42

Detailed report

Audit of accounts

18 This section of the report summarises the findings from my audit of the Health Board's financial statements for 2020-21. These statements are how the organisation shows its financial performance and sets out its net assets, net operating costs, recognised gains and losses, and cash flows. Preparing the statements is an essential element in demonstrating the appropriate stewardship of public money.

19 My 2021 Audit Plan set out the financial audit risks for the audit of the Health Board's 2020-21 financial statements. **Exhibit 4** in **Appendix 3** lists these risks and sets out how they were addressed as part of the audit.

20 My responsibilities in auditing the Health Board's financial statements are described in my Statement of Responsibilities publications, which are available on the Audit Wales website.

Accuracy and preparation of the 2020-21 financial statements

21 I concluded that the Health Board's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in the Health Board's internal controls (as relevant to my audit). However, I placed an Emphasis of Matter (EoM) paragraph in my report to draw attention to disclosures in the accounts relating to note 21 of the accounts, which describes the impact of a Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government, instructing her to fund NHS clinicians' pension tax liabilities incurred by NHS Wales bodies in respect of the 2019-20 financial year. I did not qualify my audit opinion in respect of this matter.

22 I reported five issues and audit recommendations to the attention of officers and the Audit and Assurance Committee. The Health Board accepted all my recommendations and set out its intended actions and implementation dates. Four of the five issues related to information-technology (IT) matters, which my team therefore also presented to the Health Board's Digital Committee. I will review the Health Board's actions as part of my 2021-22 audit.

23 The Health Board submitted its draft accounts by the Welsh Government's deadline, and I met Welsh Government's timetable for audit certification.

24 I must report issues arising from my work to those charged with governance before I issue my audit opinion on the accounts. My team reported these issues to the Health Board's Audit and Assurance Committee, and its Board, on 10 June 2021. **Exhibit 1** summarises the key issues set out in that report.

Saunders Mahan
03/28/2022 14:57:42

Exhibit 1: issues identified in the Audit of Financial Statements Report

Issue	Auditors' comments
Uncorrected misstatements	There were no significant uncorrected misstatements.
Corrected misstatements	I reported the correction of various material misstatements, within some ten areas of the financial statements.
Other significant issues	I reported five recommendations for improvement, with management's formal responses, which the Audit and Assurance Committee considered on 7 September 2021.

25 I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the Health Board's financial position at 31 March 2021 and the return was prepared in accordance with the Treasury's instructions.

26 My separate audit of the charitable funds' financial statements is currently ongoing. I received the draft financial statements on 3 November 2021, and I am due to report my findings to the Health Board's Charitable Funds Committee on 20 January 2022.

Regularity of financial transactions

27 While the Health Board achieved financial balance for its capital expenditure for the three-year period to 31 March 2021, it did not achieve financial balance for its revenue expenditure for the same period, with a three-year deficit of £9.724 million. I therefore issued a qualified opinion on the regularity of the financial transactions within the Health Board's 2020-21 accounts.

28 Where a Health Board does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion. **Exhibits 2 and 3** show that the Health Board met its capital resource allocation but not its revenue resource allocation for the three-year period to 31 March 2021.

Saunders.Nathan
03/28/2022 14:57:42

Exhibit 2: financial performance against the revenue resource allocation

	2018-19 £'000	2019-20 £'000	2020-21 £'000	Total £'000
Operating expenses	945,419	1,025,612	1,205,955	3,176,986
Revenue resource allocation	935,547	1,025,670	1,206,045	3,167,262
Under (over) spend against allocation	(9,872)	58	90	(9,724)

Exhibit 3: financial performance against the capital resource allocation

	2018-19 £'000	2019-20 £'000	2020-21 £'000	Total £'000
Capital charges	48,413	58,070	95,343	201,826
Capital resource allocation	48,487	58,159	95,447	202,093
Under (over) spend against allocation	74	80	104	267

Source: audited 2020-21 accounts

29 The Health Board's financial transactions must be in accordance with authorities that govern them. The Health Board must have the powers to receive the income and incur the expenditure. Our work reviews these powers and tests that there are no material elements of income or expenditure which the Health Board does not have the powers to receive or incur. I found that, other than the Health Board's failure to meet financial balance for its revenue expenditure, it had no material financial transactions that were not in accordance with authorities nor used for the purposes intended.

Arrangements for securing efficiency, effectiveness, and economy in the use of resources

30 I have a statutory requirement to satisfy myself that the Health Board has proper arrangements in place to secure efficiency, effectiveness, and economy in the use of resources. I have undertaken a range of performance audit work at the Health Board over the last 12 months to help me discharge that responsibility. This work has involved:

Saunders, Nathan 03/28/2021 14:47:42

- examining how NHS bodies have responded to the challenges of delivering the Test, Trace, and Protect programme;
- reviewing the governance arrangements of the Welsh Health Specialised Services Committee;
- reviewing how well the rollout of the COVID-19 vaccination programme was progressing;
- reviewing how NHS bodies supported staff wellbeing during the COVID-19 pandemic;
- undertaking a phased structured assessment of the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically.

31 My conclusions based on this work are set out below.

Test, Trace, Protect programme

32 My work examined how public services responded to the challenges of delivering the Welsh Government's Test, Trace, Protect Programme (TTP). As well as commenting on the delivery of TTP up to and including December 2020, my report set out some key challenges and opportunities that will present themselves as part of the ongoing battle to control COVID-19.

33 I found that the different parts of the Welsh public and third sector had worked together well together to rapidly build the TTP programme. The configuration of the system blended national oversight and technical expertise with local and regional ownership of the programme, and the ability to use local intelligence and knowledge to shape responses.

34 Arrangements for testing and contact tracing have evolved as the pandemic has progressed. But maintaining the required performance in these arrangements proved challenging in the face of increasing demand.

35 Despite increased testing and tracing activity, the virus continued to spread, and as in other parts of the UK and internationally, testing and tracing have needed to be supplemented with local and national lockdown restrictions in an attempt to reduce transmission rates.

36 While a range of support mechanisms exist, it remains difficult to know how well the 'protect' element of TTP has been working in supporting people to self-isolate.

Welsh Health Specialised Services Committee governance arrangements

Saunders Bethan 03/28/2022 11:55:12

37 In May 2021, I published my review on the governance arrangements of the Welsh Health Specialised Services Committee (WHSSC). WHSSC is a joint committee made up of, and funded by, the seven local health boards in Wales. On a day-to-day basis, the Joint Committee delegates operational responsibility for

commissioning to Welsh Health Specialised Services officers, through the management team. WHSSC, which is hosted by Cwm Taf Morgannwg University Health Board, has an annual budget of £680 million and makes collective decisions on the review, planning, procurement, and performance monitoring of specialised services for the population of Wales on behalf of health boards.

38 In 2015, two separate reviews highlighted issues with WHSSC's governance arrangements. Considering the time passed since the two reviews, together with increasing service and financial pressures and the changing landscape of collaborative commissioning, I felt it was timely to review WHSSC's governance arrangements.

39 My review found a number of improvements have been made to the overall governance arrangements in WHSCC since 2015. Good progress has been made to strengthen arrangements for quality assurance of specialised services, although scope still exists to increase the attention given to finance, performance, and quality reporting at Joint Committee. There is also a need to review the arrangements for recruiting and remunerating independent members that sit on the Joint Committee given some of the challenges in filling these roles. Current Joint Committee members have a healthy working relationship and operate well together. However, the current model creates potential conflicts of interest due to the fact some Joint Committee members are also the Chief Officers of the health bodies commissioned to provide specialised services.

40 My review found that arrangements for planning commissioned services are generally good and there is an improving focus on value. However, some key new services such as new service models for major trauma and thoracic surgery have taken a long time to agree and implement. My review also found that the COVID-19 pandemic has significantly affected the delivery of specialised services, and that the development of a plan for the recovery of specialised services should now be a priority. The Welsh Government's long-term plan for health and social care, A Healthier Wales, signals the intention to review a number of hosted national functions, including WHSSC, with the aim of 'consolidating national activity and clarifying governance and accountability'.

41 Whilst the governance arrangements for WHSSC have continued to improve, my report shows that there are still a number of facets of the WHSSC model that merit further attention.

Vaccination programme

42 My audit focused on the rollout of the COVID-19 programme in Wales up to June 2021, the factors that affected the rollout and future challenges and opportunities.

43 The vaccine programme has delivered at significant pace. At the time of reporting, vaccination rates in Wales were the highest of the four UK nations, and some of the highest in the world. The milestones in the Welsh Government's vaccination

Saunders, Kathryn
03/28/2022 14:57:42

strategy provided a strong impetus to drive the programme and up to the time of reporting, the key milestones had been met.

44 The UK's Joint Committee on Vaccination and Immunisation guidance on priority groups was adopted but the process of identifying people within some of those groups has been challenging.

45 The organisations involved in the rollout have worked well to set up a range of vaccination models which make the best use of the vaccines available, while also providing opportunities to deliver vaccines close to the communities they serve.

46 Overall vaccine uptake to the time of reporting was high, but there was a lower uptake for some ethnic groups and in the most deprived communities. At the time of the audit, vaccine wastage was minimal, but concerns were emerging about non-attendance at booked appointments.

47 The international supply chain is the most significant factor affecting the rollout, with limited vaccine stock held in Wales. However, increasing awareness of future supply levels was allowing health boards to manage the vaccine rollout effectively.

48 As the programme moved into the second half of 2021, challenges presented themselves around encouraging take-up amongst some groups, vaccine workforce resilience and venue availability. A longer-term plan is needed to address these and other elements of the ongoing vaccination programme.

How NHS bodies supported staff wellbeing during the COVID-19 pandemic

49 My review considered how NHS bodies have supported the wellbeing of their staff during the pandemic, with a particular focus on their arrangements for safeguarding staff at higher risk from COVID-19.

50 NHS staff have shown tremendous resilience and dedication throughout the pandemic, despite facing huge strains to their mental and physical health.

51 The NHS in Wales was already facing a number of challenges relating to staff wellbeing prior to the pandemic, and the crisis has highlighted the importance of supporting the mental and physical health of the NHS workforce. Through my Structured Assessment work, I found that NHS bodies moved quickly at the beginning of the pandemic to enhance wellbeing initiatives to support staff through unprecedented times. As the pandemic unfolded, I found that NHS bodies in Wales implemented a range of measures to improve staff wellbeing, such as creating dedicated rest spaces, increasing mental health and psychological wellbeing provision, enhancing infection and prevention control measures, and enabling remote working.

52 My work also looked at how NHS bodies in Wales protected staff at higher risk from COVID-19. Amongst other safeguarding initiatives, I found that all bodies rolled out the All-Wales COVID-19 Workforce Risk Assessment Tool which identifies those at a higher risk and encourages a conversation about additional

Saunders, Jonathan
03/28/2022 14:55:42

measures to be put in place to ensure staff are adequately protected. Although NHS bodies promoted and encouraged staff to complete the assessment tool, completion rates varied between NHS bodies.

53 While the crisis has undoubtedly had a considerable impact on the wellbeing of staff in the short term, the longer-term impacts cannot be underestimated.

54 With a more emotionally and physically exhausted workforce than ever, NHS bodies in Wales must maintain a focus on staff wellbeing and staff engagement to navigate through the longer-term impacts of the crisis. My report, therefore, is accompanied by a checklist which sets out some of the questions NHS Board members should be asking to ensure their health bodies have good arrangements in place to support staff wellbeing.

Structured assessment

55 My structured assessment work was designed in the context of the ongoing response to the pandemic. I ensured a suitably pragmatic and relevant approach to help me discharge my statutory responsibilities, whilst minimising the impact on NHS bodies as they continue to respond to the pandemic. My team undertook the work into two phases this year:

- phase 1 considered the planning arrangements underpinning the development and delivery of the operational plan for quarters three and four of 2020-21.
- phase 2 considered how corporate governance and financial management arrangements adapted over the year. Auditors also paid attention to progress made to address previous recommendations.

Operational planning arrangements

56 My work considered the Health Board's operational planning arrangements underpinning the operational plan for quarters three and four of 2020-21. The planning framework covered the maintenance of effective and efficient operational planning arrangements in health bodies to guide their response to the pandemic as well as responding to winter pressures and laying the foundations for effective recovery of services.

57 My work found **that the Health Board's arrangements for developing operational plans are effective, but opportunities exist to strengthen arrangements for monitoring and reporting on delivery of operational plans**.

58 The Health Board's operational plan for quarters three and four of 2020-21 satisfied Welsh Government planning guidance and was submitted within the required timeframe following effective engagement with Independent Members, Clinical Boards, enabler services (such as finance), and relevant external partners, such as the Community Health Council.

Saunders Siobhan (03/28/2022 14:57:42)

59 The plan was a progression of the previous two quarterly plans and was underpinned by robust modelling and high-quality operational, financial, and workforce data. Whilst the Health Board's planning arrangements are sufficiently flexible and agile to respond to changing circumstances, opportunities exist for it to strengthen its overall arrangements for monitoring and reporting on operational plan delivery.

Governance arrangements

60 My work considered the Health Board's ability to maintain sound governance arrangements while having to respond to the unprecedented challenges presented by the pandemic. The key focus of the work has been the corporate arrangements for ensuring that resources are used efficiently, effectively, and economically. We also considered how business deferred in 2020 was reinstated and how learning from the pandemic is shaping future arrangements for ensuring continued good governance and recovery.

61 My work found **that the Health Board has effective Board and committee arrangements which are underpinned by maturing systems of assurance, but opportunities to further strengthen public transparency of Board business remain. Whilst the Health Board has clear plans in place to support the recovery of services, its arrangements for monitoring and reporting on overall delivery of these plans need to be strengthened.**

62 The Health Board has good arrangements in place to conduct Board and Committee business effectively. The Health Board has taken positive steps to enhance public transparency of Board business, but there is scope to strengthen these arrangements further. The Health Board is committed to continuous improvement, as well as learning from the pandemic. The Health Board has a full and stable cadre of Independent Members. There have been significant changes to the Executive Team during the year, which the Health Board has managed well to ensure business continuity, maintain Board cohesion, and minimise disruption to staff and stakeholders.

63 The Health Board's approach to operational planning remains robust. It has clear plans in place, such as the Annual Plan, for responding to the ongoing pandemic, as well as for recovering services in the short and medium term, and redesigning services for the longer term. However, its arrangements for monitoring and reporting on overall delivery of these plans require strengthening to enable full scrutiny and assurance. The Health Board has further strengthened its approach to risk management and tracking recommendations, and its arrangements for providing assurance on quality and safety matters have improved.

Saunders, Nathalie
03/28/2022 15:57:12

Managing financial resources

64 I considered the Health Board's financial performance, financial controls and arrangements for monitoring and reporting financial performance. I found that

there is robust oversight of the Health Board's finances which is supported by good quality reporting, but there are weaknesses in some financial controls. The pandemic continues to pose a risk to the Health Board's ability to break even.

65 The Health Board continued to operate within its capital resource allocation, but it failed to meet the duty not to exceed its resource revenue allocation over the rolling three-year period to 31 March 2021. The pandemic has severely hampered the achievement of cost savings, but the Health Board is working to improve this during 2021-22.

66 The Health Board has continued to operate within most of its existing financial controls. However, weaknesses in financial controls relating to major capital procurement and expenditure identified by the Health Board have resulted in systematic breaches. The Health Board has investigated these and is taking steps to strengthen its governance controls and arrangements in respect of capital schemes and expenditure. The Health Board's financial position receives robust scrutiny and is supported by good quality financial reports, but there is scope to improve public transparency of Board business in this area.

Radiology Services: Update on Progress

67 My work considered progress made by the Health Board to address the recommendations in our 2017 report on radiology services.

68 I found that **the Health Board has improved the way it plans and delivers radiology services through strong management of the service. Good progress has been made to address our 2017 recommendations, but there is further work necessary**.

69 The Health Board has achieved three of the recommendations made in 2017 and is making good progress in addressing a further four recommendations. However, insufficient progress has been made in relation to the recommendation on increasing appraisal rates for non-clinical radiology staff to at least the level of all other radiology staff.

70 In undertaking this assessment of progress, one new risk was identified in relation to radiology services, namely increased demand due to the pandemic. There is an unknown level of 'pent-up' demand as a result of patients having treatment delayed or not visiting their GP during the pandemic. This pent-up demand could significantly affect the radiology service's ability to respond to referrals and report images in a timely manner, leading to increased waiting times for both scans and reporting of scans. The Health Board, therefore, will need to make sure that it maintains oversight of this risk.

Saunders,Nathan
03/28/2022 14:57:42

Appendix 1

Reports issued since my last annual audit report

Exhibit 4: reports issued since my last annual audit report

The following table lists the reports issued to the Health Board in 2021.

Report	Month
Financial audit reports	
Charitable Funds (2019-20 Accounts) – Audit of Financial Statements Report	January 2021
Audit of Financial Statements Report	June 2021
Opinion on the Financial Statements	June 2021
Audit of Financial Statements Report Addendum	August 2021
Performance audit reports	
Doing it Differently, Doing it Right? (Structured Assessment 2020 All-Wales themes, lessons and opportunities relating to NHS governance during COVID-19)	January 2021
Test, Trace, Protect in Wales: An Overview of Progress to Date	March 2021
Structured Assessment 2021: Phase 1 Operational Planning Arrangements	April 2021
Welsh Health Specialised Services Committee Governance Arrangement	May 2021

Saunders Adrian
03/29/2022 14:57:42

Report	Month
Rollout of the COVID-19 vaccination programme in Wales	June 2021
Taking care of the carers? (Structured Assessment 2020 All-Wales themes, lessons and opportunities relating to NHS staff wellbeing during COVID-19)	October 2021
Radiology Services: Update on Progress	December 2021
Structured Assessment 2021: Phase 2 Corporate Governance and Financial Management Arrangements	December 2021
Other	
2021 Audit Plan	January 2021

My wider programme of national value-for-money studies in 2021 included reviews that focused on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Accounts Committee to support its scrutiny of public expenditure. Reports are available on the Audit Wales website.

Saunders.Nathan
03/28/2022 14:57:42

Exhibit 5: performance audit work still underway

There are a number of performance audits that are still underway at the Health Board. These are shown in the following table, with the estimated dates for completion of the work.

Report	Estimated completion date
Unscheduled care	Phase 1 – January 2022 Timing of further work included as part of the 2022 plan still to be confirmed.
Orthopaedics	February 2022
Quality Governance Review	January 2022

Saunders.Nathan
03/28/2022 14:57:42

Appendix 2

Audit fee

My 2021 fee letter of 5 March 2021 set out the fee estimate of £400,652 (excluding VAT, which is not chargeable). I currently expect the actual fee to be a little higher than the estimate, by some £3,000 to £4,000. I will write to you separately to confirm the final fee, which may result in a small additional charge.

Saunders,Nathan
03/28/2022 14:57:42

Appendix 3

Financial audit risks

Exhibit 6: financial audit risks

My 2021 Audit Plan set out the financial audit risks for the audit of the Health Board's 2020-21 financial statements. The table below lists these risks and sets out how they were addressed as part of the audit.

Audit risk	Proposed audit response	Work done and outcome
The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.31-33].	I will: • test the appropriateness of journal entries and other adjustments made in preparing the financial statements; • review accounting estimates for biases; • evaluate the rationale for any significant transactions outside the normal course of business; and • add additional procedures to address any specific risks of management override which are not addressed by the mandatory work above.	I reviewed a number of the accounting estimates and a sample of transactions that included journal entries. I again undertook considerable extended audit work in respect of the Health Board's current liabilities. My audit findings were materially satisfactory.
Under the NHS Finance (Wales) Act 2014, health boards ceased to have annual resource limits with effect from 1 April 2014. They instead moved to a rolling three-year resource limit, for revenue and	I will continue to monitor the Health Board's financial position for 2020-21 and the cumulative three-year position to 31 March 2021, for both the revenue and capital-resource limits. This review will also consider the impact of any	As set out in this report, my audit confirmed that the Health Board met its three-year capital resource allocations; and did not meet its three-year revenue resource allocations. I therefore qualified my regularity opinion.

Received 03/08/2021 15:37:42

Audit risk	Proposed audit response	Work done and outcome
capital net expenditure, with the first three-year period running to 31 March 2017. The Health Board has exceeded its rolling three-year revenue limit in the past four years, and I therefore qualified my regularity opinion on its financial statements for those years. For 2020-21, the Health Board expects to break even. If achieved, the Health Board would still have a cumulative deficit of £9.8 million for the three years to 31March 2021 because of the deficit of £9.8 million in 2018-19.	relevant uncorrected misstatements over those three years. If the Health Board fails to meet the three-year resource limits for revenue and/or capital, I would expect to qualify my regularity opinion on the 2020-21 financial statements. I may also place a substantive report on the financial statements to explain the basis of the qualification and the circumstances under which it had arisen.	
The COVID-19 national emergency continues and the pressures on staff resources and of remote working may impact on the preparation and audit of accounts. There is a risk that the quality of the accounts and supporting working papers may be compromised leading to an increased incidence of errors. Quality monitoring arrangements may be compromised due to	I will discuss your closedown process and quality monitoring arrangements with the accounts preparation team and monitor the accounts preparation process. I will help to identify areas where there may be gaps in arrangements.	I regularly monitored and evaluated this risk and I am pleased to report that no significant problems arose.

Audit Wales
03/08/2021 14:57:42

Audit risk	Proposed audit response	Work done and outcome
timing issues and/or resource availability.		
The increased funding streams and expenditure in 2020-21 to deal with the COVID-19 pandemic will have a significant impact on the risks of material misstatement and the shape and approach to our audit. Examples of issues include accounting for field hospitals and their associated costs; fraud, error, and regularity risks of additional spending; valuation of year-end inventory, including PPE; and estimation of annual leave balances.	I will identify the key issues and associated risks and plan our work to obtain the assurance needed for our audit.	I examined transactions and balances relating to COVID-19. I applied a lower materiality to the Health Board's field hospitals, which resulted in some extended testing. My audit findings were satisfactory.
With regard to the Health Board's inventory at the financial-year-end, last year I qualified my audit opinion, stating that: 'Due to the impact of the COVID-19 pandemic and the statutory lockdown arrangements that took effect from 23 March 2020, I was unable to observe and re-perform parts of the Health's Board's count of its inventories on 31 March 2020. As I	I will continue to assess the impact of the COVID-19, and lockdown arrangements on my audit of the Health Board's year-end inventory.	While my team was again unable to observe and re-perform parts of the Health's Board's year-end count of its inventories, for 2020-21 the Health's Board's year-end inventory balance was immaterial. I did undertake extended audit testing of the year-end balance to gain assurance that it was not immaterial to my audit (ie. that the balance was not understated). The results of my audit work were satisfactory

03/08/2021 17:37:42

Audit risk	Proposed audit response	Work done and outcome
have been unable to obtain the required audit assurance by alternative means, I am therefore unable to determine whether the Health Board's reported year-end inventory balance of £16.784 million is materially true and fair.' If the Health Board's inventory remains material, and I am again unable to attend parts of the Health Board's count of its inventories, I would expect again to qualify my opinion. It is important to emphasise to you, as I did last year, that qualification would not be due to shortcomings in the Health Board's systems or actions, but because of the impact of COVID-19 on one of our key audit procedures.		and I therefore did not qualify my audit opinion.
The Dragon's Heart field hospital is material to the financial statements, with an estimated cost of some £70 million. The hospital was commissioned in Spring 2020 and it is now being decommissioned and 'made good'. This work	I have engaged regularly with the Health Board to keep abreast of the key issues. The Health Board has flagged that it expects to provide me with all its documentation in March, for my review. Further to this audit review, the hospital will be a key part of my testing of the financial statements and	I undertook the planned audit work, which resulted in a satisfactory outcome.

03/08/2021 12:07:42

Audit risk	Proposed audit response	Work done and outcome
is scheduled to be done during 2020-21. The novel and complex nature of this project, together with its high value, does give rise to an inherent risk of misstatement in the financial misstatements.	the annual governance statement.	
Last year, as a result of COVID-19, and in accordance with specific guidance issued by their professional institute, the Health Board's property valuer declared a 'material valuation uncertainty' in four of their valuation reports. The four reports had a total valuation of £65 million as at 31 March 2020. The Health Board had used these valuation reports to inform the measurement of certain of its property asset values in the financial statements at that date. Last year I included an 'Emphasis of Matter' paragraph in my audit opinion drawing attention to your disclosure of the material uncertainty. There could be similar valuations this year that contain the valuer's material	I will review all valuations during 2020-21 of the Health Board's land and property and consider the impact on my audit of any reported material uncertainties.	I undertook my planned audit work which found that material uncertainties were not reported by valuers for 2020-21. Therefore, for 2020-21 I did not need to report an emphasis of matter.

Paul Dennison 04/08/2021 17:37:42

Audit risk	Proposed audit response	Work done and outcome
uncertainties due to COVID-19.		
The implementation of the 'scheme pays' initiative in respect of the NHS pension tax arrangements for clinical staff is ongoing. Last year I included an 'Emphasis of Matter' paragraph in my audit opinion drawing attention to your disclosure of the contingent liability. However, if any expenditure is made in-year, I would consider it to be irregular as it contravenes the requirements of 'Managing Welsh Public Money'.	I will review the evidence one year on in respect of the take-up of the scheme and the need for a provision, and the consequential impact on the regularity opinion.	As set out in this report, I added an Emphasis of Matter text alongside my audit opinion, and I placed a substantive report on the accounts. I did not qualify my regularity opinion as there was no expenditure within the 2020-21 accounts.
I audit some of the disclosures in the Remuneration Report, such as the remuneration of senior officers and independent members, to a low level of materiality. The disclosures are therefore inherently more prone to material misstatement. In past audits I have identified material misstatements in the remuneration report submitted for my audit, which the Health	I will review all entries in the Remuneration Report to verify that the Health Board has reflected all known changes to senior positions, and that the disclosures are complete and accurate.	I undertook my planned audit work, which resulted in a number of material corrections.

03/08/2021 17:07:42

Audit risk	Proposed audit response	Work done and outcome
Board then corrected. I therefore judge the 2020-21 disclosures to be at risk of misstatement.		

Saunders,Nathan
03/28/2022 14:57:42

Archwilio Cymru
Audit Wales

Audit Wales
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500
Fax: 029 2032 0600
Textphone: 029 2032 0660

E-mail: info@audit.wales
Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Cadwedigaethan
9/28/2022 14:57:42

Report Title:	Corporate Risk Register				Agenda Item no.	8.3	
Meeting:	Board Meeting		Public	x	Meeting Date:	31/03/2022	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		x
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Head of Risk and Regulation – Risk and Regulation Officer						

Main Report
Background and current situation:

The Corporate Risk Register has been developed to provide the Board with an overview of the key operational risks from the Clinical Boards and Corporate Directorates.

The Corporate Risk Register includes those extreme risks which are rated 20 (out of 25) and above but, it may also include risks of a lower score when required to inform the Board of specific risks with the potential to affect the achievement of UHB strategic objectives.

The Board has oversight of the Health Board's Strategic Risks via the Board Assurance Framework and its extreme Operational Risks via the Corporate Risk Register.

The Corporate Risk Register Summary is attached at Appendix A. The Board are asked to note that the Corporate Risk Register Board Summary lists risks in order of highest to lowest risk scores, whilst retaining reference numbers from the detailed Corporate Risk Register to enable cross referencing between the two documents. The detail of each risk listed is also discussed and reviewed at the appropriate Committee of the Board.

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

The Risk and Regulation Team ("the Team") continue to work alongside Clinical Boards and Corporate Directorates to ensure that risks are clearly defined and appropriately scored in line with the Health Board's Risk Management and Board Assurance Framework Strategy and associated procedures.

As described in January's report to Board, the Team's predominant focus of support to Clinical Boards/Corporate Directorates has been to provide advice and guidance to risk leads/risk owners in their assessment and management of complex risks.

Operating within the three 'Lines of Defence' the team have continued to provide risk register 'check and challenge' feedback reports to Clinical Boards/Corporate Directorates detailing recommendations for the improvement of their risk registers and, where relevant, the rationale for not placing candidate risks onto the Corporate Risk Register. The team have recently strengthened the assurance of this process by adopting a 'whole team' peer review approach prior to providing feedback to risk leads.

There are currently 17 Risks on the Corporate Risk Register. One of these risks (Risk 17) is new and there are fifteen risks (1, 2, 3, 4, 5, 7,8,9,10,11,12,13,14,15,16) that are unchanged and will continue to be recorded on the Register beyond March's Board meeting. One risk (Risk 6) has been reduced to a current risk score of 15 and if this score remains unchanged the risk will be removed from the register before the May 2022 Board meeting. The Board are asked to note that risks 2 and 5 on the Corporate Risk Register are amalgamations of separate risks on the Capital Estates and Facilities Risk Register. The amalgamation allows for ease of incorporation onto the Corporate Risk Register and does not detract from the description, impact, score or management of the original entries.

Candidate risks were accepted from Capital Estates and Facilities, Finance, Organisational Development Corporate Directorates, and Medicine, and Mental Health Clinical Boards. Children and Women and PCIC Clinical Boards either reported no extreme risks or had extreme risks with scores below 20.

No risk registers were returned by Strategic Planning and Digital Health Corporate Directorates or by the CD&T, Specialist Services or Surgery Clinical Boards. Due to continued development of their internal risk management procedures the Health and Safety Corporate Directorate are not yet in a position to reliably identify extreme risks – it is assessed that they will be in a position to report any candidate risks for the May 2022 Board Meeting.

As described in the Corporate Risk Register report to Board in January 2022, a meeting had been planned between the Director of Corporate Governance, the Head of Risk and Regulation and the Site Based Leadership Teams from University Hospital Wales and University Hospital Llandough to determine a method for aggregating and recording operational and strategic risks identified from this new leadership approach. Unfortunately, due to a combination of operational pressures and staff sickness, this meeting has been postponed. Therefore, an update on progress in this critical aspect of Corporate Risk Management will be provided in the May 2022 Corporate Risk Register report.

The present position is therefore as follows:

January 2022	March 2022
• 16 risks rated 20 (extreme risk) • 3 risks rated as 16 (extreme risk) which if unchanged will be removed from the Corporate Risk Register • 3 risks rated as 15 (extreme risk) which if unchanged will be removed from the Corporate Risk Register • 1 risk which has been closed and will be removed from the Corporate Risk Register.	• 16 risks rated 20 (extreme risk) • 1 risk rated 15 (extreme risk) which if unchanged will be removed from the Corporate Risk Register.

Trend Analysis. Staff shortages, often exacerbated by COVID-19 effects, remain a dominant feature of a number of risks. Operational level mitigations appear to be reducing the impact of these risk types on patient safety but they are adversely impacting on planned care capacity. Whilst some progress has been made in the last quarter with the future availability of estates and facilities, there are still risks reported due to a deterioration in estates and facilities which creates a variety of risk scenarios with potential to adversely impact on workforce health and safety or planned care capacity.

Each risk on the register can be linked to the Strategic Risks detailed upon the BAF and are grouped as follows:

Board Assurance Framework Risk	Corporate Risk Register Entry
Patient Safety	1, 2, 3, 4, 5, 6,7,8, 9, 10,11,12,13,14, 17
Capital - Estates	1,2,3,4,5,6,13.
Planned Care Capacity	11,12,17.
Workforce	5, 8,17.
Financial Sustainability	15,16.
Staff Wellbeing	5.

Saunders,Nathan
03/28/2022 14:57:42

ASSURANCE is provided by:

- Ongoing discussions with Clinical Boards and the Corporate Directorates regarding the scoring of risk.
- The Risk and Regulation Team's 'check and challenge' of Clinical Board/Corporate Directorate candidate risks.
- The programme of education and training that is being implemented by the Risk and Regulation team to ensure that the Health Board's Risk Management policy is engrained and followed within Clinical Boards and Corporate Directorates.
- Increasing routine dialogue on risk issues between Clinical Board/Corporate Directorate Risk Leads and the Team.

Recommendation:

The Board are requested to:

Note the Corporate Risk Register and the work in this area which is now progressing.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention	x	Long term		Integration		Collaboration	x	Involvement	x

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: No
Safety: No
Financial: No
Workforce: No

Saunders,Nathan 03/28/2021 14:57:42

Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Quality Safety and Improvement Committee	12/04/2022
Strategy and Delivery Committee	17/05/2022
Mental Health Capacity and Legislation Committee	26/05/2022

Saunders,Nathan
03/28/2022 14:57:42

CORPORATE RISK REGISTER SUMMARY MARCH 2022

Risk Ref	Risk (for more detail see individual risk entries)	Clinical Board / Corporate Directorate	Link to BAF	Initial Risk Score	Risk Score January 22	Risk Score March 22	Trend	Target Risk Score
1	Risk of patient and staff harm due to potential failure of anaesthetic gas scavenging system in UHW theatre GF	Estates	Patient Safety Capital Estates	5x4=20	5x4=20	5x4=20	→	5x1=5
2	Risk of patient harm due to obsolete Oxygen and Nitrous Oxude medical gas manifolds at various UHB sites	Estates	Patient Safety Capital Estates	5x4=20	5x4=20	5x4=20	→	5x1=5
3	Risk of patient harm due to interruption of oxygen supply to the whole of UHW resulting from a corroded oxygen pipeline.	Estates	Patient Safety Capital Estates	5x4=20	5x4=20	5x4=20	→	5x1=5
4	Risk of loss of heating throughout UHL due to serious corrosion of Main Boiler F&E Tanks	Estates	Capital Estates Patient Safety	5x4=20	5x4=20	5x4=20	→	5x1=5
5	Risk to staff safety and regulatory compliance due to non-compliance with HTMs for ventilation - multiple locations UHW	Estates	Workforce, Capital Estates Staff Wellbeing, Patient Safety	5x4=20	5x4=20	5x4=20	→	5x1=5
7	Risk of patient harm and breaches of Welsh Government waiting time guidance due to delays admitting patients from WAST	Medicine	Patient Safety	5x5=25	5x4=20	5x4=20	→	5x2=10
8	Risk of delay in the assessment of patients leading to clinical risk and poor patient experience due to an inability to provide medical cover across the Medicine Clinical Board.	Medicine	Patient Safety Workforce	5x5=25	5x4=20	5x4=20	→	5x2=10
9	Risk of overcrowding in the Emergency and Acute Medicine footprint resulting in an ability to meet key quality standards impacting on patient experience, quality of care and discharge.	Medicine	Patient Safety	5x5=25	5x4=20	5x4=20	→	5x2=10
10	Risk to the health and wellbeing of a minor inpatients following admission to adult mental health services	Mental Health	Patient Safety	5x5=25	5x4=20	5x4=20	→	5x2=10
11	Risk to patient safety causing serious incidents due to patients not being admitted to Critical Care Department in a timely manner due to insufficient nursing workforce	Specialist Services	Patient Safety Planned Care Capacity	5x5=25	5x4=20	5x4=20	→	5x2=10
12	Risk to patient safety causing serious incidents due to patients not being admitted to Critical Care Department in a timely manner due to insufficient bed capacity.	Specialist Services	Patient Safety Planned Care Capacity	5x4=20	5x4=20	5x4=20	→	5x2=10
13	Risk that patients will not receive care in a suitable environment due to a number of shortcomings in Critical Care facilities.	Specialist Services	Patient Safety Capital Assets	5x4=20	5x4=20	5x4=20	→	4x3=12
14	Risks to harm to haematology patienst (including bone marrow transplant) due to cross infection hazards created by an inadequate clinical environment.	Specialist Services	Patient Safety	5x5=25	5x4=20	5x4=20	→	5x1=5
15	Risk that the Health Board will not achieve the underlying defecit in the draft 21/22 plan of £25.3m.	Finance	Financial Sustainability	5x4=20	5x4=20	5x4=20	→	5x2=10
16	Risk that the Health Board will fail to deliver 2% CIP £16m (1.5% recurrent).	Finance	Financial Sustainability	5x4=20	5x4=20	5x4=20	→	5x2=10
17	Risk to planned care capacity due to loss of agility in operational decision making if e-rostering capability lost through failure to renew contract in June 22.	WOD	Workforce Planned Care Capacity	5x4=20		5x4=20	→	5x2=10
6	Risk of disruption to Immunisation services due to impending expiry of leases at the STAR and Bayside vaccination centres.	Estates	Patient Safety Capital Estates	5x4=20	5x4=20	5x3=15	↓	5x1=5

Saunders.Nathan
03/28/2022 14:57:42

CONFIRMED MINUTES OF THE MEETING OF THE FINANCE COMMITTEE
HELD ON 26th JANUARY 2021
VIRTUAL MEETING via TEAMS

Present:

Dr Rhian Thomas	RT	Chair, Independent Member – Capital and Estates
John Union	JU	Independent Member – Finance
Charles Janczewski	CJ	Board Chair
Andrew Gough	AG	Assistant Director of Finance
Caroline Bird	CB	Acting Chief Operating Officer
Catherine Phillips	CP	Executive Director of Finance
Chris Lewis	CL	Deputy Director of Finance
Nicola Foreman	NF	Director of Corporate Governance
Rachel Gidman	RG	Executive Director of People and Culture
Ruth Walker	RW	Executive Nurse Director

In Attendance:

Hywel Pullen	HP	Assistant Director of Finance

Secretariat:

Paul Emmerson	PE	Senior Finance Manager

Apologies:

David Edwards	DE	Independent Member – Information Communication & Technology
Abigail Harris	AH	Executive Director of Strategic Planning
Stuart Walker	SW	Interim Chief Executive

FC 22/01/013	**WELCOME AND INTRODUCTIONS** The Chair welcomed everyone to the meeting.	**ACTION**
FC 22/01/014	**APOLOGIES FOR ABSENCE** Apologies for absence were noted.	
FC 22/01/015	**DECLARATIONS OF INTEREST** The Chair invited members to declare any interests in proceedings on the Agenda. None were declared.	

Saunders, Nathan 03/29/2022 14:11:42

FC 22/01/016	**MINUTES OF THE COMMITTEE MEETING HELD ON 5th JANUARY 2022** The minutes of the meeting held on 5th January 2022 were reviewed and confirmed to be an accurate record. **Resolved – that:** The minutes of the meeting held on 5th January 2022 were approved by the Committee as an accurate record.	
FC 22/01/017	**ACTION LOG FOLLOWING THE LAST MEETING** **22/01/007 - Reductions in Planned Expenditure arising from impact of COVID 19 -** Additional detail on the plans to use the funding released by the Reductions in Planned Expenditure would be relayed to Finance Committee members. Detail was relayed to Finance Committee members w/c January 17th January 2022. **Action complete**. **22/01/009 - Bring forward, by a week, the Finance Committee meetings planned for February and March 2022** – Meetings re-scheduled. **Action complete**. **Resolved – that**: The Finance Committee **received** the Action Log.	
FC 22/01/018	**CHAIRS ACTION SINCE THE LAST MEETING** There had been no Chairs action taken since the last meeting.	
FC 22/01/019	**FINANCIAL PERFORMANCE MONTH 9** The Deputy Director of Finance summarised the key points within the Month 9 Finance Report. At month 9, the UHB has reported an underspend of £0.202m against its plan, which was a reduction of £0.103m on the surplus reported at month 8. The full year gross COVID forecast had increased by circa £1.5m in month, primarily relating to additional funding being made available from the Health and Social Care Winter Plan and an agreed uplift in respect to Deprivation of Liberty Safeguards (DOLS). Key issues were outlined as follows: • A further £4.5m recurrent saving schemes needed to be identified if the UHB was to maintain its underlying deficit and it was noted that there	

Saunders.Nathan 03/28/2022 14:57:42

had been little progress against the recurrent savings target over the last few months

- The other key financial risk facing the UHB is delivering a break even position, including the full utilisation if resources available. This includes the full utilisation of COVID response and recovery plan funding as well as reductions in planned expenditure.

The shorfall against the recurrent savings target meant that 2 of the measures on the Finance Dashborad, namely delivery of the recurrent savings target and maintenance of the underlying deficit remained rated red. This was a greater risk to the position in 2022/23 rather than the current year.

The UHB continued to forecast a breakeven position at year end in line with the plan submitted to Welsh Government. The performance against income, pay and non pay was outlined in the report and reference was made to the in month slowdown in pay underspend.

In reply to a query from the Finance Committee Chair (RT), it was confirmed that the improvement in NHS patient related income followed the successful conclusion of negotiations with a neighbouring Health Board for the provision of vascular services.

Forecast Covid Expenditure expenditure was circa £119 million and this was supplement by a further £21 million in respect of the the non delivery of savings during the pandemic. The majoity of COVID funding was now finalised with just the funding for CAV24/7 and extended flu vaccination, still to be confirmed.

The reductions in planned expenditure due to Covid 19 were now forecast to be £7.1m and a report on the plans to spend the forecast reductions in planned expenditure had been shared with Finance Committee members. The UHB management Executive would continue to monitor and flex plans to utilise this resource as the UHB moved towards the year end.

The UHB expected to deliver the majority of £16m savings target in year, however, there was still a shortfall of £4.5m against the recurrent element of the target and this in turn would feed into the underlying defict featuring in the 2022/23 plan. In this context, the UHB Chair (CJ) expressed concern that this would have an ongoing impact and stressed the importance of continuing to encourage Clinical Boards to identify savings. In response, the Acting Chief Operating Officer indicated that further progress in closing the gap in recurrent savings before year end would be a challenge due to the ongoing impact of the pandemic, the focus on recovery and the emergence from the fourth wave. In addition, it was acknowledged that Clinical Boards would also be focussing on identifying savings schemes for 2022/23.

Moving on to the capital expenditure programme the Committee was advised that the UHB had expended 22.6% of its approved Capital Resource Limit at the end of December. The relatively low percentage reflected the large number and value of schemes approved by Welsh Government since Month 6. The UHB had plans in place to fully utilise its capital allocation with the majority of expenditure being planned for the later part of the year. In relation to this, the Committee was advised that the Capital Management Group would

Saunders,Nathan
03/28/2022 14:55:49

	continue to pro-actively manage risks so that the UHB could deliver a broadly balanced position against its capital allocation at year end. However, there was an inherent risk of potential supplier delays and works slippage and this would be recognised in the risks highlighted in future reports to the Committee. The Executive Director of Finance added that the additional information on capital expenditure included within the Finance Reports over the last 2 months was in recognition of the widening of the Finance Committee's remit to include the monitoring of the capital programme. In addition, work was progressing so that the Finance Committee could be presented with concise papers to enable it to provide assurance to the UHB Board in respect of business cases over £0.500m prior to a decision on their approval. Finally, the Committee was informed that the key risks were; the further progress required to find another £4.4m recurrent schemes in order to maintain the underlying position; the management of risks to achieve a break even position, including the full utilization of resources that have been allocated to the UHB; and the management of capital so that a broadly balanced position against the capital resource limit was reached at year end. **Resolved – that:** The Finance Committee **noted** the reported underspend of £0.202m at month 9; The Finance Committee **noted** the gross month 9 financial impact of COVID 19 which was assessed at £73.480m and that this was matched with anticipated income; The Finance Committee **noted** the forecast breakeven which is consistent with the financial plan submitted to Welsh Government on 30th June and assumes additional funding of £140.310m to manage the impact of COVID 19 in 2021/22, including confirmed funding of £21.313m in respect of the 2020/21 recurrent savings shortfall; The Finance Committee **noted** that COVID 19 reductions in planned care expenditure can be used to to mitigate financial risks in the plan and support system resilience; The Finance Committee **noted** that Welsh Government had confirmed the COVID response funding based on the month 5 forecast and that the UHB will need to manage risks within the confirmed funding. The Finance Committee **noted** that Welsh Government had confirmed funding for COVID recovery schemes and that the UHB needed to manage within this allocation. The Finance Committee noted that Welsh Government had confirmed funding for National COVID programmes based on month 8 forecasts and that the UHB needed to manage within this allocation;	

Saunders,Nathan
03/28/2022 14:59:42

	The Finance Committee **noted** that following a request from Welsh Government that the UHB has identified the additional working cash required in 2021/22 to satisfy the cash outlay that is expected to be incurred in respect of resource only funding adjustments confirmed by Welsh Government in previous years. The Finance Committee **noted** the 2021/22 brought forward Underlying Deficit was £25.3m and that the forecast carry forward of £25.3m into 2022/23 is dependent upon delivery of the £12m recurrent savings target which required the identification of a further £4.4m savings schemes.	
FC 22/01/020	**FINANCE RISK REGISTER** The Assistant Director of Finance presented the 2021/22 Finance Risk Register to the Committee. The following risks identified on the 2021/22 Risk Register remained categorized as extreme risks (Red): • Maintaining the underlying deficit of £25.3m on line with the draft annual plan; • Delivery of the recurrent element of the CIP (£12.0m). The Committee was advised that the COVID response and recovery funding was now confirmed and that both response and recovery costs needed to be managed within funding available. In addition, the Committee was advised that FIN05/21 - Commissioning Risks had been assessed as low risk with a green risk rating as a result of block contract arrangements remaining in place for the remainder of 2021/22. The Finance Committee was asked if the risk could now be removed from the Register. **Resolved – that:** The Finance Committee **noted** the risks highlighted within the 2021/22 risk register. The Finance Committee **agreed** the removal of risk Fin05/21 highlighted within the 2021/22 risk register	
FC 21/01/021	**MONTH 9 FINANCIAL MONITORING RETURNS** These were noted for information.	
FC 21/01/022	**ITEMS TO BRING TO THE ATTENTION OF THE BOARD** There were no items to being to the attention of the Board.	
FC 21/01/023	**DATE OF THE NEXT MEETING OF THE COMMITTEE** **Wednesday 16th February 2022 2.00pm; Virtual Meeting via Teams**	

Saunders.Nathan 03/28/2022 14:51:42

CONFIRMED MINUTES OF THE MEETING OF THE FINANCE COMMITTEE
HELD ON 5th JANUARY 2021
VIRTUAL MEETING via TEAMS

Present:

Dr Rhian Thomas	RT	Chair, Independent Member – Capital and Estates
John Union	JU	Independent Member – Finance
David Edwards	DE	Independent Member – Information Communication & Technology
Charles Janczewski	CJ	Board Chair
Akmal Hanuk	AH	Independent Member – Community
Ceri Phillips	CP	Independent Member – Board Vice-Chair
Michael Imperato	MI	Independent Member – Legal
Mike Jones	MJ	Independent Member – Trade Union
Sara Moseley	SM	Independent Member – Third (Voluntary) Sector
Susan Elsmore	SE	Independent Member – Local Authority
Abigail Harris	AH	Executive Director of Strategic Planning
Andrew Gough	AG	Assistant Director of Finance
Caroline Bird	CB	Acting Chief Operating Officer
Catherine Phillips	CP	Executive Director of Finance
Chris Lewis	CL	Deputy Director of Finance
Nicola Foreman	NF	Director of Corporate Governance
Ruth Walker	RW	Executive Nurse Director
Stuart Walker	SW	Interim Chief Executive

In Attendance:

Hywel Pullen	HP	Assistant Director of Finance

Secretariat:

Paul Emmerson	PE	Senior Finance Manager

Apologies:

Rachel Gidman	RG	Executive Director of People and Culture

FC 22/01/001	WELCOME AND INTRODUCTIONS	ACTION
	The Chair welcomed everyone to the meeting.	

Saunders, Nathan 03/2/2022 14:57:42

FC 22/01/002	**APOLOGIES FOR ABSENCE** Apologies for absence were noted.	
FC 22/01/003	**DECLARATIONS OF INTEREST** The Chair invited members to declare any interests in proceedings on the Agenda. None were declared.	
FC 22/01/004	**MINUTES OF THE COMMITTEE MEETING HELD ON 24th NOVEMBER 2021** The minutes of the meeting held on 24th November 2021 were reviewed and confirmed to be an accurate record. **Resolved – that:** The minutes of the meeting held on 24th November 2021 were approved by the Committee as an accurate record.	
FC 22/01/005	**ACTION LOG FOLLOWING THE LAST MEETING** There were no outstanding actions.	
FC 22/01/006	**CHAIRS ACTION SINCE THE LAST MEETING** There had been no Chairs action taken since the last meeting.	
FC 22/01/007	**FINANCIAL PERFORMANCE MONTH 8** The Deputy Director of Finance summarised the key points within the Month 8 Finance Report. At month 8, the UHB has reported an underspend of £0.305m against its plan, which was an improvement of £0.035m on the month 7 position. This reflected operational performance and the UHB continued to forecast a breakeven position at year-end. The UHB had incurred gross expenditure of £64.600m relating to the management of COVID 19 to month 8 and these costs were matched by additional COVID 19 allocations. Additional key issues were outlined in the Executive Director Opinion as follows: • The 2020/21 non delivery of savings is supported by £21.3m Non Recurrent COVID funding in 2021/22. • Full year funding had been confirmed for COVID 19 response costs based on the UHB's gross forecast at month 5. • Full year funding was confirmed for COVID 19 recovery based upon approved schemes • The Welsh Government COVID programmes were funded on an actual pass through costs basis. • At month 8, £15.419m Green and Amber savings had been identified against the £16.000m 2% savings target and there was conidence that	

Saunders.Nathan 03/28/2022 14:57:42

	this target would be met. A further £4.265m recurrent schemes needed to be identified against the £12.0m recurrent element of the target and this was a key financial risk which needed to be managed. • The full year gross COVID forecast had reduced in month primarily as a result of reductions in National Programme forecasts • Planned expenditure reductions due to COVID 19 were available to offset in year operational pressures and support systems resilience. The Committee was advised that during 2020/21 that COVID costs were funded net of planned care expenditure reductions in 2020/21. During the course of 2021/22, Welsh Government confirmed that the UHB could retain the resource arising from the reductions in planned expenditure to manage in year risks. The Reductions in Planned Expenditure were £5.4m at month 8 and forecast to reach £6.9m at the year end. These had not been phased into the reported position and in this context, the UHBs Management Executive was overseeing plans to use the resources released to cover operational risks as well as supporting and enhancing UHB services in the remaining part of the financial year. Following further discussions it was agreed that additional detail on the plans to use the funding released by the Reductions in Planned expenditure would be relayed to Finance Committee members. **Action Point** There was some slippage against Capital Schemes and the relatively low proportion of expenditure against the capital resource limit to date reflected the large number and value of schemes approved by Welsh Government since Month 6. The Committee was advised that there was an inherent risk in managing the Capital Resource Limit due to potential supplier delays and works slippage and that the UHB was proactively managing the risks. It was noted that the UHB had indicated to Welsh Government that it required additional working cash of circa £26.5m to support cashflows in 2021/22 arising from expenditure incurred and recorded in previous financial years. This request was expected to be fully funded and was not deemed to be a risk. Public sector payment compliance and was still marginally below the 95% target. Finally, the Committee was informed that the key risks were the further progress required to find another £4.2m recurrent schemes in order to maintain the underlying position alongside the management of risks to achieve a break even position including the full utilization of resources that have been allocated to the UHB. **Comments and queries were received as follows:** The Finance Committee Chair (RT) questioned whether the UHB could carry forward capital underspends to the following year and in response the Deputy Director of Finance confirmed that the duty to break even over a rolling 3 years period applied to both Revenue and Capital Funding. However it was also noted that Capital Resource Limits were managed on an annual basis and that there was no assurance that underspends would be re-	**CL/PE**

Saunders,Nathan
03/28/2022 14:17:42

provided in the following year. The Committee was advised that there were detailed schemes underpinning the capital programme and that the UHB had contingent plans to mitigate the inherent risks in the capital programme.

A further query was asked by Finance Committee Chair (RT) who asked whether the original assumptions around COVID expenditure and funding were still valid. The Deputy Director of Finance confirmed that the COVID response funding was fixed based on month 5 forecast and that Recovery funding was confirmed based upon submitted plans. National Programmes were expected to be funded on the basis of forecast costs at month 8. The Committee was advised that the implementation of Covid Recovery plans was constrained by the availability of workforce and external capacity and that the UHB was continually reviewing both response and recovery plans in view of actual cost and emerging pressures and priorities.

The Independent Member – Community (AH) referred to the shortfall against recurrent savings targets and asked if there were any efficiencies arising from the revised patterns of working during the pandemic which could be maintained post pandemic. The Deputy Director of Finance outlined that the UHB's savings programmes were based on schemes agreed with budget holders and acknowledged that some of the revised ways of working, for example in Outpatients could be retained and confirmed as recurrent savings once the pandemic had passed

Continuing with the theme of savings, the Independent Member – Legal (MI) observed that the year on year reduction in the UHB's underlying deficit outlined at Appendix 2, suggested that the UHB had a good record of identifying and delivering savings until the COVID pandemic took hold.

Resolved – that:

The Finance Committee **noted** the reported underspend of £0.305m at month 8;

The Finance Committee **noted** the gross month 8 financial impact of COVID 19 which was assessed at £64.600m and that this was matched with anticipated income;

The Finance Committee **noted** the forecast breakeven which is consistent with the financial plan submitted to Welsh Government on 30th June and assumes additional funding of £138.921m to manage the impact of COVID 19 in 2021/22, including confirmed funding of £21.313m in respect of the 2020/21 recurrent savings shortfall;

The Finance Committee **noted** that COVID 19 reductions in planned care expenditure can be used to to mitigate financial risks in the plan and support system resilience;

The Finance Committee **noted** that Welsh Government had confirmed the COVID response funding based on the month 5 forecast and that the UHB will need to manage risks within the confirmed funding.

Saunders,Nathan)
03/28/2022 14:57:42

	The Finance Committee **noted** that Welsh Government had confirmed funding for COVID recovery schemes and that the UHB needed to manage within this allocation. The Finance Committee **noted** that following a request from Welsh Government that the UHB has identified the additional working cash required in 2021/22 to satisfy the cash outlay that is expected to be incurred in respect of resource only funding adjustments confirmed by Welsh Government in previous years. The Finance Committee **noted** the 2021/22 brought forward Underlying Deficit was £25.3m and that the forecast carry forward of £25.3m into 2022/23 is dependent upon delivery of the £12m recurrent savings target which required the identification of a further £4.2m savings schemes.	
FC 22/01/008	**FINANCE RISK REGISTER** The Assistant Director of Finance presented the 2021/22 Finance Risk Register to the Committee. The following risks identified on the 2021/22 Risk Register remained categorized as extreme risks (Red): • Maintaining the underlying deficit of £25.3m on line with the draft annual plan; • Delivery of the recurrent element of the CIP (£12.0m). The Committee was advised that the COVID response and recovery funding was now confirmed and that both response and recovery costs needed to be managed within funding available. In addition, the Committee was advised that FIN04/21 - the management of internal investments within a £4m envelope had been re-assessed as low risk with a green risk rating. The Finance Committee was asked if the risk could now be removed from the Register. **Resolved – that:** The Finance Committee **noted** the risks highlighted within the 2021/22 risk register. The Finance Committee **agreed** the removal of risk Fin04/21 highlighted within the 2021/22 risk register	
FC 21/01/009	**FINANCIAL PLAN 2022/22 - UPDATE ON 2022/23 REVENUE ALLOCATIONS** The Deputy Director of Finance delivered a presentation on the 2022/23 Revenue allocation and the process to establish the 2022/23 Financial Plan highlighted the following points:	

Saunders.Nathan 03/28/2022 14:57:42

- The 2022/23 allocation letter was issued on 21st December 2022 and set out the initial allocation to Health Boards for 2022/23 to be used to develop plans to deliver against the priorities set out in the NHS Planning Framework.
- The letter represented an initial allocation and additional funding for key priorities was expected to be issued later.
- The core uplift was 2.8% and this was expected to provide NHS organisations with recurrent financial stability as medium term plans are developed and implemented.
- Along with expected efficiencies, which as a minimum should be set at levels being achieved in the current financial year, the increase was expected to address the impact of the pandemic on underlying financial positions and provide support for new non-pay cost growth. The funding will also need to cover the increased employers National Insurance Contributions effective from April 2022.
- Funding would be provided for ongoing national COVID response programmes and for already confirmed COVID recovery allocations. Other COVID related costs needed to be met from the funding in the allocation.
- Funding for the 2022/23 pay award is not included in the initial 2022/23 allocation letter and a provision for this was being held by Welsh Government.
- Work on assessing new cost pressures was ongoing and the initial assessment was significant and included the additional employers NI contribution, energy costs, investment commitments and ongoing Integrated Commissioning Fund commitments.
- Ongoing local COVID response costs and the underlying deficit are not specifically funded within this allocation and management of this will be a significant challenge.
- The submission date for the UHBs Integrated Medium Term Plan (IMTP) is the end of March 2022.

Comments and queries were received as follows:

The Finance Committee Chair (RT) observed that the removal of funding for local COVID response costs represented a significant change from the previous year's funding and whilst the 2022/23 settlement represented a significant uplift on the UHBs baseline budget, it would also need to cover a considerable level of ongoing commitments in addition to a significant amount of new cost pressures.

Picking up on the risks around the Regional Integration Fund, the Executive Director of Strategic Planning indicated that the UHB would need to understand the implications of the operational guidance applied to the Regional Integration Fund and whether any services previously funded via the Integrated Commissioning Fund (ICF) would now need to be picked up from Core funding. In this context the Independent Member – Local Authority (SE) emphasized the importance of joint decision making in partnership and the UHB Chair (CJ) agreed that the retention of a focus on the whole system needed to be maintained.

Saunders.Nathan 03/28/2022 14:51:42

The UHB Vice Chair (CP) noted that the Health and Social services budget was set before the impact of the omicron wave and asked if there was any

	optimism that further funding would be available to support ongoing local costs of managing the pandemic. In response, the Deputy Director of Finance indicated that there was no indication that Welsh Government would provide further funding at this stage, however it was noted that Welsh Government would receive additional consequential funding if additional COVID funding was allocated to NHS England. The UHB Chair (CJ) noted that the was an expectation that the UHB would inform Welsh Government of its initial forward plan by the end of February and asked whether the UHB would be in a position to communicate whether it intended to submit a balanced plan at this point. In reply, the Deputy Director of Finance indicated that the UHB would need to undertake some further review work internally and with partners across Wales to validate assumptions. This would provide the Committee with further assurance on the Financial Planning process and enable the development of a range of Financial Plan proposals for consideration. The Chief Executive signalled that there was an opportunity for the UHB to explore a number of options before the requirement to formalise it's planning intentions. Picking up on the theme, the Executive Director of Finance indicated that given the issues raised following the presentation and the additional uncertainty arising from the omicron variant, that the UHB needed to undertake a number of steps as follows: • Internal work and discussion with other Health Boards and Welsh Government to validate funding and cost assumptions • Confirmation of the planning limits and considerations in respect of: financial balance; the range and accessibility of services; and the quality of services • Development of a number of planning options around a best case, worse case and most likely scenario. The Chief Executive flagged that given the current planning guidance, that the UHB was required to confirm the substance of its planning intentions to Welsh Government by the end of February and that under direction from the UHB Board that there was an expectation that the Finance Committee would be in a position to endorse the UHB's planning intentions before this point. In this context, the UHB Chair (CJ) indicated that an additional Finance Committee would need to be called in February if required. From a practical perspective the Finance Committee agreed that both the February and March Finance Committee meetings should be brought forward a week to the 16th of February and 23rd March respectively so that there was enough time to make a recommendation to the UHB Board on the direction of the Plan at the end of February and on the Final Plan for 2022/23 at the end of March. **Action Point** Bring forward, by a week, the Finance Committee meetings planned for February and March 2022	**PE**

Saunders,Nathan(
03/28/2022 14:57:42

	Resolved – that: The Finance Committee **noted** the presentation on the Financial Plan 2022/22 - Update On 2022/23 Revenue Allocations.	
FC 21/01/010	**MONTH 8 FINANCIAL MONITORING RETURNS** These were noted for information.	
FC 21/01/011	**ITEMS TO BRING TO THE ATTENTION OF THE BOARD** There were no items to being to the attention of the Board.	
FC 21/01/012	**DATE OF THE NEXT MEETING OF THE COMMITTEE** **Wednesday 26th January 2022 2.00pm; Virtual Meeting via Teams**	

Saunders,Nathan
03/28/2022 14:57:42

Confirmed Minutes of the Quality, Safety & Experience Committee
Held on 14 December 2021 at 09.00am
Via MS Teams

Chair:		
Susan Elsmore	SE	Independent Member – Local Authorities / Chair of the Committee
Present:		
Gary Baxter	GB	Independent Member – University
Mike Jones	MJ	Independent Member – Trade Union
Ceri Phillips	CP	Vice Chair of the Health Board
In Attendance		
Richard Desir	RD	Director of Nursing - PCIC
Amy English	AE	Deputy Chief Officer – Community Health Council
Nicola Foreman	NF	Director of Corporate Governance
Angela Hughes	AH	Assistant Director of Patient Experience
Fiona Jenkins	FJ	Executive Director of Therapies & Health Sciences
Meriel Jenney	MJ	Interim Executive Medical Director
Helen Kemp	HK	GP / Deputy Clinical Board Director PCIC
Diane Walker	DW	Interim Deputy Director of Nursing PCIC
Ruth Walker	RW	Executive Nurse Director
Clare Wade	CW	Senior Nurse – Surgical Clinical Board
Observing		
Marcia Donovan	MD	Head of Corporate Governance
Meurig Francis	MF	Graduate Trainee Manager
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies		
Fiona Kinghorn	FK	Executive Director of Public Health
Stuart Walker	SW	Interim Chief Executive Officer

QSE 21/12/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting in English & Welsh.	**Action**
QSE 21/12/002	**Apologies for Absence** Apologies for absence were noted.	
QSE 21/12/003	**Declarations of Interest** No Declarations of Interest were noted.	
QSE 21/12/004	**Minutes of the Committee Meeting held on 15 September 2021** The minutes of the meeting held on 15 September 2021 were received and confirmed as a true and accurate record of the meeting. **The Committee resolved that:**	

Saunders,Nathan 03/28/2022 14:57:42

	a) The minutes of the meeting held on 15 September 2021 were approved as a true and accurate record of the meeting.	
QSE 21/12/005	**Action Log following the Meeting held on 15 September 2021** The Action Log was received. **The Committee resolved that:** a) The Action Log from the meeting held on 15 September 2021 was noted.	
QSE 21/12/006	**Chair's Action taken since last meeting** No Chair's Actions were noted.	
QSE 21/12/007	**PCIC Clinical Board Assurance Report** The Patient/Staff story was received. The Interim Deputy Director of Nursing PCIC (IDDN) advised the Committee that the story came from a District Nurse who had visited a patient. Upon performing baseline observations, she had noted that the patient's heart rate was 38 beats per minute and that the patient felt unwell. It was noted that the 999-emergency service was called and the patient was taken to hospital and was fitted with a pacemaker. The Executive Director of Therapies & Health Sciences (EDTHS) advised the Committee that the story showed that the Cardiff and Vale University Health Board's (the Health Board') Primary Care services were well used to holistic care rather than singular treatments. The END added that it was clear the pressures staff were under and noted that holistic thinking was good and helped patient outcomes. The PCIC Clinical Board Assurance Report was received. The Deputy Clinical Board Director PCIC (DCBD) advised the Committee that the PCIC Quality, Safety and Experience Committee Meetings had continued during the pandemic and that they were pivotal in ensuring that PCIC monitored and managed governance and/or performance issues with managed services and independent contractors. The Committee was advised of the progress that had been made during the past 18 months and how the same had supported the ongoing monitoring of the quality, safety and experience. As a result of Covid-19, a number of areas were developed, which had included: • A Covid- 19 safety risk register • The re-establishment of Quality and Safety meetings within all Business Units • Investment in the PCIC QSE team • Development of QSE Annual Plan	

Saunders.Nathan
03/28/2022 14:57:42

The DCBD advised the Committee that assurance could be provided for all four independent contractors, and the governance relating to the same due to the regular monitoring meetings held with the both the GDS and GMS contractors.

It was noted that at the meetings, discussions took place with regards to incidents and/or concerns in relation to individual performers and/or individual practices.

It was noted that a further source of information in relation to GMS was the annual return which had just been sent out to all 59 GMS practices in the Health Board's area.

It was also noted that the Primary Care Team had been working on a quality dashboard which would detail matters such as complaints, concerns and access to services.

The DCBD advised the Committee that patient safety was paramount and that the welfare of practitioners was also important to the Health Board. She advised the Committee that the Clinical Board made proactive contact with practitioners.

The Independent Member – University (IMU) advised the Committee that Community Dental Services had received a mention in the report received by the Committee and he raised a concern following a Patient Safety Visit he had attended with the Executive Director of Public Health (EDPH). That was, there appeared to be an estates issue.

It was noted that the facilities were in much need of an update, especially considering that the service was trying to reach the "hard to reach" patients who were housebound, had severe learning difficulties or were from the refugee community.

The CC asked for clarity if the issues identified were safety based or environment based.

The IMU responded that it concerned the patient experience and that there was a possibility that patient safety could be at risk with crumbling ceilings and insufficient building structures.

It was also noted that a chair being used in the Community Dental Service was 40 years old and close to breaking at any given moment.

The DCBD thanked the IMU for raising his concerns and noted that the challenges raised within the Community Dental Service would be looked into.

Saunders,Nathan
03/28/2022 14:57:42

The EDTHS advised the Committee that she was the lead for decontamination and that the Community Dental Service (CDS) had been reviewed 18 months ago where it was identified that it was one of the poorest estates within the Health Board and that it would need to be looked at again. The EDTHS also added that "old" did not necessarily equate to a requirement to no longer use that piece of equipment.

	The DCBD advised the Committee that the PCIC Clinical Board, in partnership with Ophthalmology colleagues, was about to open a retinal screening for hydroxychloroquine and chloroquine, and patients on hydroxychloroquine and chloroquine in January 2022. The END advised the Committee that mass vaccination also sat within the PCIC portfolio and noted that it was a changing picture hour by hour at the moment and asked if there was anything the DCBD wanted to share with the Committee in the context of mass vaccination. The DCBD responded that it she had wanted to ensure that all Clinical Boards were involved in the mass vaccination programme due to the impact it had from the workforce perspective. She queried whether some of the workforce required for the mass vaccination programme could come from other areas within the Health Board. The END noted that when the plan was put together initially for the booster vaccination, 89 pods were created rapidly to help deliver across the Health Board. She added that the Health Board had stepped down from the 89 pods because it was felt that there was a longer period of time but noted that from conversations had in the past 24 hours, that had changed and so the plan regarding 89 pods had been put back into action. It was noted that in relation to workforce, the request had already gone out to Clinical Boards whilst understanding the pressures being experienced across the Health Board. The EDTHS advised the Committee that a “Call to Arms” for staff had been issued and that a number of people had put forward their interest in helping with mass vaccination. The Interim Deputy Director of Nursing (IDDN) provided the Committee with assurance that the workforce process was working well and noted that emails from staff were being processed very quickly, as well as providing uniforms and other logistical areas of onboarding staff to the mass vaccination programme. The Deputy Chief Officer for the Community Health Council (DCOCHC) advised the Committee that there had been feedback from the public in the Penarth area that letters had been delayed due to postal issues. The CC responded that issue could be looked at offline. The END asked the DCOCHC to send an email and the relevant operational person would get in touch to discuss further. **The QSE committee resolved that:** a) The actions being taken by the PCIC Clinical Board were approved.	**RW**
QSE 21/12/008	**Pressure Damage Update**	

Saunders.Nathan 03/28/2022 14:57:42

	The Pressure Damage Update was received. The END advised the Committee that the purpose of the report was to provide an updated assurance report to the Committee with regards to the goal to reduce health care acquired pressure damage within the Health Board. The Director of Nursing – Surgical Clinical Board (DNS) advised the Committee that she was the Chair of the Pressure Damage Collaborative Group which was set up earlier in 2021. It was noted that the group had taken over from the previous group that had been in place for a number of years. It was noted that there was a task and finish group across the Health Board, which had been stood down during the COVID pandemic. It was noted that the teams had come together and a refresh was implemented with a clear goal to reduce pressure damage. The DNS advised the Committee that the ambitious goal was to reduce health care acquired pressure damage across the Health Board by 25% by the summer of 2022. It was noted that the report gave an overview of (i) what the collaborative had achieved so far since it was set up earlier in 2021, and (ii) some of the data, that was available to the group, that had come out of E-datix reporting. The Assistant Director of Patient Experience (ADPE) advised the Committee a “Skin Safety Card” had been introduced and was an excellent way of empowering people. She thanked the DNS for the rebranding which was now working. The DNS responded that the Collaborative had been working with other Health Boards, mainly in England, and had implemented ideas that had worked. The Vice Chair of the Health Board asked to what extent were patients assessed in relation to the existence of pressure damage when admitted to hospital? The DNS responded that for many years the Health Board had used the “skin bundle” to monitor incontinence and nutrition and that it had been expanded recently, as part of the collaborative, to an assessment tool with multidisciplinary booklets and charts where pressure damage could be physically mapped. She added that a patient’s skin was always assessed within the first six hours of admissions to hospital. The Vice Chair of the Health Board noted that there was a need for (i) the Board to be alerted to the issue of pressure damage, as well as the	

Saunders,Nathan
03/28/2022 14:57:42

	Committee being committed to look at pressure damage on a regular basis. The END responded that in six months' time a report should be brought back to the Committee with an update with regards to health care acquired pressure damage and whether the Health Board had seen a reduction in the same. **The QSE committee resolved that:** a) The contents of the report and the actions being taken forward to address areas for improvement were noted. b) An update report would be provided to the Committee in 6 months' time.	**RW** **NS**
QSE 21/12/009	**Quality Indicators Report** The Quality Indicators Report was received. The ADPE provided the Committee with a verbal update which included the following key areas: • Nationally reported incidents (NRI) It was noted that by using thematic analysis, areas were identified for learning and improvement and that improvements were now being put into practice. • Complaints The Committee was advised that there had been a significant rise in concerns being received by the Health Board. It was highlighted that it could be noted as a positive indication due to people being confident and comfortable to share their concerns. It was noted that the Patients Concerns team had moved to 7 day working week which had applied pressures over the weekends but that 30-day performance had been maintained. • Infection Control The Committee was advised that due to the acuity of patients and Covid-19 additional pressures had arisen with regards to infection control. • Pressure Damage The Committee was advised that the Serious Incident (SI) reporting process for Heath Acquired Pressure Damage had ceased during the height of the COVID pandemic. However, the Health Board had still captured the data and carried out appropriate investigations to ascertain learning and improvement during that period. • Mortality Reviews	

Saunders,Nathan 03/28/2022 14:57:42

The Committee was advised that 7 reviews were being sent to the Medical Examiner service and that actions had been taken from the referrals received by the Medical Examiner for November which had included:

- 4 had been escalated to a full stage review (2 completed at present).
- 3 had been referred to the falls review panel
- 3 had been referred to the COVID investigation team
- 4 required no further action
- 6 others were escalated for a proportionate investigation (2 completed).

The Committee was advised that learning could be taken from the QSE information and data and a number of themes and actions were identified which included:

- Better communication with patients about their healthcare:
- Clinical Boards contacted patients to reassure them that they had not been forgotten.
- A corporate 7-day service for all enquires, visiting and mass vaccination queries.
- Pressure in Emergency Unit and across all “front doors” in the system:
- CAV 24/7 would be continuously promoted.
- The Majors Assessment Nurse (MAN) would be based at the front door of the Emergency Unit
- Concerns monitored on a weekly basis.

- In Patient Falls

The Committee was advised that there was a lot of ongoing work in relation to patient falls.

The ADPE advised the Committee of the key achievements seen within Patient Safety and Quality in 2021 which had included:

- Establishment of a Multidisciplinary Mortality Group
- A Medical Examiners Officer and system for level 2 reviews in all Covid cases was implemented.
- A Clinical Effectiveness Group with MDT engagement was established.
- Robust arrangements were put in place for the management of nosocomial Covid-19
- MDT Falls Review panel established.
- A 12-month Health Foundation Analytics project was completed.
- A virtual Patient Safety clinic was established to support staff with patient safety related issues/queries.

The END thanked the ADPE for the presentation and noted that she was looking at a way in which the data provided in the presentation could be brought back into quality and safety each time the Committee met.

Saunders,Nathan
03/28/2022 14:57:42

The QSE committee resolved that:

a) The Quality Indicators Report was noted.

QSE 21/12/010	**Exception Reports** The IMD advised the Committee that it was very clear there were pressures at the “front door” which meant that patients were not getting to the front door with heart attacks, strokes and other conditions. It was noted that work was required at pace to help support staff and to alleviate pressures at the front door. The EDTHS noted that the Health Board had more patients in the system than ever before, they were staying longer than they perhaps should be and, that they were not always in the most appropriate place. As a result, the Health Board would see an increased incidence of falls. She noted that the learning being taken by the teams was a very positive outcome. The Vice Chair of the Health Board noted that the array of indicators presented should be contextualised, that performance had been generally maintained despite the difficult circumstances in which the Health Board had operated, and hence it was a significant credit to all concerned. He asked if more information could be provided on the increased prevalence of “C diff” in hospitals. The END responded that it was not being seen in hospitals but in Primary Care, and that it could be due to antibiotic prescribing. It was being looked at more closely. It was noted that very few of the patients related to inpatient stay and improvement of antibiotic prescribing would be required. The Independent Member University (IMU) noted that the data relating to stroke was not as comprehensive as he would have liked and noted that it had been a requirement for a detailed stroke report to be provided to the Committee. The END responded that it had originally been on the agenda for the meeting but noted a detailed report had been received twice by the Strategy and Delivery Committee, and hence it was not thought appropriate to bring the same report into different Committees. She added that the Interim Chief Operating Officer (ICOO) could meet the IMU outside of the meeting to discuss the report in detail. The Director of Corporate Governance (DCG) commented that a stroke report was planned to be received by the Board in January 2022 because it was deemed such a significant issue by the Committee. The END advised the Committee that in relation to pressures at the front door, she had, along with the IMD and the ICOO, met with clinical colleagues in the Emergency Unit (EU) to try and help them understand what action was being taken because they had not been sighted on that. It was noted that a further meeting had been scheduled that day with nurses, doctors, allied health professionals and managers across the	

Saunders.Nathan 03/28/2022 14:57:42

	organisation to brief them on where the Health Board was, what was being done and how to take the actions forward. It was noted that the Health Board had over 400 patients who had been in hospital longer than 21 days. Of those 400 patients, 260 were medically fit for discharge and so it was very clear that the inability to be able to discharge patients in a timely way was putting pressure on the system and that, in turn, would cause harm to those that were waiting. The IMD added that the pressures were being addressed at pace and noted that it was a whole system issue. She added that there was a seven-point plan led by the Executives with senior responsible officers and wanted to provide that assurance to the Committee. **The QSE committee resolved that:** a) The verbal update regarding Exception Reports was noted.	
QSE 21/12/011	**HIW Activity Overview & Primary Care Update** The HIW Activity Overview & Primary Care Update was received. The END advised the Committee that the report was comprehensive and that the purpose of it was to provide the Committee with an overview of the reviews/inspections carried out by Healthcare Inspectorate Wales (HIW) since the last over-arching report to the Committee in December 2020. The paper sought to assure the Committee that action was already being implemented in response to the findings of those inspections and that appropriate monitoring of progress against the actions was being undertaken. The END advised the Committee that she was not concerned about any of the areas and that all areas identified were progressing well. It was noted that HIW were not identifying matters which the Health Board was not already aware of and noted that it was a very transparent report which aligned with the public reports. The END took the opportunity to say there was a lot of anxiety at the moment within the organisation that the HIW may come and visit and that the Health Board was not at the place it would like to be in with regards to the quality of care given in some areas and that was causing staff some considerable distress and worry. It was noted that everything was being done to support staff and discussions were taking place with regards to being open and transparent if and when HIW visit.	

Saunders,Nathan
03/28/2022 14:57:42

	The Interim Medical Director (IMD) advised the Committee that she supported all of the END's comments. She added that she had met with all clinical leaders to discuss pressures across the board and the support that she could offer. The CC advised the Committee that discussions were also being had with Local Authority (LA) colleagues regarding the difficult circumstances and she wanted to alert Members that every part of the system needed to stand up and take responsibility for the pressures being seen across the Health Board. She added that there was one area of the report that had mentioned several incidents concerning staff feeling discriminated against in the work place and asked the END for a conversation offline to see what could be done. **The QSE committee resolved that:** a) The level of HIW activity across a broad range of services was noted. b) The appropriate processes are in place to address and monitor the recommendations were agreed.	**RW**
QSE 21/12/012	**Board Assurance Framework – Patient Safety** The Board Assurance Framework – Patient Safety was received. The DCG advised the Committee that the full Board Assurance Framework (BAF) was presented to the full Board with ten risks identified. The Committee noted that patient safety was one of the top three risks alongside capital and workforce. It was noted that the difficulty with patients being unable to access the front door was now picked up in the BAF. **The QSE committee resolved that:** a) The risks in relation to Patient Safety to enable the Committee to provide further assurance to the Board when the Board Assurance Framework was reviewed in its entirety.	
QSE 21/12/013	**Incident, Near miss and Hazard reporting Policy** The revised Incident, Hazard and Near Miss Reporting Procedure was received. The END advised the Committee that all polices noted had been through a robust process and was confident that it had been agreed at all levels. **The QSE committee resolved that:**	**NS**

Saunders.Nathan 03/28/2022 14:57:42

	a) The revised Incident, Hazard and Near Miss Reporting Procedure was approved.	
QSE 21/12/014	**Patient Identification Policy** The Patient Identification Policy was received. **The QSE committee resolved that:** a) The updated version of the Patient Identification Policy which had been shared for consultation was approved.	**NS**
QSE 21/12/015	**Patient Falls Policy** The Patient Falls Policy was received. **The QSE committee resolved that:** a) The Patient Falls Policy was approved.	**NS**
QSE 21/12/016	**Minutes from Clinical Board QSE Sub Committees: Exceptional Items to be raised by Assistant Director Patient Safety & Quality:** The Minutes from the Clinical Board QSE Sub-Committees were received: a) Children & Women's Clinical Board Minutes b) Specialist Clinical Board Minutes c) CD&T Clinical Board Minutes d) Mental Health Clinical Board Minutes e) Medicine Clinical Board Minutes f) PCIC Minutes g) Surgical Clinical Board Minutes The IMD advised the Committee that in the Children & Women's Clinical Board minutes an update on the maternity lift was asked for. The END responded that clarity would be sought and circulated to the Committee. The ADPE advised the Committee that it would be good to look at all of the minutes and for members of the Committee to provide any feedback/queries 48 hours before the Committee meeting. **The Committee resolved that:** a) The Minutes from the Clinical Board QSE Sub-Committees be noted.	**RW** **NS**
QSE 21/12/017	**Corporate Risk Register** The DCG advised the Committee that there was nothing further to add and that the report could be taken as read.	

Saunders,Norman
03/28/2013 14:57:42

	The Committee resolved that: a) The Corporate Risk Register risk entries linked to the Quality, Safety and Experience Committee and the Risk Management development work which was now progressing with Clinical Boards and Corporate Directorates was noted.	
QSE 21/12/018	**Patient Safety Solutions** The Patient Safety Solutions information was received. The END advised the Committee that the report would be taken as read and noted that the performance was being managed with Welsh Government. **The Committee resolved that:** a) The progress with compliance to implement of Patient Safety Solutions (PSS) was noted.	
QSE 21/12/019	**Section 23 – Ombudsman Report.** The Section 23 – Ombudsman Report was received. The END advised the Committee that on 7th December 2021 the Ombudsman had issued a section 23 Public report against the Health Board under the Public Services Ombudsman (Wales) Act 2019. It was noted that the Health Board had actioned all of the matters flagged within the report. The ADPE advised the Committee that the Health Board had offered to meet with the Patient involved. **The Committee resolved that:** a) The content of the report was considered and the agreed action was noted.	
QSE 21/12/020	**Update from Clinical Effectiveness Committee** The Update from Clinical Effectiveness Committee was received. The IMD advised the Committee that the Clinical Effectiveness Committee was constituted in December 2020 and that it had met ten times despite the pandemic and noted that it was part of the QSE framework. It was noted that there were over 30 national audits in the last year, and that the group reviewed patient safety solutions, compliance with safety alerts, peer reviews, complaints with NICE and other guidance. It was noted that action trackers were in place which were built around the peer reviews as part of the strengthened audit arrangements. **The Committee resolved that:**	

Saunders.Nathan 03/28/2022 14:57:42

	a) The Update from Clinical Effectiveness Committee was noted.	
QSE 21/12/021	**Value of Volunteers** The Value of Volunteers information was received. The END advised the Committee that the role of hospital and community volunteers had adapted during the pandemic to support the changing agenda. It was noted that the paper celebrated some of the Volunteers' activity. The ADPE advised the Committee that the volunteers should be cherished because the Health Board could not run many of the services without volunteers. The CC asked the relevant members to relay the Committee's thanks and commendation to volunteers. **The Committee resolved that:** a) The work and support undertaken by volunteers in the Health Board was noted	
QSE 21/12/022	**Items to bring to the attention of the Board / Committee** The END advised the Committee that the risks being held within the organisation would need to be identified at Board level and that it would be raised during the Systems Resilience Report. The CC advised the Committee that she would publicly thank the Health Board staff and volunteers in the January 2022 Board meeting.	
QSE 21/12/023	**Any Other Business** No other business was received.	
QSE 21/12/024	**Review of the Meeting**	
QSE 21/12/025	**Date & Time of Next Meeting:** Tuesday 22 February 2022 at 9am	

Saunders,Nathan
03/28/2022 14:57:42

Minutes of the Special QSE Committee
Held on 26th October 2021 at 9am
Via MS Teams

Chair:		
Susan Elsmore	SE	Independent Member - Council
Present:		
Gary Baxter	GB	Independent Member - University
Steve Curry	SC	Chief Operating Officer
Fiona Jenkins	FJ	Executive Director of Therapies & Healthcare Sciences
Meriel Jenney	MJ	Interim Executive Medical Director
Mike Jones	MJ	Independent Member – Trade Union
Fiona Kinghorn	FK	Executive Director of Public Health
Ruth Walker	RW	Executive Nurse Director
Ceri Phillips	CP	Vice Chair
In Attendance:		
Annie Burin	AB	Patient Safety – Falls Lead
Tara Cardew	TC	Head of Patient Safety
Jayne Catherall	JC	People Experience Lead
Nicola Foreman	NF	Director of Corporate Governance
Judith Hernandez	JH	Operational Delivery Director
Angela Hughes	AH	Assistant Director of Patient Experience
Ann Jones	AJ	Patient Safety & Quality Assurance
Rajesh Krishnan	RK	Consultant Paediatric Nephrologist
Joy Whitlock	JW	Head of Quality & Safety
John Union	JU	Independent Member - Finance
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Akmal Hunak	AH	Independent Member

Item No	Agenda Item	Action
QSE 2021/10/001	**Welcome & Introductions** The Committee resolved that: a) The welcome & introductions were noted.	
QSE 2021/10/002	**Apologies for Absence** The Committee resolved that: a) The apologies were noted.	
QSE 2021/10/003	**Declarations of Interest** The Committee resolved that: a) No declarations of interest were noted.	
QSE 2021/10/004	**Chair's Action taken since the last meeting** The Committee resolved that:	

Saunderson Rajesh Krishnan
03/28/2022 14:57:42

	a) There were no Chair's Actions noted from the last meeting.	
QSE 2021/10/005	**Hot Topics – Verbal** Tara Cardew (TC) delivered a presentation relating to patient safety & highlighted the following matters:– • NRI Process & Incidents and management reporting were undertaken. • Organisations had 120 days to review and report. • Mental Health were piloting suicide awareness and training to Mental Health staff. That would be evaluated by an independent review • The overall falls figure was starting to increase. • Cardiff & Vale University Health Board (the Health Board) had met the overall KPI. • A Falls Review Panel had been established. • There had been significant training and education with regards to patient falls • A Wound Healing team was launching a Pressure Ulcer Advisory Group. • There had been a number of staff challenges. It was likely that incidents had not been reported at the start of the pandemic. • The Swab and Sharp Instrument Policy had been updated. • At the start of the pandemic DATIX had an extra section added to it. • COVID incidents were not reducing in accordance with admissions • Safe 2 Move was delivered collaboratively – it's aim was to keep staff and patients safe. • DATIX had been developed as a concerns management system. • There were a significant number of open incidents. The Executive Nurse Director (END) thanked TC for the presentation. The aim was to highlight 3 areas – suicide, falls and pressure damage. The Independent Member for Trade Union (IMTU) acknowledged the breadth of services delivered by the Health Board and how the same were delivered in a professional way. He acknowledged that to do that correctly required resource together with the need to balance that resource. The Executive Director of Public Health (EDPH) queried whether the reason for the increase in falls was due to an increase in frailty. Annie Burin (AB) commented that she was considering a business plan to increase resources in the falls team. To date, there had been a focus on inpatient falls.	

Saunders.Nathan
03/28/2022 14:57:42

	The Chair queried if the Health Board was in in constant dialogue with local authority partners? The Executive Director of Therapies & Healthcare Sciences (EDTHS) confirmed that was part of the Health Board's strategy. The central theme was rehabilitation, with the aim to keep people as independent as possible. The Independent Member for University (IMU) noted that the deep tissue damage figures had increased slightly. The END commented that whilst it was a challenge is to get the data correct, there was a growing number of patients with pressure damage. The Vice Chair noted that area of concern and recognised that some patients admitted to hospital may have a degree of damage from community settings. The END noted the comments made. She commented that the information did not suggest that acuity had increased during COVID. Frailty had increased. Staff may not have encouraged patients to move as much as they should be. There had been a huge improvement with regards to patients getting to theatre in a timely way. She acknowledged that suicide should be observed, although she noted that it was difficult to capture everything. A data analyst would be crucial to have as part of the team. Angela Hughes (AH) commented that that her team was looking at data definitions on the data quality at the all Wales meetings. The END noted there was a new framework and that a business case was being considered by the Executives to secure some additional resources.	
QSE 2021/10/007	**Quality, Safety and Experience Themes and Trends 2020-2021** Committee Members received a presentation from Vicky Stuart and the following matters were noted – • In March 2020 the Quality, Safety and Experience team introduced a seven day service. • A virtual visiting service was established. • Patients have been involved in their care and have used "what matters to you".. • A lack of communication with patients during COVID was recognised. • Staff were reminded of core values and reminders were sent out via "staff connects" to ensure all staff were aware of social distancing etc. • Currently there were 24 redress cases. • It had been recognised that some patients' personal items had been lost due to movements within the hospital • Feedback shared had shown how stressful staff had found inquests	

Saunders.Nathan 03/28/2022 14:57:42

	• It was important to highlight that the Patient, Quality and Experience team also received compliments. The Interim Executive Medical Director (IEMD) noted that the loss of jewellery was concerning and queried if anything could be done to discourage patients bringing jewellery into hospital? AH commented that there was a rise with regards to needles not being disposed properly. Regarding the property, a video was being developed for elective patients. There were currently 63 small claims, which was high and some work was being undertaken to address the issue, including the use of posters, cashiers and clear property bags. She acknowledged that money did not replace sentimental items. The Independent Member for University (IMU) was pleased to hear that the team received compliments. He asked whether there had been any indications of poor staff attitude / behaviour and, if so, was that linked to stressful working? The END recently undertook work in EU. She commented upon some staff / patients stories and staff stress in EU. The well-being services were discussed. The Vice Chair noted there had been some complaints regarding the condition of some of the estate. He had been on a patients walk about and agreed with those complaints. The END said that the patient & staff experience team had been fed in to the business case for UHW 2. Bereavement Presentation Faye Protheroe (Lead bereavement nurse) delivered a presentation and the following matters were noted– • Links with a local counsellor service had been set up. • Links were being set up with city hospice. • Bank staff had been employed to take bereavement calls. • Her team had to contact 2,500 next of kin during the pandemic. • Over 120 of those bereaved were directed to a counsellor. • People had thanked the team for caring, and feedback had been very positive Joy Whitlock delivered an item regarding lessons learnt from deaths – • Chief Medical Examiner had been complimentary in relation to the services the team had provided. • Majority of families were complimentary about the care that had been provided • The reports had been reviewed to determine what the next stage should be.	

Saunders,Nathan
03/28/2022 14:57:42

	• There had been some emerging themes, with communication being the biggest theme. Families were not able to speak to staff /patients. • Due to COVID restrictions, communication had been a big issue. IT have developed an IT tool to message relatives daily. • There was a need to be mindful of the impact upon the concerns team. A item regarding staff PPE was presented by Rajesh Krishnan- • Staff were wearing PPE for long period of time. • Issues had been raised on DATIX system. • Contacted dermatology colleagues who had opened a PPE clinic. A brief from the Clinical Effectiveness Committee was presented by Tara Cardew - • The committee would receive reports and assurance which would contribute to the Annual Quality Statement. • 22 national reports had been discussed and published. • All reviews undertaken would be discussed in the committee meetings. • A review of the committee's Terms of Reference would be undertaken. • A new Clinical Effectiveness Strategy would be reviewed. • The committee would work with clinical audit leads to identify any issues in a timely way. • The committee would work on the focus under the NICE guidance • The committee would continue to have membership on the Welsh network to ensure sharing across NHS Wales. • There was a plan to establish the process of tier 2 clinical audit. The IMU noted the dermatology issue which had arisen from staff wearing the PPE. He asked what the outcome was and had there been any recommendations to improve that issue. RK replied that there was a dedicated DATIX session regarding PPE and the main theme which had emerged was in relation to staff wearing PPE for a long time. Occupational Health was involved and had set up PPE clinics. The END commented that during the pandemic staff had seen a large number of patients pass away. She had recognised the work that had been carried out, in particular by the chaplaincy service and thanked all for their hard work. The Chair asked if all staff were supported by the bereavement service.	

Saunders.Nathan 03/28/2022 14:57:42

	AH responded that all staff had been given support. They had provided support for staff during the pandemic along with the chaplaincy and well-being service. The EDPH queried whether the clinical effectiveness group, considered peer reviews? She noted that the paediatric diabetic review was due. The Committee were presented with two videos which related to patient surveys and the PENNA awards. AH thanked Jayne for the presentations. The IMTU thanked all for the presentations and the information shared. As an independent member of Health Board, he expressed his thanks to all volunteers. The IEMD agreed and noted that the key issue on a ward was how could volunteers give more support. The END thanked the team for the work that has been presented. The aim of the presentations was to illustrate the diversity and complexity of the team. She noted that patients continue to provide feedback and noted the need to have regard to that feedback in order to ensure no further harm. The Independent Member for Finance (IMF) asked if anything could be done to recognise the contribution made by the volunteers? AH commented that all volunteers were sent a “thank you” card and that, normally, there would be a “thank you” event. Due to COVID that could not take place. She also commented that some volunteers have been put forward for a volunteer award. The Executive Director for Therapies and Healthcare Sciences (EDTHS) thanked all for the hard work. The END wished to express her thanks to the volunteer who had sung at the last presentation and at the opening of the Dragon’s Heart Field Hospital. The Chair thanked all for their hard work. **The Committee resolved that:** a) The Quality, Safety and Experience Themes and Trends 2020-2021 were noted.	
QSE 2021/10/008	**Items to bring to the attention of the Board/Committee** The Chair noted a need to concentrate upon falls prevention, pressure damage and suicide. The END commented that staffing was noted on the risk register and that there was a need to be mindful that one of the risks for quality & safety of care was the staffing issue. **The Committee resolved that:**	

Saunders.Nathan 03/28/2022 14:57:42

	a) The items to bring to the attention of the Committee were noted.	
QSE 2021/10/009	**Review of the Meeting** The Director of Corporate Governance (DCG) noted that the assurance provided by the session would be taken forward to the Board. **The Committee resolved that:** a) The review of the Committee was noted.	
QSE 2021/10/010	**Date and time of next Meeting: 15 December 2020 at 9.00am**	

Saunders,Nathan
03/28/2022 14:57:42

Confirmed Minutes of the Public Digital Health & Intelligence Committee
Tuesday 5th October 2021 9:00am – 12:30am
Via MS Teams

Chair:		
David Edwards	DE	Committee Chair / Independent Member - ICT
Present:		
Gary Baxter	GB	Independent Member - University
Michael Imperato	MI	Independent Member - Legal
In Attendance:		
Nicola Foreman	NF	Director of Corporate Governance
Christopher Lewis	CL	Deputy Finance Director
Angela Parratt	AP	Director of Digital Transformation – IM&T
David Thomas	DT	Director of Digital & Health Intelligence
Allan Wardhaugh	AW	Chief Clinical Information Officer
James Webb	JW	Information Governance Manager
Observers:		
Marcia Donovan	MD	Head of Corporate Governance
Secretariat:		
Nathan Saunders	NS	Corporate Governance Officer
Apologies:		
Meriel Jenney	MJ	Interim Medical Director
Mark Jones	MJ	Wales Audit Office
Sara Moseley	SM	Independent Member – Third Sector

DHIC 21/10/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the public meeting and confirmed that the meeting was quorate.	**Action**
DHIC 21/10/002	**Apologies for Absence** Apologies for absence were noted.	
DHIC 21/10/003	**Declarations of Interest** There were no declarations of interest.	
DHIC 21/10/004	**Minutes of the Committee Meeting held on 1st June 2021** The Committee reviewed the minutes of the meeting held on 1st June 2021 **The Committee resolved that:** (a) The Committee approved the minutes of the meeting held 1st June 2021 as a true and accurate record.	

Saunders.Nathan 03/28/2022 14:57:49

DHIC 21/10/005	**Action Log following the Committee Meeting held on 1st June 2021**	

	The CC reviewed the Action Log and confirmed that the majority of actions listed were either complete or on the meeting agenda with the exception of one action: DHIC 21/06/013 which required a date. The Director of Digital Health and Intelligence (DDHI) advised the Committee that the date would be scheduled in by the Director of Corporate Governance (DCG). The Director of Corporate Governance (HCG) noted that the item would need to be taken to the Management Executive meeting as well as it related to an investment decision. **The Committee resolved that:** a) The Action Log updates were received and noted.	**NF**
DHIC 21/10/006	**Chair's Action taken since the Committee Meeting held on 1st June 2021** No Chair's Actions had been taken since the previous meeting.	
DHIC 21/10/007	**Digital Transformation Progress Report (Digital Dashboard)** The Digital Transformation Progress Report was received. The DDHI advised the Committee that a commitment had been made to transform the document into a dashboard for Members to view and that it would be provided in a dashboard format at future meetings. It was noted that a lot of work had been undertaken in relation to the preparation of the National Data Resource (NDR) and that work with regards to the same had started to move forward. It was noted that a new Programme Director had been appointed by Digital Health Ecosystem Wales (DHEW) to provide focus and to move at pace to lead the NDR work. The DDHI highlighted to the Committee the "Data to Knowledge" item and that the Lightfoot roadmap data acquisition was nearing completion. It was noted that in the financial year to date a total of twelve pieces of work had been delivered and that the same had included new extracts, validations and enhancements to existing data feeds. It was noted that work was being undertaken to transfer knowledge from Lightfoot to Cardiff & Vale University Health Board (CVUHB) staff so that it would become part of the Health Board's core capability. It was noted that there remained a number of national projects that the Digital Team was supporting. Those included the Welsh Clinical Portal and it was further noted that to ensure the success of that project, dedicated support would be provided at a local level.	

Saunders.Nathan 03/28/2022 14:57:42

The Committee also noted that there were plans for the Digital Team to implement the Welsh Nursing Care Record (WNCR), dependent on funding, and that a business case was in progress for both capital and revenue aspects to support the rollout throughout the Health Board.

It was noted that in relation to infrastructure, the Health Board was supporting the Cancer Tracking module (which had replaced the tentacle cancer system) in order to ensure that the new cancer pathways were fully supported from a data perspective.

The DDHI concluded that there were a large number of projects running in tandem and that the Digital Team were working at high level and were very busy.

The Independent Member – University (IMU) noted that NHS X in England was about to publish a blueprint from shared care records that would link the hospitals to the community and asked if there was something like that at a national level within Wales.

The DDHI responded that there was an expectation that the National Data Repository (NDR) and Local Data Repository (LDR) would facilitate the sharing of information and noted that work was being undertaken with Local Authority (LA) colleagues around the LDR.

It was noted that there was no information from DHEW regarding a Wales version of the NHS X England blueprint but advised the Committee that a meeting, where it could have been raised, had been cancelled. It was noted that the meeting would be rescheduled.

The Director of Digital Transformation – IM&T (DDT) advised the Committee that the NHS X guidance, when released, would be considered to see how it could be adopted locally.

It was noted that, with regards to digital transformation, there would be a focus on AGILE working and a focus on making sure that the digital transformation aligned with the business required. An Action Plan setting out the proposals could be provided to the Committee in February.

The CC advised the Committee that he recognised the challenges around data sharing and, in particular, the identity and access management side and added that it would be interesting to see what approach NHS X, was taking in that area.

The DDT responded that the Digital Services for Patients and the Public (DSPP) programme was something that NHS X saw as part of their programme and that it would be something that everybody could use for many purposes.

Saunders.Nathan
03/28/2022 14:57:42

The DDHI added that identity access was being considered and had formed part of the work programme that would be finalised at the end of the year.

	The CC asked the DDHI if the rollout of more local projects, such as the Emergency Unit (EU) Whiteboard, was restrained by lack of resources. The DDHI responded that there was a resource constraint. The DDT added that the EU Whiteboard was a relatively straightforward development but was high impact and that to do it, resources had been diverted from other projects. It was noted that one of the real advantages in the Health Board that there were a range of in-house developed and managed maintained applications. **The Committee resolved that:** a) The progress made to date across the IT Delivery Programme was noted.	
DHIC 21/10/008	**Digital Road map Update** The Digital Road map update was received. The DDT advised the Committee that since the creation and sign off of the Digital Strategy in August 2020, work had progressed with defining the roadmap and associated business cases to support the said Strategy. It was noted that the creation of several business cases had resulted in approval of some, via the Business Case Approval Group which was chaired by the Executive Director of Finance. It was noted that in the terms of the International Standards for digital maturity (HiMMS) model, the Health Board was at stage 1 of the model and needed to be at stage 6 of that model. It was noted that if the trajectory was followed for the national digital investment, the Health Board would have an investment gap for what would be required for the new UHW project (UHW2). The DDT advised the Committee of the context surrounding the Digital Strategy, which included: • <u>The Digital Strategy which was approved in August 2020</u> - The Strategy remained relevant and had been tested with Connect3 (Grant Thornton) - It was aligned to the Shaping Our Future Clinical Services (SOFCS) / UHW2 with regards to a learning Health and Care system. - It was aligned nationally through the National Clinical Framework. - It was aligned UK-wide – Action 6 for the NHS (Lance Commission looking forward from Covid). • <u>What the Health Board was responding to.</u> - Ministerial priorities, shaping our Futures, Commissioning intentions, Patients Expectations.	

Saunders.Nathan 03/28/2022 14:57:42

- Recovery & Redesign, Outpatients transformation, RBFT, pressures etc.

- <u>The Actions taken.</u>
  - A roadmap was developed and governance had been put in place.
  - Became part of the Shaping Our Future's strategy, Recovery & Redesign, Outpatients Transformation.
  - Some of the roadmap items were now in progress.

- <u>Progress made</u>
  - Was limited against HiMMS
  - Was limited around resources and funding.
  - The investment Case made in November 2020 was unfunded.
  - There were conditions attached to National funding.

The DDT advised the Committee of the stated intentions as a Health Board which were:

- Empower the person
- Home first
- Outcomes that mattered to people
- Avoid harm, waste and variation.

It was noted that upon review of each intention it was all dependent upon digital, data and technology and that the roadmap's purpose was to deliver on everything.

It was noted that the roadmap was ever-changing and that recent additions included See on Symptom (SoS) and Patient Initiated Follow Up (PIFU).

The DDT advised the Committee of new items and newly placed items that had been updated on the Inception to Delivery status. These included:

- Recovery Bids
- Office 365 capability team bid
- Robotic Process
- Automation
- ICU system (WICIS)
- Patient Facing Communications
- Cardiology remote
- Monitoring
- Electronic Prescribing Medications Administration
- E-Nursing record
- Outpatient Transformation bids
- Vein to vein blood transfusion
- Digital Dictation and Transcription.

Saunders.Nathan 03/28/2022 14:57:42

It was noted that some items were already live which included:
COM2 updates including alerts
Effective thyroid ratio (ETR) – blood, implementation continued.

	It was noted that there were a number of items that were not funded which would need to be to implemented. The DDHI advised the Committee that whilst the other areas of the Health Board's recovery bids had been successful in gaining Welsh Government (WG) funding, the digital element of the bid had not been successful because at the point of development, digital had not been a consideration and was seen as separate to other areas. The IMU noted that the investment gap had not been defined in terms of the actual monetary figures and asked what that was. The DDHI responded that some of the sums involved were so large that they could not be quantified in simple terms and that it had been agreed that a specific strategic outline case for specific WG digital investment would be put forward. It was noted that as part of that, figures would be required for that would be looked at over the coming months. The Deputy Director of Finance (DDF) advised the Committee that the Finance team had asked the DDHI for a Financial Digital roadmap which would set out the both the revenue and the capital requirements. That would assist to identify the appropriate investment gap and consider how to prioritise the same. The CC asked if it was known what percentage of income the Health Board was spending on IT and digital and asked if there was a prediction of what would be spent over the coming years. The DDHI responded that it was known how much was spent across the Health Board and noted that the percentage was far shorter than that recommended in the Watcher report. He added that if the Heatlh Board was to hit the NHS England standard of 2.5% to 3% it would be a very welcome addition because it would see significant inward investment. It was noted that the impact of the lack of investment in digital services needed to be described and where that would leave the Health Board in 5 to 10 years' time. **The Committee resolved that:** a) The progress across the Digital Strategy Delivery Programme was noted	
DHIC 21/10/009	**Case for Investment** The Case for investment was received. The CC advised the Committee that the case for investment had been discussed in the previous item.	

Saunders,Nathan
03/28/2022 14:57:42

	The Committee resolved that: a) The progress across the Digital Strategy Delivery Programme was noted.	
DHIC 21/10/010	**Business Case Development Summary** The Business Case Development Summary was received. The DDT advised the Committee that there were a number of benefits attached to the business case which included: • Cash release – the programme could support its own cash flow over a 5 year period if all planning assumptions held true. • £8million "time released to care". • Patient safety and quality improvement from reduced errors in prescribing • Implant traceability and compliance with Medical Device Bill 2021 • Less waste – better stock and inventory management • Patient choice, communications would be faster and access to communications would be secure • Carbon Emissions Reduction. It was noted that the £8million "time released to care" was important because it would mean that there would a large amount of productivity that could be invested into care and care related activities. The DDT advised the Committee that digital transformation would not always deliver cashable savings but could deliver benefit. **The Committee resolved that:** a) The progress across the Digital Strategy Delivery Programme was noted	
DHIC 21/10/011	**IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)** The IG Data & Compliance was received. The Information Governance Manager (IGM) advised the Committee that the Interim Medical Director had taken over the role of Caldicott Guardian for the Health Board from the Interim Chief Executive Officer. It was noted that a business case had been put forward to provide extra Information Governance (IG) resource. It was noted that Freedom of Information (FOI) and Subject Access compliance had recovered from the drop experienced in the response to Covid-19. However it was noted that they were still short of an acceptable level.	

Saunders.Nathan 03/28/2022 14:57:42

	In response to that, Medical Records were undergoing a recruitment process to recruit 2 further staff to support the response. It was noted that the number of information governance related incidents raised and reviewed remained high, with two incidents being discussed with the Information Commissioner's Office (ICO). The IGM advised the Committee that the National Intelligent Integrated Audit System (NIIAS) had been running in the Health Board since 1st December 2020. There were technical issues in relation to the same although it was expected that those would be resolved imminently. It was noted that mandatory training compliance remained a concern for the team and the IGM advised the Committee that all line managers would be contacted regarding the importance of IG. The DDHI added that the reason IG compliance was so important was because when the ICO investigated data breaches, they would ask what the training compliance rates were within the Health Board. It was noted that a targeted action would be required and the DCG advised the Committee that it would be referred to the Management Executives as an action. The IMU asked what volume of FOIs and Subject Access Requests (SAR) were being received by the Health Board. The IGM responded that 400 to 450 (combined) were being received every month which had equated to a large amount of work for the IG team. The IGM noted that if the data required was clinical, a clinical signature was required and that could have an impact upon the timescale to attend to any such the FOI/SAR requests. It was noted that the requests had reached pre-Covid19 levels for both. The IMU advised the Committee that it would be interesting to know whether the volume of requests was at particular times and to keep a monthly log. The DCG noted that it was useful to understand the wider remit of the nature and volume of work undertaken by the IG team and advised the Committee that it could help to support the IGM with the resource requirements because it would highlight that trying to process that many requests with such few staff would be hard to achieve the target. The IGM responded that due to the complexity of some requests, it could sometimes take a lot of time to fulfil those requests. The CC advised the Committee that the ICO were likely to be unhappy with the compliance rate for IG mandatory training (63%) and asked if there was somebody within a Clinical Board that would have accountability for the training.	**NF/DT**

Saunders.Nathan 03/28/2022 14:57:42

	The IGM responded that the line managers were responsible for the same. The DCG responded that it would be taken as an Action for the Executives. **The Committee resolved that:** a) Received and noted the series of updates relating to significant Information Governance issues	**NF / NS**
DHIC 21/10/012	**Clinical Coding Performance Data** The Clinical Coding Performance Data was received. The IGM advised the Committee that Coding Compliance was marginally beneath the WG tartget of 95% but well above the national average in Wales. The CC advised the Committee that the Health Board was were doing well compared to other Health Boards. The IGM responded that the Health Board and Betsi Cadwaladr University Health Board were helping to increase the national average. The IMU asked if there was a strategy to discourage staff from leaving the Health Board in order to work in other organsations. The IGM responded that the team were limited with what could be done to stop people leaving the Health Board's employment. The DDHI responded that he would speak with the Executive Director of People & Culture (EDPC) to see if there could be any incentives that could offered in the the "hard to fill" roles. The CC asked for the the DDHI's proposed discussion with the EDPC to be noted as an action and for thanks to be provided to the teams to acknowledge the Committee's appreciation. **The Committee resolved that:** a) The performance of the UHB's Clinical Coding Department was noted.	
DHIC 21/10/013	**Joint IMT & IG Corporate Risk Register** The Joint IMT & IG Corporate Risk Register was received. The DDHI advised the Committee that the one red risk identified related to Cyber security and the mitigation was that an additional post would be appointed to the Cyber team. It was noted that the Cyber resource was scarce across Wales and that the Health Board was in danger of losing staff who worked in that area.	

Saunders.Nathan 03/28/2022 14:57:42

	It was noted that the broader Cyber plan would be picked up in the Cyber assessment framework and a detailed action plan would need to be adhered to. The DDHI advised the Committee that a lot of the other risks related to resourcing and the insufficient resource to deliver. It was noted that part of the mitigation was to provide a case for more resource to the Mangement Executive (ME). The CC queried whether, in light of the discussions had with regard to staff resources and finance, should Cyber be the only red risk on the register. The DDHI responded that he would produce and articulate what the risk was to the entire programme. The DCG responded that she would provide support to the DDHI with regards to strengthening the IT element of the capital risk on the Board Assurance Framework (BAF) before it was captured at the Board meeting. **The Committee resolved that:** a) The progress and updates to the Risk Register report were noted.	
DHIC 21/10/014	**IMT Audit Assurance Tracker** The IMT Audit Assurance Tracker was received. The DDHI advised the Committee on the progress of the Audit Tracker and noted that there was one outstanding item on the Maternity Audit Report which specifically related to Information Governance (IG) processes. It was noted that a commitment had been made to complete the item by the end of 2021 and that a band 7 IG support role had been identified. It was noted that the IG team was under-resourced given the amount of work that was required. Therefore, the need for an additional post had been put into the Digital and Health Intelligence's proposed new structure and the same would be taken to the Management Executives in October for discussion. It was noted that further issues identified on the tracker related to on-going cyber work. As part of the Network and Information Systems Regulations (NIS) a cyber assessment framework that CVUHB were being asked to participate in (which equated to a 35 day programme of work) would start on 11 November. **The Committee resolved that:** a) The progress and updates to the IMT Audit Assurance report were noted.	
DHIC 21/10/015	**IG Audit Assurance Tracker and Work Plan**	

Saunders.Nathan 03/28/2022 14:57:43

	The IG Audit Assurance Tracker and Work Plan was received. The IGM advised the Committee that the report outlined the work that was being prepared in readiness for the ICO's visit and re-audit. It was noted that the recommendations made by both the Wales Audit Office and Internal Audit had been completed or superseded, 8 regulatory recommendations had been closed, whilst 17 remained open. **The Committee resolved that:** a) The progress and updates to the Information Governance Audit Tracker were noted.	
DHIC 21/10/016	**IMTP Work Plan Exception Report (Digital Dashboard)** The IMTP Work Plan Exception Report (Digital Dashboard) was received. The DDHI advised the Committee that progress was being made in a number of areas where that had been previous issues and noted that funding was a recurrent issue that had been picked up in the report. **The Committee resolved that:** a) The progress against the roadmap and the areas of exception which required further attention and consideration were noted.	
DHIC 21/10/017	**Schedule of Control Documents (Policies & Procedures) – Verbal Update** The Schedule of Control Documents (Policies & Procedures) update was received. The DDHI apologised to the Committee that the update would be provided verbally due to scarce resource within the Digital team. It was noted that a number of policies were now ready to be brought to the Committee and that his team would work with the Corporate Governance team to determine which policies and procedures could come to the next Committee meeting in February. It was noted that the policies and procedures that were ready were: • Transportation of Personal Identifiable Information. • Information Risk Management procedure. • IG Corporate training Policy. • IT Security off-site mobile computing procedure. • Antivirus guidance. • IT security breach guidance.	

Saunders.Nathan 03/28/2022 14:57:42

	It was noted that of the above items, only the IG Corporate Training Policy would need to come back to the Committee as all of the others could be approved virtually. **The Committee resolved that:** a) The Schedule of Control Documents (Policies & Procedures) Update was received.	

DHIC 21/10/023	**Minutes:** i. IMT Capital Management Group Report ii. Capital Management Group iii. Digital Directors Peer Group The DDHI advised the Committee that the Digital Directors Peer Group was a new group that had met and that the same would sit alongside the Directors of Planning and Directors of Finance peer groups. It was noted that the Digital Directors Peer Group would give Executive Digital Health leads a forum to discuss common opportunities, risks and issues with each other with colleagues from WG and DHEW. The CCIO advised the Committee that it was very welcome group but noted it lacked a clinical voice and highlighted that it would be useful to expand the membership to CCIOs. **The Committee resolved that:** a) The minutes of the sub-groups were noted.	
DHIC 21/10/024	**Items to bring to the attention of the Board / Committee** No Items were brought forward	
DHIC 21/10/025	**AOB**	

Saunders.Nathan 02/08/2022 14:57:42

	No other business was noted.	
DHIC 21/10/026	**Review of the Meeting** The CC conducted a review of the meeting. All present confirmed that the meeting had run very smoothly and good, positive discussions were had.	
DHIC 21/10/027	**Date & Time of next Meeting:** Tuesday 1st February 2021 09:00am – 12:30pm	

Saunders.Nathan
03/28/2022 14:57:42

Confirmed Minutes of the
Mental Health and Capacity Legislation Committee
Held on 19 October 2021 – 10am
Via MS Teams

Chair:		
Ceri Phillips	CP	UHB Vice Chair and Committee Chair
Present:		
Sara Moseley	SM	Independent Member – Third Sector
In Attendance		
Caroline Bird	CB	Interim Chief Operating Officer
Jeff Champney-Smith	JCS	Chair, Powers of Discharge sub-Committee
Daniel Crossland	DC	Deputy Director of Operations – Mental Health
Steve Curry	SC	Deputy Chief Executive Officer
Nicola Foreman	NF	Director of Corporate Governance
Scott Mclean	SMc	Director of Operations – Children & Women
David Seward	DS	Interim Mental Health Act Manager
Rose Whittle	RW	Directorate Manager – Child Health
Observer:		
Marcia Donovan	MD	Head of Corporate Governance
Secretariat:		
Nathan Saunders	NS	Corporate Governance Officer
Apologies:		
Akmal Hanuk	AH	Independent Member - Community
Ruth Walker	RW	Executive Nurse Director

MHCL 21/10/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everybody to the meeting.	**ACTION**
MHCL 21/10/002	**Apologies for Absence** Apologies for Absence were noted	
MHCL 21/10/003	**Declarations of Interest** The Independent Member – Third Sector (IMTS) advised the Committee that she was a member of the General Medical Council (GMC).	
MHCL 21/10/004	**Minutes of the Committee Meeting held on 20 July 2021** The minutes of the meeting held on the 20 July 2021 were received. **The Committee resolved that:**	

Saunders.Nathan
03/28/2022 14:57:42

	a) The minutes of the meeting held on 20 July 2021 be approved as a true and accurate record of the meeting.	
MHCL 21/10/005	**Action Log 20 July 2021** The action log was received. The Deputy Chief Executive Officer (DECO) advised the Committee that a discussion would be required for a new action around waiting times and waiting list profiles for people with protected characteristics. It was noted that Cardiff and Vale University Health Board (CVUHB) had been considering the same when looking at overall access. The CC advised the Committee that the Director of Corporate Governance (DCG) and he would meet to discuss and embrace some of the data gathered around access. The Committee agreed to carry forward the action referenced MHCL 21/07/009 to the next meeting. **The Committee resolved that:** a) The Action Log taken from 20 July 2021 was noted.	**CC/NF**
MHCL 21/10/006	**Chair's Action taken since last meeting** The CC advised the Committee that no Chair's Action had been taken.	
MHCL 21/10/007	**Any Other Urgent Business Agreed with the Chair** a) Compliance with MH Measure relating to Children and Young People It was noted that a discussion regarding compliance with the Mental Health Measure relating to Children and Young People would be had when discussing the agenda item 10.1 - Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report.	
MHCL 21/10/008	**Patient / Staff Story** The Patient Story – 'My Battle with Food' was received. Following the patient story, the Director of Operations – Children & Women (DOCW) advised the Committee that the	

Saunders,Nathan 03/28/2022 14:57:42

	medical model would never have worked for the patient in the story because over medicalising the condition at the start of the patient's journey had been the wrong thing to do. It was noted that through investment, recruitment and transformation, the Health Board would seek to make the improvements required right across the Mental Health spectrum. The Independent Member – Third Sector (IMTS) noted that it was clear that the patient required a multidisciplinary approach and was thankful that he had received that, but she highlighted that the access routes for the patient's Mother had proved difficult and queried why that was. The Directorate Manager – Child Health (DMCH) responded that the patient was from a neighbouring Health Board and so could not answer to that specific case. However, the DMCH confirmed that the access routes were varied into the Child and Adolescent Mental Health Services (CAMHS) and consideration was required in relation to how to manage the various approaches into CAMHS. The CC asked if data could be provided to support what had been identified with regards to making access a more multidisciplinary approach. The DMCH responded that it would be difficult to deliver data at its current stage but noted that the whole programme relating to the school in reach programme and the work that was being undertaken with the Regional Partnership Board (RPB) would start to demonstrate that and advised the Committee that an update report could be brought to a future meeting. The Deputy Chief Executive Officer (DCEO) advised the Committee that it formed part of the transformational work and hence suggested that the matter should go to the Strategy & Delivery Committee as part of the "deep dives" being provided to that Committee. He added that the patient story should be shared with the Welsh Health Specialised Services Committee (WHSSC) because it was a commissioned service. The CC responded that he would speak to WHSSC colleagues regarding this particular case. **The Committee resolved that:**	

Saunders,Nathan
03/28/2022 14:57:42

	a) The Patient Story was noted.	
MHCL 21/10/009	**Mental Health Act Monitoring Exception Report** The Mental Act Monitoring Exception Report was received. The Mental Health Act Team Lead (MHACTL) advised the Committee that there were 2 main items from the Exception Report to highlight. The first was that the the Mental Health Clinical Board had confirmed that “the clock would start ticking” in Accident & Emergency (A&E) in the majority of Section 136 cases, following recent legal advice. It was noted that the clock would start ticking if a patient was taken to A&E for a physical issue which was related to their mental disorder but noted that the appropriate shift coordinators would decide whether the physical illness was related to the mental disorder or not. It was noted that in circumstances where the physical treatment was unrelated to the mental disorder the clock would not start ticking until the patient was fit for a Mental Health Act assessment. He added that it had been agreed that the shift coordinator would be responsible for making the determination as they were responsible for coordinating the Mental Health Act assessment. It was noted that in all instances where the Section 136 had lapsed due to the patient not being fit for a Mental Health Act assessment, a DATIX would be completed. The MHACTL advised the Committee that the use of Section 136 had decreased since the high record seen in May 2021. It was noted the police had received further training regarding Section 136 powers and how they should be used as a last resort rather than a first resort and hence that could be part of the reason for the identified decrease in use. The second item from the Exception Report which was highlighted was that the Mental Health Review Tribunal for Wales (MHRT) had conducted a successful video conference which took place in August 2021.	

Saunders.Nathan
03/28/2022 14:57:42

	The MHACTL advised the Committee that he had attended an All Wales Mental Health Act administrator's forum last week and noted that the MHRT had been present and had updated administrators that they had conducted a video conferencing pilot throughout Wales. It was noted that, moving forward, (i) MHRT should be offering all patients' video conferencing, (ii) not all Health Boards were able to facilitate video conferencing, and (iii) hence the Tribunal Panel would decide whether to move forward with video conferencing or telephone conference. It was noted that the Senior Operations Manager for the Mental Health Review Tribunal would issue a general statement in relation to their progress moving in relation to video conferencing and face to face tribunals as well. The IMTS asked if staff had been provided with training for the decisions that were required regarding Section 136 patients and the implications of that in relation to statutory compliance. The MHACTL responded that the shift coordinators would be trained and noted that shift coordinators were completely involved in the process of arranging 136 assessments. The DCEO responded that A&E was one of the most monitored places within the Health Board and noted that staff were used to the kinds of decisions that were required. The IMTS advised the Committee that she had found it extraordinary that it had taken the MHRT so long to allow people, who were detained against their will, to be able to challenge that via video and to still say it may not be possible in some areas was extraordinary. She added that the Health Board should monitor the number of people who want to use video facilities and how the Health Board can support those patients together with the changes that might occur when the legal changes were made. The CC commented that every other area of society had moved across to video conferencing due to the pandemic. The CC asked if anything had been mentioned at the All Wales Mental Health Act administrator's forum with regards to that.	

Saunders.Nathan
03/28/2022 14:57:42

	The MHACTL responded that the MHRT had identified that firewalls had caused issues in being able to perform video conferencing because all Health Boards in Wales and England used different firewalls. The CC advised the Committee that it was the Independent Member – Legal (IML)'s view that the MHRT should be challenged and asked if the Committee should respond to the MHRT and state that their response was unsatisfactory. The CC advised the Committee that the MHRT should be approached. He asked for support from the MHACTL and Deputy Director of Operations – Mental Health (DDOMH) to assist with that. The IMTS asked what happened to the under 18 year olds regarding Section 136 as the tolerance threshold was still quite high. She had understood that many of these under 18 year olds were discharged and she wanted to know if they were being detained under Section 136 and/or then released back into the community. The DMCH responded that from looking at the data, some of the under 18 year olds had come back and forth and noted that the issues experienced by young people remained complex. It was noted that a lot of work was being done with the Children's Commissioner to review cases. The Deputy Director Operations – Mental Health (DDOMH) advised the Committee that some of the data may not be accurate due to repeat admissions and he commented that the same was also being reviewed. It was noted that risk management plans would be developed which would give quite clear instructions to various services about how to manage individuals who present frequently. **The Committee resolved that:** The proposed approach taken by the Mental Health Clinical Board to ensure compliance with the MHA was supported as set out in the body of the report and as follows:- <u>a) Fundamentally defective applications</u>	

Saunders,Nathan
03/28/2022 14:57:42

	Continue to ensure effective communication between the Local Authority and UHB and promote Mental Health Act training across the UHB. b) Section 136 Continue to monitor with colleagues in South Wales Police and ensure any incidents related to an assessment not being completed within the 24/36-hour period due to physical health issues are reported accordingly. c) Section 136 – CAMHS Continue to monitor and report accordingly ensuring that at least one of the people involved in the child's formal assessment (i.e. one of the two registered medical practitioners or the approved mental health professional) is an experienced specialist CAMHS practitioner wherever possible. d) Mental Health Review Tribunal Continue to work with the Mental Health Review Tribunal for Wales to find a suitable resolution, to ensure that action is taken to mitigate the risks highlighted above and protect the patients' right to a fair hearing and ensure any incidents are reported accordingly. e) Development sessions Continue to develop a robust rota to ensure that development sessions in relation to all areas of the Mental Health Act are available and easily accessible and explore the possibility of devising a Mental Health Act e-learning module.	
MHCL 21/10/010	**Update on the Reform of the Mental Health Act** The MHACTL advised the Committee that the UK Government had prepared a response following the consultation undertaken in relation to its White Paper relating to the review of the Mental Health legislation. It was noted the Welsh Government (WG) had been present at the All Wales Mental Health Act administrator's forum and a response from Welsh Government was awaited. The IMTS noted that, from a devolution perspective, it would be interesting because a lot of the Mental Health Act would impact upon Welsh legislation and hence could lead to some confusion.	

Saunders.Nathan 03/28/2022 14:57:42

	The CC queried when the WG response to the UK Government's review, was likely to be issued. The DCEO responded that from the feedback he had received, WG were still working through the detail. He queried where could the Health Board influence that and whether the Mental Health Clinical Board could have a part to play. The DDOMH responded that several discussions had taken place, in the network board, regarding the proposed legislation, and in regular meetings with Directors of Operations and WG. The IMTS asked if there were any timescales for the legislation. The MHACTL responded that no timescales had been given at present. The CC mentioned that the proposed recommendation should be changed slightly so that it was clear that the word "Government" referred to the "UK Government". **The Committee resolved that:** a) The UK Government's response to the Independent Review of the Mental Health Act 1983, as summarised in the covering report, was noted.	
MHCL 21/10/011	**Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report** The Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report was received. The DDOMH advised the Committee that, with reference to the covering report, he would highlight Part 1a of the Measure for Adults and that the Director of Operations – Children & Women (DOCW) would highlight Part 1a of the Measure of Children and Young People. **Part 1a – Adults** It was noted that the referral activity for Quarter 4 of 2020 and Quarter 1 of 2021 had seen a gradual decrease in referral rates following the initial steep rise in referrals during the first two quarters after the first lockdown, but with a notable spike in referrals in March 2021.	

Saunders,Nathan
03/28/2022 14:57:42

	It was noted that completed assessment rates had risen with a high peak of over 600 assessments in September 2021 and that assessment rates had dropped during August due to staff annual leave and term time working arrangements. The DDOMH advised the Committee that a recent successful recruitment drive, had shown a gradual reduction in "over 56 days" waiting, and that from 26th October 2021 all booked appointments were under 56 days, with the most recent waiting time for assessment reduced from 100 days in July 2021 to 43 days on 29th September 2021. It was noted that, In total, 1197 were currently waiting for assessment with 342 waiting over 56 days. It was noted that referrals were now screened and triaged by the merged Single Point of Entry (SPOE) which had resulted in counselling waiting times improving significantly. **Part 1a – Children and Young People.** The DOCW advised the Committee that compliance against the Part 1 target had not been achieved since October 2020. It was noted that following a decline in referrals during the height of Covid, referral levels significantly increased during October 2020 and November 2020 following the re-opening of schools, and whilst there was a decrease between December and February, referrals had sharply increased from March 2021 and had remained significantly higher than pre-Covid levels. It was noted that the average wait for assessment was currently 37 days. It was noted that capacity had been a challenge for the team, with a mixture of short and long-term sickness, and the team had been operating on approximately 66% capacity since the beginning of December 2020. The DOCW advised the Committee that the service was continuing to deliver its full service both virtually (via telephone and video) and face-to-face. He expected that to continue as part of a blended service post-Covid in order to better meet the needs of children and young people who required support from the service.	

Saunders,Nathan
03/28/2022 14:57:42

	The DDOMH advised the Committee that compliance for Part 1b of the measure remained at 90% for both Adults and Children and Young People. It was noted that there were an additional 200 spaces created by the team to ensure that the target was maintained. **Part 2 – Care and Treatment Planning** The DDOMH advised the Committee that there had been a slight reduction in adult services with a large spike seen in adults with learning difficulties. It was noted that the large spike identified related to 53 patients. It was noted that Mental Health services for older people were maintaining the steady and increased improvement over time. It was noted that there had been an issue concerning the quality of the care and treatment plans, and a number of actions were being put forward to address the same, such as the “Care Aims” training. The DOCW advised the Committee that there had been a discussion regarding some areas of the Mental Health System for under 18 year olds and noted that 3 formal sessions were held each year with the delivery unit. It was noted that there had been independent national scrutiny against the Measure and he was pleased to note that the Health Board had done very well against Parts 1a and 2, with no action needed based upon 7 external reviews. **Part 3 - Right to request an assessment by self –referral.** The DDOMH advised the Committee that in August 2021 there had been a spike in number of self-referrals. That represented an adjustment of the data gathering process to more accurately reflect compliance. It was noted that each Adult Community Mental Health Team (CMHT) had an automated email sent to the team manager on a Monday morning every week that listed various things that were upcoming for patients on their caseloads, including patients who were due to receive an Outcome Letter which included a due date. **Part 4 – Advocacy – standard to have access to an IMHA within 5 working days**	

Saunders,Nathan
03/28/2022 14:57:42

	The DDOMH advised the Committee compliance remained at 100% and that the only addition to the Part 4 measure update was in relation to the procurement of the advocacy service. The IMTS asked which areas were seeing the most pressure with regards to the volume of patients. The DDOMH responded that the Part 1a target was where most pressure was being seen for individuals who had presented with moderate mental health problems, and that the clinical acuity tended to be lower. However they had noticed some increase in activity in the system with regards to CMHTs and an increased demand for secondary care services. It was noted that additional resource had been supplied to the Emergency Unit (EU) which had resulted in a slight decrease regarding liaison activity. It was noted that 4 additional staff had been provided to the Part 1 services. A drop in staff numbers had been noted in August as staff took leave, although it was noted that the managers had been working with the team to provide the support needed. The DOCW advised the Committee that the system as a whole was configured to have a Part 1a assessments with the least unwell right through to moderate and crisis, and noted that what had been seen was lifted acuity in all three areas. The IMTS asked if there was any reason for the increased complexity and was there anything that should be looked at outside of the system. The DOCS responded that there was a general mental health need in light of the Covid-19 pandemic. **The Committee resolved that:** a) The content of the Mental Health Measure (Wales) 2010 including the Part 2 update, was noted.	
MHCL 21/10/012	**HIW MHA Inspection Reports** There were no HIW MHA Inspection Reports for the period.	

Saunders,Nathan
03/28/2022 14:57:42

MHCL 21/10/013	**Sub-Committee Meeting Minutes:** **a) Hospital Managers Power of Discharge Minutes** **b) Mental Health Legislation and Governance Group Minutes** **The Committee resolved:** a) The Hospital Managers Power of Discharge Minutes dated 5 October 2021 were noted. b) The Mental Health Legislation and Governance Group Minutes dated 7 October 2021 were noted.	
MHCL 21/10/014	**Review of the Meeting** The CC asked to note the Committee's thanks to Sunni Webb, who had recently left the post of Mental Health Act Manager and thanked the Mental Health Act Team Lead for stepping in. The DCEO advised the Committee that the Mental Health and Capacity Legislation Committee workshops that had been provided in previous years had proved helpful and asked if there would be plans to reintroduce those in order to provide educational refreshers for new Members. The CC advised the DCEO that he would speak with the DCG outside of the meeting.	
MHCL 21/10/015	**15. Date & Time of next Committee Meeting** February 9th 2022 at 10am	

Saunders,Nathan
03/28/2022 14:57:42

Confirmed Minutes of the Public Strategy & Delivery Committee
11th January 2022 at 09.00
Via MS Teams

Chair:		
Michael Imperato	MI	Independent Member - Legal
Present:		
Sara Moseley	SM	Independent Member for Third Sector
Rhian Thomas	RT	Independent Member for Capital & Estates
Gary Baxter	GB	Independent Member for University
In Attendance:		
Nicola Foreman	NF	Director of Corporate Governance
Caroline Bird	CB	Interim Chief Operating Officer
Abigail Harris	AH	Executive Director of Strategic Planning
Rachel Gidman	RG	Executive Director of People & Culture
Claire Whiles	CW	Assistant Director of WOD
Hannah Evans	HE	Programme Delivery Director
Iain Hardcastle	IH	Director of Operations for Medicine Clinical Board
Meriel Jenney	MJ	Interim Executive Medical Director
Observers:		
Marcia Donovan	MD	Head of Corporate Governance
Gruffydd Pari	GP	Graduate Trainee
Secretariat		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Mike Jones	MJ	Independent Member – Trade Union
David Thomas	DT	Director of Digital & Health Intelligence
Fiona Kinghorn	FK	Executive Director of Public Health

Item No	Agenda Item	Action
SDC 11/01/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everybody to the meeting.	
SDC 11/01/002	**Apologies for Absence** **The Committee resolved that:** The apologies for absence were noted for the Committee.	
SDC 11/01/003	**Declarations of Interest** **The Committee resolved that:** a) The Independent Member for Third Sector declared an interest as a member of the General Medical Council (GMC).	

Saunders,Nathan 03/28/2022 14:57:42

SDC 11/01/004	**Minutes of the previous Committee meeting – *16th November 2021*** The Executive Director of Strategic Planning (EDSP) provided an update in relation to the Capital Infrastructure Plan on page 3 of the minutes from 16 November 2021. That was, that a constructive discussion had taken place with regards the Lakeside Wing and there was an emerging plan that should address a number of issues and that the same would feature in the draft IMTP. **The Committee resolved that:** a) The Committee agreed the Minutes from 9th November 2021 as a true record.	
SDC 11/01/005	**Action log following the previous meeting – *16th November 2021*** **The Committee resolved that:** a) The Action Log was received and noted.	
SDC 11/01/006	**Chair's actions since previous meeting** **The Committee resolved that:** a) There were no Chair's Actions since the previous Strategy & Delivery meeting.	
SDC 11/01/007	**Service Change Engagement and Consultation** The EDSP presented the Service Change Engagement and Consultation item and she highlighted the following: – • There was a duty on the Health Board to undertake ongoing engagement and consultation in order to help the Health Board to formulate its strategies and /or scope its future service provision. • The purpose of the paper was to provide an update on how the Health Board had worked locally with its Community Health Council. • The Local Framework/Protocol was being updated to reflect new ways of working. The paper set out a detailed program of work that was beir delivered. • Welsh Government (WG) was planning to replace Community Health Councils (CHCs) with a new body called "Citizens Voice" from next year. • Recruitment for a Chair and Non-Executive Directors for the new body was underway. By introducing the new body (i.e. Citizens' Voice) there would be a move away from the current arrangement of having separate CHCs with different Health Boards, although there would be specific teams within Citizens' Voice to work alongside the individual Health Boards.	

Saunders.Nathan
03/28/2022 14:57:42

	The EDSP further highlighted – • The need to ensure engagement with particular groups, going forward. • Conversations were needed with the wider population. The EDSP added that her team had commissioned some work from a consultation institute with regards to engagement. She also mentioned that she was liaising with Aneurin Bevan Health Board with regards to engagemen consultation they had undertaken for with their new hospitality. **The Committee resolved that:** a) The key mechanisms that were being developed to support engagement and consultation on the Health Board's service redesign and transformatio agenda were noted.	
SDC 11/01/008	**Stroke Performance Indicators** Iain Hardcastle (IH) presented the Stroke Performance Indicators item and gave the following update: - • Stroke performance had been updated in a number of forums. • An action plan has been put together and would increase medical presence at the "front door" and "ring fence" beds. There was a need to "right size" the Stroke workforce. The Independent Member for University (IMU) raised a concern as Stroke performance had been raised at the Quality, Safety and Experience Committee, and was due to go to Board. He asked what the short-term plan was. IH explained the team were meeting daily to discuss Patient needs and ensure patients were moving to a ward. The team were also providing training to nurses. The EDSP questioned how much notice was given from Welsh Ambulance Services Trust (WAST) for patients coming in with suspected strokes? IH explained it would depend upon the type of call. Some patients would arrive with an unknown stroke condition and would be assessed upon arrival. If WAST knew the patient has had a stroke, the Health Board would have notice of the same. The Independent Member for Estates (IME) noted poor performance and deterioration had been seen prior to June. IH explained the data prior to June was coming out of the second wave of COVID and unscheduled care had been challenging throughout the summer. The Executive Medical Director (EMD) wanted to ensure stroke remained a priority for the Committee and noted that stroke services would be highlighted in the IMTP.	

Saunders,Nathan 03/28/2022 14:57:42

	The Chair noted that the percentages of Stroke patients who had been admitted to an acute Stroke unit within 4 hours had dropped significantly. He asked what was the trajectory and what was the risk of that dropping back again? The Interim Chief Operating Officer (ICOO) responded that she would work out what the Stroke trajectory currently looked like and suggested that it was brought back to the next Committee meeting to discuss. **The Committee resolved that:** a) The current compliance against the Stroke quality improvement measures, contributory factors to the deterioration in performance and agreed improvement actions, were noted.	**CB**
SDC 11/01/009	**Strategic Equality Update** The EDPC gave a verbal update on the Strategic Equality Update and highlighted the following: - • There was an Equality and Welsh Language steering group. Senior leaders in Clinical Boards were attending and the Health Board was championing that as an organisation. • The Minister was pleased with the Kickstart Programme. • The Health Board had a project underway which helped people with learning disabilities. • The Health Board had been engaging with refugees and had been successful in having the adaptation programme. • The Health Board was liaising with people who were at retirement age. Claire Whiles (CW) gave an update on the following: – • The reports which had been completed on the Welsh Language Standards had enabled measures, to monitor progress, to be put in place. • 20 out of 36 of the Standards have been completed, with the remainder in progress. • All evidence had been submitted and the team were awaiting the results and feedback that had been submitted. • The next target was the access ability network for staff who had identified as having a disability. • 76 of 120 Welsh Language Standards had been complied with. • A Welsh Language audit has recently been undertaken and initial feedback received had highlighted reasonable assurance. The EDSP highlighted that the new Equalities and Diversity (EDI) Manager was a Welsh speaker and that he was due to start in March. The Chair suggested that the new EDI manager was **invited to the next Committee in March.**	

Saunders.Nathan 03/28/2022 14:57:42

	The Committee resolved that: a) The Strategic Equality Update was noted.	**EDPC**
SDC 11/01/010	**Board Assurance Framework** The DCG presented the Board Assurance Framework report. She highlighted that of the 10 key Strategic Risks, 7 aligned with the Strategy and Delivery Committee and 2 of those were for discussion at today's meeting, namely: - • Workforce • Sustainable Primary and Community Care The IMTS noted the gap in controls linked to the discussions on transformation funding. **The Committee resolved that:** a) The risks in relation to Workforce and Sustainable Primary and Community Care were reviewed.	
SDC 11/01/011	**Performance Reports** ○ **Key Operational Performance Indicators** The ICOO presented the Performance Report relating to Key Operational Performance Indicators and noted the following: – • CAMHS compliance was above target. • Significant work had been undertaken in light of Omicron and staff absences. • The original plan outlined was still fit for purpose, although, as a word of caution there could be a dip in the performance indicators in Decembe and/or January. The Unscheduled Care was highlighted in the report and there was an increas in the 4-hour handover which remained a concern. The ICOO explained that non COVID stay was above occupancy, due to the inability to deliver a timely discharge. There had been an increase in admissions and there was a high number of staff isolating. The ICOO highlighted the following: – • The Health Board had enacted the Local Choices Framework and had reduced Planned Care surgery. • A third of the Health Board care homes had COVID outbreaks. That had caused difficulties and the Health Board was continuing to work closely with Local Authority colleagues. • A Transitional Care Ward had been opened. The EDSP acknowledged the amount of work the Operational team had carrie out to ensure that the Clinical areas were sufficiently staffed. Also, the Community Service provision and 2 Transitional areas had been created.	

Saunders,Nathan
03/28/2022 14:57:42

	The IMU queried whether there was up to date data showing the impact of COVID on the workforce. The EDPC commented that there was specific data on percentages with COVID and in some areas it could be as high as 22%. Hannah Evans (HE) delivered a presentation and highlighted the following – • Work had been undertaken with suppliers and agencies and working o key schemes in Gynaecology and Spinal. • The team were looking to map out different treatments being supporte and were engaging with the Red Cross to support some of the OT Patients and feedback to the Clinicians. • Endoscopy and Radiology had been key priorities. • One of the schemes to be addressed was the long Outpatient waiting lists. • Some improvements should be seen and CT were running at 100% capacity, as was Radiology. The average waiting time was being reduced and there were improvements across CAMHS & Adult Mental Health services. The Recovery College had been really important and they were doing more with the Third Sector and there was additional investment to address CAMHS assessments. The IMU asked if the effects on the long waits were being tracked? There had been a large amount of work in Mental Health services and he asked if the funds were time limited? HE agreed to track the effects on long waits for appointments and look into funding for Mental Health funds. ○ **Key Workforce Performance Indicators** The EDPC discussed the Key Workforce Performance Indicators and highlighted the following: – • The team was looking at the analytical data. • The was a national shortage of staff members. • The aging population was an issue. • The development of current staff together with the higher-level apprenticeships were being considered. • Discussions were taking place with HEIW, in particular with regards to some of the Clinical professions. The EDPC discussed the data in the paper: – • There was roughly 4% of absent staff and there were questions aroun isolating and that could put areas at potential risk. • WG was seeing 7.4% in December as some wards were losing staff o a daily basis. • There was a Workforce hub and another Workforce group had been initiated. • Her team were looking at a model of 25 beds and what that could look like. • Keeping up team morale was important.	**CB/HE**

Saunders,Nathan
03/28/2022 14:57:42

	The EDPC noted that there are 55 individuals with long COVID in the Health Board and discussions were taking place with the Unions regarding the staff members. The People & Culture Plan was being launched after the Board meeting in January. Compliance in relation to the mandatory training was improving. The e-job planning was now 76% compliant. The Independent Member for Estates (IME) commented that the paper helped to show the current challenges. She queried whether the 50% rate in relation t flu vaccination was typical or was it due to this year? The EDPC this is below the normal and has not been prioritised alongside the booster programme. The IMU noted commented that with regards to the topic of staff retention, he was happy to join as a Board Champion for older people. The Vice Chair (VC) commented that a member of staff had highlighted his own experience. He had been severely affected during the pandemic and the Health Board had offered him a place on the Kickstart scheme and he was offered the flexible approach he had needed. The Chair raised the topic of Overseas Nurses' recruitment and asked where did the nurses come from? The EDPC noted that the Health Board had always been successful with its recruitment of Overseas Nursing and that a paper regarding the same was being taken to Board. She explained that the Health Board did not recruit from countries which lacked a healthy number in its nursing workforce. The Health Board looked at countries, such as India and the Philippines. **The Committee resolved:** a) The year to date position against Key Organisational Performance Indicators for 2021-22 but in the context of prevailing operating conditions was noted; and b) The contents of the paper regarding the Workforce Key Performance Indicators was noted.	
SDC 11/01/012	**Staff Wellbeing Plan** The Staff Wellbeing Plan was received by the Committee. The EDPC highlighted the importance of the health & well-being of staff and commented that the Occupational Health service was available for staff. CW highlighted the following: – • She wished to assure the Committee with regards to the particular challenges faced by staff. • Her team were aware of issues regarding staff health and well-being to COVID. • An all Wales approach was being adopted.	

Saunders,Nathan 03/28/2022 14:57:42

	• Her team undertook regular reviews to provide guidance and respond to the emerging environment. • During the pandemic, a lot of work had been undertaken to reinforce and enhance the staff well-being services, with extra counsellors recruited into the well-being team. CW highlighted that the workforce had worked during a time of uncertainty and continuous change and the Health Board should ensure that staff were supported. It was noted that 80% of staff lived in the local area. There were increases in anxiety and stress and there were recruitment shortages. Her team had worked with the Unions and had proposed a recovery plan. Some of the feedback received from staff was a desire to have an improved workplace environment. CW noted there were challenges in the Occupational Health services. CW gave an overview of what had been worked on with the Clinical Board, which included: – • Space for staff to rest and recover – there were initially 7 rooms and now there were 27 rooms across hospital sites and community settings. • Staff were reassured with regards to staff nursery areas. • Plans were in place to improve access to hydration stations and to provide metal water bottles / flasks to all staff members. • There were plans to invest in a number of “train the trainer” opportunities. • Her team were working with the Recovery College and Well-being service to support staff. • Plans were in place to enhance diversity and inclusion. • The demands on Occupational Health and the Well-being services had been extremely high. CW agreed to report back in the Committee in May with an update regarding the staff well-being. The IMTS commented on the well-being of the Occupational Health staff. She queried how could staff retain registration and how did the Health Board retain staff? The EDPC explained some ITU nurses were going to resign and move to a temporary job. It was agreed to give them some time out for 6 months. **The Committee resolved that:** a) the work and initiatives being undertaken to support and improve the health and wellbeing of the Health Board's staff, as outlined in the body of the report, was noted; and	**RG/CW** **RG**

Saunders,Nathan 03/28/2022 14:57:42

	b) the approach being undertaken to deliver all aspects of the wellbeing interventions was approved with an update to be brought back to the Committee in May 2022.	
SDC 11/01/013	**IMTP 2022-2023** The EDSP apologised that no paper was shared prior to the meeting. A presentation was shared and the following were noted: – • The Health Board was remaining COVID ready. • The plan was being described in 3 parts. • The Health Board had entered the year with a financial deficit of £25million. • Some new cost pressures had come in to the system. • Feedback from Welsh Government was helpful on when the scenarios were presented last year • There is a range of Finance & Operational delivery scenarios • A Chief Executive Accountability Letter had to be submitted and there would be significant risks set out as the plan was being finalised. The EDSP explained that a further discussion with regards to the draft IMTP was going to the Private session of the next Board meeting. The IMU questioned how was the EDSP working with the new CEO during the period of development of the draft plan? The EDSP was due to discuss the draft plan on Friday with the new CEO. **The Committee resolved that:** a) The IMTP 2022/23 was discussed and noted.	
SDC 11/01/014	**Committee Terms of Reference - 2022/23** The DCG explained that the Committee's Terms of Reference were reviewed every 12 months and the proposed changes were highlighted in red. The Chair suggested that the Terms of Reference could include a responsibility on the Committee to consider consultation and engagement. The DCG agreed to update the draft Terms of Reference to reflect the same prior to the same going to Board for approval in March. **The Committee resolved that:** a) the changes to the Terms of Reference for the Strategy and Delivery Committee were ratified subject to the Director of Corporate Governance making the minor amendments; and b) the changes be recommended to the Board for Approval.	**NF**

Saunders,Nathan 03/28/2022 14:57:42

SDC 11/01/015	**Committee Annual Work Plan - 2022/23** The DCG commented that the Committee Annual Work Plan reflected the Committee's Terms of Reference to ensure the Committee was doing what it should be doing. **The Committee resolved that:** a) the Work Plan 2022/23 was reviewed; b) the Work Plan 2022/23 was ratified; **c)** the Work Plan 2022/23 was recommended for approval to the Board at its meeting on 31st March 2022.	
SDC 11/01/016	**Flash Reports** The EDSP apologised the flash reports were late being shared. The EDSP noted that Our Future Hospital Programme currently sat with the Infrastructure Investment Board and she anticipated the next stage would be for the matter to go to the Welsh Government Cabinet and a letter to go to the lead official. **The Committee resolved that:** a) the progress and risks described in the Programme Portfolio Flash Reports were noted.	
SDC 11/01/017	**Corporate Risk Register** The DCG noted nothing specific needed to be raised with regards to the Corporate Risk Register. **The Committee resolved that:** a) the Corporate Risk Register risk entries linked to the Strategy and Delivery Committee and the Risk Management development work which was now progressing with Clinical Boards and Corporate Directorates were noted.	
	AOB **The Committee resolved that:** a) Nothing further was raised under AOB.	
	Items to be deferred to Board / Committee **The Committee resolved that:** a) No items were to be deferred to the Board / Committee.	
	To note the date, time and venue of the next Committee meeting:	

Saunders,Nathan
03/28/2022 14:57:42

	15th March 2022 at 09:00 Via MS Teams	

Saunders,Nathan
03/28/2022 14:57:42

CONFIRMED MINUTES OF THE HEALTH AND SAFETY COMMITTEE
12 OCTOBER 2021 9AM
VIA MS TEAMS

Chair:		
Mike Jones	MJ	Independent Member – Trade Union / Committee Chair
Present:		
Akmal Hanuk	AH	Independent Member – Local Community
Michael Imperato	MI	Independent Member – Legal
In Attendance:		
Janice Aspinall	JA	Safety Representative RCN
Rachael Daniel	RD	Health and Safety Advisor
Fiona Kinghorn	FK	Executive Director of Public Health
Geoff Walsh	GW	Director of Estates, Capital and Facilities
Stuart Egan	SE	Staff Safety Representative
Nicola Foreman	NF	Director of Corporate Governance
Robert Warren	RW	Head of Health and Safety
Wendy Wright	WW	Deputy Head of Internal Audit
Observer:		
Marcia Donovan	MD	Head of Corporate Governance
Meurig Francis	MF	Graduate Trainee Manager
Secretariat		
Nathan Saunders	NS	Corporate Governance Officer
Apologies		
Rachel Gidman	RG	Executive Director of People & Culture

HS 21/10/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting	**Action**
HS 21/10/002	**Apologies for Absence** Apologies for absence were noted.	
HS 21/10/003	**Declarations of Interest** No declarations of interest were noted.	
HS 21/10/004	**Minutes of the Committee Meeting held on 27 July 2021** The minutes of the Committee Meeting held on 27 July 2021 were received. **The Committee resolved that:**	

Saunders,Nathan
03/28/2022 14:57:42

	a) The minutes of the meeting held on 27 July 2021 were approved as a true and accurate record.	
HS 21/10/005	**Action Log following the Meeting held on 27 July 2021** The Action Log was received and the Committee noted the actions that were on the agenda for discussion.	
HS 21/10/006	**Chair's Action taken since last meeting** No Chair's Actions were noted.	
HS 21/10/007	**Health & Safety Overview – Verbal Update** The Health and Safety (H&S) overview verbal update was received. The Head of Health & Safety (HHS) presented the Committee with the Health and Safety external review update. It was noted that the review had commenced on 29th March 2021 and had culminated in a written report that was issued on 14th May 2021 and which had been read by the Management Executive (ME). It was noted that 16 recommendations had been made in the report. Thirteen of those recommendations had been accepted by the ME, three of which required further assessment to ensure that the full risk and detail of implementation had been considered. • The Capital, Estates and Facilities (CEF) Team to be moved and report into H&S directly. It was noted that there would be a subtle alteration to the job title to change "H&S" to "Compliance" as well as the removal of any potential or perceived self-governance by changing the ownership of the key H&S policies/procedures to the HHS. It was noted that any auditing of all Clinical Boards/Directorates should be carried out by H&S/NWSSP. • Fire Safety It was noted that the ME had decided that Fire Safety should move to H&S which meant the following: - There would be no changes to Terms & Conditions or Job Descriptions. - The only change would be the reporting line.	

Saunders.Nathan 03/28/2022 14:57:42

	- Capital, Estates and Facilities related projects would remain in “Business as Usual” (BAU). - Fire would be responsible by the Executive Director of People & Culture (EDPC). • Contractor Control It was noted that consideration would be given to revising the process applied to the management of Contractors and related activities to ensure a single unified approach. It was noted that where contractor work involved an impact upon the building fabric or infrastructure it would be controlled by CEF and the H&S department would continue to provide assistance to the Clinical Boards/Directorates for all other contract work. • Future Proofing It was noted that the HHS had spoken with the Shared Services’ Audit Services team and they would audit the H&S department on the findings of the external review. It was noted that the current workload for the H&S department included: • H&S Management System – The HHS advised the Committee that work had started which would lead to: - Gap Analysis – Standards/Policies/Procedures. - Standards/Policy Review. - RACI Matrix – Defining Responsibility, Accountability, those who should be consulted and those who should be informed. • H&S Policy - Policy Statement - Policy Document - EIHA • Setting of a H&S Strategy including objectives and Key Performance Indicators (KPIs) - Data would be obtained through the dashboard - Review of the risk management activities • Restructure of the H&S team - Modest increases made in line with current budget/resource. - Clinical Boards/Directorates to be supported.	

Saunders,Nathan
03/28/2022 14:57:42

	• New Datix system – The “go live” date would be April 2022. • Departmental ‘Down Day’ on 20th October 2021 - It was noted that the day would focus on the team as a whole and discussions would be had with regard to the actions from the review, consideration of the same and how to take them forward. **Health & Safety Dashboard update** It was noted that the dashboard had been running since April 2021 and had provided the Health Board with a consistent format and was quick and easy to navigate. It was noted that the dashboard could provide important data sets and would be used to set KPIs and other targets. It was noted that the dashboard could identify areas that struggled with compliance and performance. The CC asked if training had started on the new Datix. The HHS responded that a training session had taken place the month before with the main users. It was noted that a series of training programmes would be delivered once the new system was in place. The Independent Member – Legal (IML) asked what was meant by the “Health and Management System”. The HHS responded that the best way to describe it would be a series of folders laid out in a structure and provided the IML with an example: Training would be identified as “MS18” and have its own folder called “MS18”. Everybody would be aware that training sat in folder “MS18”. It was noted that it provided a uniform structure for all procedures across the Health Board. The HHS advised the Committee that the long-term aspiration would be to have all policies and procedures recorded in that way and noted that it would be a phased approach. The Director of Corporate Governance (DCG) advised the Committee that support would be provided to the HHS in the	

Saunders,Nathan
03/28/2022 14:57:42

	approach being taken and noted that setting up from the start gave an opportunity to start from a blank sheet which would help roll out the process in a consistent manner. **The Health & Safety Committee resolved:** a) The review findings from the Health and Safety report and also the work being undertaken as set out in the report in response to the review findings, were noted.	
HS 21/10/008	**Priority Improvement Plan Update – Verbal Update** The HHS advised the Committee that during the previously mentioned 'Down Day' being held in October, a Priority Improvement Plan (PIP) would be devised and brought to the Committee at the next meeting. **The Health & Safety Committee resolved:** a) The Priority Improvement Plan Update was noted.	
HS 21/10/009	**Fire Enforcement Report** The Fire Enforcement Report was received. The Head of Estates and Facilities (HEF) advised the Committee that he would present the report to Committee, although in future the same would be delivered by the Health and Safety team. It was noted that the pilot for face to face training which had been planned for several months had taken place the week before the meeting and that 2800 staff members had attended the events. It was noted that the Health Board already had a fire enforcement notice in place for Hafan Y Coed and a further notice had been received that week for A4 ward. The HHS advised the Committee that a further enforcement notice had been received for Hafan Y Coed, due to arson, which was currently being considered. It was noted that the enforcement notice received for A4 Ward regarded compartmentation of hardware in relation to fire control. The Executive Director of Public Health (EDPH) advised the Committee that it was particularly challenging to manage the enforcement notices for Hafan Y Coed. and noted that when	

Saunders,Nathan
03/28/2022 14:57:42

	the Smoking Cessation policy was in place, the fire service had met with the Health Board to build a good relationship and she asked that this be revisited. The HEF responded that meetings were held regularly pre-Covid and noted that they would be revisited with the HHS and the EDPC. It was noted that work would be continued with the Deputy Director of the Mental Health Clinical Board but the Committee was also advised that it was very difficult for ward staff because they could not search patients for ignition sources. The Staff Safety Representative (SSR) advised the Committee that a complaint had been received regarding the fire training provided in the Lakeside Wing (LSW). The complaint was that the room was overcrowded. It was noted that due to the nature of the sessions, any staff could attend the training unannounced. The HEF responded that similar comments had been raised from staff members. He added that it was a trial method of training due to the lack of fire safety training obtained by staff and, that overall, the programme had been a success. It was noted that that the venues would be evaluated based on the feedback forms and improvements could be then be made. The Independent Member – Local Community (IMLC) advised the Committee that he was concerned that Hafan Y Coed had received 2 fire notices and asked what steps were being taken to ensure that patients, who were more vulnerable or at higher risk, were being checked upon arrival to the unit. The HHS responded that the management team within Hafan Y Coed had been excellent and noted that following the arson incident, 2 investigations had been set up: • One with regards to the patient themselves and that would be led by the Patient Safety team. • One in relation to the environmental settings and that would be led by the HHS. It was noted that a “root cause” analysis was due to take place the following week and a team had been assembled to involve: • Ward staff on duty during the arson • The Fire Team	

Saunders,Nathan
03/28/2022 14:57:42

	• The Deputy Director of the Mental Health Clinical Board It was noted that the incident would be investigated and reviewed and any management system failures that occurred would be identified. The CC thanked the HHS for the reassurance and noted that excellent work and planning had been undertaken in relation to the fire enforcement notices. The HEF concluded that there were some processes in place when patients were admitted to Hafan Y Coed and the implementation of a device to find ignition sources was in place, although that required a further review. **The Health & Safety Committee resolved:** a) The update provided in relation to Fire Enforcement Compliance and Management Report was noted.	
HS 21/10/010	**Environmental Health Inspector Report** The Environment Health Inspector Report was received. The Committee was advised that it was a legal requirement that each hospital / food unit should be registered as a food premises with the Local Authority and were therefore subject to an annual inspection by Local Authority Officers. It was noted that during the pandemic, Environmental Health Office (EHO) inspections of those facilities had ceased because the risk of spreading infection was deemed an unacceptable risk. It was noted that since March 2021 the process had once again commenced and the following Health Board premises had been visited and inspected since the last Health and Safety Committee meeting: • Teddy Bear Nursery – UHW • Aroma Plaza Coffee Outlet – UHL • Food Production, Main Wards & Restaurant – UHL It was noted that 2 out of the above 3 had received a “very good rating” with the other receiving a “good” rating. It was noted that the food production had fallen from a 5 rating to a 4 rating but that significant work was being carried out at the food production unit to address any concerns.	

Saunders,Nathan
03/28/2022 14:57:42

	The Committee was advised that new drainage had been installed because the old system had given high readings of listeria and noted that the latest figures had significantly reduced. **The Health & Safety Committee resolved:** a) The achievements of those facilities with a 5/4 Food Hygiene Rating and the associated action plans were noted.	
HS 21/10/011	**Enforcement Agencies Report** The Enforcement Agencies Report was received. The Committee was advised that the Health and Safety Executive (HSE) wrote to the Health Board in September 2021 regarding concerns that had not been reported through RIDDOR in relation to work transmitted Covid-19 cases. It was noted that the context around RIDDOR reporting meant that reasonable evidence must exist that any illness or death due to Covid-19 was more likely than not caused by an occupational exposure. It was noted that the H&S team had written back to the HSE outlining the past, present and future positions of the Health Board. It was noted that the HSE had responded to the Health Board on the 16th September 2021 and had concluded that having reviewed the information supplied they were satisfied that the Health Board did have a system for gathering information and assessing if there was reasonable evidence to support Covid-19 cases in workforce due to occupational exposure, via the rapid assessment form process which was reviewed by the Health and Safety Team. The HSE added that in the response to them, the Health Board clearly acknowledged on the balance of probability there might have been Covid-19 related cases that the Health and Safety Team were not aware of over the course of the pandemic and were not therefore subject to the process. It was noted that the HSE were satisfied that this had been recognised and further monitoring measures had been put in place. It was noted that the HSE were also assured that the Health Board had captured and reviewed all 6 Covid-19 fatal cases to	

Saunders,Nathan
03/28/2022 14:57:42

	date and that they had taken the opportunity to separately and independently review two of the cases brought to their attention by the HM Coroner. It was noted that in both of the cases they had agreed with the Health Board's determination that they were not RIDDOR reportable. It was noted that the HSE had "closed out" the concern. The HHS advised the Committee that there was now a daily outbreak information sheet which would be used to collate data alongside the track and trace data currently being used. It was noted that there was an increase in forms being received from staff and that when a case of Covid-19 was identified, a form would be sent out to the relevant manager and the H&S team would follow that up. The SSR advised the Committee that he had reported the issue to HSE as the issue had previously been raised for a number of months. He added that he was deeply concerned that the Health Board had not been reporting any Covid-19 cases under RIDDOR and noted the lack of assurance he had around the processes. He noted that when looking at Covid-19 workplace risk assessments, he had identified areas where they had not been completed or if they had, they had not been shared with staff. He added added that he had been to areas recently within the Health Board where social distancing was not present. It was noted that all of the concerns raised related to the lack of communication within the Health Board. The SSR advised the Committee that he had seen the response provided by the HSE as he was the complainant. He provided the Committee with an example where, in the early days of the pandemic, he had been informed of one department which had identified issues with the lack of Personal Protective Equipment (PPE). As a result, the whole department had caught Covid-19 and noted that he did not agree that these sort of cases should not be reviewed. He added that when looking at the operational H&S groups, a number of Clinical Boards failed to attend on a regular basis	

Saunders,Nathan
03/28/2022 14:57:42

	and noted that some Clinical Boards did not have a H&S Committee. The SSR acknowledged that the Health Board were in the process of raising the profile of H&S. The IML asked if there was any guidance regarding the probability of catching Covid-19 in the workplace. The HHS responded that it was difficult to determine whether some COVID cases had been due to workplace transmission and one issue presented was that the probability of catching COVID in the workplace had to be “more likely” than not and the same had never been quantified. He added that people could catch Covid-19 on the way into work when on a bus, or a partner could pass it onto a staff member and any such cases would make it very difficult to identify as a workplace transmission. It was noted that the HSE had been assured by the Health Board’s responses. The IML asked if the Health Board had ever thought about getting a legal opinion on Covid-19 and asked how other Health Boards were dealing with it all. The HHS responded that obtaining legal advice was not something he had dealt since commencing his new role with the Health Board. He added that some Health Boards were reporting absolutely everything, but that would not be feasible for the Health Board. The IMLC advised the Committee that the Health Board should be prepared for a public inquiry and should also have regard to any legal cases that may be raised by staff members who believe they had contracted Covid-19 in the workplace. The EDPH advised the Committee that the issue with regards to workplace transmission was difficult and noted that it was more likely that Covid-19 had been caught in the community as opposed to the hospital settings, but noted that everybody would need to be assured that the Health Board had done everything in its power to mitigate the risks. She added that it would be prudent to revisit communications sent out to Clinical Boards.	

Saunders,Nathan
03/28/2022 14:57:42

	The HHS agreed and noted that targeted communications would be sent to Clinical Boards and Directorates. The DCG advised the Committee that a report would be presented to Board in November with regards to the COVID 19 Public Inquiry and noted that the Head of Risk and Regulation would liaise with the HHS. The SSR advised the Committee that the recommendations should reflect that the report had not just been "noted" as a number of actions had been identified. **The Health & Safety Committee resolved:** a) The Enforcement Agencies Report was noted and further actions were discussed which would be presented at the next H&S meeting.	
HS 21/10/012	**Regulatory and Review Body Tracking Report** The Regulatory and Review Body Tracking Report was received. The HHS advised the Committee that the concerns which had been raised regarding the ventilation in UHW theatres had now been dealt with satisfactorily . It was noted that the concern raised with the Health & Safety Executive (HSE) in relation to RIDDOR reporting of staff Covid cases was now closed. It was noted that all of the fire concerns raised in the report had also been closed. The Health and Safety Advisor (HAS) advised the Committee that the Tracking Report was provided twice a year and had recorded all of the enforcement actions in once place for the Committee to note. It was noted that the report was presented to the Committee to evidence that the relevant Board Committees were receiving reports and information regarding inspections undertaken by various inspection/review bodies as a key source of assurance. It was noted that the report provided information for the period 1st April 2021 – 24th September 2021 **The Health & Safety Committee resolved:**	

Saunders,Nathan
03/28/2022 14:57:42

	a) The Regulatory and Review Body Tracking Report was noted.	
HS 21/10/013	**Risk Register for Health and Safety** A verbal update regarding the Risk Register for Health and Safety was received. The HHS advised the Committee that it was “business as usual” and no significant changes had occurred to the Health Board. It was noted that the Risk Register would be reviewed alongside the PIP and the HHS advised the Committee that no major risks had been identified. The CC asked for an update to be provided at the next meeting in January 2022. **The Health & Safety Committee resolved:** a) The Risk Register for Health & Safety update was noted	
HS 21/10/014	**Lone Worker Device** A verbal update in relation to the Lone Worker Device was received. The HHS advised the Committee that work had been carried out to raise the profile of the devices, following which, usage of the same had increased. The CC asked if staff were able to use the devices easily and comfortably. The HHS responded that positive feedback had been received from all staff who used the devices. It was noted that the contract for the devices expired in 2022 and the future commissioning of the device would need to be considered. . **The Health & Safety Committee resolved:** a) The Lone Worker Device Report was noted.	
HS 21/10/015	**Policies for Approval:** **8.1.1 - Health & Safety Policy**	

Saunders Mclman
03/12/2021 14:57:42

	The HHS advised the Committee that the Health and Safety policy was a key document and that is was a statutory requirement to have one in the workplace. It was noted that the new policy statement should be widely accessible across the Health board and widely publicised to all staff. **8.1.2 - Violence and Aggression Policy** The HHS advised the Committee that the policy had been updated. . **8.1.3 – Minimal Manual Handling Policy** The HHS advised the Committee that the policy had been updated. . **The Health & Safety Committee resolved:** a) The Health and Safety Policy, the Violence and Aggression Policy and the Minimal Manual Handling Policy were approved.	
HS 21/10/016	**Fire Safety Annual Report Annual Report** The Fire Safety Annual Report was received. The HEF advised the Committee that the report is prepared annually and submitted to Shared Services and signed off by the Executive Director. It was noted that the annual report contained information which was often presented as part of the standard updates to the H&S Committee meetings. **The Health & Safety Committee resolved:** a) The Fire Safety Annual Report was noted.	
HS 21/10/017	**Sub Committee Minutes:** **i. Operational Health and Safety Group.** **The Health & Safety Committee resolved:** a) The Sub Committee minutes were noted.	
HS 21/10/018	**Items to bring to the attention of the Board/Committee**.	

Saunders,Nathan
03/28/2022 14:57:42

	The DCG advised the Committee that issues related to Covid reporting would be identified in the Chair's Report to be presented at the November Board meeting.	
HS 21/10/019	**11. Date and time of next Meeting** 25 January 2022 – 9am MS Teams	

Saunders.Nathan
03/28/2022 14:57:42

Unconfirmed Minutes of the Charitable Funds Committee
7 December 2021 9:00am – 11:00am
Via Microsoft Teams

Present:		
Akmal Hanuk	AH	Committee Chair / Independent Member - Community
Mike Jones	MJ	Vice Chair / Independent Member – Trade Union
In Attendance:		
Joanne Brandon	JB	Director of Communications
Marcia Donovan	MD	Head of Corporate Governance
Christopher Lewis	CL	Deputy Director of Finance
Fiona Jenkins	FJ	Executive Director of Therapies and Health Science
Ruth Walker	RW	Executive Nurse Director
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Observers:		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
Nicola Foreman	NF	Director of Corporate Governance
Rachel Gidman	RG	Executive Director of People and Culture
Sara Moseley	SM	Independent Member - Third Sector
John Union	JU	Independent Member - Finance

CFC21/12/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting.	**Action**
CFC21/12/002	**Apologies for Absence** Apologies for Absence were noted.	
CFC21/12/003	**Declarations of Interests** The Executive Director of Therapies and Health Science advised the Committee that she also worked for Cwm Taf Morgannwg University Health Board. **The Committee resolved that:** a) Save for the above declaration, no further declarations of interest were noted.	

Saunders,Nathan
03/28/2022 14:57:42

CFC21/12/004	**Minutes of the Committee Meeting held on 21 September 2021** The Committee reviewed the minutes of the meeting held on 21 September 2021. **The Committee resolved that:** a) The minutes of the meeting held on 21 September 2021 were approved as a true and accurate record.	
CFC21/12/005	**Committee Action Log** The Committee reviewed the Action Log and noted that all items were completed, included on the agenda or had been superseded. The Deputy Director of Finance (DDF) advised the Committee that the Rathbone Investment Update (CFC21/06/007) was still on the Action Log because information was required from some Independent Members. The Committee noted that he would ask for the information again which should then allow Rathbone to complete their checks. **The Committee resolved that:** a) The Action Log was noted.	**CL**
CFC21/12/006	**Chairs Action** No Chairs Actions were noted.	
CFC21/12/007	**Health Charity Financial Position & Investment Update** The Health Charity Financial Position Update was received. The DDF advised the Committee that there were two key issues to bring to the attention of the Charitable Funds Committee which included: • The Trustees agreed at their meeting of the 12th October 2021 to withdraw £0.250 million from the Charity's investment portfolio and that was received by the Charity on the 19th October 2021. • The stock market had continued its rally into the financial year with gains of £0.457 million to the end of October 2021. The Committee was advised that the year had started with a balance of £9.147 million and had received income of £0.742 million with expenditure of £1.179 million. It was noted that investment gains of £0.457million had been seen which meant that the fund balance had positively improved by £20,000 during the period and noted that the closing balance of the period was £9.167million.	

Saunders,Nathan
03/28/2022 14:57:42

	The DDF advised the Committee that there had been a reduction in the donations received in comparison to the previous year. He noted that whilst lockdown was easing, some social distancing rules had still existed and therefore the same were still likely to adversely impact upon normal fund-raising activities for the foreseeable future. The Committee was advised that the Charity had net current closing assets of £156,000 and £550,000 was now supported by cash. That meant that the cash position was good and would allow the Charity to ensure that necessary payments could be made. It was noted that the investment portfolio started the financial year with a market value of £6.368million and that the value had increased to £6.575 million at the end of October 2021. It was further noted that the same had included a cash withdrawal of £0.250 million in October 2021, which had resulted in a market value gain of £0.457 million of the period to date. The DDF advised the Committee that, in summary, the value of the Charitable Funds had increased by £0.020 million in the current year to £9.167 million and noted that the increase represented net expenditure of £0.437 million offset by market value gains of £0.457 million. The Committee was advised that whilst the Charity had a net worth of £9.167 million, it was structured upon undelegated and delegated funds where financial responsibility had been delegated to named fund holders and Heads of Service. Within the funds were general reserves with a value of £0.695 million made up of the following: • Consolidated general reserve fund balance of £0.238 million; • Year to date investment gains of £0.457 million; It was noted that against the general reserves the Charity had approved a number of bids which had resulted in significant financial commitments in the region of circa £0.521 million. The DDF advised the Committee that the Finance team would continue to monitor dormant funds and would transfer to general reserves, where appropriate, in line with the financial control procedure. Saunders,Nathan 03/28/2022 14:57:42 It was noted that the same had recently been carried out for the financial year ending 31st March 2021 and that the next review would be performed at the end of 2021/22. The DDF concluded that the key financial risk was the performance of the investment portfolio which was underpinning the year to date financial position and the general reserves balance.	

	The Executive Nurse Director (END) thanked the DDF for the clear information and noted that the graphs within the covering report had been helpful. The CC asked if the financial position data provided would cover the March to April financial year. The DDF responded that it did and added that Audit Wales were undertaking an audit of the Charitable Funds accounts which should be completed by the next Board of Trustee's meeting in January 2022. **The Committee resolved that:** a) The financial position of the Charity was noted. b) The latest income position was noted. c) The commitments against general reserves were noted.	
CFC21/12/008	**Financial training session on Charitable Funds** The Financial training session on Charitable Funds was received. The DDF advised the Committee that the training would be useful to explain the financial terminology associated with the Charitable Funds and how the financial data was collated and reported upon with reference to the Charity. The Committee was advised that 7 areas would be covered by the presentation, namely: • Legal status and purpose • Management of Charitable Funds • Delegation of Funds • Financial Performance • Investment Management • Reserves Policy • Other Financial Matters and Good Governance. • <u>Legal Status and Purpose</u> The DDF advised the Committee that the Cardiff and Vale University Health Board Charity was a registered charity formed in 2009 by virtue of Statutory Instrument 2009 No. 1558 "The National Health Service Trusts (Transfer of Staff, Property, Rights and Liabilities) (Wales) Order 2009. It was noted that the current published purpose of the Charity was; *"The work of the Charity is to enhance and support the services provided by the UHB which is primarily to provide day to day Health Services to around 500,000 people living in the Cardiff and the Vale of Glamorgan"*	

Saunders,Nathan 03/28/2022 14:57:42

- Management of Charitable Funds

The DDF advised the Committee that the Board of Trustee had overall management and control of the charitable funds and noted that, as per the Standing Orders, the Charitable Funds Committee had been established to ensure that each fund held on trust was managed appropriately with regard to its purpose and to its requirements.

It was noted that the Charity had an operational structure based upon the delegation of charitable funds to fund holders and that the funds were either “restricted” or “non-restricted”.

- Delegation of Funds

The DDF advised the Committee that there were a number of components to the Scheme of Delegations which included:

- Agreement of a budget holder for each individual fund should be given by the Executive Director of Finance (EDF).

- Approval for the use of charitable funds under £25,000 should be given by the budget holders.

- Approval for the use of charitable funds over £25,000 should be given by the Charitable Funds Committee.

- Approval of new staff expenditure should be given by the Charitable Funds Committee.

- Approval to use charitable funds over £125,000 should be given by the Board of Trustees.

- The investment of charitable funds should be authorised by the EDF

It was noted that there were 3 types of funds that could be designated. They were: -

Restricted funds – Funds used for specific purposes i.e. where an unequivocal restriction had been imposed by the donor.

Unrestricted funds – Funds which had been given to the Charity without any unequivocal restrictions imposed by the donor.

Endowment funds – It was noted that those funds arose when the donor had expressly provided that the capital remained unspent and only the investment income could be spent.

Saunders,Nathan
03/28/2022 14:57:42

The DDF advised the Committee that there were 26 delegated restricted funds, 243 delegated unrestricted funds and 3 endowment funds with a total of £6.274 million.

- Financial Performance

The DDF advised the Committee of the Financial Performance Year to Date and noted that the total funds were £9.167 million.

It was noted that of the closing fixed asset balance of £9.011 million, £2.436m related to Rookwood Hospital and the balance of £6.575 million related to the investment portfolio.

It was noted that of the net current assets closing balance of £0.156 million, £0.550million was supported with cash, and the balance of £0.394million represented net current liabilities.

- Investment Management

The Committee was advised that the Cardiff and Vale Health Charity had just followed a tendering process in order to appoint an Investment Manager for an initial period of three years with an option for a further 2-year extension.

It was noted that the Charity wanted to maximise the total returns on funds whilst it adopted a conservative policy on risk.

It was noted that the Investment Manager had delegated authority to purchase and sell investments as market opportunities were raised.

The DDF advised the Committee that the Charity had performed very well since March 2021 and noted that £0.457 million had been achieved in gains.

It was noted the withdrawal of investments from the portfolio would not increase the value of general reserves available to spend but it would increase the cash balance to support payments.

- Reserves Policy

The DDF advised the Committee that the current Reserves Policy stated that the Charity should hold the following reserves;

- A fixed asset investment reserve, based on 10% of the value of fixed asset investments (circa £657,000).
- A minimum of £500,000 to ensure that there was sufficient funds for on-going commitments.
- The reserve requirement was met within the value of unrestricted funds which could be undelegated and applied by the Trustee.

- Other Financial Matters and Good Governance

The DDF advised the Committee that the Staff Lottery Bids Panel had delegated authority to consider and approve funding applications from monies held in the Staff Lottery Fund up to a maximum of £10,000 against agreed criteria.

Saunders,Nathan
03/28/2022 14:57:42

It was noted that that costs of Finance administrative support were covered by dividend income and the residual amount was allocated to delegated funds. For 2020/21 the Finance department costs were £94,000, the internal and external audit fees were £29,000 and the

	Investment Management fees were £23,000. Those were offset by dividend income of £147,000. It was noted that all donations were allocated to delegated funds and general unspecified donations were assigned to the “Make it Better” fund. The Charitable Funds Team costs of circa £0.360 million were charged to general reserves and it was noted that the challenge provided to the team was to cover their costs by the following; - Recharging staff time against fund raising appeals; - Legacies income; - Contribution from the Make it Better fund. It was noted that in 2020/21 there had been an £83,000 contribution to costs; - Recharging staff time - £32,000 (for staff lottery); - Contribution from the Make it Better fund - £51,000. The DDF advised the Committee of the good governance and financial management arrangements which included: - The financial position was reported to the Charitable Funds Committee and Board of Trustee at the beginning of each meeting so as to inform other agenda items. The END advised the DDF that the training presentation should be taken to the Board of Trustee meeting because it was very informative and transparent. The EDTHS agreed and noted that budget holders would also benefit from the training. The DDF responded that he intended to deliver the presentation to some of his own senior team. The CC noted that he had always been keen that the Charity spent as much as they could and noted that it would be good to provide the training at Clinical Board level to make sure they understood the responsibilities. The CC asked if there were funds available to the Charity upon its formation in 2009. The DDF responded that there had been because funds had been split when the Health Board became a “trust” and noted that some of the funds where inherited. The END advised the Committee that it would be interesting to know how the different areas were spending their funds, but noted that it could be a very large piece of work due to the numbers involved.	**JB** **CL**

Saunders,Nathan
03/28/2022 14:57:42

	The DDF responded that there were 270 undelegated funds, some with hundreds of pounds and others with tens of thousands of pounds. He noted that all were active otherwise they would have been closed down and advised the Committee that it would extremely difficult to get a sense of the breadth of what was being done across all areas. The END advised the Committee that the work should be undertaken but noted the current operational pressures would affect that work and advised that the discussion came back to the Charitable Funds Committee about how that piece of work could be moved forward. The EDTHS advised the Committee that expenditure plans could be provided from fund holders. The DDF responded that it had been trialled in the past and had not worked. The Director of Communications (DC) advised the Committee that it was a very complex arena and highlighted 2 areas that had been identified by her team: - • The 270 fund holders had been written to and made them aware of their funds. • Writing to fund holders had created a whole host of work for Charitable Funds team and others, such as the Procurement, Finance the Capital, and Estates teams. The Committee resolved that: a) The Financial training session on Charitable Funds was noted.	
CFC21/12/009	**Health Charity - Internal funding** The Health Charity – Internal funding verbal update was received. The DC advised the Committee that at the last Board of Trustee meeting, Independent Members had asked for the costs of the fundraising team and to provide a paper in March 2022. It was noted that some preliminary costings had been done which included; • Actual costs of around £320,000 which did not include the salary of the DC or running costs contributed by the Health Board. • Within the team there were 3 people who undertook the fundraising (1 full time and 2 part time) with costs of £115,945.	

Saunders,Nathan 03/28/2022 14:57:42

It was noted that an analysis of the 3 fundraisers as well as other staff had been undertaken with regards to the amount of time spent on 6 areas which included:

- Working with all of the appeals and funds. It was identified that funds were easier to manage than an appeal because appeals took a lot of work with regards to advertisement, governance support and provided a lot of work for the Finance team.

- Bids (writing bids). It was noted that that Charity team wrote, researched and prepared for a huge number of bids and it took a long time to pull those together. It was noted that there was just over a 50% success rate with such bids.

  It was noted that some of the bids had included: -

- Enabling Natural Resources and Wellbeing scheme for £500,000 – that bid was currently under review.
- Active inclusion fund bid – that was accepted.
- Tesco bags for help (£1000) – that was successful.
- Woodland Heritage fund bid for £145,000 – was successful.

- Events and relationship building which was dealt with sponsorship and donations. It was noted that on 29th November 2021 the "Shine Bright" appeal was held where anybody could sponsor a light up star which was attached to the side of the hospital building.

- Management and administration – There had been 3 Kickstart employees and a large amount of administration to ensure good governance as well as all of the works across all appeals and funds.

- Spending of the funds. The separate appeals and funds generated a lot of work.

- Promotional activity. It was noted that there was one person dedicated to communications engagement and marketing and that it would be difficult to equate their value.

  It was noted that the promotional activity not only included fund raising, but that it also included matters such as bike checks (which had added to sustainable travel agenda), the provision of water stations at health care sites, the wellbeing service, and bucket collections for donations and community fundraising.

Saunders,Nathan
03/28/2022 14:57:42

The DC advised the Committee that the team had fundraised circa £1.8million.

It was noted that NHS Charites Together had awarded the Health Charity £259,800 following one of the bids put forward by the team.

	The DC concluded that the exponential growth of the Charity team would be shared in the update paper to be provided in March 2022. The END advised the Committee that quite often the work of the Charity was focused upon and not the people who worked within that Charity and she offered her thanks to the DC and her leadership of the team. The Independent Member – Trade Union (IMTU) agreed and noted that he had worked with the Charity for a number of years and he was impressed with the work that had been undertaken and was pleased to see that the team had grown. **The Committee resolved that:** a) The Health Charity - Internal funding update was noted	
CFC21/12/010	**Rookwood Hospital – Disposal Options & Update** The Rookwood Hospital – Disposal Options & Update was received. The EDTHS advised the Committee that she would take the report as read and noted that the Board of Trustee would need to see the report. **The Committee resolved that:** a) an update regarding the site disposal options early in 2022 was awaited; and b) the agreed proposal would be reported back to the Board of Trustees.	
CFC21/12/011	**Over £25k bids for approval** The over 25K bids for approval were received. **<u>3.1.1 – Welsh Transplant Game – 5-year funding – flexible funding between £25k and £40k.</u>** The DC advised the Committee that The Welsh Transplant Team (WTT) were requesting support for a longer term 5-year funding plan for the Welsh Transplant Team, to enable local transplant patients to participate in the British Transplant Games over the next 5 years. It was noted that the WTT were requesting support from the Health Charity specifically to cover the costs of the entrance fees for both the adult and paediatric team over the next 5 years. The DC noted that all of the information could be read in the report and advised the Committee that she would take the report as read. **The Committee resolved that:** a) The bid submission for funding to the maximum value of £40,000 (forty thousand pounds) to be spent over a five year	

Saunders,Nathan
03/28/2022 14:57:42

period in order to support the Welsh Transplant Team, as set out in the covering report and Appendix 1 to the said report was considered.

b) The bid submission was **approved.**

3.1.2 – Refurbishment of Resuscitation Training Room

The DC advised the Committee that the bid was for the refurbishment of the Resuscitation Service Training room and office because neither had been redecorated in the last 15 years.

Both were used daily and provide a training environment for clinical staff. The facility had some remedial work to cover ceiling cracks and the carpets had been fumigated due to carpet infestation.

It was noted that the bid had been approved locally by the Chair of the Recognition of the Acute Deterioration and Resuscitation Committee and the Surgical Clinical Board Director.

The END advised the Committee that her concern was that the bid covered matters which should be included within core business and thus should be funded by the Health Board. She noted that clarity was required for what was over and above "normal" business.

The DDF agreed with the END and noted that there was sufficient fiscal flexibility to deal with the bid within core business. He added that it could be considered outside of the meeting to identify an appropriate revenue route as opposed to a Charitable Funds route.

The DC advised the Committee that one of the areas alluded to within the bid was the timescale of the refurbishment and that there would be less clinical training between Christmas and the New Year. She highlighted that if the Charitable Funds Team wanted to go back to the bid author with a general "no", then it would be helpful to inform the bid team that some of their bid could be funded via alternative routes.

The DDF concluded that the window of opportunity was recognised and suggested that the author of the bid got in touch directly with the DDF.

The Committee resolved that:

a) The bid submission for funding to the value of £12,032.74 (twelve thousand, thirty-two pounds and seventy-four pence) for the refurbishment of the Resuscitation Training Room, as detailed in the body of the report was **noted**.

Saunders,Nathan
03/28/2022 14:57:42

3.1.3 – Employee Wellbeing Service.

	The DC advised the Committee that the bid was asking for £392,000 over two years (£196,000 per annum which equated to £12.25 per employee). The DC advised the Committee that in June 2019 the Board of Trustees of Cardiff & Vale Health Charity approved a bid which doubled the number of counsellors and introduced a new Assistant Psychological Therapy Practitioner (APTP) role within the Employee Wellbeing Service (EWS). It was noted that the funding was due to come to an end by February 2022 and fixed term contracts would be ending between December 2021 – February 2022. It was noted that attempts had been made to resource ongoing funding centrally, although that had been unsuccessful. As a result, the resources in EWS would be reduced by over 50% at a time when the Health Board and its staff were facing unprecedented pressures and the risks to staff wellbeing and the Health Board would be significant. The DDF added context to the information provided by the DC and noted that the original bid had been approved in 2019 and that it was a draw against general reserves which was one of the reasons why the Charity ended up in a position of overcommitment. He added that he did not believe the Health Charity could afford the bid and noted that it should be considered along with other priorities as part of next year's Integrated Medium-Term Plan (IMTP). The IMTU agreed with the DDF that the bid should be core business but noted that he was worried what would happen if the money was not available to cover the bid, based upon the statistics provided. The END added that it was a dilemma because it should be supported as a Health Board whether through the Health Charity or as core business. There was a time pressure given that there were staff with contracts coming to an end. She added that there should be discussion regarding how the Health Charity could support the EWS for a little bit longer whilst the Health Board confirmed permanent arrangements. The DC advised the Committee that she fully supported the bid because of the timeframe required and the continuity of the EWS. She added that if it was not supported and the service could not be funded as core business, a lot of staff would suffer, it could cause reputational damage to the Health Board if the service did not continue, and noted further that the bid also covered the strategic aims of the Charity. The DDF responded that he had looked at the amount of money available in general reserves and that amounted to £174,000, of which £20,000 to £40,000 had already been committed. He reiterated that the Health Charity could not afford the bid.	

Saunders,Nathan
03/28/2022 14:57:42

	The CC advised the Committee that the bid would need to be reviewed by the Executive Director of People and Culture (EDPC) and options should be discussed, whilst noting that everybody wanted to support the bid. The DDF responded that the Health Charity could provide some of the monies (that was, 1 quarter of the bid at £49,000) to avoid the service collapsing and that the same would underpin the service until the end of May 2022 whilst other options were being considered. The END asked if the pragmatic approach would be supported by the EWS whilst the Health Board considered the IMTP process. The DC responded that there had been a lot of frustration from the EWS staff. The CC advised the Committee that it should be escalated to the Trustees and noted that it should be put onto the agenda for the next Board of Trustee meeting. The DC asked for clarity that the Committee had approved £49,000 for the continuation of the service into the new financial year. The DDF responded that the service was being underwritten for another quarter whilst the Health Board and the Trustee considered its merit for investment. **The Committee resolved that:** a) The bid submission from the Employee Wellbeing Service for funding to the value of £392,000 (three hundred and ninety-two thousand pounds) to continue to support staff of Cardiff and Vale University Health Board, as detailed in the body of the report was **noted**.	**JB/DDF** **NS**
CFC21/12/012	**4.1 Fundraising Report** The Fundraising Report was received. The DC advised the Committee that the report could be taken as read. **The Committee resolved that:** a) The Fundraising Report was noted.	
CFC21/12/013	**Reporting Feedback on Successful CFC bids** The Reporting Feedback on Successful CFC bids was received. <u>4.2.1 - Bale Fund Expenditure Update</u> The DC advised the Committee that in the report there was an amount of money to the sum of £5,754.44 with a request to repurpose that sum and move it to the new outdoor havens.	

Saunders,Nathan
03/28/2022 14:57:42

	The END advised the Committee that the Bale Fund was UHW specific and noted her support for the bid. **The Committee resolved that:** a) The update provided in the report with regards to the use/spend of the allocated funding in relation to the named projects was noted. b) The request to repurpose the sum of £5,754.44 (five thousand, seven hundred and fifty-four pounds and forty-four pence) from the UHW Staff Haven Project to the Make it Better Fund, as outlined in the body of the report was **approved**.	
CFC21/12/014	**Staff Benefits Group Report** The Staff Benefits Report was received. **The Committee resolved that:** a) The Staff Benefits Group report were approved	
CFC21/12/015	**Staff Lottery Bids Panel Report** The Staff Lottery Bids Panel Report was received. **The Committee resolved that:** a) The content of the Staff Lottery Bids Panel Report was noted.	
CFC21/12/016	**Health Charity Updates:** • **4.5.1 – Wales and Africa (Rachel Gidman)** • **4.5.2 – Breast Centre Appeal – Annual Report** **The Committee resolved that:** a) The content of the Wales and Africa Annual Report was noted. b) The Breast Centre Appeal Annual Report, including the progress and activities of the said Appeal was noted.	
CFC21/12/017	**Any Other Business** The DC advised the Committee that she was required to move the Head of Arts and Health Charity (HAHC) to provide support to the EDPC and the EWS team in setting up the staff havens across all of the hospital sites. It was noted that it would involve a huge amount of work and added that the HAHC had also been asked to help set up the well-being hub in Maelfa.	

Saunders.Nathan 03/28/2022 14:57:42

	It was noted that the HAHC was also involved in the Queen's Green Canopy initiative which was connected to the Health Meadows project. The DC advised the Committee that to free up the HAHC for the required work, the responsibilities of some of her team would need to increase and so she asked the Committee to change a band 6 member of staff into a band 7 with a total cost of £1321. The END advised the Committee that assurance could be given that the HAHC would continue to work for the Health Charity also. **The Committee resolved that:** a) All other business was noted and agreed.	
CFC21/12/018	**Date and Time of Next Meeting** Tuesday 1 March 2022, 9:00am	

Saunders,Nathan
03/28/2022 14:57:42

Minutes of the Shaping Our Future Hospitals Committee
12th January 2022 at 09.30am
Via MS Teams

Chair:		
Rhian Thomas	RT	Independent Member - Estates
Present:		
John Union	JU	Independent Member - Finance
Gary Baxter	GB	Independent Member - University
David Edwards	DE	Independent Member - IT
Attendees:		
Nicola Foreman	NF	Director of Corporate Governance
Abigail Harris	AH	Executive Director of Strategic Planning
Edward Hunt	EH	Programme Director – Strategic Planning
Navroz Masani	NM	Clinical Board Director
Catherine Phillips	CP	Executive Director of Finance
Geraldine Johnson	GJ	Operations Director for Future Hospitals Programme
Observer:		
Marcia Donovan	MD	Head of Corporate Governance
Secretariat		
Nikki Regan	NR	Corporate Governance Officer

Item No	Agenda Item	Action
SOFHC 12/01/001	**Welcome & Introduction** The Chair thanked Navroz Masani (NM) for joining the Committee.	
SOFHC 12/01/002	**Apologies for Absence** **The Committee resolved that:** a) No apologies were given.	
SOFHC 12/01/003	**Declarations of Interest** The Independent Member – University declared an interest of being employed by Cardiff University who are a partner and stakeholder in SOFH. **The Committee resolved that:** a) Subject to the above declaration of interest, no further declarations of interest were noted.	
SOFHC 12/01/004	**Minutes of the previous Committee meeting – 13th October 2021** Edward Hunt noted some minor amendments were required and that he would send the same through to the Corporate Governance team.	

Saunders.Nathan 03/28/2022 14:57:42

	The Committee resolved that: a) Pending the above amendments, the minutes from the meeting held on 13th October 2021 were agreed as a true and accurate record.	
SOFHC 12/01/005	**Action log following the previous meeting – *No Action Log*** **The Committee resolved that:** a) There was no Action Log.	
SOFHC 12/01/006	**Verbal feedback on Infrastructure Investment Board** The EDSP gave a verbal update on the Infrastructure Investment Board which included the following points: – • There was a Welsh Government (WG) panel which received business cases. That panel included colleagues that sat in other departments. • The team was grateful to WG who had put in place a dedicated schedule of meetings. • A detailed presentation was given on the scheme. • Responses were provided to all questions which had been raised in advance. The EDSP noted that all questions regarding transport, affordability, balance of potential cost of the scheme were answered. Clinical members of staff have said that the current building did not best meet the needs of patients. No formal feedback following the meeting with WG had been received yet. Edward Hunt (EH) noted the need for NHS Wales to benefit from the project. Navroz Masani (NM) and the Interim Executive Medical Director (IEMD) put forward the current issues with UHW to highlight the case for a new hospital as opposed to "making do" with the existing hospital. The Executive Director of Finance (EDF) noted the difficulty with reaching a funding solution. In particular, there was a lot of old estate at the UHW. The Independent Member for University (IMU) questioned the scope and the remit of the meeting and queried whether any partner organisations had been represented at the meeting? The EDSP answered the following: –	

Saunders,Nathan
03/28/2022 14:57:42

- It was agreed not to overcrowd the meeting and thus two primary partners had attended (the University and WHSSC).
- It was noted that the University had its own capital schemes and they were not able to say if it was the UHW site that was to be redeveloped at this stage.
- WHSSC attended given the Health Board's role as a specialist and tertiary provider.
- Due to the affordability and challenges across Wales it was questioned how can the Health Board could help Government.
- One suggestion was to have set out a 15-20-year structure plan. It would help to shape that on an all Wales basis.

The Independent Member for Digital (IMD) noted the effect a new hospital would have on a patient's welfare. He expressed concern should there be a significant delay with building the new hospital. He queried what more could be done and at what point should a different approach be taken.

The EDSP noted the need to follow the five-stage business case model and that it was important to get the Programme Business Case (PBC) endorsed. She noted further that it was the Strategic Outline Case (SOC) which would unlock the timescales and set out the options.

The EDSP noted further that: –

- It was the SOC that would take the team through the pathways.
- Bone marrow transplant and critical care needed to be addressed.
- We would need a plan for BMT.

NM noted there was work to be done on why the infrastructure was failing and the need to make the infrastructure fit for purpose. The Health Board should increase its Critical Care services urgently.

The EDSP suggested that NM worked with EH to consider matters and the importance of engaging with the stakeholders (e.g. WHSSC and the University) and other Health Boards with regards to the regional delivery of services.

The EDSP commented that a report was due to go to the WG Cabinet and that her team had hoped to have more information on Friday. She had understood that the paper to be presented on Friday would be to support the endorsement of the PBC.

Saunders.Nathan
03/28/2022 14:57:42

The Committee resolved that:

a) The verbal feedback regarding the Infrastructure Investment Board was noted.

SOFHC 12/01/007	**Lifesciences Commercial Opportunities** EH provided an update which had included the following points: – • The PBC had proposed a research hospital for the future. • Even though the PBC had not yet been endorsed by WG, the decision was made to do some early work on the matter. • Hence Grant Thornton had been engaged and they had proposed to run 3 workshops, with the first workshop held on 21st December 2021. • The feedback from the first workshop had been positive. • The next workshop was due next month. The Independent Member for University (IMU) said he was pleased to have seen the notion for a research hospital being strengthened. The IMU noted that Grant Thornton were running a series of workshops. He questioned what experience Grant Thornton had and what other developments had they been involved with. EH noted that their experience includes Cambridge, UCLH (University College London Hospitals) and Manchester. The IMU noted the University had identified all the commercial life sciences operations in the South Wales region. He queried who could be involved in the opportunity? The EDSP noted the following: – • It represented a unique selling point. • Part of the work was to tease out the government strategy. • The strategy listed 8 areas of population health interest. • The work was accelerating on the City Edge Life Sciences Park and in relation to the relocation of the Genomics and the laboratories. EH questioned how the development of UHW 2 could stimulate growth. The IMU suggested the need to focus upon the hospital as a facility not just for delivery of high-class healthcare but to enable and support clinical and basic Life Science research. **The Committee resolved that:**	

Saunders,Nathan
03/28/2022 14:57:42

	a) The Committee noted the development of the Life Sciences Commercial Opportunities work.	
SOFHC 12/01/008	**Update on scoping of the SOC and the work of Grant Thornton** EH provided an update with regards to the scoping of the SOC and the work of Grant Thornton. He highlighted the 4 areas of work, namely: – - SOC Scope. - Clinical Transformation. - Buildings Survey Specification – the Health Board's Director of Capital and Estates and Facilities would commission a survey. - Digital Strategy refresh. The Chair questioned how Grant Thornton were being funded. EH confirmed they were being funded from the from the reduction in expenditure due to COVID. The Chair questioned whether a pot of money would be released when the PBC was approved. The Executive Director of Finance noted if the SOC was funded, it was not clear when the Health Board would receive the money. If it was received during Quarter 1, it would give some flexibility. The Chair questioned how Grant Thornton were being evaluated in relation to providing value for money. EH responded that: – • The PBC was excellent. • The Health Board did not have the capacity in house and thus were creating capacity by buying in the expertise. • The Health Board was looking to maintain the modelling from Light Foot. The EDSP explained that in relation to the next stages her team would be working closely with Procurement colleagues. The Health Board was also working closely with Hywel Dda Health Board as they were using an external consultant. EH explained that the Independent Members had been contacted given that the spend had increased beyond what was originally envisaged and that spend had been confirmed by Executive colleagues. **The Committee resolved that:** a) The approach described in the covering report was noted together with the advantage that early delivery of output could provide the Health Board whilst endorsement of the PBC was awaited.	

Saunders,Nathan
03/28/2022 14:57:42

SOFHC 12/01/009	**Service Lines for the Clinical Transformation** Navroz Masani gave a presentation and highlighted the following points: – • There were 6 steps and noted that the seventh step would be the output. • The Health Board did not have a specific Cancer Clinical Board, although conversations with Velindre would take place. • The team would pick two service lines to work with and Grant Thornton would play a part to help move that forward. • The major interventional groups were technology, workforce change, pathway improvement and channel change. That was work the Health Board could not do themselves without significant delay or investment. • Specific implications – these were the same priorities that the team had identified as cross cutting themes. • The intervention plan should align with work that the team were are already doing. • Grant Thornton did not want to take away existing plans. The Chair noted there was an opportunity to discuss what would be done over the next few years. The EDSP commented that the work that should be done irrespective of the SOC. Grant Thornton had made comments which were positive. Engagement was very important and her team would ensure that the patient's voice was heard in the development of the pathways. **The Committee resolved that:** a) The development of the Service Lines for Clinical Transformation work was noted.	
SOFHC 12/01/010	**Update on the Survey of the Infrastructure** The Committee received the update on the Survey of the Infrastructure report. EH provided an update on the following: - • Conversations had taken place with the Capital Estates and Facilities team to provide an initial report regarding the structural state of the UHW site. • There were particular areas of concern, with one being the tunnels under the hospital building. • The hurdle to demolish buildings would be challenging and the possibility to re-use some of the buildings.	

Saunders,Nathan
03/28/2022 14:57:42

	• Thought would be required with regards to how the buildings would meet “net zero” in terms of sustainability. **The Committee resolved that:** a) the development of the Survey of the Infrastructure work was noted.	
SOFHC 12/01/011	**Operational Lead Update** Geraldine Johnson (GJ) presented to the Committee and commented upon the following matters: • The focus would be upon multiple areas – - New hospital. - Shaping our Future Clinical Services (SOFCS) - Exploring design principles. • The team were looking to start communication and engagement. • Work was being undertaken for transformation centres. • There was a plan to gather intelligence in relation to new hospitals which had been built over the last 5 years and ones that would be opening in the next 5 years. • Careful thought was required to future proof and to support the SOFCS programme. The Chair queried what were the priorities in Quarter 4.GJ responded that during the next Quarter a key issue was to ensure engagement with frontline staff. The IMU asked at what point should there be engagement with local residents. EH commented that the team had liaised with colleagues in Hywel Dda HB and they had engaged with their population around sites and had asked for nominations on sites. He stated the Health Board were proposing to undertake some engagement later in the year. The IMU commented that he would not want local residents to find out via the media. EH responded that nothing could be released at the moment as a site had not been confirmed but he would liaise with the Communications team again. The EDSP commented that her team were liaising with the Consultation Institute to guide the Health Board with its engagement strategy. She noted that if the PBC was endorsed, the Health Board would have to be ready with appropriate “comms”. **The Committee resolved that:**	

Saunders.Nathan 03/28/2022 14:57:42

	a) The work planned for Quarter 4 2021/22 was noted.	
SOFHC 12/01/012	**Committee Terms of Reference - 2022/23** The Director of Corporate Governance (DCG) noted the Terms of Reference (ToR) were presented to the Committee every year for review. There had been no significant changes to the ToR. The DCG noted that a slight amendment to the ToR would be made in order to show how the Programme Board reported to the Committee. The IMU noted that the word "Shaping" had been introduced on the title page but had been omitted in the body of the document. The DCG said she would update the draft ToR to reflect the comments made. EH noted there were terms of reference for the Programme Board and that he would liaise with the DCG to ensure the purpose of both sets of terms of reference were aligned. The Chair noted the delegated powers to the Committee via the ToR. That included to review and approve and provide assurance to the Board. She queried if there was sufficient control for the Committee. The DCG noted the Committee did not have sight of the business cases coming forward. The Committee should consider how those could be reported to the Committee. **The Committee resolved that:** a) Pending the amendments to be made by the DCG, - (i) The changes to the Terms of Reference for the Shaping Our Future Hospitals Committee were ratified; and (ii) The changes were recommended to the Board for approval.	**NF**
SOFHC 12/01/013	**Committee Work plan - 2022/23** The DCG presented the draft Committee's draft Annual Work Plan 2022/23. **The Committee resolved that:** a) The Committee work plan for 2022/23 was reviewed; and b) It would be recommended to the Board for approval on 31 March 2022.	
SOFHC 12/01/014	**Committee Annual Report - 2021/22**	

Saunders,Nathan 03/28/2022 14:

	The Committee noted the report stated 3 Independent Members but ToR stated 4 members. **The Committee resolved that:** a) The draft Annual Report 2021/22 of the Future Hospitals Committee was reviewed; and b) The said Annual Report was recommended to the Board for approval.	
SOFHC 12/01/015	**Programme Board Minutes – 02.11.2021** EH noted that the Programme Board in December had not taken place, although the minutes from November's Programme Board meeting were presented to the Committee. The EDF suggested that it would be helpful to have a brief update report presented to the Committee rather than minutes. EH agreed to provide a brief update report instead of the minutes of the Programme Board's meetings. **The Committee resolved that:** a) The programme Board minutes from November 2021 were noted.	EH
SOFHC 12/01/016	**Review Programme Risk Register** The Committee received the Review Programme Risk Register. **The Committee resolved that:** a) The Programme Risk Register was noted.	
SOFHC 12/01/017	**AOB** The Chair requested the slides that were shown to the Investment Board were shared with the Committee. The Chair noted that as a future agenda item it would be helpful to have a session which explained the purpose of the SOC, terminology relating to the green book business model etc. The DCG suggested that it would be a useful session for all Board members and that she recommended the session be delivered at a future Board Development Session. The Independent Member for Digital (IMD) commented that he would like to see a very high-level plan outlining potential timescales for such a large project. **The Committee resolved that:** a) Any Other Business was discussed and noted.	AH NF

Saunders.Nathan 03/28/2022 14:57:42

SOFHC 12/01/018	**Items to be deferred to Board / Committee** **The Committee resolved that:** a) No items were deferred.	
	To note the date, time and venue of the next Committee meeting: **Wednesday 9th March 2022 at 9.00am**	

Saunders,Nathan
03/28/2022 14:57:42

CONFIRMED MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE GROUP MEETING HELD ON TUESSDAY 23 NOVEMBER 2021 CONDUCTED VIA MICROSOFT TEAMS

Present:	
Sam Austin	Llamau (Chair)
Frank Beamish	Volunteer
Jason Evans	South Wales Fire and Rescue
Iona Gordon	Cardiff Council
Shayne Hembrow	Wales and West Housing Association
Duncan Innes	Cardiff Third Sector Council
Geoffrey Simpson	One Voice Wales
Siva Sivapalan	Third Sector, Older Persons
Lauren Spillane	Carers Trust
Lani Tucker	Glamorgan Voluntary Services
In Attendance:	
Iqroop Chopra	Consultant Spinal Surgeon
Nikki Foreman	Director of Corporate Governance, UHB
Abigail Harris	Executive Director of Strategic Planning, UHB
Ian Langfield	Associate Programme Director for Tertiary and Specialist Service
Jon Watts	Head of Strategic Planning, UHB
Anne Wei	Strategic Partnership & Planning Manager, UHB
Keithley Wilkinson	Equality Manager, UHB
Apologies:	
Paula Martyn	Independent Care Sector
Tim Morgan	South Wales Police
Secretariat:	Gareth Lloyd, UHB

SRG 21/46 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

SRG 21/47 APOLOGIES FOR ABSENCE

The SRG **NOTED** the apologies.

It was **NOTED** that although not a member of the SRG, apologies had been received from Angela Hughes.

Saunders.Nathan 03/28/2022 14:57:42

SRG 21/48 DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 21/49 MINUTES AND MATTERS ARISING FROM STAKEHOLDER REFERENCE GROUP MEETING HELD ON 29 SEPTEMBER 2021

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 29 September 2021.

It was agreed that Action Logs be produced for future meetings

Action: Gareth Lloyd

SRG 21/50 FEEDBACK FROM BOARD

Nikki Foreman reminded SRG members that they were welcome to attend UHB Board meetings. She then drew the SRG's attention to some specific items discussed at the UHB Board meeting held on 30 September 2021.

- Patient Story – Centred on the importance of the Ophthalmology service.
- Welsh Health Specialised Services Committee (WHSSC) Annual Update – WHSSC is a committee of all the Health Boards in Wales. It spends £240m per annum on services from Cardiff and Vale UHB.
- Chair's Report - The low level of resources in the Chaplaincy service was highlighted and the service was thanked for continuing to provide an invaluable service. The Chair's Report also contained a digital update.
- Interim Chief Executive's Report – Caroline Bird had been appointed as Acting Chief Operating Officer from 1 October. The University Hospital of Llandough (UHL) Research Delivery Team have made it into the final of the Nursing Times Awards 2021 for 'Team of the Year'. The eye care team's project 'Eye care without boundaries: A true shared care vision for patient benefit in Wales', has been named a finalist in this year's HSJ Awards in the Workforce Initiative of the Year Category.
- Corona Virus Update Report - At the time the Report was written positivity rates in the 10-19 year old age group had reached 32% the majority with mild or no symptoms. C-19 hospital admissions were increasing slowly though admissions at that time were between a fifth and a quarter of the levels seen at the peak of the second wave in January 2021.

Saunders.Nathan 03/28/2022 14:57:42

- Board Assurance Framework – The Management Executive Team have agreed ten risks that will impact on the UHB's strategic objectives: workforce; financial sustainability; sustainable Primary and Community care; patient safety; sustainable culture change; capital assets; inadequate planned care capacity; delivery of Annual Plan; staff wellbeing; and exacerbation of health inequalities in Cardiff and the Vale.
- Performance Report - The Health Board is experiencing exceptional operational pressures. The current difficulties are being driven by our inability to achieve timely discharge of patients as opposed to it being a demand issue.
- Patient Safety, Quality and Experience Report – There have been a considerable number of complaints many regarding visiting restrictions and the immunisation programme. Abigail Harris explained that the vaccination complaints were frequently about not receiving appointments stemming from a lack of understanding of the phasing of the vaccination programme.
- The South East Wales Vascular Network Business Case and South East Wales Acute Oncology Service Business Case were both approved.
- C-19 recovery schemes were approved for submission to Welsh Government
- The award of contract for the UHL CAVOC theatres was approved
- Pharmaceutical Needs Assessment was approved and has now been published.

The SRG enquired whether workforce issues were impacting on service delivery. Abigail Harris explained that the UHB was struggling with recruitment and retention in some areas and there were significant pressures in nursing in particular. The UHB has an action plan in place to address these problems and an ongoing programme of recruitment. One element of this is a rolling programme of ethical international recruitment. This is quite expensive but the results have been positive. The UHB is also offering enhanced pay rates to attract staff to some areas. Despite these pressures it remains essential that staff continue to take their annual leave and breaks.

SRG 21/51 MAKING EFFECTIVE STRATEGIC CHOICES

The SRG received a presentation from Jon Watts on the UHB's approach to prioritising its strategic objectives.

The SRG then discussed the presentation and raised a number of questions and made several observations.

Saunders.Nathan
03/28/2022 14:57:42

- There could potentially be conflict between what the general public and UHB consider to be priorities
- The prioritisation process might identify areas for disinvestment as well as investment.
- Health promotion initiatives should be used to reduce demand. Abigail Harris explained that the UHB was investing in an initiative in one of the Primary Care GP Clusters that sought to identify individuals with pre-Type 2 Diabetes at an early stage and offer advice to them on how they can prevent developing Type 2 Diabetes.
- Physiotherapy could reduce the number of women requiring surgery for pelvic floor prolapse.
- Should success be measured by numbers treated or quality of outcome? Jon Watts stated that if the number of patients treated increases but outcomes do not improve it is questionable whether this represents a good return on investment. Abigail Harris explained that patient outcome is a key driver in the UHB's Shaping Our Future Wellbeing Strategy.
- There is a perception of over intervention in some areas with too much emphasis on surgical interventions.
- The UHB's objectives should be clearly defined and agreed before specific prioritisation metrics are developed. Abigail Harris explained that all requests for investment in new services must be accompanied by an explanation of how they would assist the UHB in meeting one or more of its strategic objectives.
- There must be equality of access to services
- The UHB should invest in third or private sector provision if they are able to provide a better service or achieve better outcomes.

It was agreed that Jon Watts would provide an update on the UHB's approach to prioritisation at a future meeting.

Action: Gareth Lloyd/Jon Watts

SRG 21/52 MODERNISING SPINAL SERVICES IN SOUTH WALES

The SRG received a presentation from Mr Iqroop Chopra and Ian Langfield on modernising Spinal Services in South and West Wales.

The SRG was informed that spinal disorders cost the NHS more than £1000m per year (National Institute for Clinical Excellence 1998). There is currently no regional strategy for commissioning or delivering spinal services in South and West Wales. Following discussion with the NHS Wales Health Collaborative Executive Group, the Cardiff and Vale UHB and Swansea Bay UHB Regional and Specialised Services Provider Planning Partnership established a project

Saunders.Nathan 03/28/2022 14:57:42

to clarify the service model and patient pathways and to identify actions to address gaps in the current system.

The Spinal Surgery Project was launched in October 2020 and the final report was submitted to the Project Board in March 2021. It concluded that there was a need for a clear strategy for delivering and commissioning spinal services, and recommended the development of a network model underpinned by an Operational Delivery Network (ODN). It also recommended that a shadow/interim network should be established as soon as possible. This shadow network is in the process of being established, with the aim of launching the ODN on 1 April 2022, with the commissioning responsibility being delegated from Health Boards to WHSSC.

The SRG was then asked to consider some specific questions.

- How can we establish effective engagement with service users i.e. patients with existing spinal disorders?
- How do we develop experience and outcome measures for spinal surgery which are meaningful to service users?
- How do we promote public health and prevention interventions for common spinal disorders?

The SRG raised several questions and made a number of observations.

- What is the current waiting time for spinal surgery and is there variation across South and West Wales? Mr Chopra explained that whilst there had not been an impact on emergency surgery, the waiting times for urgent and non-urgent spinal surgery had increased in all centres in South and West Wales as a result of the pandemic
- What is the principal cause of litigation in spinal surgery? Mr Chopra explained that spinal surgery was one of the most litigated surgical specialities, and that the principles causes for litigation include delays in the patient pathway and suboptimal outcomes
- A number of spinal conditions are preventable. A comprehensive public education plan is required to educate people to understand how they can prevent developing these conditions. It was noted that information is available on line.
- It was agreed that all partners have a role in educating the public.
- It was noted that spontaneous resolution of most disc disease was a fact and would be reflected in the patient pathways.

Saunders,Nathan
03/28/2022 14:57:42

SRG 21/53 ANY OTHER BUSINESS

Keithley Wilkinson
Keithley Wilkinson informed the SRG that he was attending his final SRG meeting as he would shortly be leaving the UHB. He thanked the SRG for supporting the equality agenda and wished the SRG continued future success.

On behalf of the SRG, the Chair thanked Keithley Wilkinson for his contribution to the SRG.

SRG 21/54 NEXT MEETING OF SRG

Microsoft Teams meeting, 1.30pm-4pm Tuesday 25 January 2022.

Saunders.Nathan
03/28/2022 14:57:42

LOCAL PARTNERSHIP FORUM MEETING

Wednesday 1 December 2021 at 10am, via Teams

Present	
Dawn Ward	Chair of Staff Representatives – BAOT/UNISON (co-Chair)
Ruth Walker	Executive Director of Nursing
Steve Gauci	UNISON
Zoe Morgan	CSP
Pauline Williams	RCN
Stuart Egan	UNISON
Abigail Harris	Exec Director of Strategic Planning
Steve Curry	Interim Deputy CEO (for Stuart Walker)
Lianne Morse	Assistant Director of Workforce
Janice Aspinall	RCN
Fiona Kinghorn	Executive Director of Public Health
Joanne Brandon	Director of Communications
Andrew Crook	Head of Workforce Governance
Julia Davies	UNISON
Judith Hernandez del Pino	Operational Delivery Director (for Caroline Bird)
Jonathan Pritchard	Assistant Director of Workforce Resourcing
Mat Thomas	UNISON
Katrina Griffiths	Interim Head of HR Operations
Fiona Salter	RCN
Catherine Phillips	Executive Director of Finance
Claire Whiles	Assistant Director of OD
Rhian Wright	RCN
Peter Hewin	BAOT / UNISON
In attendance	
Judith Hill	Head of Integrated Care
Caitlin Thomas	Management Graduate Trainee
Apologies	
Rachel Gidman	Executive Director of People and Culture
Stuart Walker	Interim Chief Executive
Caroline Bird	Deputy COO
Mike Jones	Independent Member – Trade Union
Nicola Foreman	Director of Governance
Jonathan Strachan-Taylor	GMB
Lorna McCourt	UNISON
Meriel Jenney	Interim Medical Director
Ceri Dolan	RCN
Rebecca Christy	BDA
Joe Monks	UNISON
Secretariat	
Rachel Pressley	Workforce Governance Manager

Saunders,Natalie
03/28/2022 14:57:42

LPF 21/073 WELCOME AND APOLOGIES

Dawn Ward welcomed everyone to the meeting and apologies for absence were noted.

DW noted that this was Stuart Egan's last LPF meeting as he was retiring from the Health Board. DW thanked SE for everything he had done over the years, in this Forum and in his many local, regional and national roles, and wished him all the best for the future

DW advised that Janice Aspinall had been elected as Lead Staff Representative for Health and Safety, and Lorna McCourt had been elected as Lead Staff Representative for PCIC Clinical Board.

LPF 21/074 DECLARATIONS OF INTEREST

There were no declarations of interest in respect of agenda items

LPF 21/075 MINUTES OF THE PREVIOUS MEETINGS

The minutes of the meetings held on 21 October 2021 were agreed to be an accurate record of the meeting.

LPF 21/076 ACTION LOG

The Action Log was noted.

Judith Hill was in attendance to give an update on the D2A model. She reminded the Forum that the Local Authorities were struggling to meet the demand for support, especially domiciliary care, social work and care staff. In addition, many patients were presenting at hospital in a more frail state because covid and isolation meant that they had experienced deconditioning and this in turn led to longer admissions and more complex needs. This had led to a significant demand and backlog in the hospital setting with over 200 medically fit inpatients who should be preparing for discharge. JH advised that the Local Authorities met regularly with our Executive team and joint action planning was taking place around recruitment, training and support of carers. Twenty transitional care beds had been opened in Glan Ely Ward, St David's Hospital which required less nursing established than traditional wards. Medical cover had initially been challenging but from this week would be provided by the CAV 24/7 colleagues in Primary Care. JH reiterated that there was a significant amount of activity going on to support the Local Authorities and patients including commissioned support from the 3rd sector to provide end of life care and relieve pressures on the domiciliary care services. Ruth Walker thanked staff for the flexibility they had shown by moving round the system to support the management of these pressures.

LPF 21/077 INTERIM DEPUTY CHIEF EXECUTIVES REPORT

Steve Curry reiterated what RW had said, thanking everyone for their extraordinary continued efforts, sometimes in circumstances which are more challenging now than they were in the acute covid phase. He said that the loyalty and dedication shown was humbling.

SC updated LPF on the following topics:

- There are significant pressures across the system. While there has been some improvement in the covid element of these pressures the benefits have not been seen yet and many patients require complex care before they can be discharged home. Efforts are being made locally, regionally and nationally to mitigate these pressures and improve the patient experience and the conditions staff are working in.
- Reset and Recovery continues at pace to develop the 5 programmes. £25m funding has been received and allocated and any slippage money is being used to support the schemes and our staff. Currently we are doing about 84% of the work we were doing pre-covid, but

Saunders,Nathan 03/28/2022 14:57:42

this needs to be significantly increased before the backlogs can be addressed. Dedicated ophthalmology theatres should be open and at full capacity after Christmas.

- There is a very uncertain picture of the Omicron variant and it will take a few weeks to understand the severity and impact. However, vaccine delivery has been accelerated on the advice of the JCVI and work is being undertaken to improve the workforce sustainability of the team.
- The wellbeing of our workforce remains a high priority and action is being taken to sustain and expand services including the implementation of a Health and Wellbeing Plan and a range of additional measures such as hydration stations, updating and supporting line managers, EWS advice and workshops

Fiona Kinghorn provided some additional detail around the Omicron variant. She noted that there had been high community circulation of the Delta variant but this was now starting to come down. The key message was to continue to take reasonable measures to keep safe. In addition significant efforts were being made to provide the flu vaccine. Omicron had been identified as a variant of concern and although there were no confirmed cases in Wales it was likely to only be a matter of time. It was thought that Omicron is more transmissible but further study is required. The UK had adopted an early detection and containment approach which involved travel restrictions and accelerated vaccination programme. However, this means that additional staff are required and needs to be balanced with other needs across the organisation.

DW indicated that the BMA have called for FFP2 masks to be considered. RW advised that within the UHB we have lots of FFP2s already in place, but she would ask the PPE Cell for a written update and would share this with the Forum.

Action: Ruth Walker

In relation to social distancing, RW indicated that the Executive team had intended to discuss reducing the recommended distance from 2m to 1m, however, in the current circumstances the IPC Cell have been asked to reconsider the position and give a recommendation. RW noted how important it is to comply with the rules. She advised that while visiting numbers remain restricted family groups were now attending the concourse and meeting in-patients there. As a result patients were being asked to not leave the ward area where possible and RW asked for LPFs support with this. Peter Hewin requested that when a decision about physical distancing is made it is communicated very clearly and with no ambiguity.

SC gave assurances that guidance will be implemented and precautions taken. However, he pointed out that as well as protecting from harm we are actually creating other harms and decisions need to be made on a balance of risk. He explained that there has been a maturity of though between waves 1 and 3 and we have learnt of the harm caused by the shutdown of services. This means that moving to a 1m distance might be the right thing to do, subject to the guidelines issued.

RW advised that guidance is due to be issued on the use of Christmas decorations. While we want to celebrate Christmas and enable a good patient and staff experience, it is important to protect our staff and patients through IP&C measures. RW asked LPF members to provide support in this matter.

Saunders,Nathan (...)
03/28/2022 11:55:42

LPF 21/078 IMPLEMENTATION OF THE SMOKE-FREE PREMISES AND VEHICLES REGULATIONS

Legislation requires that all hospital grounds are smoke-free and the Health Board must take reasonable steps to manage and monitor smoking. Experience has shown that education

and support is not sufficient to create the required change so the Management Executive Team decided that enforcement options needed to be considered and agreed.

Complaints relating to smoking continue to be received from staff, patients and visitors. Since the introduction of dedicated no smoking patrols in 2014, over 16,000 smokers have been challenged, the greatest numbers of smokers being visitors. A survey was undertaken recently and of the 300 people who responded, 96% were in favour of the legislation and 81% agreed there should be dedicated officers, able to issue fixed penalty notices, on hospital grounds.

The proposal is for a designated team to be employed who will sit with Security Services. They will be trained to signpost to available support but will be able to issue FPNs which are then processed by the Local Authority. FK asked for support and endorsement from the LPF.

Mat Thomas supported the proposal but expressed concerns that smokers within the workforce might smoke in secret which increased the threat of fire and wondered if smoking shelters were a good idea. He also suggested that the enforcement officers should work in pairs as the response given when challenging people who are smoking if often unpleasant. FK advised that smoking shelters would be a step backwards and would not be endorsed. The enforcement officers will sit within the Security team but will have a designated role and will not be carried out by Security Officers.

Rhian Wright expressed mixed feelings about challenging people who have received bad news. FK empathised with this and assured the Forum that the enforcement officers would be trained to handle the situation sensitively, but reminded members that it is illegal to smoke on site and we have an obligation to enhance our stance.

The Local Partnership Forum gave their support and endorsement to the proposals outlined to support the implementation of the Smoke-Free Premises and Vehicles Regulations.

LPF 21/079 OPERATIONAL UPDATE

Judith Hernandez del Pino was in attendance to provide an Operational Update. She reminded the Forum of the collective context including the unique circumstances faced, winter pressures but without the traditional seasonal dip, a workforce which is mentally and physically tired, patients who have waited a long time for planned and elective care, and the unpredicatability of covid varients.

Currentl pressures faced included the high number of medically fit patients and deconditioning which can lead to long stays even for relatively simple admissions.

In order to tackle this a site based leadership model was being introduced to enable a system wide, co-ordinated response. This approach is temporary but allows delegated authority and autonomy to enable timely decision making. Strong tiangualtion with PCIC and the Local Authorities is also in place.

Saunders Nathan
03/28/2022 14:57:42

JHdP highlighted the next steps which have been identified around systems, processes and capacity and provided a high-level timeline against the unscheduled care schemes. The need to be prepared for surges and spikes was noted, along with the need to continue to hold system risks collectively.

DW said that although she has challenged the silo approach for years, staff representatives are now hearing concerns from staff about possible transmission as they are being moved around and spare planned capacity is being used elsewhere. JHdP advised that one of the benefits of the site based leadership approach is that they will be better able to articulate decisions like this and help staff understand the reasons behind the things they were being asked to do.

A copy of the slides will be circulated after the meeting

Action: Judith Hernandez del Pino

LPF 21/080 INTEGRATED MEDIUM TERM PLAN

The Local Partnership Forum received a summary report providing an update to members on the decisions taken to date and seeking views, in particular on the design of the plan. Abigail Harris eminded the Forum that we are now into the 3 year planning cycle with a requirement for financial balance, however discussions are now taking place to frame what will happen beyond *Shaping our Future Wellbeing* and 2025.

AH advised that the IMTP needs to:

- Respond to the 10 ministerial priorities, more detail is expected on these
- Be be clear about how we will deliver the next SOFW milestones in the conext of covid and operational pressures
- Make a link to the strategic programmes.

Feedback received to date was that the Plan needed to focus less on narrative and more on numbers, but there was a need for balance given the number of uncertainties. There had been a lot of good work taking place and we want to build on and consolidate that but early indications suggest that the financial allocation for 2022-3 will not be sufficient to enable all the investment we want to make which means that it is necessary to start teasing out the emerging priorities.

PH noted that the IMTP used to describe the financial cuts for the following year but has now shifted towards a more aspirational document. He asked if that meant that if something particular e.g. estates improvements were not listed they would not take place. AH confirmed that the Plan was a strategic plan and did not attempt to describe everything we do as an organisation.

LPF 21/081 WORKFORCE RESOURCING

Jonathan Pritchard delivered a presentation on workforce resourcing. A new team has been established with JP appointed as Assistant Director of Workforce Resourcing for a two year period

Saunders,Nathan
03/28/2022 14:57:42

A number of actions have already been taken and additional ideas have been put forward for further exploration under three areas: Attract; Recruit; and Retain. JP explained that this was one of themes of the People and Culture Plan and he was working closely with Pauline Williams on this.

It was agreed that due time pressures this item would be picked up and discussed in more detail at the Workforce Partnership Group.

Action: Jonathan Pritchard

LPF 21/082 PEOPLE DASHBOARD INCLUDING SICKNESS DEEP DIVE

Katrina Griffiths provide the Forum with highlights from the deep dive into sickness, noting that:

- Monthly sickness is normally in the range of 4.50% to 6%. The absence is usually lowest in the spring and highest in the winter, with a second smaller increase during summer holiday season.
- With the exception of COVID-19 (the abnormal spike between March and June 2020) absence last year followed the normal pattern. The winter spike of absence at the end of last year was however higher than usual; 6.7% in December 2020 and January 2021 was a 5-year high.
- Since March of this year the sickness rates have not followed the usual pattern, but have risen steadily.
- The target for the UHB is 4.6%. The absence rate for September 2021 is the highest it's ever been for this time of year, and the absence rates are approaching that for the peak of the COVID-19 pandemic last year. October 2021 has risen further to 8.11%, again significantly higher than sickness rates reported for October in the last 5 years.
- The top reason for sickness is Stress, Anxiety, Depression followed by Colds, Coughs and Flu.
- Additional Clinical Services, which includes HCSWs has the highest sickness rate reported and Nursing and Midwifery has seen a significant increase since September 2020.
- The Occupational Health Service is currently experiencing a 43% increase in the number of management referrals being sent by managers who are seeking advice to support the wellbeing of their staff. This has impacted on waiting times, which have increased from 3-4 weeks to 8 weeks and are anticipated to continue to increase although further resource has now been put in place to help with the increase in management referrals.
- The key priorities going forward are in line other discussions during this meeting, including the promotion of our Wellbeing Strategy and Plan and the promotion of the People and Culture Plan. Further priorities are listed in the report.

It was agreed that a more detailed discussion would take place at Workforce Partnership Group.

Action: Katrina Griffiths

Fiona Salter expressed concern that there was now a 12 week wait for management referrals to Occupational Health and asked what could be done to expediate this. Claire Whiles agreed that the wait for PECs (pre-employment checks) and sickness referrals had gone up, but advised that the situation was being managed. Additional resource had been engaged through an agency to tackle the PECs and additional clinics had been secured in January – March, through December was still proving problematic.

Saunders,Natalie
03/28/2022 14:57:42

DW challenged the Executive team members around funding for the Employee Wellbeing Service. She said that she was not happy to hear that this had been reduced by 50% and asked for further discussion around it given that staff were working in the worst conditions every seen and with low training rates.

LPF 21/083 INTEGRATED PERFORMANCE REPORT

The Local Partnership Forum noted the Integrated Performance Report.

FS expressed disappointment that as the meeting had over-ran it had not been possible to discuss the contents of the Quality, Safety and Experience Report again. She stated that she believed this was our primary purpose and asked for it to be higher up the agenda in future meetings.

LPF 21/084 EPSG MINUTES

The Local Partnership Forum noted the minutes of the Employment Policy Sub Group Meeting held on 10 November 2021.

LPF 21/085 STAFF BENEFITS REPORT

The Local Partnership Forum noted the report from the Staff Benefits Sub Group.

LPF 21/086 REVIEW OF THE MEETING

DW asked the Forum for any thoughts on how to improve the way the meetings were run to ensure that the right items were on the agenda and were discussed adequately. Any suggestions should be shared outside of the meeting.

LPF 21/087 A**NY OTHER BUSINESS**

There was no additional business for consideration by the Forum.

LPF 21/088 FUTURE MEETING ARRANGEMENTS

The next meeting will be held on Thursday 17 February 2022 at 10 am with a staff representatives pre-meeting at 9am. The meeting will be held remotely.

Saunders,Nathan
03/28/2022 14:57:42

Minutes of the Public Audit & Assurance Committee
Held on 9th November at 09.00
Via MS Teams

Chair:		
John Union	JU	Independent Member for Finance
Present:		
David Edwards	DE	Independent Member for ICT
Mike Jones	MJ	Independent Member for Trade Union
Ceri Phillips	CP	Vice Chair
In Attendance:		
Helen Lawrence	HL	Head of Financial Accounts & Services
Urvisha Perez	UP	Audit Wales
Robert Mahoney	RM	Assistant Director of Finance
Nicola Foreman	NF	Director of Corporate Governance
Rachel Gidman	RG	Executive Director of People & Culture
Catherine Phillips	CP	Executive Director of Finance
Meriel Jenney	MJ	Interim Executive Medical Director
Aaron Fowler	AF	Head of Risk & Regulation
Ian Virgil	IV	Head of Internal Audit
Mark Jones	MJo	Audit Wales
Wendy Wright	WW	Deputy Head of Internal Audit
Observers:		
Murray Gard	MG	Internal Audit
Marcia Donovan	MD	Head of Corporate Governance
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Darren Griffiths	DG	Audit Wales

Item No	Agenda Item	Action
AAC 21/11/09/001	**Welcome and Introductions**	
AAC 21/11/09/002	**Apologies for Absence** **The Committee resolved that:** a) Apologies were noted.	
AAC 21/11/09/003	**Declarations of Interest** **The Committee resolved that:** a) No declarations of interest were noted.	
AAC 21/11/09/004	**Minutes of the Committee meeting held on 7th September 2021** Mark Jones (MJo) noted there were some amendments to be made regarding the wording on page 5 and the Action Log. **The Committee resolved that:**	

Saunders,Nathan 03/28/2022 14:57:42

	a) Subject to the above amendments being made to the draft minutes of the meeting held on 7th September 2021, the draft minutes be approved as a true and accurate record of the meeting.	
AAC 21/11/09/005	**Action log following meeting held on 7th September 2021** **The Committee resolved that:** The Action Log was discussed and noted.	
AAC 21/11/09/006	**Any other urgent business: To agree any additional items of urgent business that may need to be considered during the meeting** **The Committee resolved that:** a) No other urgent business was noted.	
	Items for Review and Assurance	
AAC 21/11/09/007	**Internal Audit Progress Report** Ian Virgil (IV) presented the Internal Audit Progress Report (the Report) and highlighted the following – • Five audits were highlighted that, due to current pressures, were not ready for the November Audit Committee. • Surgery Clinical Board audit report had been issued in draft. • Section 3 of the Report showed the two audits which had been finalised since the last Committee meeting. • The report contained a brief explanation of the current pressures faced by the Health Board which had impacted upon the delivery of the 2021/22 Internal Audit Plan. • It was acknowledged that if the current pressures continued and /or deteriorated over the Winter, the audit could be deferred until further in the year. • Due to delays and COVID, the previous report was not finalised until May 2021. • A postponement of some audits could be appropriate, and a report would be taken to the Health Board's Management Executive for discussion and would be referred back to February's Audit Committee. The Committee Chair queried whether any other Health Boards were in a similar position to Cardiff and Vale Health Board with regards to the delayed internal audits. IV confirmed that all other Health Boards were in the same position. **The Committee resolved that:** a) The Internal Audit Progress Report, which included the findings and conclusions from the finalised individual audit reports, were considered; and	

Saunders,Nathan
03/28/2022 14:57:42

	b) The proposed amendments to the Internal Audit Plan for 2021/22 were approved.	
AAC 21/11/09/008	**Self-Assessment of Internal Audit (NHS Wales Shared Services Partnership) and Audit Wales – Results** The report relating to the Self-Assessment of Internal Audit and Audit Wales was received. The Director of Corporate Governance (DCG) highlighted the following – • That it was a self-assessment to illustrate how Internal Audit and Audit Wales were performing. • A questionnaire was sent out to 18 people, and had received a response rate of 67%. All responses received were positive. • An information session in relation to the work of Internal Audit and Audit Wales could be facilitated for Independent Members. • The Committee noted that Audit Wales were audited by a private firm. **The Committee resolved that:** (a) the results of the Audit Committee assessment of effectiveness of Internal Audit and Audit Wales were noted.	
AAC 21/11/09/009	**Audit Wales Update** The Audit Wales update was received. The Committee noted that the audit of the 2021/22 accounts would start in the New Year. Urvisha Perez highlighted the following: – • A report on staff well-being was discussed and noted. • The Health Board's management response would be presented in February 2022. • Work was being progressed in relation to the Orthopaedics service review. • The Structured Assessment report would be considered at the next Board Development Session. The Committee noted that in terms of the various public services, the focus was on Healthcare, albeit a whole system change had been raised and discussed. UP commented that that the issue of a whole system change was something that was considered in all of the audits. The Committee noted the document entitled "Taking Care of the Carers?" and recognised the work that was being taken	

Saunders.Nathan 03/28/2022 14:57:42

	forward to help engage and support a resilient workforce during the pandemic. The recent publication entitled “A Picture of Public Services” was discussed. The Committee noted that paper provided a high-level analysis of trends across public services and had considered some of the choices made about spending priorities between sectors within Wales, and had highlighted the increase in funding for the NHS and social care compared to cuts in other parts of the public sector. **The Committee resolved that:** (a) The Audit Wales update was noted.	
AAC 21/11/09/010	**Review of Draft Charitable Funds Annual Report and Accounts** The review of the draft Annual Report and Accounts of the Cardiff and Vale Health Charity was received. Helen Lawrence (HL) highlighted the following: – • There had been an adjustment in the prior year’s accounts due to work which had been undertaken but had not been invoiced for in relation to Horatio’s Garden. • Levels of income by the Health Charity in 2021 had increased to £1.8million in 2021. • Overall the value of the Health Charity had increased to £9.1mil. MJo commented that it the first Audit Wales had been made aware of the £500,000 adjustment. The Executive Director of Finance commented that the £500,000 adjustment was a material adjustment to the Charity’s accounts and that her team would look into the detail of the matter and report their findings back to the Committee. The Committee noted the Charity remained in a good position. **The Committee resolved that:** a) The Draft Annual Accounts were reviewed; b) The reported financial performance contained within the Draft Annual Accounts were noted; c) the response of the audit enquiries to management and those charged with governance were noted; d) Subject to any further amendments, the Draft Annual Accounts were supported and endorsed.	**CP**
AAC 21/11/09/011	**Procurement Compliance Report** The Procurement Compliance Report was received by the Committee.	

Saunderson Ian 03/28/2022 14:57:42

	The Executive Director of Finance (EDF) highlighted the following – • The report had already been shared in a private session of the Committee and had been placed on the Committee's public agenda in the interests of being open and transparent. • As a result of the procurement compliance/breach report the Health Board had seen a reduction in those types of breaches. • • The EDF commended the report and asked the Committee to approve the proposed recommendations. The Chair questioned if the locum fees are subject to tax? The EDF responded that where procurement was used to purchase agency staff that would be subject to tax. **The Committee resolved that:** a) The contents of the Report, which included areas of non-compliance and the actions proposed/taken in order to mitigate matters, were noted.	
	Items for Approval / Ratification	
AAC 21/11/09/012	**Declarations of Interest and Gifts and Hospitality Tracking Report** The Declarations of Interest, Gifts, Hospitality and Sponsorship report was received. Aaron Fowler (AF) provided an update which included the following – • Completed Declarations of Interest (DOI) forms had been requested from all staff. • A decision had been made to adopt a lifetime declaration approach. • The team would issue regular reminders through the year. To date, his team had recorded more than 1300 DOI. • The register would be updated for each Committee and the team hoped to move towards being 100% compliant. • Staff could record their DOI on ESR, but due to the nature of how ESR worked, the team had only received monthly notifications. Staff would be encouraged to share a paper copy. **The Committee resolved that:** a) the alteration of the procedure to enable employees to make a <u>single</u> declaration of interest during the period of their employment, was agreed.	

Saunders.Nathan 03/28/2022 14:57:42

	b) The ongoing work being undertaken within Standards of Behaviour was noted. c) The Declarations of Interest, Gifts, Hospitality & Sponsorship Register for those colleagues who had declared an interest, was noted.	
AAC 21/11/09/013	**Regulatory Compliance Tracking Report** The Regulatory Compliance Tracker Report was received. AF provided a summary which included the following points: – • Subject to an internal audit, the appearance of the tracker has changed. • Patient safety compliance was now being recorded. • The regulatory tracker had seen some progress since September. • One issue had been identified following an internal review and that had related to capital expenditure. • Involved in the fire safety recommendations. • It was key to include a RAG rating. • A key point was that the team were meeting with the relevant leads more often. • Whilst progress had been made, the team continued to make further progress. **The Committee resolved that:** (a) The approach taken by the Risk and Regulation Team to the tracking and reporting of compliance with regulatory inspections and recommendations was approved. (b) The assurance provided by the Regulatory Tracker and the confirmation of progress made against recommendations was approved. (c) The continued development of the Legislative and Regulatory Compliance Tracker was noted.	
AAC 21/11/09/014	**Internal Audit Tracking Report** The Internal Audit Tracking Report was received. AF highlighted the following – • 86 recommendations had been brought forward, with 20 new entries confirmed in the report. • The tracker would continue to have risk owners and leads. • The team would meet with Internal Audit before each Committee meeting to share the tracker to ensure completeness. • Improvements to the tracker were frequently made by the team and the aim was to deliver a tracker which would be a better, more useful tool. The Committee commended the work that had been undertaken.	

Saunders,Nathan
03/28/2022 14:57:42

	The Committee resolved that: (a) The tracking report for tracking audit recommendations made by Internal Audit was noted. (b) The progress which has been made since the previous Audit and Assurance Committee Meeting in September 2021 provided assurance and was noted. (c) The approach taken towards the management and monitoring of Internal Audit Recommendations was approved.	
AAC 21/11/09/015	**Audit Wales Tracking Report** The Audit Wales Tracking Report was received. AF commented that progress had been made and the number of entries was reducing. The Committee noted the continuing development. The DCG commented that she wanted to reassure the Committee and to highlight that it was an on-going challenge for the Health Board to action each entry on the tracker. The DCG commented further that there could be some slippage going forward as identified earlier in the Committee meeting. **The Committee resolved that:** (a) the progress which had been made in relation to the completion of Audit Wales recommendations provided assurance and was noted. (b) The continuing development of the Audit Wales Recommendation Tracker was noted.	
	Items for Information and Noting	
AAC 21/11/09/016	**Internal Audit reports for information:** The Clinical Audit Final Internal Audit Report and the Five Steps to Safer Surgery Final Internal Audit Report were received. The Committee noted that both reports had provided limited assurance. The Deputy Head of Internal Audit (DHIA) presented the Clinical Audit report and the Committee noted the focus of the review was the Clinical Audit plan and delivery arrangements. A recommendation had been made for a consideration of resources. The Interim Executive Medical Director (IEMD) highlighted the following – • The Audit requirements for Cardiff & Vale UHB (the Health Board) were vast.	

Saunders,Nathan
03/28/2022 14:57:42

	• The business case highlighted a response to all the issues raised. • The opportunity for end of year funding had been utilised and that request had been successful. • Clinical Audit were appointing to the posts which would deal with the short-term problem. • All Health Boards were being encouraged to use an automated system which gave a clearer platform for audits being completed. It was noted the management actions were accepted and there were some realistic timescales. The Committee questioned if the appropriate level of resource was available to undertake the planned Clinical audit work within a reasonable timescale? The IEMD confirmed that the existing staff had the required skill set. However, there was a need to recruit to backfill vacant posts and to factor in time to train people. The Deputy Head of Internal Audit (DHIA) presented the Five Steps to Safer Surgery report and noted the recommendations spanned across 7 objectives. Observations had been undertaken in theatres. After speaking with staff, the audits had identified some inconsistencies and culture issues. Following the identification of those issues, detailed discussions with managers had taken place. The Interim Executive Medical Director (IEMD) noted that the Five Steps to Safer Surgery was a WHO mandate. The Head of Internal Audit (HIA) confirmed that his team would conduct a formal follow up on the limited assurance reports and would liaise with Executive colleagues. **The Committee resolved that:** a) The internal audit reports were noted.	
AAC 21/11/09/017	**Items to be deferred to Board / Committee** **The Committee resolved that:** a) No items were noted.	
AAC 21/11/09/018	**To note the date, time and venue of the next Committee meeting:** **The Committee resolved that:** a) Tuesday 8th February 2022 at 9.00am	
	Date and Time of Next Meeting: 8th February 2022 at 9am Via MS Teams	

Saunders,Nathan
03/28/2022 14:57:42

Report Title:	**Mental Health Legislation and Mental Capacity Act Committee – Chair's Report**				Agenda Item no.	8.5.1	
Meeting:	UHB Board Meeting		Public	X	Meeting Date:	**31 March 2022**	
			Private				
Status *(please tick one only):*	Assurance	X	Approval	X	Information		
Lead Executive:	**Chair of the Mental Health Legislation and Mental Capacity Act Committee**						
Report Author (Title):	**Corporate Governance Officer**						

Main Report
Background and current situation:

To provide the Board with a summary of key issues discussed at Mental Health Legislation and Mental Capacity Act Committee held on **9 February 2022.**

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

1. **Quorum**

Unfortunately, the Committee was not quorate. The Director of Corporate Governance advised Committee Members that the meeting could still go ahead but any decisions which the Committee was required to approve at the meeting should be ratified by the Board in March.

Accordingly, a formal decision by Board is required in order to approve (i) the Section 5(2) Doctor's Holding Power Procedure and (ii) the Section 5(4) Nurse's Holding Power Procedure. Full details of those Procedures and associated requests are attached to Appendix 1 of this Report.

The Board is requested to*:* -

- **APPROVE** the Section 5(2) Doctors Holding Power Policy and Procedure;
- **APPROVE** the full publication of the Section 5(2) Doctors Holding Power Policy and procedure in accordance with the UHB Publication Scheme;
- **APPROVE** the Section 5(4) Nurses' Holding Power Policy and Procedure; and
- **APPROVE** the full publication of the Section 5(4) Nurses' Holding Power Policy and procedure in accordance with the UHB Publication Scheme

2. **Mental Capacity Act & DoLs Monitoring Report – Update**

The Liberty Protection Standards (LPS) were delayed, with a consultation on the LPS Code of Practice expected in the Spring.

It was noted that Committee Members should have some training to enable them to have a further understanding of the LPS.

Saunders, Nathan
03/2022 14:47:44

3. **Mental Health Act Monitoring Exception Report**

It was highlighted that a patient had been held without authority for 28 days , although this had only been highlighted in October. The incident had occurred because papers had been left on a bed and the patient could not be formally accepted. Digital forms have not been authorised by Welsh Government, although they were used in England. In order to ensure an incident like this would not

happen again, all patients were to have an AMP receipt so papers could be chased. The patient was told they were held without authority and they could seek legal advice.

The process to apply for a warrant had become more streamlined and had helped in being able to obtain a section 135.

MS Teams had been trialled for hearings to take place and would be used as standard for all future hearings.

4. **Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report**

It was acknowledged that the effects of the pandemic were being seen in the Mental Health services. That included, consistently high numbers of patients who required Mental Health services, and challenges related to staff absence/sickness.

That said, it was noted there was a reduction in the waiting lists and areas of improvement were highlighted for CAMHS. It was noted that the Mental Health teams had shown dedication and commitment.

5. **HIW MHA Inspection Reports**

HIW's inspection report covered 41 visits to different healthcare providers, which included a visit to Hazel Ward. The majority of inspections were done virtually.

Some of the key items highlighted by the inspection report included:-

a) Visiting - there was frustration due to people wanting direct contact with relatives;
b) There were some quality and safety concerns regarding the independent providers.

The Committee was informed that some of the items raised had been closed since receipt of the report.

6. **Sub-Committee Meeting Minutes**

The Committee received copies of the following minutes:-

1) Hospital Managers Power of Discharge Minutes – 4 January 2022

2) Mental Health Legislation and Governance Group Minutes – 6 January 2022.

7. **Corporate Risk Register**

The Register had recently been updated and showed those risks which scored 20 and above. The one risk for this Committee was Health & Well Being to minor patients.

Saunders.Nathan2
03/2022 12:57:12

The Committee Members were informed of the challenge of providing appropriate care to young people and keeping them safe. They were informed of an
incident in Ty Lydiard where a child had required considerate help and it had impacted upon other children's care. The Committee noted that it was important to recognise that a place of safety was not always right if the care was not right.

8. Committee Terms of Reference & Committee Work Plan 2022/23 and Committee Annual Report 2021/22

The Committee reviewed its Terms of Reference, its Work Plan for 2022/23 and, its draft Annual Report 2021/22. The Committee was unable to ratify these documents because it was not quorate, and it was noted that the documents would, in any event, require formal approval by Board. Accordingly, the Committee's Terms of Reference, Work Plan 2022/23 and the draft Annual Report 2021/22 were due to be formally approved by Board on 31 March 2022.

Recommendation:

The Board / Committee are requested to:

- **NOTE** the contents of this report; and
- **Approve** those decisions referred to under Section 1 of this Report.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

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

Prevention		Long term		Integration		Collaboration		Involvement	

Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No
Not Applicable
Safety: Yes/No
Not Applicable
Financial: Yes/No
Not Applicable
Workforce: Yes/No
Not Applicable
Legal: Yes/No
Not Applicable

Saunders Nathan 03/28/2022 10:57:42

Reputational: Yes/No	
Not Applicable	
Socio Economic: Yes/No	
Not Applicable	
Equality and Health: Yes/No	
Not Applicable	
Decarbonisation: Yes/No	
Not Applicable	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Appendix 1

Attached are the following documents: -

a) Covering report entitled “Approval of Section 5(2) Doctors Holding Power Policy and Procedure addressed to the Mental Health and Capacity Legislation Committee; and

b) Covering report entitled “Approval of Section 5(4) Nurses Holding Power Policy and Procedure addressed to the Mental Health and Capacity Legislation Committee.

Saunders.Nathan
03/28/2022 14:57:42

Report Title:	**APPROVAL OF SECTION 5(2) DOCTORS HOLDING POWER POLICY & PROCEDURE**			Agenda Item no.	**8.5.1**
Meeting:	**UHB Board Meeting**	Public	X	Meeting Date:	**31st March 2022**
		Private			
Status *(please tick one only):*	Assurance		Approval		Information
Lead Executive:	**Mental Health Clinical Board Director of Operations**				
Report Author (Title):	**Interim Mental Health Act Manager – David Seward**				

Main Report
Background and current situation:

It is essential that compliance with the legal requirements of the Mental Health Act 1983 and the Mental Health Act 1983 Code of Practice for Wales, Revised 2016 are monitored. Local Health Boards and Local Authorities should have agreed governance processes for ensuring the appropriate policies and procedures in place are regularly reviewed. A non-exhaustive list of relevant policies required are detailed in the Mental Health Act 1983 Code of Practice for Wales, Revised 2016.

The Section 5(2) Doctors Holding Power Policy sets out the requirements for provision of the doctors holding power under section 5(2) of the Mental Health Act 1983 (as amended by the MHA 2007) to the practitioners and agencies involved in the management of patients' subject to a doctors holding power**.**

This document provides clear guidance which will be easily accessible on our internet/intranet sites to particular individuals including registered medical practitioners ('doctors'), approved clinicians, managers and staff of hospitals in relation to their legal responsibilities under the Mental Health Act 1983 as amended by the MHA 2007.

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

The current policy and procedure have been updated to ensure statutory requirements under the Mental Health Act 1983 are met.

Removal of glossary of terms.

Inserted clarity on the legal position relating to the use of section 5(2) and inpatient status in the Emergency Department, General Hospital and in relation to a conditionally discharged patient subject to restrictions by the Ministry of Justice.

Enhanced section to clearly explain the procedure in relation to receiving the HO12 on behalf of the Hospital Managers.

Inserted section in relation to support from the independent Mental Health Advocacy Service.

Inserted:

- Appendix 1 – Summary of complete s.5(2) procedure
- Appendix 2 – HO12, Example
- Appendix 3 – Ending of section 5(2) form

Saunders,Nathan(
03/2022 14:55:12)

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):
Wide consultation has taken place to ensure that the policy and procedure meets the needs of our stakeholder and the Health Board. The consultation undertaken specific to this document was as follows:-

- The document was added to the Policy Consultation pages on the intranet between 29th September 2021 and 26th October 2021;
- The document was shared with the Mental Health Policy Group, Adult Directorate Medics, Cardiff Local Authority, Vale of Glamorgan Local Authority, the Mental Health Clinical Board Quality and Safety Sub Committee and the All Wales Mental Health Act Administrators Policy Group;
- Comments were invited via individual e-mails from the Mental Health Policy Group, the Equality Manager and the Principal Health Promotion Specialist.

Where appropriate comments were taken on board and incorporated within the document.

The primary source for dissemination of this document the Section 5(2) Doctors Holding Power Policy within the UHB will be via the intranet and clinical portal. It will also be made available to the wider community and our partners via the UHB internet site.

There are no financial implications associated with this policy/procedure.

The Board / Committee are requested to:

- **APPROVE** the Section 5(2) Doctors Holding Power Policy and Procedure

and

- **APPROVE** the full publication of the Section 5(2) Doctors Holding Power Policy and procedure in accordance with the UHB Publication Scheme

Link to Strategic Objectives of Shaping our Future Wellbeing: *Please tick as relevant*			
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*									
Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Downloaded on 03/28/2024 14:57:42

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/No
Yes
Safety: Yes/No
Yes

Financial: Yes/No
Yes
Workforce: Yes/No
Yes
Legal: Yes/No
Yes
Reputational: Yes/No
Yes
Socio Economic: Yes/No
Yes
Equality and Health: Yes/No
Yes
Decarbonisation: Yes/No
Yes

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
03/28/2022 14:57:42

Report Title:	**APPROVAL OF SECTION 5(2) DOCTORS HOLDING POWER POLICY & PROCEDURE**							**Agenda Item no.**	**8.5.1**		
Meeting:	**UHB Board Meeting**							**Meeting Date:**	**31st March 2022**		
Status:	**For Discussion**	**X**	**For Assurance**	**X**	**For Approval**	**X**	**For Information**				**X**
Lead Executive:	**Mental Health Clinical Board Director of Operations**										
Report Author (Title):	**Interim Mental Health Act Manager – David Seward**										

Background and current situation:
It is essential that compliance with the legal requirements of the Mental Health Act 1983 and the Mental Health Act 1983 Code of Practice for Wales, Revised 2016 are monitored. Local Health Boards and Local Authorities should have agreed governance processes for ensuring the appropriate policies and procedures in place are regularly reviewed. A non-exhaustive list of relevant policies required are detailed in the Mental Health Act 1983 Code of Practice for Wales, Revised 2016.

The Section 5(2) Doctors Holding Power Policy sets out the requirements for provision of the doctors holding power under section 5(2) of the Mental Health Act 1983 (as amended by the MHA 2007) to the practitioners and agencies involved in the management of patients' subject to a doctors holding power**.**

This document provides clear guidance which will be easily accessible on our internet/intranet sites to particular individuals including registered medical practitioners ('doctors'), approved clinicians, managers and staff of hospitals in relation to their legal responsibilities under the Mental Health Act 1983 as amended by the MHA 2007.

Executive Director Opinion/Key Issues to bring to the attention of the Board/Committee:
The current policy and procedure have been updated to ensure statutory requirements under the Mental Health Act 1983 are met.

Removal of glossary of terms.

Inserted clarity on the legal position relating to the use of section 5(2) and inpatient status in the Emergency Department, General Hospital and in relation to a conditionally discharged patient subject to restrictions by the Ministry of Justice.

Enhanced section to clearly explain the procedure in relation to receiving the HO12 on behalf of the Hospital Managers.

Inserted section in relation to support from the independent Mental Health Advocacy Service.

Inserted:

- Appendix 1 – Summary of complete s.5(2) procedure
- Appendix 2 – HO12, Example
- Appendix 3 – Ending of section 5(2) form

Saunders.Nathan
03/28/2022 14:57:42

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):
Wide consultation has taken place to ensure that the policy and procedure meets the needs of our stakeholder and the Health Board. The consultation undertaken specific to this document was as follows:-

- The document was added to the Policy Consultation pages on the intranet between 29th September 2021 and 26th October 2021;
- The document was shared with the Mental Health Policy Group, Adult Directorate Medics, Cardiff Local Authority, Vale of Glamorgan Local Authority, the Mental Health Clinical Board Quality and Safety Sub Committee and the All Wales Mental Health Act Administrators Policy Group;
- Comments were invited via individual e-mails from the Mental Health Policy Group, the Equality Manager and the Principal Health Promotion Specialist.

Where appropriate comments were taken on board and incorporated within the document.

The primary source for dissemination of this document the Section 5(2) Doctors Holding Power Policy within the UHB will be via the intranet and clinical portal. It will also be made available to the wider community and our partners via the UHB internet site.

There are no financial implications associated with this policy/procedure.

Recommendation:
The UHB Board is asked to:

- **APPROVE** the Section 5(2) Doctors Holding Power Policy and Procedure

and

- **APPROVE** the full publication of the Section 5(2) Doctors Holding Power Policy and procedure in accordance with the UHB Publication Scheme

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

Salvarez, Nathan
03/28/2022 14:57:42

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
Equality and Health Impact Assessment Completed:	**Yes** / ~~No~~ / ~~Not Applicable~~ *If "yes" please provide copy of the assessment. This will be linked to the report when published.*								

Saunders Mathan 03/2022 14:57:42

Report Title:	**Digital & Health Intelligence Committee – Chair's Report**				Agenda Item no.	8.5.2	
Meeting:	**UHB Board Meeting**	Public	X		Meeting Date:	31.03.22	
		Private					
Status *(please tick one only):*	Assurance		Approval		Information		X
Lead Executive:	**Chair of the Digital & Health Intelligence Committee**						
Report Author (Title):	**Corporate Governance Officer**						

Main Report
Background and current situation:

To provide the Board with a summary of key issues discussed at Digital & Health Intelligence Committee held on **01.02.2022**

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

Committee Annual Work Plan – 2022/23

The Committee noted the need to look at the IT budget plans / investment and it would be helpful for the Independent Members (IMs) to understand some of the challenges in more detail.

Committee Terms of Reference – 2022/23

The membership of the committee is 4 Independent Members, whilst the quorate is 2 IMs. Angela Parrat (Director of Digital Transformation) & James Webb (Information Governance Manager) to be added to the Committee membership, along with the new AMD.

Committee Annual Report – 2021/22

It was noted the draft annual report reviewed the last 12 months to ensure the Committee had completed its responsibilities in line with the Committee's Terms of Reference. The Committee noted that the Committee Annual Report fed into the overall Annual Report for the organisation.

Digital Transformation Progress Report (Digital Dashboard)

The progress report was not the entirety of the programme and was initially on business cases reported to BCAG. The tender programme was 65% completed and the aim was to complete in Quarter 1 for 2022/23 and expect to award the contract in Quarter 2.

An NHS Wales APP was being built by the Digital team and will be used to access information about health and care. In time people will be able to access information and book appointments.

Scan4Safety was a national business case with an initial implementation plan and hoped to start in Cardiology. This was being done by the national team.

Document is Restricted
03/28/2022 12:15:52

A digital midwife had used O365 to produce forms and saved £100k and staff resources. Funding was secured on work to enable booking and management of clinic space. Clinical outpatient space was managed by individual teams but looking to change to a corporate enterprise resource.

The Committee noted there were further strategies in the Committee. The funding is in year only, so the work will be accelerated. The work will continue but at a slower pace as of the 1st April.

ICO Audit Assessment Report

It was noted that 5 recommendations had been completed since the audit. The team continued to work through the recommendations, many relating to IG training.

IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)

- The resource had increased by 1.2 whole time equivalent (WTE).
- Projects were delayed due to resources.
- Look to appoint an IG manager.
- FOI compliance averaged 97%, at 48 per month,
- Digital had invested in training of record staff.
- NIAS – a plan had been approved by ME.
- Figures were low for mandatory training.

The Health Board had created a disclosure log of every request received but had not been able to maintain the same as well over the last 12 months.

Joint IMT & IG Corporate Risk Register

The resources and lack of on-going investment were an issue but have improved the state of infrastructure. The cyber risk was the highest rated and should remain on the risk register.

Development, procurement and implementation of national and Local IMT systems

The Health Board went live with sharing information with Cardiff Council and PARIS system, to exchange information for working with children.

Avanti is the new service management tool to go live next week.

The Health Board continued to work with Lightfoot on the data knowledge programme to enable work on the noise platform and have training planned to take over the work.

The Health Board was working to complete the roll out of Windows 10 by the end of March 2022.

The Health Board was moving ahead with the virtual desktop to enable community staff to access the data on the move. Short-term revenue money was made available to enable the work.

A bid had gone to WG, for a digital prescribing portfolio.

Digital Strategy Refresh including Investment Requirements

The strategic objective was to have a learning health and care system.

The traditional model had multiple passwords, but the aim was for everyone to have a single sign on. A password for life was achieved and was driven by the National Security Cyber Council.

The Health Board may reach Digital Maturity by 2025-27 if there were no changes to funding and reliance was placed upon national programmes. The Digital maturity should be level 6-7.

Sayeed Jonathan
03/08/2022 14:11:49

It was noted that over 2000 staff members do not have a NADEX account. An extra £200k per year could license all staff members.

The base line funding was £500k per year, but between £3.41million and £5 million was needed to support the electronic patient record for 3 years.

Framework Policies, Procedures & Controls

One policy had been brought to the attention of the Committee.

Clinical Coding Performance Data

It was noted that the performance continued to be in line with the expectation despite the challenges.

AOB

It was highlighted that an all Wales group had commenced for all for digital members across all Health Boards. The Chair would bring the minutes of this quarterly meeting in to this Committee.

Recommendation:

The Board / Committee are requested to:

NOTE the report.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

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

Prevention		Long term	X	Integration		Collaboration		Involvement	

Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No
N/A
Safety: Yes/No
N/A
Financial: Yes/No
N/A
Workforce: Yes/No
N/A

Saunders,Nathan(
05/28/2022 15:37:42

Legal: Yes/No
N/A
Reputational: Yes/No
N/A
Socio Economic: Yes/No
N/A
Equality and Health: Yes/No
N/A
Decarbonisation: Yes/No
N/A

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
03/28/2022 14:57:42

Report Title:	**Health and Safety Committee – Chair's Report**				Agenda Item no.		
Meeting:	**UHB Board Meeting**	Public	X		Meeting Date:	**31 March 2022**	
		Private					
Status *(please tick one only):*	Assurance		Approval		Information		X
Lead Executive:	**Health and Safety Committee – Chair**						
Report Author (Title):	**Corporate Governance Officer**						

Main Report
Background and current situation:

To provide the Board with a summary of the key issues discussed at the Health and Safety Committee Meeting held on 25 January 2022.

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

The following issues were discussed at the Health and Safety Committee held on 25 January 2022.

Health & Safety Overview

The Committee was advised that following a department workshop, a 3-year Health and Safety Culture Strategy had been formulated. There were three main themes which included the following:

- Achieving training and competence excellence.
- Achieving H&S risk and incident management excellence.
- Achieving communication excellence.

It was noted that the face to face Fire Safety training rates had improved significantly and would be carried out into 2022.

Fire Enforcement Notices

The Committee was advised that on 21 April 2021 the Health Board had received a Fire Enforcement Notice. The Notice could not be satisfied and was raised with the compliance team. The Fire and Rescue Service (the Fire Service) sent a letter of caution against one of the Executives. The Health Board responded to the letter and were awaiting their response.

The Committee were also advised that a deliberate fire took place in Hafan Y Coed and a Fire Enforcement Notice had been issued. The Enforcement Notice was closed down following the Fire Service visit to the facility.

It was also noted that another deliberate fire took place Hafan Y Coed. The Fire Service visited but they did not issue a Fire Enforcement Notice as they were satisfied with the work being carried out.

Enforcement Agencies Report

Saunders,Nathan 03/28/2022 14:57:46

The Committee was advised that a Pre-Inquest Review into two staff COVID deaths, that was originally scheduled for early December, was adjourned and rescheduled for March 16 2022.

It was also noted that an inquest into a staff COVID death was conducted on the 6 December 2022 and the verdict concluded that it was not a work-related transmission. That matched the Health Board's determination.

Pedestrian Safety Strategy

The Committee was advised that traffic for pedestrians across the Health Board sites had improved over the last few years. It was noted that there was still a lot of work to be done in terms of pedestrian safety. However, more people were being encouraged to cycle and take public transport such as “park and ride”.

The Committee was advised that the Strategy required funding along with many other obligations. The Discretionary Programme funding, out of which the Strategy was being funded, had been reduced by 25% and this caused concerns for the Committee.

Committee Annual Work Plan and Terms of Reference

The Committee received and noted the Annual Work Plan and Terms of Reference.

Committee Annual Report

The Committee received and noted the draft Annual Report.

Sub Committee Minutes

The Committee received and noted the Operational Health and Safety Group Minutes from 14 September 2021.

Recommendation:

The Board / Committee are requested to:

NOTE the report.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

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

Scanned with CamScanner

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant

Prevention		Long term	X	Integration		Collaboration		Involvement	

Impact Assessment:
Please state yes or no for each category. If yes please provide further details.

Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
UHB Board	31.3.2022

Saunders.Nathan
03/28/2022 14:57:42

Report Title:	FINANCE COMMITTEE KEY ISSUES REPORT			Agenda Item no.	
Meeting:	Board Meeting	Public	X	Meeting Date:	31st March 2022
		Private			
Status *(please tick one only):*	Assurance		Approval		Information
Lead Executive:	Catherine Phillips, Executive Director of Finance				
Report Author (Title):	Dr Rhian Thomas, Chair of Finance Committee				

Main Report
Background and current situation:

Assessment and Risk Implications

Financial Performance Month 10

The report updated the Committee on the performance against the UHB's financial plan.

The UHB's Financial plan includes non recurrent COVID funding to cover the initial planning deficit of £21.3m caused by COVID impacting on the delivery of 2020/21 savings plans. The UHB is forecasting a break-even year end position on this basis. In addition, the final financial plan, will, if delivered, ensure that the UHB's underlying position is stabilised and does not deteriorate.

The financial position reported to Welsh Government for month 10 was an underspend of £0.406m as summarised in table 1 below:

Table 1: Month 8 Financial Position 2021/22

	Cumlative Month 10 £m	Forecast Year-End Position £m
COVID 19 Additional Expenditure	83.823	119.020
Welsh Government COVID funding received / assumed	(83.823)	(119.020)
Gross COVID 19 Forecast Position (Surplus) / Deficit £m	0.000	0.000
COVID FUNDING for Deficit due to non delivery of 2020/21 recurrent Sav	(17.750)	(21.313)
Operational position (Surplus) / Deficit	17.344	21.313
Financial Position £m (Surplus) / Deficit £m	**(0.406)**	**0.000**

The month 10 surplus of £0.406m reflected the operational performance of the UHB with all COVID costs and the shortfall on the 2020/21 savings plan assumed to be funded.

The additional COVID 19 expenditure in the year to month 10 was £83.823m with full year forecast costs totalling £119.020m

Welsh Government had agreed confirmed and anticipated COVID 19 funding. The UHB is forecasting a break even position by year end and all risks will need to be managed to deliver this. The forecast is based on the premise that COVID 19 allocations will be sufficient to meet COVID costs and that reductions arising in planned expenditure will be used to offset non COVID operational pressures and support system resilience.

Supplied by Wales Assembly 03/2022 11:07:42

The UHB expected the non COVID related operational position to continue to be broadly balanced as the year progressed, with the additional costs arising from plans to manage COVID 19 forecast to

continue. The forecast funding for COVID 19 was £119.020m which matched the forecast gross costs with a further £21.313m in support of the planning deficit identified in the initial draft plan as outlined in Table 2:

Table 2 : Summary of Forecast COVID 19 Net Expenditure & Funding

	Month 10 £m	Forecast Year-End Position £m
COVID 19 Testing	(2.364)	(3.159)
COVID 19 Tracing	(10.832)	(13.158)
COVID 19 Vaccination includind COVID Vaccine Allergy SLA	(11.014)	(13.420)
Extended Flu vaccination	(0.750)	(1.873)
Field Hospital / Surge - Recovery of Over Accrual	0.803	0.803
Cleaning Standards	(0.685)	(0.806)
PPE	(4.138)	(3.984)
Continuing Care and Funded Nursing Care	(2.233)	(2.348)
Urgent and Emergency Care	(1.659)	(1.997)
COVID 19 Local Response	(38.736)	(49.935)
COVID 19 Recovery	(12.622)	(25.196)
COVID 19: Adferiad Programme - Long Covid Recovery	(0.579)	(0.761)
COVID 19: Additional Funding Allocation For PACU	0.000	(0.528)
COVID 19: Community Health Checks for Chronic Conditions	0.000	(0.133)
Covid 19: Pay Increase	(0.620)	(0.826)
Covid 19: Recovery Funding National schemes	0.000	(0.747)
COVID 19: Recovery Of NHS Bonus Accrual	1.755	1.759
COVID 19: Health Checks For People With a Learning Disability	0.000	(0.085)
COVID 19: Same Day Emergency Care	(0.150)	(0.808)
COVID 19: Cluster Funding	0.000	(0.266)
COVID 19: Health and Social Care Winter Plan	0.000	(1.304)
COVID 19: Agreed WG Uplift DOLS	0.000	(0.126)
COVID 19: Offender Health Prison Support - HMP Cardiff	0.000	(0.023)
COVID 19: Planned Care Recovery Revenue SOS/PIFU	0.000	(0.099)
Sub Total COVID funding confirmed/assumed £m	**(83.823)**	**(119.020)**
NR Funding for Non Delivery of 2020/21 Recurrent Savings	(17.750)	(21.313)
Total COVID funding confirmed/assumed £m	**(101.573)**	**(140.333)**

The surplus non recurrent COVID funding is to be applied to the brought forward COVID deficit of £21.313m, relating to a shortfall in recurrent savings delivery in 2020/21.

Reductions in planned expenditure were £6.5m at month 10 and forecast to reach £7.4m at the year end. These were not phased into the reported position and Welsh Government has confirmed that they can be used to mitigate operational and other financial risks in the plan and support system resilience. Plans are being progressed to fully deploy this resource.

The full year gross COVID forecast moved marginally by £0.023m in the month from £118.997m at month 9 to £119.020m at month 10, as the result of additional funding being made available for Covid 19 – Support at HMP Cardiff.

Saunders-Smith(W) 03/28/22 14:57:42

Progress against the UHB's in year savings target was satisfactory, however further progress was still required with a focus on recurrent schemes in order to maintain the underlying position.

The assessed year end underlying deficit was £25.3m which was in line with the final financial plan and it was noted that full delivery of the £12m recurrent savings target was key to delivering the UHB's plan and stabilising the underlying financial position.

Finance Risk Register

The 2021/22 Finance Risk Register was presented to the Committee.
It was highlighted that 2 of the risks identified on the 2021/22 Risk Register remained categorised as extreme risks (Red) namely:

- Maintaining the underlying deficit of £25.3m in line with the final annual plan.
- Delivery of the 2% CIP (£16.0m)

In addition, it was noted that COVID response and recovery funding was confirmed and that both response and recovery costs would need to be managed within funding available.

Finance Committee -Terms Of Reference

The Finance Committee reviewed the Finance Committee Terms of Reference and recommended the revised Terms of Reference to the Board for approval.

Finance Committee - Annual Workplan

The Finance Committee reviewed and recommended approval of the 2022/23 Finance Committee workplan.

Finance Committee - Annual Report

The Finance Committee reviewed and approved the 2021/22 Annual Report of the Finance Committee.

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

The UHB continues to forecast a break even position based upon the confirmed resource planning assumptions.

The reported financial position for the 10 months to the end of January is an operational surplus of £0.406m, which is an increase of £0.204m on the surplus reported at month 9.

The full year gross COVID forecast moved in the month from £118.997m at month 9 to £119.020m in month 10, due to funding being made available for offender health prison support.

Delivery of the core financial plan includes a 2% (£16.0m) savings requirement. At month 10 £15.252m Green and Amber savings have been identified against the target and therefore, there is confidence that this will be met. Further progress however will need to be made on recurrent schemes with a further £4.492m savings to be identified in order to maintain the underlying financial position. This is a key financial risk that needs to be managed.

There is a forecast surplus of £7.4m on reductions in planned expenditure for which expenditure plans are well developed and are being implemented.

The key risk faced is the full utilisation of resources made available to support services during the pandemic where workforce is the key constraint.

Saunders, Nathan
03/03/2022 17:37:42

Recommendation:

The Board / Committee are requested to:

- **NOTE this report.**

Link to Strategic Objectives of Shaping our Future Wellbeing: *Please tick as relevant*			
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*									
Prevention		Long term		Integration		Collaboration		Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/No
Safety: Yes/No
Financial: Yes
See report above
Workforce: Yes/No
Legal: Yes/No
Reputational: Yes/No
Socio Economic: Yes/No
Equality and Health: Yes/No
Decarbonisation: Yes/No

Saunders,Natasha
03/28/2023 14:45:42

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
03/28/2022 14:57:42

Report Title:	**Quality, Safety & Experience Committee – Chair's Report**				Agenda Item no.	8.5.5	
Meeting:	**UHB Board Meeting**	Public	X		Meeting Date:	31.03.22	
		Private					
Status *(please tick one only):*	Assurance		Approval		Information		X
Lead Executive:	**Chair of the Quality, Safety & Experience Committee**						
Report Author (Title):	**Senior Corporate Governance Officer**						

Main Report
Background and current situation:

To provide the Board with a summary of key issues discussed at Quality, Safety & Experience Committee held on 22nd February 2022.

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

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

SURGERY CLINICAL BOARD ASSURANCE REPORT

The Surgery Clinical Board Director presented the Committee with the new model; Designing Emergency Surgery Care for the Future which included extensive plans for the Same Day Emergency Care (SDEC)

The Committee was provided with the rationale for change which included:

- The current SAU/Admission Unit was too small
- Improved surgery emergency care (both in experience and outcome)
- The ability to assess, diagnose, treat and discharge patients quickly and safely
- Avoided inappropriate admissions and delays for ambulatory patients
- It would reduce the burden on the ED
- It would provide an adopted model of care for all surgical specialties (it currently excluded trauma)
- There would be senior clinical decision makers to assess and diagnose quickly
- There would be access to dedicated emergency theatres for "less complex" cases.

The Committee was advised that the SDEC was being built in the old physiotherapy area and noted that the increased size meant that there would be enough space to house:

- 8 trollies
- 5 recliner chairs
- 4 arm chairs
- 2 triage rooms
- 2 clinical observation rooms
- 5 clerking/procedure rooms.
- A waiting area with 27 chairs.

It was noted that phase one of the process was open and that it was hoped the whole unit would be open in June/July 2022 and It was highlighted that digital technology would be required for the SDEC and a number of tools had been identified which included:

Saunders Martin 03/28/22 14:55 GMT

- Phone triage – two lines, mobile if possible
- Adastra, scheduling service
- Electronic triage linked to EU workstation
- Clinical workstation for ward patients
- Virtual Consultation facilities plus mobile messaging
- Scan for Safety – patient tracking software.

It was noted that some of the tools were already in place.

The benefits of the SDEC (weekly numbers) were presented to the Committee which included:

- The number of patients currently assessed in the Emergency Unit was 177 and with the new model, it would 30 patients.
- The number of patients currently managed as SDEC was 165 and with the new model, it would be 203 patients.
- The current inpatient specialty ward requirement was 70 patients and the new model would be 45.
- The number of patients with same day emergency surgery currently was zero and with the new model it would be 25.

The Committee also received the Surgery Clinical Board Assurance Report which provided details of the arrangements, progress and outcomes within the Surgery Clinical Board in relation to the Quality, Safety and Patient Experience agenda during 2021. It also highlighted the actions and progress of the Surgery Clinical Board during the COVID pandemic and covered a number of key areas including:

- Self-Care
- Patient Safety Alerts/Internal Safety Notices
- Health Promotion Protection and Improvement
- Effective Care
- Dignified Care
- Timely Care
- Individual Care
- Staff and Resources

PRESENTATION PROVIDING AN UPDATE ON:

- Healthcare Standards
- Duty of Candour
- National Quality Framework
- Annual Quality Statement

The Committee was provided with an update on where the 4 areas stood after a number of policy and legislative changes.

The Committee was presented with information around the Health and Social Care (Quality and Engagement) Wales Act 2020 and noted the four principal areas which included:

- Duty of Quality
- Duty of Candour
- Establishment of a new Citizens' Voice Body
- Requirement for NHS Trusts to have vice chairs.

QUALITY INDICATORS REPORT

The Committee was advised of key areas to note within the Quality Indicators Report:

- **Never events** – It was noted that there were currently two Never Events under investigation and the development of a Human Factors Framework and Training Strategy would be an important element of the revised QSE Framework for the next five years.

- **Falls –** It was noted that there had been a significant increase in falls at the Lakeside Wing (LSW).

- **PPE –** It was noted that the Quality and Safety team was measuring and monitoring incidents to feed into the PPE Cell and that the team was not overly concerned

Sauer Nathan 03/28/2022 14:57:42

EXCEPTION REPORTS – VERBAL UPDATE

The Committee was advised of the pressures being seen within the Health Board and noted the impact that was having on staff.

The Executive Nurse Director noted that the Health Board staff had been brilliant during the pressures being seen and noted that the level of commitment they were showing was fantastic and a huge credit to the Health Board.

The Committee Chair agreed and noted thanks on behalf of the Committee to all Health Board staff.

HIW ACTIVITY OVERVIEW

The Committee was advised that an unannounced inspection at Hafan Y Coed, had been undertaken in the previous week to the meeting.

It was noted that the initial outcomes had been positive but it was also noted that there were some areas that could be improved upon.

The Committee was advised part of the report had highlighted that the staff were a credit to the Health Board and that staff intentions were very good.

The Committee noted that actions would be put in place to address the suggested improvements once the final report was received.

BOARD ASSURANCE FRAMEWORK – PATIENT SAFETY

The Committee was advised that there were currently ten key risks on the Board Assurance Framework (BAF), agreed by the Board in May 2021, which were impacting upon the Strategic Objectives of the Health Board.

It was noted that Patient Safety was one of those key risks

The Committee reviewed the risk in relation to Patient Safety to enable the Committee to provide further assurance to the Board when the Board Assurance Framework was reviewed in its entirety.

PATIENT EXPERIENCE OVERVIEW

The Committee was provided with an overview of the Patient Experience Team roles and regulatory function and it was noted that more detailed reports regarding Complaints, Claims and redress themes and trends would be provided to the Committee in line with the QSE work Plan.

GOVERNANCE ARRANGEMENTS

The Committee received 3 documents for review and approval:

- QSE Committee Annual Work Plan
- QSE Committee Terms of Reference
- QSE Committee Annual Report

Sandra Hutchings
03/2/2021 14:57:12

The Committee reviewed the documents and recommended the same to Board for formal approval in March.

POLICIES

One policy was received and approved offline via the Chairs Action in December 2021:

- Gene therapy Medicinal Products & Gene Therapy Investigational Medicines Products Policy, Procedure and EHIA.

MINUTES FROM CLINICAL BOARD QSE SUB COMMITTEES

The Minutes from the Clinical Board QSE Sub-Committees were received and noted.

CORPORATE RISK REGISTER

The Committee was advised that the Corporate Risk Register ('the Register') had been developed to enable the Board to have an overview of the key operational risks from the Health Board's Clinical Boards and Corporate Directorates.

It was noted that at the Health Board's January 2022 Board meeting a total of 10 (from a total of 16 scoring 20 or above) Extreme Risks reported to the Board related to patient safety and were linked to the Quality, Safety and Experience Committee for assurance purposes.

Recommendation:

The Board / Committee are requested to:

NOTE the report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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	
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

Please tick as relevant

Prevention		Long term	X	Integration		Collaboration		Involvement	

Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No

N/A

Safety: Yes/No

N/A

Financial: Yes/No

N/A

Rayners,Nathan 03/28/2022 14:07:42

Workforce: Yes/No
N/A
Legal: Yes/No
N/A
Reputational: Yes/No
N/A
Socio Economic: Yes/No
N/A
Equality and Health: Yes/No
N/A
Decarbonisation: Yes/No
N/A

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
03/28/2022 14:57:42

Report Title:	**Strategy & Delivery – Chair's Report**				Agenda Item no.	8.5.6	
Meeting:	UHB Board	Public	X		Meeting Date:	31.03.22	
		Private					
Status *(please tick one only):*	Assurance		Approval		Information		X
Lead Executive:	**Chair of the Strategy & Delivery Committee**						
Report Author (Title):	**Corporate Governance Officer / Senior Corporate Governance Officer**						

Main Report
Background and current situation:

To provide the Board with a summary of key issues discussed at the Strategy & Delivery Committee meetings held on **11.01.2022** and **15.03.22**

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

11TH JANUARY 2022 MEETING:

Service Change Engagement and Consultation

There was a duty on the Health Board to undertake ongoing engagement and consultation in order to help the Health Board to formulate its strategies and /or scope its future service provision.

Welsh Government (WG) plan to replace Community Health Councils (CHCs) with a new body called "Citizens Voice" from next year. By introducing the new body (i.e. Citizens' Voice) there would be a move away from the current arrangement of having separate CHCs with different Health Boards, although there would be specific teams within Citizens' Voice to work alongside the individual Health Boards.

Stroke Performance Indicators

Stroke performance had been updated in a number of forums and an action plan had been put together and would increase medical presence at the "front door" and "ring fence" beds.

It was noted the Stroke team were meeting daily to discuss Patient needs and ensure patients were moving to a ward. The team were also providing training to nurses.

The members wanted to ensure stroke remained a priority for the Committee and noted that stroke services would be highlighted in the IMTP.

Strategic Equality Update

An Equality and Welsh Language steering group had taken place and was attended by senior leader, with the health board championing as an Organization.

The HB had been engaging with refugees and had been successful in having the adaptation programme.

The reports which had been completed on the Welsh Language Standards had enabled measures, to monitor progress, to be put in place. 20 out of 36 of the Standards have been completed, with the remainder in progress.

Davies,Nathan 04/28/2022 14:17:42

The next target was the access ability network for staff who had identified as having a disability.

A Welsh Language audit has recently been undertaken and initial feedback received had highlighted reasonable assurance.

Board Assurance Framework

Of the 10 key Strategic Risks, 7 aligned with the Strategy and Delivery Committee, with 2 discussed in the meeting on 11th January 2022.

Performance Reports

Key Operational Performance Indicators

The CAMHS compliance was reported above target.

The unscheduled care was highlighted in the report and there was an increase in the 4-hour handover which remained a concern.

Non COVID stay was above occupancy, due to the inability to deliver a timely discharge. There had been an increase in admissions and there was a high number of staff isolating.

The HB had enacted the local choices framework and had reduced planned care surgery.

A third of HB care homes had COVID outbreak. The HB continued to work with local authority colleagues.

A transitional care ward had been successfully opened.

The average waiting time was being reduced and there were improvements across CAMHS & Adult Mental Health services. The Recovery College had been really important and they were doing more with the Third Sector and there was additional investment to address CAMHS assessments.

It was agreed to track the effects on long waits for appointments and look into funding for Mental Health funds.

Key Workforce Performance Indicators

The national shortage of staff members was highlighted along with the aging population.

Discussions were taking place with HEIW regarding some of the clinical professions.

Currently around 4% of staff were absent, with 7.4% absent in December.

There are 55 members of staff with long COVID in the HB and discussions taking place with Unions regarding the members of staff.

The Committee noted that the Health Board had always been successful with its recruitment of Overseas Nursing and that a paper regarding the same was being taken to Board. The Health Board did not recruit from countries which lacked a healthy number in its nursing workforce. The Health Board looked at countries, such as India and the Philippines.

Staff Wellbeing Plan

The Committee highlighted the importance of the health & well-being of staff and commented that the Occupational Health service was available for staff.

During the pandemic, a lot of work had been undertaken to reinforce and enhance the staff well-being services, with extra counsellors recruited into the well-being team.

Saunders,Nathan(1-0)
03/03/2022 11:55:42

The work force team had worked with the Unions and had proposed a recovery plan. Some of the feedback received from staff was a desire to have an improved workplace environment.

Some ITU nurses were going to resign and move to a temporary job. It was agreed to give them some time out for 6 months.

IMTP 2022-2023

The Health Board remained COVID ready.

The Health Board had entered the year with a financial deficit of £25million.

Committee Terms of Reference - 2022/23

The Terms of Reference were reviewed

Committee Annual Work Plan - 2022/23

The annual work plan reflected the committee's terms of reference.

Flash Reports

It was noted the Future Hospitals Programme sat with the infrastructure investment board and anticipated the next stage would be to go to the WG Cabinet and a letter go to the lead official.

15th MARCH 2022 MEETING:

Shaping Our Future Wellbeing Strategy – Update

- **Strategic Portfolio Update**

  The Committee were advised that a suite of strategy programmes and recovery programmes had been developed following a strategy stock take that had started in September 2020.

  It was noted that the Strategic Portfolio Steering Group (SPSG) oversaw the delivery of the 4 key programmes:

  - Shaping Our Future Population Health (SFPH)
  - Shaping Our Future Community Hospitals @ Home (in collaboration with the Regional Partnership Board)
  - Shaping Our Future Clinical Services (SOCS)
  - Shaping Our Future Hospitals (SOFH)

  In addition to overseeing the delivery of the strategic programmes, the SPSG had also maintained a 'line of sight' with the recovery portfolio and the critical enabling programmes of workforce, digital and infrastructure to ensure that dependencies were identified and managed to ensure alignment across programmes and projects and also to prioritise resources.

  It was noted that a reporting and monitoring assurance tool would be developed in quarter one of 2022-23 to monitor delivery against programme and IMTP milestones.

  The Committee were presented with flash reports for each of the 4 strategic programmes which identified projects leads, project status, targets and the detail of actions required by Executive colleagues. A specific monthly update was also provided for the Recovery and Redesign work programme.

Saunders Mathan
03/28/2022 14:5[illegible]2

- **Digital Transformation (Verbal Update)**

  The Committee were advised that a Digital Strategy would be shared with the Board in March 2022 and would include detail in relation to:

  - The Strategy Investment Case – It was noted that circa £6.6m had been provided from various sources which had enabled transformation of IT infrastructure.

- Cyber Security Plans – That would seek to provide assurance that the Health Board's IT infrastructure was capable of surviving potential cyber security attacks.

- IT Infrastructure – It was noted that the Health Board's ambition was to move to a Cloud based model. The Committee were advised that this would be a long-term project and that a hybrid model would be expected over the following 5 years.

- Telecoms – The Committee were advised that Bleep and telephone systems had been upgraded across the Health Board.

- **Scoping of the Long-Term Strategy**

  The Committee were advised that the Shaping Our Future Wellbeing programme had been developed and then presented to the Board in 2013.

  A review of the strategy was undertaken in March 2021 to identify what had been achieved and what had changed in relation to; Policy Context, the Covid-19 Pandemic and the Strategy Stock take in September 2020.

  The Committee were reminded that one of the key functions of the Board was to formulate strategy and it was confirmed that a Board Development session would be scheduled to develop a refreshed strategy.

Draft IMTP 2022-2025

The Committee were advised that the IMTP was almost complete but that there were still some areas to finalise in areas such as Capital and Estates. It was noted that work was also required in relation to how the Health Board could more appropriately prioritise Capital programmes whilst operating within a restrained capital environment.

It was noted that the IMTP was an essential enabling piece of work that would continue to evolve over the following 3 years.

The Committee were advised the financial position was a challenge but that a financial plan was being discussed with Welsh Government.

Board Assurance Framework (BAF).

The Committee were advised that most of the Health Board's strategic risks were aligned to the Committee and would continue to be shared on a rolling programme. The three risks shared and reviewed at the Committee meeting were:

- Sustainable culture change
- Inadequate Planned Care Capacity
- Reducing our health inequalities.

Key Operational Performance Indicators

The Committee were advised that the Health Board continued to experience significant operational pressures across the whole system.

Saunders Latham
03/28/2022 14:57:46

It was noted that the Health Board continued to progress plans outlined in its updated 2021/22 Annual Plan and the 'Planning for Recovery and Redesign' addendum submitted to Welsh Government in June 2021.

The update shared confirmed that recovery remained centered on patients being seen in order of clinical priority rather than time-based targets. The Committee were advised that occupancy remained the singular driver for unscheduled care issues and that there had been a steady level of attendances and conversion into

admissions. It was reported that the operational focus of clinical teams had been on occupancy and length of stay.

Positive improvements were noted in the over 21-day stay data, which had started to decrease, and within Emergency Unit with reduced 12 hour and ambulatory waits.

The Committee were also advised that the Health Board had the infrastructure to accommodate virtual patients. There were, at the date of the meeting, 50 patients in the virtual ward who were being safely held in that virtual space.

Key Workforce Performance Indicators

The Committee were advised that the report indicated the workforce metric data for January 2022.

The Assistant Director of Workforce (ADW) provided a verbal update in relation to the February data which included confirmation that:

- The workforce was beginning to stabilise and showed a prediction of continued improvement.
- Sickness and absence were 2% higher than the previous year.
- Voluntary resignation was 2% higher than the previous year.
- The vacancy rate was still high but there was confidence that it would reduce by April 2022 due to mass recruitment and an internal nurse recruitment campaign.

The Committee were advised that the People Services Team (formerly the HR Operations Team) had temporarily changed its operating model in December 2021 – moving away from traditional Clinical Board alignment into specialist teams focused on the organisational priorities. It was noted that the progress to date had been extremely positive.

The Committee were advised that the rate of compliance for completion of Values Based Appraisals was 33.70%. It was acknowledged that the low rate could be attributed to pandemic related challenges and pressures however, it was noted that from April 2022, the gap would be bridged by increasing capacity and a campaign to highlight the importance of a meaningful appraisal.

Committee Draft Annual Report 2021/22

The Committee draft Annual Report 2021/22 was received and reviewed. It was recommended that the Annual Report be shared with the Board for approval.

Corporate Risk Register

The Corporate Risk Register was received for noting. It was highlighted that the report detailed the Extreme operational risks that were aligned to the Committee for scrutiny.

Recommendation:

The Board are requested to:

Note the content of the report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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	

Sandra Whitelaw 03/04/2022 14:57:40

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/No
N/A
Safety: Yes/No
N/A
Financial: Yes/No
N/A
Workforce: Yes/No
N/A
Legal: Yes/No
N/A
Reputational: Yes/No
N/A
Socio Economic: Yes/No
N/A
Equality and Health: Yes/No
N/A
Decarbonisation: Yes/No
N/A

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
03/28/2022 14:57:42

Report Title:	Chairs Report of the Charitable Funds Committee from the meeting held on 1 March 2022				Agenda Item no.		
Meeting:	Board		Public	X	Meeting Date:	31.03.2022	
			Private				
Status *(please tick one only):*	Assurance	X	Approval		Information		X
Lead Executive:	Committee Chair and Independent Member - Community						
Report Author (Title):	Senior Corporate Governance Officer						

Main Report
Background and current situation:

To provide the Board with a summary of key issues discussed at the Charitable Funds Committee held on 1 March 2022.

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

CHAIRS ACTION:

The Committee was advised that 2 Chair's Actions had been approved offline which included:

- £79,800 approved for expenditure of NHSCT Covid Recovery grant - Outdoor Staff Havens
- £37,500 approved for expenditure for ECMO machine from Nephrology and Transplant Endowment funds

HEALTH CHARITY FINANCIAL POSITION & INVESTMENT UPDATE:

The Committee were advised of 3 key issues which included:

- The Charity's financial position had decreased by £0.179 million for the period ending 31st January 2022.
- The stock market experienced a volatile period in January which had resulted in a minor fall in cumulative gains for the period ending 31st January 2022.
- The value of general reserves was only just adequate to meet financial commitments.

The Committee was advised that the Health Charity had started the financial year with £9.147 million and that during the period reported, the income resources had been close to £1.4 million and the resources expended had been £1.950 million which had resulted in next expenditure of £0.569 million.

It was noted that during the period there had been gains on the investment assets of £0.390 million and that in overall terms there had been a net movement in the funds of £0.179 million.

Saunders, Norma (HSCT) 03/28/2022 11:51:12

It was noted that there had been a reduction in the donations received in comparison to the previous financial year and that the closing balance of the Charity had reduced by £0.179 million which had taken the balance to £8.968 million.

The Committee was also presented with the investment portfolio's performance from September 2020 to January 2022 where it was noted that against the general reserves the Charity had

approved a number of bids which had resulted in significant financial commitments which were assessed at being circa £0.401 million.

The Committee was advised that the key financial risk to the Charity was the performance of the investment portfolio which was underpinning the year to date financial position and general reserves balance.

CHARITABLE FUNDS INTERNAL COSTS:

The Committee was advised that a request for an internal costs report had been raised by some of the Independent Members.

It was noted that there was 4 elements covered in the report which included:

- Return on investment of staffing resource, primarily the fundraising team
- Overview of roles and responsibilities
- Feedback on the current direction of travel of Cardiff & Vale Health Charity
- Ensuring links to the Health Charity Strategy 2019-2025

The Committee was advised that the Health Charity had expanded the team and developed the support provided not just to the Health Charity but to the Cardiff and Vale University Health Board (The Health Board) as well.

It was noted that the work of the Health Charity team was not purely based on fundraising but had been agreed with the Charitable Funds Committee and the Board of Trustees to encompass the following:

- To be an integral part of the Health Board, tangibly improving Cardiff and Vale services over and above what the NHS could fund.

- To improve the Health and Wellbeing of staff and services users and the communities of Cardiff and Vale University Health Board. Much of these two objectives, do not generate income but add value to the organisation through many projects and schemes as outlined in the many reports, Annual Report, case studies and presentations.

The Committee was advised that the objectives did not always necessarily add income but noted they added value in a number of different ways and it was it was identified that the key income comparison between 2019/20 and 2020/21 showed an increase from £1.36m to £2.199m.

It was noted that one of the key areas that the Health Charity had invested in was the Staff Lottery, which had resulted in continuous growth in income and an improved raise of £19,184.73.

The Committee Chair advised the Committee that the strategy of the Health Charity would need to be reviewed again and that could be done via an away day for Independent Members and relevant Health Charity team members.

PENNIES FROM HEAVEN:

Supporters Minutes 28/2021 - 1767/12

The Committee was advised that the Chief Executive Officer of 'Pennies from Heaven' had contacted the Health Charity by email in December 2021 expressing concern in relation to the Health Charity's 'In For A Penny' fundraising scheme which was the same scheme that been set up in 2012 between 'Pennies from Heaven' and the Health Charity.

It was noted that since October 2017, ‘Pennies from Heaven’ had not received donations and alleged that the Health Board had breached its contract.

It was noted that upon completion of further investigation, a discussion had then taken place on 08.02.22 between the Health Charity and the CEO for ‘Pennies in Heaven’ where a proposed goodwill payment of £500 was discussed which would be given to ‘Pennies in Heaven’.

‘Pennies from Heaven’ accepted the payment.

OVER £25K BIDS FOR APPROVAL:

The Committee was advised that that the Solace Service, Mental Health Services for Older People had submitted a bid for funding of £12,500 for the following:

- Forget-me-not Family Choir: A Choir for Bereaved Dementia Carers (who were caring for someone with dementia now deceased) - 12 Month Pilot Project.

It was noted that although the bid was for less than £25k, the Charitable Funds Committee was the only Forum available to consider and approve bids of that value.

The bid was approved.

ARTS ANNUAL REPORT:

The Committee received the Arts Annual Report where it was identified that Cardiff and Vale University Health Board was a trailblazer in Wales for the Arts and it was noted that the Arts Council for Wales continuously highlighted the Health Board as a leader of connecting physical and mental wellbeing with the arts.

EVENTS PLANNER:

The Events Planner was received which outlined all of the fundraising events that the Health Charity had confirmed for the 2022/23 financial year.

CHARITABLE FUNDS COMMITTEE ANNUAL REPORT:

The Charitable Funds Committee Annual Report was received and approved for review at the next meeting of the Board.

CHARITABLE FUNDS COMMITTEE TERMS OF REFERENCE:

The Charitable Funds Committee Terms of Reference were received and approved for review at the next meeting of the Board.

Saunders-Bowman
03/28/2022 14:52:40

CHARITABLE FUNDS COMMITTEE WORK PLAN:

The Charitable Funds Committee Work Plan was received and approved for review at the next meeting of the Board.

FUNDRAISING REPORT:

The Fundraising Report was received and progress of the Health Charity was noted.

STAFF BENEFITS GROUP REPORT:

The Staff Benefits Report was received and noted.

STAFF LOTTERY BIDS PANEL REPORT:

The Committee was advised that at the July 2020 meeting of the Staff Lottery Bids Panel, the Vice Chair noted that as of 1st March 2021, the Chair of the Staff Lottery Bids Panel would step down to begin his new role as the Independent Member for Trade Unions with the Health Board.

It was noted that panel members were invited to electronically submit an Expression of Interest to the Secretariat for the role of Chair and that one expression of interest was submitted.

It was agreed that the Vice Chair of the Panel would take up the role of the Chair.

The Committee was advised that that the Chair of the Staff Lottery Bids Panel was not a member of any Committees of the Board and so it would break the link between the Staff Lottery Bids Panel and the Charitable Funds Committee.

The previous Chair of the Staff Lottery Bids Panel, The Independent Member – Trade Union asked if he could be re-appointed as the Chair now that he was an Independent Member.

It was agreed that the Director of Corporate Governance would provide an update at the next meeting of the Charitable Funds Committee.

HEALTH CHARITY UPDATES:

- Health Meadow – The progress and activities of the Health Meadow were noted.
- Legacies – The report on legacy income received and the ongoing Legacy Fundraising awareness and fundraising campaign was noted.
- Food Sense Wales - The report on activity for the past 12 months of Food Sense was noted and it was highlighted that Food Cardiff had been awarded Silver Sustainable Food Places status, becoming the first place in Wales and one of only six places in the UK to achieve the prestigious accolade.

ANY OTHER BUSINESS:

The Committee was advised it would be the last meeting attended by the Executive Nurse Director. (END)

Members of the Committee thanked the END for her support and dedication to the Health Charity.

Saunders-Johnson
03/28/2021 14:57:12

Recommendation:

The Board / Committee are requested to:

NOTE the updates shared within this Chair's Report

Link to Strategic Objectives of Shaping our Future Wellbeing: *Please tick as relevant*			
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*									
Prevention		Long term	X	Integration		Collaboration		Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/No
No
Safety: Yes/No
No
Financial: Yes/No
No
Workforce: Yes/No
No
Legal: Yes/No
No
Reputational: Yes/No
No
Socio Economic: Yes/No
No
Equality and Health: Yes/No
No
Decarbonisation: Yes/No
No

Saunders,Natalie
03/28/2022 14:55:48

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Charitable Funds Committee	01.03.22

Report Title:	**Audit and Assurance Committee – Chair's Report**				Agenda Item no.	8.5.8	
Meeting:	**UHB Board Meeting**	Public	X		Meeting Date:	31.03.2022	
		Private					
Status *(please tick one only):*	Assurance		Approval		Information		X
Lead Executive:	**Chair, Audit and Assurance Committee**						
Report Author (Title):	**Corporate Governance Officer**						

Main Report
Background and current situation:

To provide the Board with a summary of key issues discussed at the Audit and Assurance Committee held on **8 February 2022.**

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

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

Internal Audit Progress Reports

Internal Audit gave an update on the Internal Audit Progress Reports and highlighted the following:

- Eight audits were scheduled to be finalised for the February meeting but had not been completed to meet that deadline.
- Two of the audits had reached draft report stage.
- The IT service management system draft report was with Management for review and comments.
- 34 reviews were in the plan. The current progress was that 10 audits had been finalised to date and a further 2 were at the draft stage. A further 11 were a "work in progress" and 9 were in the planning stages.
- Following the Management Executive meeting in November, it was agreed that 4 audits would be deferred from the plan due to ongoing pressures in the Health Board.
- Two audits would also be combined into one audit due to the overlap.
- With the adjustments made and the 34 audits remaining, there was enough coverage across the Health Board to be able to give a formal opinion to the Health Board for the year.
- Good progress had been made in developing the plan for 2022/23. Meetings had taken place with the Executives and a draft plan would be created to go back to the Management Executive meeting and then submitted to the April Audit Committee meeting for formal approval.

The Committee resolved that:

a) The Internal Audit Progress Report, which included the findings and conclusions from the finalised individual audit reports, was considered.
b) The removal of the four identified audits from the Internal Audit Plan for 2021/22 was approved.
c) The proposal to combine the two audits on Recovery of Services and Delivery of the 21/22 Plan was approved.

Sandra Newman 03/28/2022 14:57:15

Audit Wales Update

The Audit Wales Update was presented and the following was highlighted:

- Two pieces of work had been completed. That was, (1) the Phase 2 Structured Assessment which had looked at the Corporate Governance and Financial Management Arrangements of the Health Board, and (2) the follow up of the 2017 Review of Radiology Services.
- Audit Wales were in the process of drafting the report on the review of the Health Board's Quality Governance Arrangements. There had been a slight delay due to staffing constraints in the team. However, the emerging findings and conclusions had been presented to colleagues on the Executive Team and Members of the Quality, Safety and Experience Committee.
- A national report on joint working between Emergency Services had been published

The Committee resolved that:

(a) The Audit Wales update was noted.

Audit Wales Report: Taking Care of the Carers? – Management Response

The Committee noted the following:

- The Audit Wales Taking Care of Carers? publication was produced in October 2021.
- The audit had enabled the Health Board to provide assurance on the 6 recommendations resulting from the report.
- The People and Culture Plan provided additional alignment and pathway for supporting staff in every step of their career journey.
- The monitoring and reporting element within the People and Culture Plan would also provide assurance to the Audit Committee.

The Committee resolved that:

a) The management response and actions identified, including reporting requirements and utilisation of the Board Checklist, were supported.

Radiology Services - Update on Progress

The Radiology Services Report was presented and the following was highlighted:

- Good progress had been made to address the majority of recommendations made in 2017.
- No new recommendations were made. However, the recommendation relating to increasing the appraisal rates of non-clinical staff should be reinstated on the Audit Tracker due to the limited progress to date.

It was agreed that the Executive Director of People and Culture (EDPC) would request the Head of Workforce in each Clinical Board to focus upon this area.

The Committee resolved that:

a) The Radiology Services Update on Progress was discussed and noted.

Saunders, Meinan
03/28/2022 14:57:02

Structured Assessment (Phase 2) Report and Management Response

Audit Wales updated on the following:

- The Phase 2 report had reviewed the Corporate Governance and Financial Management arrangements of the Health Board. Overall, it was a positive report.

- Audit Wales had found that the Health Board had effective Committee and Board arrangements in place which were underpinned by maturing assurance systems. However, opportunities to strengthen transparency remained.
- There were clear plans in place to support the recovery of services but arrangements for monitoring and reporting overall plan delivery should be strengthened.
- The Health Board had maintained a robust oversight of its finances. However, the pandemic continues to pose a risk to the Health Board to remain even.
- Two recommendations were raised. That was (1) to enhance public transparency of Board business, and (2) to strengthen arrangements for monitoring and reporting on the overall delivery of the Annual Plan and future IMTPs. Both recommendations had been accepted by the Health Board.

It was noted that the recommendations related mostly to the timeliness of the information on the Health Board's website and making sure there was publication of Board and Committee papers and recordings of those meetings. These areas had now been built into standard operating procedures and should happen automatically. The only one outstanding was making sure that the public and other interested parties were being signposted to future Board and Committee meetings via social media.

The Committee resolved that:

a) The Structured Assessment (Phase 2) Report and Management Response was noted.

Declarations of Interest and Gifts and Hospitality Tracking Report

The Committee noted the following:

- A trial "power hour" would be tested out. Members from the Risk and Regulation team, along with the ESR and the corporate Communications team would be available at a certain time to provide assistance on the process.
- The current Register covered the period from 1st of April 2020 – 1st April 2022.
- 1418 Declarations of Interest, gifts and hospitality forms had been recorded on the Register.
- The Register reflected current employees.
- 70% of band 8a and above staff had now received active and correct Declaration forms.
- 94% of Declarations were green i.e. no cause of concern
- 2.6% were a medium risk conflict.
- 0.03% were a high conflict risk.

The Committee resolved that:

a) The ongoing work being undertaken within Standards of Behaviour was noted.
b) The Declarations of Interest, Gifts, Hospitality & Sponsorship Register was noted.

Regulatory Compliance Tracking Report

The Committee noted the following:

Saunders Norman
03/2022 14:07:42

- An internal audit into the Corporate Governance Regulatory Compliance Tracker was undertaken in July and August 2021.
- As a result of the audit undertaken, the Health Board was given a reasonable assurance rating.
- There was one recommendation from the audit that remained on the internal Tracker. That related to the management of Welsh Health Circulars.

The Committee resolved that:

a) The approach taken by the Risk and Regulation team to the tracking and reporting of compliance with regulatory inspections and recommendations, was approved.
b) The assurance provided by the Regulatory Tracker and the confirmation of progress made against recommendations, was approved.
c) The continuing development of the Legislative and Regulatory Compliance Tracker was noted.

Audit Wales Tracking Report

The Committee noted the following:

- 15 external audits were noted on the Tracker and brought forward from the last Committee meeting.
- Since the last meeting, 4 recommendations had been completed and 11 were partially complete.
- A review of all outstanding recommendations had been undertaken with Executives Leads.
- The report would be presented at each Audit Committee meeting to provide Regulatory updates. The reports had also been discussed at ME meetings.

The Committee resolved to:

a) The progress which had been made in relation to the completion of the Audit Wales recommendations, was noted and assurance was received.
b) The continuing development of the Audit Wales Recommendation Tracker was noted.

Internal Audit Tracking Report

The Committee noted the following:

- Overall the outstanding recommendations had reduced from 86 to 85. That could be contributed to the removal of entries. Since that date a further 16 entries had been added to the Tracker.
- A review of the outstanding recommendations had been undertaken since the last Audit Committee meeting and each Executive Lead had been sent the recommendation which fell within their remit.

The Committee resolved that:

a) The tracking report for tracking audit recommendations made by Internal Audit was noted.
b) The progress which had been made since the previous Audit and Assurance Committee Meetir in November 2021 was noted.
c) The approach taken towards the management and monitoring of Internal Audit Recommendations was noted.

Recommendation:

Saunders,Nathan
03/28/2022 14:07:42

The Board / Committee are requested to:

NOTE the report.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

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*									
Prevention		Long term	X	Integration		Collaboration		Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders-Jonathan
03/10/2022 14:57:42

Saunders,Nathan
03/28/2022 14:57:42

Report Title:	**Future Hospitals Committee Chair's Report**			Agenda Item no.	8.5.9
Meeting:	**UHB Board Meeting**	Public	X	Meeting Date:	31.03.2022
		Private			
Status *(please tick one only):*	Assurance		Approval		Information
Lead Executive:	**Chair of Shaping Our Future Hospital Committee**				
Report Author (Title):	**Corporate Governance Officer**				

Main Report
Background and current situation:

To provide the Board with a summary of key issues discussed at the Shaping Our Future Hospital Committee Meetings held on **12 January 2022** and **9 March 2022.**

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

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

12 January 2022

Verbal feedback on Infrastructure Investment Board

- There was a Welsh Government (WG) panel which received business cases. The team was grateful to WG who had put in place a dedicated schedule of meetings.
- Clinical members of staff have said that the current building did not best meet the needs of patients.
- The current issues with UHW highlighted the case for a new hospital as opposed to "making do" with the existing hospital.
- It was noted that the University had its own capital schemes and were not able to say if it was the UHW site that was to be redeveloped at this stage.
- It was noted the need to follow the five-stage business case model and that it was important to get the Programme Business Case (PBC) endorsed.
- It was noted there was work to be done on why the infrastructure was failing and the need to make the infrastructure fit for purpose. The Health Board should increase its Critical Care services urgently.

Lifesciences Commercial Opportunities

- The PBC had proposed a research hospital for the future.
- Grant Thornton had been engaged and had proposed to run 3 workshops, with the first workshop held on 21st December 2021.
- Grant Thornton's experience included Cambridge, UCLH (University College London Hospitals) and Manchester.
- The Lifesciences Commercial Opportunity was highlighted as a unique selling point.
- The work was accelerating on the City Edge Life Sciences Park and in relation to the relocation of the Genomics and the laboratories.

Update on scoping of the SOC and the work of Grant Thornton

- The following was highlighted –

- SOC Scope.
- Clinical Transformation.
- Buildings Survey Specification – the Health Board's Director of Capital and Estates and Facilities would commission a survey.
- Digital Strategy refresh.

- It was confirmed Grant Thornton were funded from the reduction in expenditure due to COVID.

Saunders, Kathryn (NHS) 03/28/2022 12:55:43

- It was noted if the SOC was funded, it was not clear when the Health Board would receive the money. If it was received during Quarter 1, it would give some flexibility.
- It was questioned how Grant Thornton were being evaluated in relation to providing value for money and the following was noted –

- The PBC was excellent.
- The Health Board did not have the capacity in house and thus were creating capacity by buying in the expertise.
- The Health Board was looking to maintain the modelling from Light Foot.

- It was explained that in relation to the next stages the planning team would be working closely with Procurement colleagues and Hywel Dda HB.

Service Lines for the Clinical Transformation

- The Health Board did not have a specific Cancer Clinical Board, although conversations with Velindre would take place.
- The major interventional groups were technology, workforce change, pathway improvement and channel change. That was work the Health Board could not do themselves without significant delay or investment.
- Grant Thornton did not want to take away existing plans.

Update on the Survey of the Infrastructure

- Conversations took place with the Capital Estates and Facilities team to provide an initial report regarding the structural state of the UHW site. There were particular areas of concern, with one being the tunnels under the hospital building.
- Thought would be required with regards to how the buildings would meet “net zero” in terms of sustainability.

Operational Lead Update

- The Operational Lead presented to the Committee and commented upon the following matters and noted the focus would be upon multiple areas –

- New hospital.
- Shaping our Future Clinical Services (SOFCS)
- Exploring design principles.

- There was a plan to gather intelligence in relation to new hospitals which had been built over the last 5 years and ones that would be opening in the next 5 years.
- It was noted during the next Quarter a key issue was to ensure engagement with frontline staff.
- It was explained the teams had liaised with colleagues in Hywel Dda HB and they had engaged with their population around sites and asked for nominations on sites. CAV were proposing to undertake some engagement later in the year.
- Nothing could be released at the moment as a site had not been confirmed but would liaise with the Communications team again.

Committee Terms of Reference - 2022/23

- The Terms of Reference (ToR) were presented to the Committee every year for review. There had been no significant changes to the ToR.
- It was noted there were terms of reference for the Programme Board and that he would liaise with the DCG to ensure the purpose of both sets of terms of reference were aligned.

Sandra Nisbet 03/2023 14:57:42

Committee Work plan - 2022/23

- The draft Committee’s draft Annual Work Plan 2022/23 was noted.

Committee Annual Report - 2021/22

- The Committee noted the report stated 3 Independent Members but ToR stated 4 members.

Programme Board Minutes – 02.11.2021

- It was noted that the Programme Board in December had not taken place, although the minutes from November's Programme Board meeting were presented to the Committee.

AOB

- The Chair noted that as a future agenda item it would be helpful to have a session which explained the purpose of the SOC, terminology relating to the green book business model etc.

9 March 2022

Review of Hospitals Programme Update

- The Committee was advised that the Programme Business Case (PBC) had gone to Welsh Government. It was anticipated that the PBC would be considered by Cabinet in January 2022.
- The most likely best option would be to rebuild the University Hospital of Wales (UHW) which could be completed in a phased way. Until the Strategic Outline Case (SOC) was completed and options were set out then sites could not be discussed.
- The SOC also needed to be completed by June 2022 because the Cabinet would be bringing back another paper.

Review of Programme Risk Register

- The Committee received the Programme Risk Register. It was noted that there were actions around the Spring work that were taking place and the Committee should have answers next month.
- One of the risks was delay to the Programme and what the Health Board was doing about it.
- The Committee was also advised that another risk was linked to staff wellbeing since staff had been working in challenging environments for a very long time.

Recommendation:

The Board / Committee are requested to:

NOTE the report.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

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

Saunders, Kathryn 03/08/2022 14:51:42

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention		Long term	X	Integration		Collaboration		Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
03/28/2022 14:57:42

Report Title:	Local Partnership Forum Report			Agenda Item no.	8.5.10
Meeting:	UHB Board	Public	x	Meeting Date:	31.03.22
		Private			
Status *(please tick one only):*	Assurance		Approval		Information x
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Workforce Governance Manager				

Main Report
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 People and Culture. 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.

Key items discussed at the meeting held on 17 February 2022 can be summarised as follows:

Suzanne Rankin was attending her first LPF meeting since she joined the organisation as Chief Executive. She introduced herself and her reasons for moving to Cardiff and Vale, including the alignment of her personal values with our strategy *Shaping Our Future Wellbeing*. She set out her developing priorities and provided a brief summary on each of them:

- Team resilience and wellbeing
- Digital infrastructure
- Urgent emergency care pathway
- Our approach as we move from the pandemic response and restrictions lift
- The underlying financial position
- Refreshing our strategy in the context of the post pandemic world
- Embedding our values

The Director of Strategy and Planning advised the Forum that a draft IMTP would be presented to the Board the following week. She advised that the main issues faced include not having the workforce needed to deliver the full range of services that we want to provide and keeping some of the good practices picked up during the pandemic, but in a sustainable way. The People and Culture Plan will be central to how this is achieved. The importance of engaging with Trade Union colleagues at Clinical Board level was noted.

The Interim COO delivered a presentation on the current operational postion and the application of the Local Choices Framework, noting that while there is whole system pressure the real issue is around occupancy and discharges. Caroline Bird thanked staff for their flexibility and gave assurances that work was taking place to identify what could be done differently to improve the situation for both patients and staff.

Cyfarfod Dyddiad: 31/03/2022 14:07:42

The Assistant Director of OD delivered a presentation on Employee Health and Wellbeing. She noted that a physically and psychologically safe and healthy workforce is essential for excellent healthcare. There were issues before the pandemic and work has been done before and during

it, including work by the Health Charity. As we move to recovery we need to determine the best way to support our staff to reflect and move on, acknowledging that a longer term approach is needed as this will not happen overnight. Research told us that staff wanted: improvements to the working environment; compassionate leadership; EWB services; peer support; more regular feedback; and a holistic approach to wellbeing. Our response is underpinned in the People and Culture Plan – not just in theme 2 (Engaged, healthy and motivated workforce) but also in how we recruit, retain, offer learning and development, our systems, and ways of working. Examples of progress to date include:

- Winning Temp – a weekly engagement survey to be piloted with nursing staff
- Schwartz Rounds
- Staff rooms, water bottles and hydration stations
- A more visible EWB team and HIT team
- Additional OH support which has reduced waiting times
- Leadership and development programmes.

It was noted that this is part of the bigger picture and that staff health and wellbeing should be included in all of our strategies and underpinned by our values and behaviours.

The Local Partnership Forum received a copy of the Integrated Performance Report which had previously been considered by Board.

The Local Partnership Forum received a report on Changes to AFC Terms and Conditions.

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

This report provides Board with a summary of the key issues discussed at the meeting held on 17 February 2022.

Recommendation:

The Board is requested to:

- NOTE the contents of this report

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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	

Saunders, Nicholas (NHS) 03/03/2022 14:07:49

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention		Long term		Integration		Collaboration		Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/No No
Safety: Yes/No Yes
Patient Safety, Quality and Experience is included in the Integrated Performance Report
Financial: Yes/No Yes
The financial situation is included in the Integrated Performance Report and was also referred to in the CEO Update and IMTP Update
Workforce: Yes/No Yes
Key WOD KPIs and workforce actions are included in the Integrated Performance Report
Legal: Yes/No No
Reputational: Yes/No No
Socio Economic: Yes/No No
Equality and Health: Yes/No No
Not explicitly but the Local Partnership Forum takes a keen interest in the EDI agenda
Decarbonisation: Yes/No No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
n/a	

Saunders,Nathan
03/28/2022 14:57:42

Report Title:	**Stakeholder Reference Group Report**			Agenda Item no.	8.5.11
Meeting:	**UHB Board**	Public	X	Meeting Date:	31.03.2022
		Private			
Status *(please tick one only):*	Assurance		Approval		Information X
Lead Executive:	**Executive Director of Strategic Planning**				
Report Author (Title):	**Sam Austin, Chair of Stakeholder Reference Group**				

Main Report
Background and current situation:

The following report provides Board with a summary of the key issues discussed at the Stakeholder Reference Group (SRG) meeting held on 25 January 2022

The meeting took a different format and was shorter than usual due to the operational pressures.

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

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

ASSESSMENT
The SRG considered the following.

Operational Pressures
Marie Davies provided the SRG with a brief overview of the operational pressures within the UHB during the past two months.

The SRG noted how exhausted NHS colleagues must be and thanked them for their continued commitment during the most difficult of times. It agreed it would be helpful to receive an update on progress with the integration of health and social care and that Cath Doman be invited to return to the SRG following her attendance in March 2021, to present on progress with the @ Home Shaping Our Future In Our Community Programme.

The SRG raised a number of specific questions

- Is there capacity in residential care homes to enable patients who are ready to be discharged from an acute hospital to be placed there temporarily before returning to their homes?
- Will the financial settlement necessitate a re-prioritisation of the UHB's activities?
- How is the mass vaccination programme progressing and has there had been a problem with uptake of the vaccination amongst UHB staff?
- What has been the impact of season flu?

Recommendation:

The Board / Committee are requested to:

NOTE this report.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

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		7. Be a great place to work and learn	

Sauer Freeman
03/03/2022 14:57:42

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/No
N/A
Safety: Yes/No
N/A
Financial: Yes/No
N/A
Workforce: Yes/No
N/A
Legal: Yes/No
N/A
Reputational: Yes/No
N/A
Socio Economic: Yes/No
N/A
Equality and Health: Yes/No
N/A
Decarbonisation: Yes/No
N/A

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
03/28/2022 14:57:42

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 8 FEBRUARY 2022

The Welsh Health Specialised Services Committee held its latest public meeting on the 8 February 2022. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at: https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/

1. Integrated Commissioning Plan (ICP) 2022-2025

Members received the WHSSC Integrated Commissioning Plan (ICP) 2022-2025 for approval prior to being submitted to Welsh Government.

Members discussed the financial elements of the ICP 2022-2025 and thanked colleagues in the specialist commissioning teams for their hard work in developing the plan in readiness for HBs to finalise their own Integrated Medium Term Plans (IMTP's).

Members were unanimous in approving the ICP and requested that minor updates be made to strengthen the document, to include WHSSC's commitment to the legislative framework on Welsh Language; and to be more explicit on how WHSSC are sufficiently representing the uncertainty presented by the COVID-19 pandemic as the operating context for the forthcoming year.

Members (1) **Noted** the discussions at Management Group on 20 January 2022 and their support on a revised risk profile; (2) **Noted** that the actions supported by Management Group reduced the total uplift required for non-recurrent funding for the 2022-2023 ICP to 4.97%, down by 1.6% (£11.4m) from the previous iteration of the ICP presented in December; (3) **Noted** that Management Group were supportive of the plan for approval by Joint Committee; (4) **Approved** the Integrated Commissioning Plan 2022-2025; **noting** the Joint Committee's request to strengthen the reference to supporting the Welsh language; and to be more explicit on how WHSSC are sufficiently representing the uncertainty presented by the COVID-19 pandemic as the operating context for the forthcoming year; (5) **Approved** the plan as the basis of information to be included in Health Board IMTPs; and (6) **Approved** the plan for submission to Welsh Government in response to the requirements set out in the Welsh Government Planning Guidance.

Saunders Latham 03/28/2022 14:57:42

Saunders,Nathan
03/28/2022 14:57:42

Reporting Committee	**Quality Patient Safety Committee**
Chaired by	**Ceri Phillips**
Lead Executive Director	**Director of Nursing & Quality**
Date of Meeting	**18 January 2022**

Summary of key matters considered by the Committee and any related decisions made

Presentation/Patient Experience

Members received a presentation from the Major Trauma Network (MTN). Four patient stories were presented by the MTN illustrating how the patient journey has changed since the inception. It was noted that the MTN would be peer reviewed in March 2022 by NHS England with a report due in June 2022 and the findings would be presented to the August 2022 QPS meetings. PROMS and PREMS were being built in across the network in partnership with Value in Health Wales and it was confirmed that patient information was available bilingually and a proactive app was being developed.

Commissioning Team and Network Updates

Reports from each of the Commissioning Teams were received and taken by exception. Members noted the information presented in the reports and a summary of the services in escalation is attached to this report. The key points for each service are summarised below:

1.0 Welsh Renal Clinical Network

The Committee received the report and took questions by exception. Congratulations were passed onto the Renal Network Team who had recently won a prestigious Nursing Times Award for Learning Disabilities Nursing for their home haemodialysis care of patient with learning difficulties.

2.0 Cancer & Blood

The Committee received an update regarding the burns services at SBUHB that is currently in escalation level 3 because of the closure of the Morriston Hospital Burns ITU due to staffing constraints. Extensive discussions with the South West and Wales Burns Network around the development of an action plan are ongoing and SBUHB have confirmed their commitment to re-opening the full burns service.

3.0 Cardiac

An update was received on GIRFT. In addition, the Committee received assurance that SBUHB was making good progress on the Action Plan relating to cardiac mitral valve surgery and noted that, once resolution was achieved on the vascular

Sharepoint Version 8/12/2021 14:57:42

pathway issues, consideration would be given to de-escalate the service from level 4 to level 3.

4.0 Mental Health & Vulnerable Groups

Members received a presentation on Mental Health Specialised Services. It was noted that the Coroner's Inquest following the death of a Young Person in Ty Llidiard back in March 2017 would commence on 17 January 2022 and was expected to last 10 days. An update on the judgment would be provided at the next meeting.

5.0 Neurosciences

Members received the Neurosciences Commissioning Team Update and noted the progress made.

6.0 Women & Children

The Committee was informed that the WHSSC Joint Committee had approved the extension at the request of SBUHB for the OCN for Neonatal Transport because of operational pressures caused by the COVID-19 pandemic.

Development Day

The Development Day was scheduled to take place on the 10 February 2022. A draft agenda was discussed and circulated prior to the event.

Other Reports Received

Members received reports on the following:

- **Services in Escalation Summary**

Members noted that the cochlear services in Bridgend had been de-escalated and removed from the report. No new services had been added since the last report.

- **WHSSC Policy Group**

The Committee was reassured by the work undertaken by the policy group and requested a development session with members to fully understand the position in order be able to support any future work to align with the Committee's work plan.

- **CRAF Risk Assurance Framework**
- **CQC/HIW Summary Update**
- **Incidents and Complaints Report**

Items for information

Members received a number of documents for information only which members needed to be aware of:

- National Reporting and Learning System Letter from Welsh Government;
- Chair's Report and Escalation Summary to Joint Committee 12 October 2021;
- Q&PS Forward Work Plan;

Saunders Marion 03/28/2022 12:18:47

• Q&PS Circulation List.
Key risks and issues/matters of concern and any mitigating actions No specific items were identified requiring reporting in addition to the above updates.
Summary of services in Escalation (Appendix 1 attached)
Matters requiring Committee level consideration and/or approval Members noted that the Neonatal Network Transport was already on the agenda to be discussed by Joint Committee on 15 March 2022
Matters referred to other Committees None identified
Confirmed minutes for the meeting are available upon request

Date of next scheduled meeting:	30 March 2022 at 13.00hrs

Saunders,Nathan
03/28/2022 14:57:42

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 05/01/2022	Movement from last month
November 2017	North Wales Adolescent Service (NWAS)	BCUHB	2	• Medical workforce and shortages operational capacity • Lack of access to other Health Board provision including Paediatrics and Adult Mental Health. Number of Out-of- Area admissions	• QAIS report outlined key areas for development including the recommendation to consider the location of NWAS due to lack of access on site to other health board provision – This is being considered in the Mental Health Specialised Services Strategy. • Participation in weekly bed management panel meeting. • Medical workforce issues ongoing. Registrar due to start January 22. Consultant post still awaiting GMC/Royal College approval – appointed to in January 2021 so 12	

Saunders,Nathan
03/28/2022 14:57:42

					months ago.	

Saunders,Nathan
03/28/2022 14:57:42

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 05/01/2022	Movement from last month
March 2018 September 2020 August 2021	Ty Llidiard	CTMUHB	4	• Unexpected Patient death and frequent SUIs revealed patient safety concerns due to environmental shortfalls and poor governance • SUI 11th September	• Escalation meetings held monthly, however Dec 21 meeting stood down due to operational pressures at CTM. • Funding from WG approved in Dec 21 to meet needs of gap analysis. CTM to conduct gap analysis against the service spec. • CTM UHB to finalise the SOP for Medical Emergency Response– discussions have been concluded. Awaiting publication and implementation of SOP by CTM. • Follow-up meeting to be arranged to discuss CTM OD report to agree any	

Saunders,Nathan
03/28/2022 14:57:42

					additional elements and the time frame for delivery – Meeting scheduled for Dec 21 stood down due to operational pressures at CTM. • CTM UHB to share maturity matrix and agree a timeframe for the action plan. CTM to map against Ty Llidiard and report progress accordingly. • Coroner's inquest 17 January for 10 days • HIW unannounced visit 11 November – awaiting publication full report	

Saunders.Nathan
03/28/2022 14:57:42

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position 05/01/2022	Movement from last month
September 2020	FACTS	CTMUHB	3	• Workforce issue	• 7 CQV meetings have now been held and the service will remain at level 3 until all key actions are met. • The CQV meeting planned for December was stood down and re-scheduled for 3rd February 2022. • CTMUHB ILG have been asked to submit a Clinical Leadership Plan to address the substantive Consultant Psychiatrist post and Clinical Lead role. • The FACTS service specification is being finalized subject to input from CAMHS	

Saunders Nathan
03/28/2022 14:57:42

					colleagues.	

Saunders,Nathan
03/28/2022 14:57:42

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position	Movement from last month
September 2019	Cochlear Implant Service	South Wales	4	• Quality and Patient Safety concerns from C&V Cochlear Implant team, from the patients who were immediately transferred to the service in Cardiff following the loss of audiology support from the Bridgend service.	• C&VUHB treating all patients. • Interim CHC arrangements agreed. • WHSSC Corporate Directors agreed that an initial key piece of work, which was started prior to the concerns raised about the Bridgend service should be re-established before the commencement of the engagement process. • 2 workshops took place in September. The first workshop concluded with the potential service models for appraisal. The second workshop undertook an option	Risk removed November 2021

Saunders,Nathan
03/28/2022 14:57:42

					appraisal on the models. The next steps are to undertake a financial option appraisal and consultation and engagement. • This risk was reassessed at the Neurosciences and Complex Conditions Commissioning Team meeting held in November 2021. It was agreed that because the required mitigating action is in place i.e. that service is being delivered by C&VUHB, that this risk can be closed and removed from the CRAF.	

Saunders,Nathan
03/28/2022 14:57:42

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position	Movement from last month
July 2021	Cardiac Surgery	SBUHB	4	• Lack of assurance regarding current performance, processes and quality and patient safety based on the findings from the Getting It Right First Time review	• 6 weekly meetings in place to receive and monitor against the improvement plan. • Plan to de-escalate to Level 3 following an agreed pathway for aorto-vascular cases. Initial meeting held but further clarity being sought in regards to best practice and cardiac team having sight of additional quality outcome data at the meeting planned for February 2022. Plan to de-escalate to level 3 will then be reviewed.	

Saunders.Nathan
03/28/2022 14:57:42

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position	Movement from last month
July 2021	Cardiac Surgery	C&VUHB	2	• Lack of assurance regarding processes and patient flow which impact on patient experience	• C&VUHB have an agreed programme of improvement work to address the recommendations set out in the GIRFT report. • Bi- monthly meetings agreed for monitoring purposes. WHSSC have not yet received an action plan from C&VUHB that outlines the programme of work and this has subsequently been escalated to Clinical Board for action.	

Saunders.Nathan
03/28/2022 14:57:42

Date of Escalation	Service	Provider	Level of Escalation	Reason for Escalation	Current Position	Movement from last month
November 2021	Burns	SBUHB	3	• The burns service at SBUHB is currently unable to provide major burns level care due to staffing issues in burns ITU.	• Mutual assistance in place via the South West and Wales Burns Network and wider UK burns escalation arrangements. Patients will be stabilised at Swansea and transferred to another centre if appropriate to their care needs. • Network and peer visit to Swansea has taken place to advise on interim and longer term solution. • SBUHB has confirmed its	

Saunders,Nathan
03/28/2022 14:57:42

					commitment to re-opening the service. • The plan for re-opening burns ITU and commencing major burns level care is expected by end of January.	

Saunders,Nathan
03/28/2022 14:57:42

Services in Escalation

Level of escalation reducing / improving position

Level of escalation unchanged from previous report/month

Level of escalation increasing / worsening position

Saunders,Nathan
03/28/2022 14:57:42

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Service Partnership Committee**
Chaired by	Tracy Myhill, Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	20 January 2022

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

Support to Vaccination Booster Campaign

A presentation was received from Health Courier Services (HCS) on their role in supporting the booster campaign across Wales. Since Mid-December, almost 1m vaccines have been delivered to 155 separate sites with no delayed or failed deliveries. Over 8,500 journeys have been made to support the vaccination roll-out and 2.3 million miles driven by HCS staff to help NHS Wales to respond to the pandemic. The Committee were very appreciative of the presentation and the work to support their organisations and were keen to understand how they could assist in making the service even more effective through eliminating any unnecessary activities.

Procurement National Operating Model

The Committee also received a presentation on the new national operating model for Procurement Services which is currently out to staff consultation. This will facilitate a more regionalised approach and will enhance the relationship between national sourcing and frontline teams. It should also lead to a greater focus on strategic relationships with key suppliers and support the efforts to promote the Foundational Economy. The Committee were supportive of the proposed changes, and it was agreed that a summary information document would be produced for NHS bodies once the staff consultation period closes.

Chair's Report

This was the first meeting chaired by Tracy Myhill since her appointment to NWSSP on 1 December. Tracy outlined her delight in being appointed, the induction activities that she had undertaken to date, and her intention to meet regularly with key stakeholders across NHS Wales.

Digitally Signed by Natalie
07/2/2022 14:57:42

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- In response to COVID and the Omicron variant, the NWSSP Planning and Response Group had been stepped up again. Thus far, no major issues have been noted and whilst there was an initial jump in sickness absence, figures have returned to the previous low levels. Where necessary, business continuity plans were implemented for drivers in Health Courier Services to ensure that services to the rest of NHS Wales were maintained;
- A Joint Executive Team meeting with Welsh Government was held on 14 January which generated a lot of positive feedback for NWSSP and during which NWSSP were requested to assist with the establishment of the Citizens Voice Body which will come into being from April 2023;
- The Medical Examiner Service, which is not devolved, is likely to become a statutory service from September 2022; and
- The NWSSP financial position is forecast to achieve a break-even position with all capital monies spent. The business case for the purchase of the Matrix House building in Swansea, has been signed off by the Minister.

Items Requiring SSPC Approval/Endorsement

IMTP

The Committee received the NWSSP IMTP for approval. The Director of Planning, Performance, and Informatics had met individually with SSPC members over recent weeks to inform the plan and has incorporated their comments and feedback into the final version. While, for now, there are no major changes to the overall goals and objectives, there is a greater focus on the Welsh Language, Equality and Diversity and outcome-based measures.

The IMTP is based on a solid foundation where NWSSP has continued to deliver all services despite the pandemic, and where we have a balanced financial plan. New services such as the Temporary Medicines Unit, Laundry Services, and more recently International Nurse Recruitment, have been introduced. The plan reflects ministerial priorities and positions NWSSP at the forefront of many national initiatives, particularly around climate change and the foundational economy.

In respect of the financial plan an additional savings target had been applied across directorates to generate a reserve to invest in IMTP priorities, but the plan will be challenging as it contains significant cost pressures including the hike in the price of energy and the O365 licences. The risk sharing agreement for clinical negligence claims is currently £16.5m but is forecast to rise to £28m in three years' time. The IMTP requires significant capital investment over the next five years particularly in respect of the laundry and TRAMs projects. The recently announced 24% cut in the discretionary budget will cause significant challenges for NWSSP in future years.

Audit Wales 03/02/2022 13:37:42

The Committee were supportive of the plan and highlighted NWSSP's role as an economic driver for change through the increased use of business intelligence to inform Health Boards and Trusts in both clinical and non-clinical settings. It also stressed the need for the various assurance processes (Internal Audit, Local Counter Fraud, National Counter Fraud, PPV) to be effectively co-ordinated to support delivery of the IMTP, and the Committee recommended that the current arrangements should be reviewed.

The Committee **APPROVED** the IMTP with the proviso that it may need to be revisited if there were any subsequent and significant changes to Health Board plans that impacted NWSSP.

Items For Noting

International Recruitment

The Committee received a paper relating to the recruitment of 436 nurses from overseas prior to financial year-end, to help fill vacancies within Health Boards and support the Covid recovery programme. Welsh Government have approved the funding for this initiative and contracts have been placed. Interviews are now being undertaken and although the deadline is challenging, there is confidence that this will be achieved. Invoices to the recruitment agencies will be paid at the offer acceptance stage, and if for any reason the recruitment is not followed through, the agencies have to find an acceptable replacement nurse or repay the amount. Nurses are only being recruited from countries with surplus staff and who are included on the Home Office Approved List.

The Committee **NOTED** and **ENDORSED** the paper.

Finance, Workforce, Programme and Governance Updates

Project Management Office Update – The Committee reviewed and noted the programme and projects monthly summary report, which highlighted the team's current progress and position on the schemes being managed. It was agreed that the consequences of any slippage in project timelines would be more meaningfully described in the report.

Finance Report – The Committee reviewed the finance report and noted the position at the end of Quarter 3. The outturn position is still forecast to be break-even and there is a plan in place to utilise any additional savings generated in the year. The paper also highlighted the significant sums spent on PPE, and the further donations of PPE to both India and Namibia. The Welsh Risk Pool position is still in line with the IMTP. Capital spend is on schedule, but a large proportion of the funding has only recently been confirmed and/or received. Stock values, which in a normal year would be approximately £3m are currently around £80m due to the need to maintain 16-weeks' stock of PPE. However, this value is reducing and was in excess of £100m last summer.

Saunders Nathan
01/2/2021 14:57:49

People & OD Update – sickness absence rates, after an initial spike due to the

impact of the Omicron variant, have now returned back to the lower levels seen over recent months and currently stands at 2.93% for the last quarter. Headcount continues to grow due mainly to the additional staff recruited as part of the Single Lead Employer Scheme. PADR rates were generally good although there were a few directorates where performance needed to be improved. The ESR database has now been modified such that the majority of the facilities it provides can be accessed and delivered in Welsh.

Corporate Risk Register – there is one red risk relating to the pressures currently being noted within the Employment Services Directorate, and particularly in Recruitment and Payroll Services.

Papers for Information

The following items were provided for information only:

- Annual Review 2020/21; and
- Finance Monitoring Returns (Months 8 & 9).

AOB

N/a

Matters requiring Board/Committee level consideration and/or approval

- The Board is asked to **NOTE** the work of the SSPC and ensure where appropriate that Officers support the related work streams.

Matters referred to other Committees

N/A

Date of next meeting	24 March 2022

Saunders,Nathan
03/28/2022 14:57:42