Public Board Meeting

Thu 27 January 2022, 12:00 - 17:00

MS Teams

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 16th December 2021

04 Public Board Minutes 16.12.21MD.NF.pdf (15 pages)

12:10 - 12:10 0 min

5. Action Log – 16th December 2021

Charles Janczewski

05 Action Log.pdf (1 pages)

12:10 - 15:10 180 min

6. Items for Review and Assurance

6.1. Patient Story

Ruth Walker

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

Charles Janczewski

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

6.3. Interim Chief Executive Report

Abigail Harris

6.3 Chief Executive Board Report - Jan 2022 presented by Abi.pdf (4 pages)

Mohamed Sarah
01/14/2022 16:06:02

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

Abigail Harris

- Quality and Safety

- Workforce
- Governance
- Operations
- Public Health

6.4 Systems Pressure Briefing covering report Jan Board.pdf (2 pages)
6.4b Appendix 1 - UHB Governance Structure.pdf (1 pages)
6.4a System Resilience Briefing (All Parts).pdf (8 pages)

6.5. Draft IMTP Update (Verbal)

Abigail Harris

6.6. BREAK - 1:20pm 10 mins

6.7. Emergency Ambulance Services Committee Update (Presentation)

Emergency Ambulance Services Committee

6.8. Board Assurance Framework

Nicola Foreman

6.8 BAF Covering Report -Jan 2022.pdf (3 pages)
6.8a BOARD ASSURANCE FRAMEWORK - Jan 2022.pdf (33 pages)

6.9. Integrated Performance Report:

Catherine Phillips / Rachel Gidman / Ruth Walker / Caroline Bird

- Finance
- Workforce
- Quality & Safety *(including update on Pressure Ulcers)*
- Operational Performance

6.9 C&V UHB Integrated Performance Report Jan 2022 (final).pdf (10 pages)

6.10. Stroke Performance

Fiona Jenkins

6.11. BREAK

15:10 - 15:45
35 min

7. Items for Approval / Ratification

7.1. Audit & Assurance Arrangements

Nicola Foreman

7.1 Audit and Assurance Arrangements.pdf (7 pages)

7.2. People & Culture Plan (People and Culture Strategy including Equality)

Rachel Gidman

7.2 People and culture plan cover paper (jan 2022).pdf (4 pages)

7.3. Recruitment of overseas nurses

Rachel Gidman / Jonathan Pritchard / Carys Fox

7.3 Overseas Nurse Recruitment - paper for Board consideration January 22 (final).pdf (6 pages)

Mohamed,Sarah
01/14/2022 16:06:02

15:45 - 16:10
25 min

8. Items for Noting and Information to Report

8.1. Corporate Risk Register

Nicola Foreman

- 8.1a Corporate Risk Register January 2022 - Board Summary.pdf (2 pages)
- 8.1 Corporate Risk Register Covering Report - January 2022.pdf (4 pages)

8.2. Annual consultations summary

Nicola Foreman

- 8.2b Appendix 2. NICE Consultation Tracker.pdf (1 pages)
- 8.2a Appendix 1 - Consultation Tracker.pdf (3 pages)
- 8.2 Consultation Summary Report.pdf (3 pages)

8.3. Committee / Governance Group Minutes:

8.3.1. Finance Committee – 27.10.21 & 24.11.21

- 8.3.1a Confirmed Finance Minutes 27.10.21.pdf (8 pages)
- 8.3.1b Confirmed Finance Minutes 24.11.21.pdf (6 pages)

8.3.2. Strategy and Delivery Committee – 16.11.2021

- 8.3.2 Confirmed S&D Minutes 16.11.21.pdf (11 pages)

8.3.3. Charitable Funds Committee – 21.09.21

- 8.3.3 Confirmed CFC Minutes 21.09.21.pdf (11 pages)

8.3.4. Shaping Our Future Hospital Committee – 13.10.21

- 8.3.4 Confirmed SOFHC Minutes 13.10.21.pdf (9 pages)

8.3.5. Stakeholder Reference Group – 29.09.21

- 8.3.5 SRG Minutes September 29 2021.pdf (7 pages)

8.3.6. Emergency Ambulance Services Committee -

8.3.7. Local Partnership Forum –

- 8.3.7 LPF Minutes 21.10.21.pdf (4 pages)

8.4. Chair’s Reports:

Nicola Foreman

8.4.1. Finance Committee – 24.11.21 & 05.01.22

- 8.4.1a Finance Committee Chairs Report November 2021 Public Meeting.pdf (5 pages)
- 8.4.1b Finance Committee Chairs Report January 2021 Public Meeting.pdf (5 pages)

Mohamed,Sarah
01/14/2022 16:18:02

8.4.2. Quality Safety & Experience –

8.4.3. Strategy & Delivery Committee –

8.4.4. Charitable Funds Committee – 07.12.21

8.4.5. Stakeholder Reference Group – 23.11.21

- 8.4.5 Chairs Report SRG.pdf (2 pages)
- 8.4.5a SRG Chairs Report for UHB Board.pdf (2 pages)

8.4.6. Emergency Ambulance Services Committee

8.4.7. Local Partnership Forum – 01.12.21

- 8.4.7 LPF briefing (Dec 2021) for Jan 2022.pdf (3 pages)

8.4.8. WHSSC Joint Committee –

- 8.4.8 - WHSSC JC Briefing 11.01.22.pdf (3 pages)

8.4.9. NWSSP Assurance Report –

- 8.4.9 NWSSP Assurance Report 18 November 2021.pdf (5 pages)

16:10 - 16:10
0 min

9. Agenda for Private Board Meeting:

i. Approval of Minutes

16:10 - 16:10
0 min

10. Any Other Business

Charles Janczewski

10.1. Audiology Expression of Thanks - Email

Charles Janczewski

- 10 - Thanks to Audiology email.pdf (1 pages)

16:10 - 16:10
0 min

11. Review of the meeting

Charles Janczewski

16:10 - 16:10
0 min

12. Date and time of next meeting:

Charles Janczewski

February 24th 2022 at 9.30am

Mohamed,Sarah
01/14/2022 16:06:02

Minutes of the Public Board
Held on 16 December 2021 09.30 – 11.00
Via MS Teams

Chair:		
Charles Janczewski	CJ	UHB Chair
Present:		
Gary Baxter	GB	Independent Member for University
Steve Curry	SC	Deputy Chief Executive Officer and Chief Operating Officer
David Edwards	DE	Independent Member - ICT
Rachel Gidman	RG	Executive Director of People and Culture.
Akmal Hanuk	AH	Independent Member for Community
Abigail Harris	AH	Executive Director of Strategic Planning
Michael Imperato	MI	Independent Member for Legal
Fiona Jenkins	FJ	Executive Director of Therapies & Healthcare Sciences
Meriel Jenney	MJ	Interim Executive Medical Director
Mike Jones	MJ	Independent Member - Union
Fiona Kinghorn	FK	Executive Director of Public Health
Sara Moseley	SM	Independent Member for Third Sector
Catherine Phillips	CP	Executive Director of Finance
Ceri Phillips	CP	Vice Chair
Rhian Thomas	RT	Independent Member for Capital & Estates
John Union	JU	Independent Member for Finance
Ruth Walker	RW	Executive Nursing Director
Stuart Walker	SW	Interim Chief Executive Officer
In Attendance:		
Caroline Bird	CB	Interim Chief Operating Officer
Nicola Foreman	NF	Director of Corporate Governance
David Thomas	DT	Director of Digital Health & Intelligence
Observers:		
Suzanne Rankin	SR	Chief Executive Officer Elect
Joanne Brandon	JB	Director of Communications
Marcia Donovan	MD	Head of Corporate Governance

Mohamed.Sarah
01/14/2022 16:06:02

Hannah Stevenson	HS	Graduate Trainee Manager
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Sam Austin	SA	SRG Chair Llamau
Lance Carver	LC	Director of Social Service, Vale of Glamorgan Council
Lisa Dunsford	LD	Director of Operations - PCIC
Susan Elsmore	SE	Independent Member for Local Authority

Item No	Agenda Item	Action
UHB 21/12/001	**Welcome & Introductions** The University Health Board Chair (UHB Chair) welcomed all to the Board meeting in English and in Welsh.	
UHB 21/12/002	**Apologies for Absence** Apologies for absences were noted.	
UHB 21/12/003	**Declarations of Interest** Sara Moseley declared an interest as a member of the General Medical Council (GMC). The Chief Executive Officer Elect (CEOE) declared an interest as the CEO for Ashford and St. Peter's Hospitals NHS Trust. 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 21/12/004	**Minutes of the Board Meeting held on:** **Public Board 25 November 2021** The minutes of the Board Meeting held on 25 November 2021 were reviewed for accuracy and matters arising. It was noted that 2 independent members (namely, David Edwards and Rhian Thomas) had been present and were not noted as present and that the Senior Corporate Governance Officer would amend the said minutes to reflect the same. **The Board resolved that:**	

Mohamed,Sarah
01/14/2022 16:06:02

	a) The minutes of the Public Board meeting held on 25 November 2021 were approved as a true and accurate record pending the attendance amendments.	
UHB 21/12/005	**Action Log 25th November 2021** The Action Log was received. The Director of Corporate Governance (DCG) advised the Board that the one action logged on the Action Log (under reference UHB 21/11/023**)** would be completed by January's Board meeting. **The Board resolved that:** a) The Action Log was received and noted.	
UHB 21/12/006	**Chair's Report and Chair's Action taken since last meeting** The UHB Chair commented that the Chair's Report would be a verbal report. He expressed his thanks to all staff of Cardiff and Vale University Health Board (the Health Board) for their continued hard work. It was noted that communications had been sent out the previous day by the Interim Chief Executive Officer (ICEO), the Deputy Chief Executive Officer (DCEO) and the Executive Director of People and Culture (EDPC) and the same had highlighted the difficulties the Health Board would be facing, had acknowledged the current pressures staff were working under and that the wellbeing of the staff continued to be a primary area of focus for the Health Board. The UHB Chair took time to thank two of the Executives who would be leaving the Health Board over the next 2 months: • **Steve Curry (DCEO)** The Board was advised that the DCEO had been a superb Chief Operating Officer for the Health Board and it was noted that he had led the Health Board through difficult periods both when starting his role with the Health Board and, particularly, during the last 2 years during the Covid-19 pandemic. It was noted that the DCEO's work had been admired across the various Welsh Health Boards and that he had made his mark in Wales. The UHB Chair added that the DCEO was very strategically alert and could translate those thoughts into deliverable operational plans. • **Stuart Walker (ICEO)**	

Mohamed,Sarah
01/14/2022 16:06:02

	The UHB Chair advised the Board that since the ICEO had joined the Health Board as Executive Medical Director and then ICEO, he had demonstrated excellent leadership qualities and continued to be a great ICEO during the period following the last CEO's departure and the impending start date of the Health Board's new CEO. It was noted that positive relationships had been established with clinical colleague and that he was very firmly committed to being a champion of strong and effective quality of service and patient service. The UHB Chair concluded that it had been a privilege to work alongside both Executives and wished them every success in their new roles. He invited the Chief Executive Officer Elect (CEOE) to provide some words on her upcoming post. The CEOE said she was excited at joining the Health Board and noted that it would be a privilege to work alongside the teams and all of the Health Board along with stakeholders, citizens and patients. She highlighted some areas that would used in her approach as the new CEO of the Health Board included: • Area and focus of discovery. It was noted that thanks to amazing generosity, the CEOE had been able to start to develop a deeper understanding of the operations and challenges ahead and highlighted that her own values aligned with the Health Board's organisational values. • Reassurance. It was noted that when joining a new organisation there was always an anxiety that it would bring a new wave of ideas but she advised the Board that she would listen and learn first and then if there were changes required, it would be through discussion and dialogue. • People and the teams. It was noted that if teams and staff were not looked after then great care would not be provided to the citizens which the Health Board served. • Covid Response It was noted that there was still a lot of work in relation to the Health Board's Covid Response and that she had already begun to understand the work the Health Board was doing with regards to the recovery and restoration of services. • Strategy and planning	

Mohamed,Sarah
01/14/2022 16:06:02

	It was noted that the Executive Director of Strategic Planning (EDSP) had been very generous with her time and had shared plans and work with the CEOE by way of an introduction to some of the Health Board's high level strategies and to give her an insight into the context within which the Health Board was operating. The CEOE concluded that she was thrilled and felt very fortunate to be able to build upon the great work that various teams had been doing and thanked everybody for the opportunity and support given. **The Board resolved that:** a) The Chairs report was noted. b) The Chair's Actions undertaken during the period were approved.	
UHB 21/12/007	**Interim Chief Executive Report** The Interim Chief Executive Report was received. The Interim Chief Executive (ICEO) informed the CEOE that the Health Board was looking forward to her starting her new role with the Health Board and noted that it was clear there was an alignment of her values and the organisational values of the Health Board. The ICEO informed the Board that there were three areas he wished to highlight: • The ongoing ability to deliver safe and effective care under the current pressures and that the Health Board was doing that thanks to the hard work and resilience from all staff. • The wellbeing of the Health Board's staff, especially at that time of year and how staff could look after their wellbeing. It was noted that staff had also gone above and beyond yet again to deliver against the third item which was; • The Vaccination progmramme and the upsurge of the demand placed against the Health Board. It was noted that last minute requirments to deliver the booster and second vaccination response had been phenomenal. The ICEO advised the Board of the key role the Communications team played in supporting Health Board staff during the unprecedented circumstances.	

Mohamed,Sarah
01/14/2022 16:06:02

	It was noted that a lot of routine activities had been stepped down to facilitate the Health Board's ability to deliver a rapid response to the Omicron variant. It was noted that appropriate information was still being sent to the Welsh Government (WG) as required, but that the Joint Executive Team (JET) meeting had been delayed by Welsh Government given the arrival of the Omicron variant. It was noted that the Health Board had continued to meet with WG colleagues in relation to areas such as the ability to respond to unscheduled care pressures, the Omicron response as well as the use of surge capacity. The ICEO concluded that the relationship with Local Authority (LA) colleagues and dealing with the current "new" Omicron crisis had been phenomenal and thanked LA colleagues for all of the work they had been undertaking to assist the Health Board. The UHB Chair endorsed all of the ICEO's comments particularly with regards to the mention of LA colleagues and noted that partnership working was extremely positive. **The Board resolved that:** a) The Interim Chief Executive's report was noted.	
UHB 21/12/008	**Systems Pressure Briefing (Covid and Non Covid):** The UHB Chair advised the Board that in future meetings the title of the report would be changed to "System's Reslience Briefing". The Systems Pressure Briefing (Covid and Non Covid) was received. The ICEO advised the Board that papers would be taken as read and asked each item to be discussed individually starting with the Interim Chief Operating Officer (ICOO). **Operations including Operational Framework** The ICOO advised the Board that the Health Board had remained at a high level of escalation across the system which had included long waiting times for ambulances, long waiting times for patients to be allocated beds and mental health pressures. It was noted that occupancy, rather than demand, had continued to be the main driver of poor patient flow within the Hospitals, and the "greater than 21 day stay" patients and the inability to provide timely discharge had driven that pressure.	

Mohamed,Sarah
01/14/2022 16:06:02

	It was noted that a system wide issue required a system wide response and noted that Omicron had changed the ongoing actions identified at previous meetings. It was noted that Omicon had impacted the Health Board and that the same had included: <u>Demand on workforce</u> – Up to an estimated 30% of workforce could be off at any one time. It was noted that due to the uncertainty, the Executives had taken a number of actions in relation to contingency planning, workforce and vaccinations. It was noted that data from WG, even with a lot of caveats, suggested that there could be an impact on contingency planning in 2 ways that included: • Workforce • Bed Capacity. The ICOO advised the Board that the Health Board was preparing to stand up the Lakeside Wing (LSW) for bed capacity and noted that 100 beds were already being used as part of the preparations. It was noted that when looking at potential demand plus winter pressures it could mean difficult decisions would be required. It was noted that there was a WG Local Choices Framework with regards to services being suspended (where appropriate) to support other areas. The ICOO concluded that the Health Board was in a very different place going into the next Covid wave and noted that staff had continued to show resillience and had stepped up, and she thanked them for all their hard work. The Independent Member – Third Sector (IMTS) queried what capacity, in terms of staffing levels, could be built for patients who were medically fit for discharge. The Executive Nursing Director (END) advised the Board that she had visitied the LSW the week previously and noted that it was an area of concern for the Executives because the staff were under huge pressure. She added that the learning from wave one of the Covid-19 pandemic had shown that teams being kept together provided a beneficial response because staff naturally looked after one another. The END noted that it would not be able to continue with that approach during the current pandemic wave due to the the changes being seen by the Omicron variant. It was noted that the mix of staff skills required for patients who were unwell compared to patients who were medically fit for discharge would be very different and so cohorting patients	

Mohamed,Sarah
01/14/2022 16:06:02

	together would be an important exercise and that the same was being considered by the Deputy Executive Nursing Director. The END concluded that she was concerned about the quality of care in areas such as the Emergency Unit and District Nursing in light of the Omicron variant and noted that teams would be paying particular attention to the Quality and Safety agenda and the data within those areas of concern. The Executive Director of Therapies & Healthcare Sciences (EDTHS) commented that a multi-disciplinary team was working with the nursing staff in the Lakeside Wing in order to ensure that patients were being kept safe (for example, that assistance was being provided so that patients were kept hydrated). The UHB Chair advised the Board that he had visited Ward A7 at the University Hospital of Wales (UHW) and that it was evident that superb team work was being carried out. The EDSP advised the Board that daily conversations were ongoing with LA colleagues with regards to capacity and patients who were ready for discharge. It was noted that care home capacity was being considered as well as alternative models of care in order to ensure that patients who had a delayed discharge could get back into their own homes where domicilary care packages were not immediately available. The END noted that the patient safety walk arounds with Executives, Independent Members and Directors had a positive impact on staff and feedback was very good. The UHB Chair advised the Board that the safety walk arounds could be suspended due to ongoing pressures. The DCG asked where the decisions with regards to the operation of the Local Choices Framework would be made. The ICOO responded that such decisions would be made via the Management Executive meetings and/or Board meetings, as appropriate. **Quality & Safety** The Interim Executive Medical Director (IEMD) advised the Board that, from a medical perpective, the large number of patients in hospitals had added pressure to the Emergency Departments and noted that the teams were doing everything they could to avoid admission or to get patients onto a smooth pathway.	

Mohamed,Sarah
01/14/2022 16:06:02

	It was noted that communication with the public was important with regards to the ongoing pressures the Health Board was experiencing in light of the pandemic and what they could do to support the Health Board. The END advised the Board that there had been an increase in complaints, some of which had related to quality of care. It was noted that the Complaints Team was now operating 7 days a week. The END noted that the Health Board had continued to work with colleagues across Wales, to standardise the investigation of hospital acquired Covid – 19, and the application of the Putting Things Right regulations. It was noted that an Executive Led Covid - 19 Investigation Oversight Group and Scrutiny Panel had been established and that the Health Board had launched the 'Safe to move – Saff I Symyd' risk assessment tool week which had commenced on 6th September. It was noted that the tool was developed to ensure the safe admission and transfer of patients and addressed some of the learning points identified as the results of reviews/investigations of cases of nosocomial Covid-19. The END conlcuded that the tool was supporting clinical decision making. The Board was advised that the aim was to prevent people getting nosocmial Covid and a lot of work was being done around IP&C. It was noted that visiting rules in the Hospitals had not changed and that there was still a central place where people could book visits with "End of Life" being an exception. The IMTS noted that it was clear that it was a very multifaced and complex situation and asked if there was the potential to boost capacity in relation to the Covid-19 telephone enquiry lines. The END responded that there were 2 lines, one for booking (which was the line people had struggled with) and the other for the patient experience line. It was noted that further public communication would be required regarding the booster vaccination and that another appointment would be automatially rebooked for individuals who had not attended original appointments. It was noted that people who had not attended their appointments, would phone to rebook their appointments and that had caused issues with the vaccination enquiry lines.	

Mohamed,Sarah
01/14/2022 16:06:02

	Workforce The EDPC advised the Board that the workforce challenges being seen in the Health Board were also being seen nationally. She noted that as well as considering workforce models in light of the current pressures being looked at, future potential work models should also be considered to help reduce any future pressures. It was noted that sickness absence across the Health Board had increased from 5.34% in April 2021 to 8.11% in October 2021. The EDPC advised the Board that as part of the People and Culture plan, the main 2 areas included: • Recruitment and Retention of staff • The wellbeing of staff. It was noted that extra teams were working on recuritment and that recruitment could now be fast tracked through the system. It was noted that there were staff shortages within Occupational Health which had caused an increase in waiting times for management referrals due to staff sickness. A temporary solution had been sought and the Health Board (i) had employed additional resource through an agency and (ii) as of 1st December 2021 the Health Board was working in collaboration with Cwm Taf Morgannwg University Health Board in relation to Occupational Health (OH) Services. A new Head of OH for both of the Health Boards had been recruited to identify good practice, explore economies of scale and develop high quality, effective OH systems and effective OH systems and processes. The EDPC advised the Board that the draft People and Culture plan would be presented to the Board meeting in January 2022. It was noted that 120 people had been appointed to the Kickstart Scheme (a government funded employment scheme for 16-24-year olds) and that a number of those had now successfully applied for permanent positions within the Health Board. It was noted that a further 195 individuals were currently in the process of being appointed and that had made a real difference. The Vice Chair noted that during the first wave there had been an agreement with Universities with regard to using students in different ways and asked if that sort of model could be revisited. The EDPC responded that she had engaged with the Health Education and Improvement Wales (HEIW) and noted that a lot	

Mohamed,Sarah
01/14/2022 16:06:02

of students had now applied to the temporary staffing service (bank).

It was noted that there was no desire to take students away from the curriculum as might have occurred during the first wave.

Governance

The DCG advised the Board there was nothing else to flag outside of the report received and noted that all should be aware that Executive attendance at Committees of the Board meetings had been limited in light of the ongoing pandemic.

Public Health

The Executive Director of Public Health (EDPH) advised the Board that there were 3 main areas for discussion which included:

- Delta strain
- Omicron
- Mass Vaccination ramp up.

It was noted that Omicron aside, whilst case rates remained high, the level of the Delta variant cases was declining.

It was noted that there was a clear declining trend evident in new cases in those people aged 60 and above which was likely to be due to the impact of the booster vaccination programme, and in recent weeks there was a declining trend in rates in those aged 25 and younger;

It was noted that case rates in the 26-59 age group were stable.

It was noted that Hospital admissions had been falling, as had the number of clusters in care homes and that the number of deaths was low, although there had been an uptake in the last reported week.

The EDPC reminded the Board that there had been a regional prevention and response plan in place since Summer 2020.

It was noted that although the overall picture was one of improvement, the emergence of the new Omicron variant had been designated as a variant of concern (VOC) by the WHO and that had meant that the outlook for the next few months was uncertain.

It was noted that there had been 23 confirmed cases of the Omicron variant in Cardiff and the Vale and a total of 62 across Wales.

Mohamed,Sarah
01/14/2022 16:06:02

	The EDPC advised the Board of the planning for the Mass Vaccination programme which had included: • The 6 week plan - the intention to vaccinate everyone over 18 by the end of January 2022 had changed to the end of December 2021. It was noted that the infrastructure to deliver was there but staffing would be required. • Increased hours predominately across the Mass Vaccination Centres (MVC). • A Community Pharmacy provision and a mobile pharmacy bus. It was noted that a rapid increase in provision would require a significant number of additional staff ranging from administration, vaccinators, pharmacy support, and that discussions were currently taking place to determine how to meet that additional demand. That had included holding discussions with the Military. It was noted that an externally facing 'call to arms' had gone out via the Health Board's internal website and that the programme was also deploying staff from external partners including LA and South Wales Fire and Rescue Service. **The Board resolved that:** a) The Systems Pressure Briefing Report (COVID and Non COVID) was noted.	
UHB 21/12/009	**All Wales Robotic Surgery Partnership - C&V position** The All Wales Robotic Surgery Partnership - C&V position was received. The ICEO advised the Board that the paper related to an all Wales National Robtic Assisted Surgical Programme (NRP) which had been developed over a number of years. It was noted that Cardiff & Vale University Health Board had led the programme under the previous CEO and the Colorectal Surgeon and Innovation Lead. It was noted that the aim of the all Wales programme was to rapidly implement a National Robotics Assisted Surgery Programme (NRP) in partnership with industry and would create the first of its kind worldwide for Colorectal, Upper Gastrointestinal, Urological and Gynaecology Oncology at Cardiff and Vale University Health Board along with three other Health Boards which included: • Aneurin Bevan University Health Board • Betsi Cadwaladr University Health Board	

Mohamed,Sarah
01/14/2022 16:06:02

	• Swansea Bay University Health Board. It was noted that not all 4 Health Boards had signed up to the programme as of yet, but it was identified that the programme could move forward and that the contract was not dependent upon all 4 Health Boards signing up at the same time. It was noted that the robot could perform a range of surgeries. It was noted that the request was for £3 million over 7 years which was mitigated for a number of years because WG would pay 100% for the first year and then reduce the amount over years 2 and 3. The EDTHS advised the Board that she supported the paper and asked to draw attention to the additional procurement that was discussed at the decontamination group the week prior and noted that there would be a decontamination element required. The EDF provided the Board with information regarding the costings identified in the report and the contributions the Health Board would make over 7 years with the maximum financial commitment over the seven-year initial period being estimated at £3 million, based upon activity levels not exceeding 284 cases per year. It was identified that it was Important for the Board to understand that the DaVinci robot currently being used would be at the end of it's life during the process of the All Wales Robotic Surgery Partnership. The END advised the Board that more work would be needed to understand the impact on operations. The UHB Chair advised the Board that subject to all Board members present reading through the full Business case by mid-day next Monday the recommendations could be noted and approved. **The Board resolved that**, subject to all Board members present reading the full Business Case attached to the covering report and raising any queries in connection with the same with the Chair no later than mid-day on Monday 20 December 2021: a) The business case in and support the next steps of procurement process to implement by April 2022 was approved. b) The KPI framework that was being developed to assess the impact of service was noted c) The agreement with WG around tapering of financial support was noted.	
UHB 21/12/010	**Mass Immunisation Workforce Report** The Mass Immunisation Workforce Report was received.	

Mohammed Shah
01/14/2022 16:06:02

	The EDPH advised the Board that the work was complex and constantly changing and it had changed rapidly and regualrly since it's inception. It was noted that delivery of the Vaccination Programme had had started on 8th December 2020, had been delivered for over one year, and that the Health Board had administered circa one million vaccinations. The EDPH and END noted their thanks to all staff at reaching that achievement. The Board was advised that the most signifcant challenge relating to the Mass Vaccination Programme was workforce and it was noted that the Health Board had relied upon fixed term staff together with a large proportion of bank staff. It was noted that there was a Mass Vaccination Programme Board which met on a weekly basis and it covered strategy, workforce, finance and communication. The overarching budget had been managed by the Finance lead and that budget was referred to the Management Executive meetings. The EDPH advised the Board that decisions had been made during the ME meetings with regards to making some staff permanent and extending some fixed term contracts. It was noted that due to the size and scale of the programme, the EDPH and END had taken those decisions in order to stablise the said Programme. It was noted that those decisions, due to the sums involved, should have been referred to the Board for formal approval and hence the purpose of the covering report was to ask Board members to note that those decisions had been taken during the ME meetings and the reasons as to why. The overall budget for staff that was being articulated was £4.823m. The EDPH advised the Board that governance arrangements had been reviewed in order to ensure that any such items were escalated appropriately in future. The EDTHS noted that the report had referred to the costing of registered nurses and highlighted that a wide range of staff had helpeding with the programme. The Independent Member – University (IMU) asked about the logistics of recruitment and the fact that other Health Boards would also be seeing the same shortages of staff as Cardiff and the Vale. The END responded that Health Board was considering the existing resources within the Health Board and how that existing	

Mohamed,Sarah
01/14/2022 16:06:02

	resource could best be deployed to the relevant areas. Further that the Health Board had considered other options. For example, it had considered utilising people who would not normally vaccinate, to vaccinate. To that end, it was noted that vaccination training was being offered to external colleagues such as Fire Officers, Police Officers and retired colleagues. The Executive Director of Finance (EDF) advised the Board that the recommendations within the report had also referred to newer pressures and noted that the paper referred to a risk together with those measures put in place to mitigate that identified risk. The UHB Chair concluded that an accompanying letter had been received from the NHS Wales Chief Executive and that it gave the Health Board the authority to have the posts discussed in the covering report. **The Board resolved that:** a) The overall expenditure plan for permanent and fixed term posts were ratified as follows: • The totality of posts to appoint to on a permanent basis equate to 129.65 whole time equivalent posts with a cost of £4.823 million. • 149 fixed term posts £3.466 million, of which 126 currently being used for immunisation (£2.931million) and 23 for testing (£535k) b) The posts that were previously made permanent, equating to 56.37 WTE, with a cost of £2.103 million were noted.	
UHB 21/11/011	**Review of meeting** The UHB Chair advised the Board that the meeting had been the first of the ninety minute Board sessions which would be held on alternate months to the "full" Board meetings. The ICEO noted that the meeting ran very well and identified that having the constrained format gave everybody an opportunity to consider and have contemporary discussions.	
UHB 21/11/012	**Date and Time of Next Meeting:** 27 January 2021 Via MS Teams	

Mohamed,Sarah
01/14/2022 16:06:02

ACTION LOG

Following Public Board Meeting

16th December 2021

(For the meeting 27th January 2022)

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Actions Completed					
UHB 21/11/023	**Corporate Risk Register**	Independent Members noted it would be helpful to cluster the risks to give an idea of whether there was something underlying within the risks.	**27.01.2022**	Nicola Foreman	**COMPLETE** On agenda for January meeting. Item 8.1
Actions In Progress					
Actions referred to Committees of the Board/Board Development					

Mohamed,Sarah
01/14/2022 16:06:02

Report Title:	Chair's Report to the Board						
Meeting:	Public Board Meeting				Meeting Date:	January 2022	
Status:	For Discussion	For Assurance	For Approval	x	For Information		x
Lead Executive:	Chair of the Board						
Report Author	Personal Assistant to the Chair						

Background and current situation

This report includes information on the key activities that have taken place since the last Board Meeting on the 25th November 2021. Also featured in this report is an overview of the work carried out by the Dental Directorate.

Chair's Appraisal 2020-21

As you will know, I regard my appraisal process with the Minister as a reflection of the work of the entire Board rather than my personal contribution. With this in mind, you might be pleased to note a brief summary of some of the comments made by the Minister in her final appraisal letter to me.

"Your performance review has been very positive and am pleased to inform you have met all your objectives. I would like to thank you for the incredible work that your organisation has undertaken over recent years, with coming out of targeted intervention and moving to routine arrangements; you have achieved a great deal during difficult circumstances………I would like to thank you again for your commitment and support over the last year and look forward to continuing to work with you through this challenging period."

I believe that this represents a positive summary of the work of the Board during the appraisal period. May I commend you all for your superb efforts and thank you most sincerely for the magnificent contributions that you and your teams have made to provide continued and safe service to our patients during such a challenging period.

Dental Directorate – Surgery Clinical Board

The General Manager for the Dental Directorate has drafted a report for the Chair to outline the impact that Covid 19 has had on the University Dental Hospital for students, patients and staff.

Purpose of the University Dental Hospital

The University Dental Hospital's is the only Dental Hospital in Wales. The primary function is to train the future dental workforce for Wales. We provide a 5-year training course to dental under–graduates, also hygiene and therapy students as well as post graduate specialty training.

We also provide specialist treatment for our population and beyond for the following:

Oral pathology
Oral surgery/OMFS
Oral medicine

Mohamed,Sarah
01/14/2022 16:06:02

Paediatric Dentistry
Orthodontics
Restorative Dentistry
Exam and Emergency

Impact of Covid
In March 2019, we received a call from Cardiff University to say that with immediate effect students were being informed not to turn up for their under graduate studies. A decision was made to cancel all clinical activity at the same time.

The University Dental Hospital cancelled all elective activity with the exception of cancer cases and then became an urgent dental care unit from the 17th March – 31st August 2020, seeing over 10,000 emergency patients, with staff working on rotation to man these clinics.

A cohort of our staff were redeployed to critical care, stores and covid+ ward areas to support colleagues and patients alike.

Progress
We formally ceased acting as the Urgent Dental Care Centre for the population of Cardiff and the Vale at the end of August 2020 and reverted to a more normal pattern of clinics. Whilst the number of patients that we can process through the hospital in any one session is significantly reduced, we are currently running at approximately 60% of pre-covid activity levels. We implemented air purifying units throughout the building in conjunction with IP&C which allowed us to undertake aerosol generating procedures, one of the few Dental Hospitals in the UK to be able to do so.

When we ceased normal operations, we had approaching 1000 patients wearing a fixed orthodontic appliance, 1000 patients that we were not able to see (except in emergency) for 3 or 4 months. This was a cohort which gave concern during lockdown. The good news is that our colleagues in Orthodontics have now seen all of those patients at least once and their treatment is underway once again.

Across the University Dental Hospital (UDH), by mid-August 2020, we were booking about 250 patients per week.

Of course, we have a long way to go. We have about 6,000 patients on our new patient waiting lists and as general dental practices get up and going again our referrals are starting to increase. Like the NHS generally, it is going to take a lot of work and innovative thinking to manage these patients in the long term. But we are doing what we can. As an example, we undertook a large waiting list validation exercise to make sure that everyone on our waiting lists still needs to come and see us.
This has been a massive undertaking for the admin staff and I want to acknowledge their work not only in the validation exercise but their work generally over this period. At the commencement of lockdown in March 2020, we had to cancel 8,500 patients who were already booked to see staff or students.

Mohamed Sadiq
01/14/2021 16:06:02

Our policy at this stage is to see those patients whose treatment was part way through and get that completed before we see any more newly referred patients, excepting of course those

referred with urgent conditions such as suspected cancers which we have continued to see throughout.
We were able to graduate a full cohort of students in July 2020 and again in July 2021.

New term
Over the course of September 2020, we welcomed back both our undergraduate and postgraduate students. Undergraduate student clinics are not yet back to full capacity and clinical teaching is operating as pre pandemic. Didactic teaching for undergraduate students remains mainly on-line. As for postgraduate students and specialty training, that has resumed fully in clinic and face-to-face teaching.

Getting the students ready to go back into clinic has taken a massive effort by many staff. There is one group that we would like to give a special mention to – namely the nursing team who have fit tested and equipped the students to be on clinic with appropriate PPE in this COVID era. We all know that the dental hospital is totally dependent on the nursing staff for our success. We are really proud of how, as always, our nurses have gone above and beyond to get the students back into clinic.

GA sessions
On the topic of GAs, we had not been able to run any General Anaesthetic sessions in UDH since lockdown; we opened up the Dental GA sessions with effect from 2nd November 2020. We redeployed our GA team to the Children's Hospital for Wales, where we continue to provide the workforce to ensure we can see a limited number of Paediatric cases.

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

The common seal of the Health Board has been applied to

Seal No.	Description of documents sealed	Background Information
970	CAVOC Theatre Development UHL Outline Business Case - Costs Advisor Call off Contract.	A contract between (1) CVUHB and (2) Gleeds Management Services for the provision of cost advisor services in relation to the CAVOC Theatre Development at UHL
971	CAVOC Theatre Development UHL Outline Business Case – Construction Call off Contract.	A contract between (1) CVUHB and (2) Willmott Dixon Construction Limited for Construction services in relation to the CAVOC Theatre Development at UHL
972	NEC 3 Option A – Contract for Infrastructure Works – UHL	A contract for infrastructure works for the installation of a new substation/ Med Gases at UHL between (1) CVUHB and (2) Lorne Stewart Plc

Mohamed,Sarah
01/14/2022 16:06:02

973	Deed of Variation - Lease of 26 Newlands Street, Barry	A deed of variation to permit alienation within a Lease between (1) Vale of Glamorgan Council, (2) CVUHB
974	Licence to Underlet - Lease of 26 Newlands Street, Barry	A Licence to Underlet part of the premises at 26 Newlands Street, Barry, between (1) Vale of Glamorgan Council (2) CVUHB and (3) Llamau Ltd
975	Underlease at 26 Newlands Street, Barry	An Underlease of part of 26 Newlands Street, Barry between (1) CVUHB and (2) Llamau Ltd

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

Date Signed	Description of Document	Background Information
19.11.2021	All Wales Diabetes Prevention Programme (AWDPP) Tender Submission	Submission of Bid for Cedar to provide their services to the AWDPP.
17.12.2021	Licence to Occupy	Licence to Occupy Land at Cowbridge Town Hall between (1) Vale of Glamorgan Council and (2) CVUHB for the location of a Booster Vaccination Bus.
23.12.2021	NICE Tender Submission for External Assessment Centre	Submission of bid for Cedar to NICE for its External Assessment Centre procurement lots.

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	

Mohamed,Sarah
01/14/2022 16:06:02

28.10.2021	Rookwood Gym Works	Contract for works totaling £687,097.18.	01.11.21	Michael Imperato	Gary Baxter	-
11.11.2021	Application of UHB Seal for: 1) Call of Contract for OBC – (1) CVUHB and (2) Gleeds Cost Management Services Ltd 2) Call of Contract for OBC – (1) CVUHB and (2) Gleeds Management Services Ltd; and 3) Call of Contract for OBC – (1) CVUHB and (2) Willmott Dixon	Values: (1) £21,472.00 (2) £52,323.46 plus VAT (3) £645,069.04 Board provided approval to enter into contracts at September Board meeting.	15.11.21	Mike Jones	John Union	-
11.11.2021	Application of UHB Seal - UHL Electrical and Medical Gas Infrastructure Upgrade	Application of UHB Seal	24.11.21	John Union	Rhian Thomas	-
24.11.2021	Further uplift on costs for two mobile theatres and recovery area.	Approval of expenditure totaling: £2,654,940.08	25.11.21	Ceri Phillips	Gary Baxter	-
26.11.2021	Approval of our Health Meadow Expenditure	Approval of project costs totaling £175,000.00	01.12.21	Ceri Phillips	Mike Jones	-
13.12.2021	Application of UHB Seal - Underlease - Newlands Street Barry Licence to Underlet and Sublease	Income totaling £1809.23 plus VAT per annum for 5 years.	12.01.22	John Union	Mike Jones	-
14.12.2021	Endoscopy Insourcing	Contract value of £685,620.00 for 2021/22 with provision for expenditure up to £2,689,740.00 in 2022/23	14.12.21	Rhian Thomas	Ceri Phillips	-
14.12.2021	CAMHS Additional Resource	Contract value of £358,600.00 for 2021/22 with provision for expenditure up to £2,000,000.00 in 2022/23.	14.12.21	Rhian Thomas	Ceri Phillips	-

Mohamed,Sarah
01/14/2022 16:06:02

15.12.2021	Insourcing of Surgical and Gynae Procedures	Contract value of £2,327.355.27 for 2021/22 with provision for expenditure up to £6282.906 in 2022/23 (subject to funding approval)	16.12.21	Mike Jones	Gary Baxter	-
20.12.2021	SDEC increased costs	Increased contract costs of £1,242,000.	21.12.21	Ceri Phillips	Mike Jones	-

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

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

Recommendation:

The Board is recommended to:

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

Shaping our Future Wellbeing Strategic Objectives

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

Objective		Objective	
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

Mohamed,Sarah
01/14/2022 16:06:02

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click here for more information

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

Mohamed,Sarah
01/14/2022 16:06:02

Report Title:	CHIEF EXECUTIVE'S REPORT							
Meeting:	CARDIFF AND VALE UHB BOARD MEETING					Meeting Date:	27.01.2022	
Status:	For Discussion		For Assurance		For Approval		For Information	✓
Lead Executive:	CHIEF EXECUTIVE							
Report Author (Title):	EXECUTIVE ASSISTANT TO THE CHIEF EXECUTIVE							

Background and current situation:

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

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

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

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

Trial to improve sepsis care reaches milestone
In July 2021, our Emergency Unit at UHW launched the PRONTO Trial. With the aim of improving sepsis care, patient outcomes and optimising antibiotic use in patients with suspected sepsis, the PRONTO Trial has since successfully recruited over 100 patients.

Sepsis is a common and potentially life threatening complication of bacterial infection and early recognition and prompt clinical response are important to optimising outcomes. However, if a patient presenting to the EU with suspected sepsis does not have an underlying bacterial infection, the treatment of intravenous (IV) antibiotics will not be of any benefit. The PRONTO Trial, which is currently managed by Cardiff University's Centre for Trials Research (CTR), and sponsored by the University of Liverpool, is researching whether point of care testing (PoCT) of procalcitonin, a blood test that helps to identify a bacterial infection, at the bedside improves patient outcomes and reduces unnecessary antibiotic use.

The dedicated PRONTO trial team are based in the Emergency Unit at UHW, enabling the unit to continue to deliver unscheduled care whilst also offering patients the opportunity to be part of a multi-centre UK trial with minimal disruption.

Celebrating HMP Cardiff's Healthcare Success
HMP Cardiff's Healthcare team was commended at this year's HMP Cardiff Awards, with Senior Nurse, Karen Mills, securing the coveted High Sheriff's Award. Recognising the exceptional work of prison staff, the HMP Cardiff Awards aim to raise awareness for the work conducted by members of the team and celebrate successes. In this year's awards ceremony, the entire Healthcare team, Healthcare Support Workers and the Administration team were all shortlisted

Mohammed,Sarah
01/14/2022 16:06:02

as Team of the Year. The HMP Cardiff Awards come just a month after Kirsty John was recognised as RCN Wales Nurse of the Year for her work with colleagues in HMP Cardiff, leading the testing system for all men arriving in custody and creating a vaccination hub within the prison.

Recovery and Redesign: Same Day Emergency Care in Surgery
Since Same Day Emergency Care (sSDEC) was first introduced into our General Surgery service in 2020, the specialist care provided has been a key part of improving surgical pathways for our patients. This model of care has helped improve the timeliness of treatment and prevent unnecessary hospital admissions with assessment, diagnosis and treatment provided on the same day, where previously patients would have been admitted to hospital. Throughout the pandemic, the same day care we have provided has meant patients are seen early in their treatment pathway with our surgery teams working closely with radiology to improve the availability and speed of diagnostics which has enabled faster decision-making on care.

Furthermore, we have introduced two dedicated theatre sessions for same day surgery that means patients can be sent home and brought in the next day for urgent procedures, avoiding overnight admission and allowing patients to prepare and recover at home. The vital work the sSDEC team have undertaken will be expanded throughout our Surgery Clinical Board next year, with the creation of a new assessment unit and short stay ward, due to be completed in early 2022.

This new, multi-speciality unit will increase the Health Board's surgical capacity allowing us to see more patients including referrals from GPs and our Emergency Department. Once opened the unit will provide a state-of-the-art facility to allow us to maximise the benefits of sSDEC for our patients and wider communities.

New optometry service for homeless citizens in Cardiff and Vale University Health Board
We are delighted to announce that the first optometry service for homeless citizens took place on Friday 19 November 2021 in Cardiff. It highlights the excellent collaboration between optometrists providing their expertise and time, a supplier to provide the spectacles, Cardiff and Vale University Health Board providing the equipment and clinic space, Cardiff City Council providing the premises and the South East Locality Team providing the essential collaborative links. Clinical sessions will be organised on a regular basis to meet the local demand.

Vaccination Update
Over the Christmas break our vaccination team achieved the amazing milestone of delivering 1 million vaccinations to our population. This is an incredible number and has been delivered in just over a year from when the Mass Vaccination programme began. The planning, resource and time that has gone into this programme is phenomenal. Thank you to all of our staff and volunteers for supporting this work and thank you to every member of the public who has attended to receive their vaccine and keep our population safe.

Caesarean Section Pathways Transformed to Improve Patient Experience and Care
Cardiff and Vale University Health Board (UHB) Midwifery, Obstetrics and Gynaecology Department is pleased to bring to fruition increased capacity for elective caesarean sections at University Hospital of Wales (UHW).

Mohamed,Sarah
01/14/2022 16:06:02

The unit at UHW is the largest in Wales and our staff care for patients with some of the most complex maternal health needs regionally. The new elective caesarean section list capacity will allow patients to be divided into two streams, one for emergency care and one for planned care. The new system has been developed in collaboration with staff, as well as using valuable patient feedback. It has been endorsed by a number of professional organisations including Royal College of Obstetricians and Gynaecologists and Royal College of Anaesthetics that this is a preferred model of care. Other NHS organisations have also successfully implemented similar models which have significantly improved the experience of patients.

MBE awarded to Dr Bala

Congratulations to Dr Subramaniam Balachandran (known as Dr Bala), for his recognition in the Queen's New Year Honours as he receives an MBE: For services to the NHS in COVID-19. Dr Bala was appointed as a Consultant Anaesthetist at Cardiff and Vale UHB in May 2002 and has been a lead for Infection Control for more than 12 years.

As a routine program, Dr Bala started mask fitting sessions in October 2019 before the COVID-19 pandemic began, so the perioperative directorate within Surgery Clinical Board was well prepared. He also developed PPE guidance after reviewing the contemporary evidence which required constant updating due to the dynamic nature of the COVID-19 situation.

His work on providing appropriate PPE for healthcare workers, especially for the aerosol generating procedures, and PPE guidance has immensely helped in preventing cross infection between patients, health care workers and their colleagues. Consequently, the work has ensured healthcare workers feel safe in their working environment which helped to maintain the workforce within Cardiff and Vale UHB.

During the peak pandemic period Dr Bala and his team carried out over 3200 mask fit testings on various FFP3 masks and reusable respirators to protect the staff at the UHB. In addition to UHB staff Dr Bala also helped dental staff in and around Cardiff.

Executive Team Changes

On 31st December we said farewell to Steve Curry who worked with us as Chief Operating Officer since November 2017, having undertaken the role on an interim basis one year prior.

A big welcome to Caroline Bird who will be stepping into the role as interim Executive Chief Operating Officer and Abigail Harris as interim Deputy Chief Executive Officer.

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

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

Mohamed,Sarah
01/14/2022 16:06:02

Recommendation:

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

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention	✓	Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓

Equality and Health Impact Assessment Completed:	Not Applicable

Mohamed Sarah
01/11/2022 16:06:02

Report Title:	Systems Pressure Briefing Report (COVID and Non COVID)					Agenda Item no.	6.4	
Meeting:	Board Meeting					Meeting Date:	27 January 2022	
Status:	For Discussion		For Assurance	x	For Approval		For Information	
Lead Executive:	Chief Executive Officer							
Report Author (Title):	Head of Corporate Governance							

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/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.

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

Provision of this report as a standing agenda item for Board ensures transparency of reporting around key system pressures relating to both COVID-19 and non COVID 19 activities, and ensures robust governance during the current wave of the pandemic.

Recommendation:

The Board is requested to:

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

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

Mohamed,Sarah
01/14/2022 16:06:02

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant, click here for more information

Prevention	X	Long term		Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Not Applicable

Mohamed,Sarah
01/14/2022 16:06:02

Appendix 1

UHB GOVERNANCE ARRANGEMENTS FOR THE MANAGEMENT OF COVID – 19

Regional Leadership Recovery Group

BOARD
Chair: Charles Janczewski
Vice Chair: Ceri Phillips

COVID 19 Board Governance Group
Chair: Charles Janczewski
Vice Chair: Ceri Phillips

Welsh Government – Planning and Response

Public Service Board

Regional Partnership Board

South Wales Local Resilience Forum

Local Authorities

Other key stakeholders e.g. UHB CHC

Mental Health & Capacity Legislation

Digital Health Intelligence

Charitable Funds

Health & Safety

Quality and Safety

Audit

Strategy & Delivery

Finance

Remuneration & Terms of Service

SoFH

Regional Meeting (IMT & Operational TPP Board)

Regional Public Health Response Team

Cardiff and Vale COVID Vaccine Programme Board

MANAGEMENT EXECUTIVE TEAM
Chair: Stuart Walker
Deputy Chair: Abigail Harris

COVID 19 - OPERATIONS MEETING
Chair: Caroline Bird

Strategic Planning

Public Inquiry Group
Nikki Foreman

Comms
Jo Brandon

Workforce Surge Capacity and Wellbeing
Rachel Gidman

Workforce Hub
Jonathan Pritchard

IP&C & PPE
Ruth Walker

Patient & Public Advice Line
Ruth Walker

UHW
Site Base Leadership

UHL
Site Base Leadership

Primary, Community and Social Care
Site Base Leadership

Modelling
Adam Wright / Andrew Hall

Mohamed Sarah 01/14/2022 16:06:02

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

Investigation of Hospital Acquired Covid-19

The UHB continues to work with our other Health Board colleagues to ensure a standardised and proportionate investigation response. The nosocomial Covid-19 investigations remains aligned with the National Framework, whilst ensuring an Executive led governance oversight. Thematic learning continues to be used to influence the quality and safety of patients and staff. The Safe 2 Move risk assessment, which was devised from the learning identified from the last 2 waves, is now fully rolled out and supports staff with safe patient placement and movement.

People Experience

We have continued to engage with seldom heard groups and many communities have been happy to attend either the Mass Vaccination Centres or local pharmacies for their booster doses. The Patient Experience team has engaged with some 110 former health care professionals who have kindly supported the vaccination booster delivery in a voluntary capacity. The on-going recruitment of volunteers to support the hospital and community sites is in place with weekly recruitment and induction being monitored.

Workforce	Executive Director of People and Culture

- **Sickness Absence** across the Health Board has increased from 5.34% in April 2021 to 7.42% in November 2021, but there has been a slight drop from the 7.99% reported in October 2021. The top reason for sickness absence is 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. Following a successful bid for an additional £430k slippage funds, the wellbeing recovery plan has been expanded to ensure broader coverage in the arrangements to ensure staff wellbeing is supported over the winter months. While the funding is available on a short term basis, attempts are being made to ensure that it is invested in sustainable improvements which will help staff beyond March 2022 (e.g. Staff Room Refurbishment; Developing Peer Support; Management and Leadership Development; Improvements to the crèche facilities, reusable water bottles for all staff). A collaborative approach is being utilised across the UHB to ensure activity is best placed for the most impactful and meaningful outcomes.

Mohamed,Sarah
01/14/2022 16:06:02

- Staff shortages within **Occupational Health** had caused an increase in waiting times for management referrals due to staff sickness and pre-employment checks (PECs). A temporary solution has been sought, and funding has been secured to enable us to outsource the waiting list for management referrals. PECs are now within the KPI target of 5 days.
- **Turnover** across the Health Board has increased from 10.01% in April to 12.09% in November 2021. The retention of staff is and will remain a top priority for the Health Board. As we focus on our workforce supply to create a recruitment pipeline, it's important that both new and existing staff are supported and encouraged to remain with the Health Board. There is no single action that will resolve staff retention issues; retaining staff is a result of the combined actions that are taken by the Clinical Boards and the UHB. All organisations require a healthy level of staff turnover but the challenge is to find the right balance between turnover and retention by understanding what is going on in our Clinical Boards. A retention strategy has been developed and is out for consultation, and work is ongoing to improve this situation but unfortunately there are no quick fixes.
- The vacancy factor for Band 5/6 nurses was 10.13% in November 2021, but when other factors including sickness (8.92%), maternity leave and self-isolation are incorporated there is a gap of 19.25% for band 5/6 nurses. The gap for Health Care Support Workers was 24.13% in November 2021.
- **Improving Workforce Supply** is another top priority. A Workforce Resourcing Team has been established to support the UHB to attract, recruit and retain our existing workforce. In addition, the staffing structure of the HR team has been changed on a temporary basis in order to support current service pressures and the increased demand for recruitment, while ensuring urgent HR activity can still be addressed in a timely fashion.
- **HCSW** - There were 200 applications received in response to a recent advert and in excess of 150 individuals have now been appointed to substantive posts or to the Temporary Staffing Office. A further advert went out just before Christmas with a closing date of early January. A fast-tracking recruitment system has been set up within WOD to expediate the start dates.
- **Overseas Nurse Recruitment Campaign** has been successful – over the last 12 months we have recruited 189 Nurses, with a further 90 due to start before the end of March 2023. We have also aligned ourselves to the All Wales overseas nurse recruitment campaign and there is an intention to employ an additional 135 nurses.
- 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.
- **Deployment** - The WG 'Local Choices Framework' allows organisations to deploy existing workforce from non-urgent work to urgent care if/when needed. This will form one part of our contingencies going forward, but will be used on a 'balance of risk' basis given the potential harm of further delays to non-urgent care. The Framework is currently being used by Clinical Boards to help them assess and identify how we could meet the staffing requirements for an additional 200 covid-19 surge beds should they be needed.

Mohamed,Sarah
01/14/2022 16:06:02

- Welsh Government have asked for **mass vaccination** programme to be accelerated as a result of the Omicron variant. This will require a significant amount of additional staff ranging from administration, vaccinators, pharmacy support, etc. A large scale programme of recruitment and deployment has been successfully implemented and an additional 140 immunisers appointed, but this is ongoing and increasing at pace.

Governance	Director of Corporate Governance

Due to the current system pressures (both Covid and Non Covid) it is important to ensure that Governance arrangements are kept under review and remain flexible enough to enable decisions to be made in a timely manner and Board Members kept informed.

Appendix 1 shows the current Governance Structure which has been stepped up to support the current system pressures this includes:

- The re-establishment of the Covid 19 Board Governance Group. This met for the first time on 6th January 2022 and will continue to meet as and when required but as a minimum on a monthly basis.
- The Board holding a meeting in Public every month to ensure transparency of decision making during the current period of system pressures.
- Standing items on the ME agenda relating to Covid 19 pressures and the impact upon the wider system.
- The re-establishment of the Covid 19 Operational Meeting which now meets every Tuesday and Thursday between 10.00 a.m. and 11. 00 a.m.
- Review of Executive attendance at Committees of the Board resulting in only Executive Director Leads being required to attend although other Executives may attend if they wish.
- A move to site-based leadership at UHW, UHL and Primary, Community and Social Care.
- Development of a Systems Resilience Report which will be presented to each meeting of the Board.

A full report on the Governance arrangements was discussed at the Covid 19 Board governance Group on 6th January 2022 and for completeness it will also be reported to the Audit and Assurance Committee on 8th February 2022.

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:

Mohamed Sesay
01/14/2022 16:06:02

Governance – The twice weekly COVID Operations meeting, chaired by the Chief Operating Officer, recommenced from the beginning of January 2022. This meeting compliments the daily site-based leadership and operational meetings. A System Resilience report outlining the position, risks and mitigating actions is produced and circulated to Board members and Welsh Government on a weekly basis.

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 continue and are significant, resulting in access or response delays at a number of points in 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 – Implementation of a tactical bed deployment plan resulted in a busy but reasonable Christmas and new year period. Pressure, however, has intensified since 3rd January 2022 and we have seen three factors coming together to cause current operational difficulties:

- Non-covid occupancy remains at a high level and we continue to experience challenges in our ability to achieve timely discharge.
- COVID admissions and occupancy has increased since the last Board meeting. At the time of writing this report, there were 135 covid positive inpatients across our two acute hospital sites, of which 5 are in critical care
- A high number of staff absences due to COVID – on top of our pre-existing staffing challenge.

We continue to implement a range of actions – some outlined in the Integrated Winter Plan, some in the Health Board's Recovery Plan and others as part of day to day operational management. These include: mass vaccination; the phased opening of a second transitional care unit; agile rebalancing of capacity between covid and non-covid and continued planning for covid surge capacity; working with our local authority partners on solutions to increase discharges; and a daily review of staffing with resource deployed based on risk. In addition, since the last Board meeting, the Health Board has reduced some non-urgent elective activity in line with the Welsh Government 'Local Choices Framework' to release staff and physical capacity to support current pressures.

Planned care – Whilst Recovery planning continued at a system level during quarter 3, as outlined above there will be an impact on activity in quarter 4 with the enactment of the Local Choices Framework. It is worth noting, however, progress made in quarter 3, specifically: growth in core planned care activity from 70% at the end of Q1 to 85% of pre-covid levels at the end of November and good progress has been made on recovering diagnostic activity, including endoscopy capacity (above 120%), CT (above 100%), MR (c. 100%) and ultrasound (above 100%).

Mohammed Sarah
01/14/2022 16:06:02

Mental Health services – Demand for adult and children's mental health services remains significantly above pre-covid levels. Significant work has been undertaken to improve access times to adult primary mental health and CAMHS services. It is worth noting that, at the time of writing, Mental Health adult inpatients specifically are experiencing a particular challenging time with a high number of staff absences and 40% of wards in Hafan Y Coed closed due to covid. A number of actions have been taken in light of the position including reduced visiting to only those critical to discharge and redeployment of staff from other areas in Mental Health to support inpatients.
Primary care and community services - As with other parts of the system, services continue to experience significant pressures. Since the last Board report, an increased number of practices are reporting a Level 3 or 4 escalation. The Health Board is supporting a small number of practices with a range of sustainability issues and implementing plans for two practices that will not be continuing with their contract. Dental services continue to deliver 40% of pre-covid activity. Optometry has now returned to pre-covid levels. Community pharmacy has remained opened and is supporting with delivery of the mass vaccination programme.

Public Health	Executive Director of Public Health

Epidemiology
Covid-19 case rates rose sharply from the second week of December 2021 in Cardiff and Vale, following the emergence of the omicron variant. The variant is significantly more transmissible than the delta variant, with less protection afforded by two doses of existing vaccines. In its initial stages in the UK, omicron showed a doubling time of around 2 days, which led to it very swiftly becoming the dominant variant. Whilst omicron appears to be less severe than delta in the UK context, with high case numbers there is still potential for a significant impact on hospitalisations and staffing of critical services.

In Cardiff and Vale the fastest increase in cases was seen in the 20-29 year and 30-39 year old age groups, though of concern from the third week of December the rate started to increase rapidly in people aged over 60, in whom there is potential for more severe impacts of Covid.

At the time of writing (4 January 2022) the case rate across the population as a whole in Cardiff is 1,901 per 100,000 per week, and in the Vale of Glamorgan 1,925 per 100,000 per week. The rate for over 60s increased from 112 per 100,000 per week on 20 December to 829 per 100,000 per week on 4 January, two weeks later. Test positivity has increased in both areas and is now 48%, partly due to widespread use of lateral flow tests for initial testing, with PCR used as a confirmatory test.

Hospital admissions have started to increase, about a week behind community cases, with a concomitant increase in bed occupancy. While invasive ventilated bed occupancy has increased slightly, this has not been at the same pace. This is a reassuring sign, suggesting that the vaccine, including booster doses, remains effective against severe disease.

Mohammed Serafi
01/14/2022 16:06:02

ONS reported mortality figures are stable but relate to the period prior to the rise in omicron cases and therefore are not yet instructive on the impacts of omicron on mortality locally.

In response to the threat of the omicron variant, Welsh Government introduced a number of changes to guidance and regulations for the period following Christmas, as part of a revised alert level 2. These included a return of the 'rule of six' in regulated hospitality premises, sports matches to be played without spectators, and restrictions on gatherings of people to 30 (indoors) and 50 (outdoors). From 31 December 2021, the isolation period for confirmed Covid-19 cases was reduced from 10 to 7 days, subject to two negative lateral flow tests 24 hours apart; and from 6 January 2022 people who are asymptomatic and test positive on lateral flow no longer need to undertake a confirmatory PCR.

Test, trace and protect (TTP)
The significant rise in case numbers has caused high demand on testing and contact tracing services. Testing demand exceeded capacity at the UK level (when booked via the GOV.UK portal) at times, and there have been delays in accessing PCR testing at some sites. The UHB community testing unit has opened additional capacity to accommodate demand. Reduction in isolation time from 10 to 7 days, with release following two negative LFT tests 24 hrs apart, along with the testing of close contacts of cases has also increased the demand for LFT test kits; sufficient stocks are available. Contact tracing teams are following nationally agreed protocols to manage the additional case load, including the use of e-forms for the majority of cases. Priority for 'in person' tracing is given to older people and those working in higher risk settings, such as health and social care. The regional TTP teams continue to monitor for clusters of cases and provide advice where mitigations could be improved, particularly in light of the return to level 2 measures; most cluster are managed via the daily multiagency regional meeting, but specific Incident Management Team meetings are convened when necessary.

Covid-19 vaccination
Cardiff and Vale UHB has now delivered over 1 million Covid-19 vaccinations to priority groups including over 250,000 booster vaccinations since 16 September 2021. As at 30 December, 70% of eligible adults aged 18+ resident in Cardiff and Vale had received a booster vaccination (PHW surveillance data).

Welsh Government confirmed on 13 December, in response to the Omicron variant of concern, that the Autumn Booster Programme in Wales would be extended so that all eligible adults aged 18+ were offered a booster by 31 December 2021 to increase their levels of protection (with an interval of at least 3 months from second dose, in age descending order). In Cardiff and the Vale of Glamorgan this equated to 162,000 citizens eligible to be vaccinated by 31 December. In response, delivery of vaccination across the three MVC sites and Community Pharmacy was significantly increased from 17th December and a 'call to arms' for workforce support was made to internal and external partners including the military. All eligible adults aged 18 years and over have now been offered a scheduled appointment for their booster during December. For anyone unable to attend their December appointment, they will receive a re-scheduled appointment for January. For anyone who has not received a text or letter for an

Mohamed Arab
01/14/2022 11:06:02

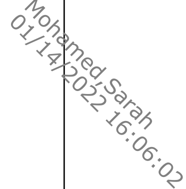
appointment, a ‘leave no-one behind’ form can be completed and the booking centre will call back with an appointment. A limited number of walk-in appointments for booster vaccines are also to be made available in the first week of January in Cowbridge Town Hall car park (at the Well Pharmacy Mobile Unit), at Holm View MVC from 6th to 9th January and Bayside MVC on 6th and 7th January.

On 22 December 2021 the JCVI made two recommendations to further expand the vaccination programme for children and young people:

- To offer two doses of vaccine to children and young people aged 5-11 years who are in an ‘at-risk’ group or are the household contact of someone who is immunosuppressed.
- To offer a booster vaccine to all children and young people aged 16 and 17 years; those aged 12-15 in an ‘at-risk’ group or living with someone who is immunosuppressed; those aged 12 to 17 years who are severely immunocompromised and have had a third primary dose.

Cardiff and Vale UHB will identify eligible 5 to 11-year-olds in the “at risk” groups and begin offering appointments in the New Year, and under 18s who are eligible for a booster dose will receive an appointment when they become eligible.

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



Mohamed Sarah
01/14/2022 16:06:02

Report Title:	Board Assurance Framework (BAF)							
Meeting:	Board					Meeting Date:	27th Jan 2022	
Status:	For Discussion		For Assurance	x	For Approval	x	For Information	
Lead Executive:	Director of Corporate Governance							
Report Author (Title):	Director of Corporate Governance							

Background and current situation:

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

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

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

Since the last review in November 2021 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 will be removed from the BAF for the remainder of this financial year 21/22. This risk has 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.

Mohamed,Sarah
01/14/2022 16:06:02

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.

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

Risk Management continues to develop at Cardiff and Vale Health Board. Significant progress had been 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.

Recommendation:

The Board is asked to:

- **Approve** the 10 risks to the delivery of Strategic Objectives detailed on the attached BAF for January 2021.
- **Approve** that the Financial Sustainability risk will be removed for this financial year 21/22 having reached its target risk score.
- **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.

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

Mohamed,Sarah
01/14/2022 16:06:02

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention	x	Long term		Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Not Applicable

Mohamed Sarah
01/11/2022 16:06:02

BOARD ASSURANCE FRAMEWORK 2021/22 – JANUARY 22

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	• Financial Sustainability • 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 • Financial Sustainability • 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 • Financial Sustainability • 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 • Financial Sustainability • 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 • Financial Sustainability • Exacerbation of Health Inequalities
8. Be a great place to work and learn	• Workforce • Financial Sustainability • 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 • Financial Sustainability • Sustainable Primary and Community Care • Delivery of Annual Plan 21/22
10. Excel at teaching, research, innovation and improvement.	• Workforce • Financial Sustainability • Sustainable Cultural Change • Wellbeing of staff

Mohamed,Sarah
01/14/2022 16:06:22

Key Risks

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

Risk	Corp Risk Register Ref.	Gross Risk	Net Risk	Change from Sept 21	Target Risk	Context	Executive Lead	Committee
1. Workforce	6,8,19, 12	**25**	**20**	↑	**10**	Across Wales there have been increasing challenges in recruiting healthcare professionals. Meeting the requirements of a growing population which is older and with more complex health needs as well as increasing demand on health services has led for an increasing need in clinical staff. Staff costs represent the largest expense for the NHS in Wales. The pay bill has continued to increase year on year, with a significant increase over the last three years.	Executive Director of People and Culture **Last Reviewed:** 04.01.22	Strategy and Delivery Committee **Last Reviewed:** 11.01.22
2. Financial Sustainability	19,20,1	**25**	**5**	↓	**5**	Across Wales, Health Boards and Trusts are seeking to manage their financial pressures by driving out inefficiencies, while at the same time looking to derive greater value from their resources through innovative ways of working and practicing prudent healthcare. As well as the NHS, public sector services, the third sector, and the public have significant roles to play to achieve a sustainable health and care system in the future. Covid 19 has had a significant impact on the finances of Healthcare in Wales and the UHB has significant financial pressures to now deal with.	Executive Director of Finance **Last Reviewed:** 07.01.22	Finance Committee **Last Reviewed:** 05.01.22
3. Sustainable Primary and Community Care	9	**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	Interim Chief Operating Officer **Last Reviewed:** 06.01.22	Strategy and Delivery Committee **Last Reviewed:** 11.01.22

Mohamed,Sarah
01/14/2022 16:06:02

						place of residence. Therefore it is important to create firstly the capacity of primary and Community Care, and then increase the capability of Primary and Community Care to be able to respond to the individual and varied needs of those patients in both crisis intervention but more commonly preventative and support arrangements.		
4. Patient Safety	2,3,4,7,8,10,11, 12,17,18,13,14, 16	**25**	**20**	➡	**10**	Patient safety should be above all else for the Cardiff and Vale University Health Board. Safer patient care includes the identification and management of patient-related risks, reporting and analysis of patient safety incidents, concerns, claims and learning from such then implementing solutions to minimise/mitigate the risk of them recurring.	Executive Nurse Director/ Executive Medical Director /Executive Director for Therapies and Health Science **Last Reviewed:** 05.01.22	Quality, Safety and Experience **Last Reviewed:** 14.12.22
5. Sustainable Culture Change		**16**	**8**	➡	**4**	In line with UHB's Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to 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:** 04.01.22	Strategy and Delivery Committee **Last Reviewed:** 14.09.21
6. Capital Assets	2,3,4,5, 15,14	**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:**	Finance Committee & Strategy and Delivery Committee **Last Reviewed:** 04.11.21

Mohamed,Sarah
01/14/2022 16:06:02

							04.01.22	
7. Planned Care Capacity	10,12,17 ,18,13, 16	**20**	**16**	➡	**12**	The impact of COVID 19 has had many consequences to Healthcare and in particular the continuation of the Health Board being able to undertake Planned Care both during the peak of the pandemic and any future peaks. This is due to the need to ensure that there is available capacity should there be a further peak in COVID 19 patients requiring hospital treatment.	Interim Chief Operating Officer **Last Reviewed:** 06.01.22	Strategy and Delivery **Last Reviewed:** 14.09.21
8. Delivery of Annual Plan		**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:** 04.01.22	Strategy and Delivery Committee **Last Reviewed:** 16.11.21
9. Staff Wellbeing	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	Executive Director of People and Culture **Last Reviewed:** 04.01.22	Strategy and Delivery Committee **Last Reviewed:** 16.11.21

Mohamed,Sarah
01/14/2022 16:06:02

						those who are likely to be affected disproportionately		
10. Exacerbation of Health Inequalities		**16**	**12**	**New Risk**	**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:** 05.01.22	Strategy and Delivery Committee **Last Reviewed:** 14.09.21

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.

Mohamed Sarah
01/14/2022 14:06:02

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.

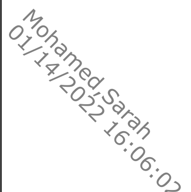
The size and complexity of the workforce challenge is such that addressing it will require holistic and sustained action across the system on leadership, culture, workforce planning, pay, education, well-being, retention and transforming ways of working (hybrid and flexible working). (See linkage to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

<table>
<tr><td>Risk
Date added: 6.5.2021</td><td colspan="3">There is a risk that the organisation will not be able to attract, recruit and retain a clinical workforce to deliver high quality care for the population of Cardiff and the Vale.</td></tr>
<tr><td>Cause</td><td colspan="3">• Increased workforce capacity requirement to meet funded establishment and temporary requirements which support Covid-19; temporary bed expansion for COVID-19 and Winter Planning, community testing, mass immunisation programme, Recovery & Redesign Plan.
• Requirements of the Nurse Staffing Act and BAPM Standards.
• Requirements of medical rotas to flex across COVID-19/Winter Planning bed expansion and the Recovery and Redesign plan.
• UK National shortage of registered Nurses, supply is low.
• Insufficient supply of Doctors in certain specialties at UK national level (e.g., Adult Psychiatry, General & Acute Medicine, Histopathology, Radiology, GP)
• Changes to Junior Doctor Training Rotations (Deanery).
• Brexit/EU settlement scheme.
• Workforce demographics/ageing workforce.
• Increased turnover of registered Nurses across the organisation.
• Sickness absence has increased over the last 12 months.
• Continued operational Pressures has reduced the resilience of some of our staff, which has impacted on their health and wellbeing.
• The current climate has created a shortage of candidates with the right skills, abilities and experience in many professions which has created a more competitive market.
• Lack of capacity due to operational pressures to develop existing workforce.
• The pandemic has changed the way that people think about work and what is important to them.</td></tr>
<tr><td>Impact</td><td colspan="3">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.
Potentially inadequate levels of staffing.
Increase in agency and locum usage, increased workforce costs.
Negative impact on the health and wellbeing of our staff.
Low morale, reduction in staff engagement and low staff resilience especially in clinical areas.
Increase in turnover and sickness absence.
Increase in the number of workplace incidents.
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.</td></tr>
<tr><td>Impact Score: 5</td><td>Likelihood Score: 5</td><td>Gross Risk Score:</td><td>25 (Extreme)</td></tr>
</table>

Mohamed,Sarah
01/14/2022 16:06:02

Current Controls

- Clinical Boards and site-based leadership team are actively reviewing workforce requirements. The COVID-19 Operational Planning meeting has been re-established meeting twice weekly.
- A weekly operational Workforce Group has been established to support directly with COVID-19 and Winter Planning bed expansion.
- The Workforce Hub Steering Group meet weekly to monitor progress of recruitment to deliver the Recovery and Redesign plan.
- A central Workforce Resourcing Team, supported by the well-established Nurse Resourcing Team has been established. Focusing on improving attraction, recruitment and retention. Currently supporting the mass recruitment and deployment of staff for the accelerated booster programme and HCSW for our Hospital wards. Overall aim to improve supply and retention.
- Mass Immunisation mass recruitment – 413 applications received for Band 3 Immunisers (bank): 278 processed and available to work, 96 progressing through pre-employment checks and 39 to follow-up. Band 2 Admin staff (fixed term until Sept 22): 38 ready to start: a further 100 application received over the last week. Applications from registered Nurses has been low but staff have been deployed to support. This has been achieved in 2-3 weeks.
- The HR Operations Team have reconfigured for a period of 3 months so that they can offer more support to the UHB, managers and staff. The team are focusing on recruitment, retention, maximising attendance, staff health & wellbeing and resolving formal employee relations cases in a timely manner.
- A myriad of health & wellbeing services are available for our staff to access. Additional investment has been secured to support the health & wellbeing of our staff over the winter months and beyond.
- An engagement tool has been sourced which will be piloted in the New Year for our nursing workforce - aim is to improve engagement and retention.
- A Recruitment & Retention Strategy has been developed, which will align to the People & Culture Plan and the IMTP.
- Nurse Retention Steering Group established with 6 work streams - aim to improve retention.
- Kickstart Scheme – 118 staff commenced employment with 212 starting shortly. Overseas Nurse Recruitment Campaign has been accelerated on an All Wales basis – C&V have recruited approx. 195 Nurses, with a pipeline of an additional 200 nurses over the next 6 months, pending Board approval.
- Re-launched nurse recruitment campaign through social media with strong branding. An event was held in September and another planned for January.
- Strong clinical engagement with student streamlining – 201 graduate Nurses were recruited and started throughout September, October and November. The March Cohort is smaller, we are expected approx. 30.
- Programme of talent management and succession planning.
- Medical overseas recruitment strategies reinforced with BAPIO.
- Medical Training Initiative (MTI) 2-year placement scheme.
- Collaboration with Medics to fill hard to fill roles, search and selection methods, CV scanning by speciality.
- On-going review of medical rotas to flex and increase medical cover capacity.
- Increase number of Physician Associates to supplement MDT in a number of Clinical Boards.
- Implementation of the All Wales Single Lead Employer initiative for Junior Doctors to improve trainee experience and streamline hiring processes will be complete by June 2022.
- Link with Welsh Government Campaign *Train, Work, Live* to attract for Wales – GP, Doctors, Nursing and Therapies.
- Enhanced overtime provisions for substantive staff, approved by the COO/site based leadership team only and aligned to Recovery & Redesign Plan and Resilience.



	• Clinical Board Strategic Workforce plans are integrated with the Recovery and Redesign plan. • Implemented a Medical and Dental Bank through a Managed Service in August 2021. This will increase supply and improve skills availability through a new bank system; dedicated central team; improved technology and a launched locum recruitment campaign. Evaluation ongoing. • Job planning for Consultants has improved significantly with the introduction of e-job planning. Compliance has improved from 19% in May 2021 to 78% in December 2021, improving workforce efficiency. • Effective rostering – an implementation plan has been agreed for Health Roster (Allocate) and a team put in place to support the roll-out. Early adopter wards have been trained but the roll-out was paused whilst we resolved self-billing and the ESRGO interface. Solutions have not been found and the training will recommence in February 2022.Evidence shows that effective rostering will improve fill rates, create capacity and provide financial efficiencies. • New roles are being developed, moving away from traditional roles with more focus on the skills that are needed to care for our population, e.g. Band 3 Support Worker role and Band 4 Assistant Practitioner role.		
Current Assurances	• The Workforce Hub Steering Group is well established and meets on a weekly basis to monitor progress with recruitment to enable the delivery of the Recovery & Redesign Plan. The Group provides assurance to the Portfolio Board. (1) • Central Workforce Resourcing Team established to improve attraction, recruitment and retention. Recruitment & Retention Strategy developed as part of the People & Culture Plan. (1) • COVID-19 Booster programme – the Workforce Resourcing Team have recruited significant numbers of band 3 Immunisers and deployed staff as appropriate. They will continue to support as required. (1). 195 overseas registered Nurses have been recruited to date to support the Clinical Boards. Approval has been requested from Board to recruit an additional 200 nurses over the next 6 months to support the UHB with the significant nursing vacancies. (1) • Ward Nursing establishments have been reviewed and approved to reflect the current position and requirements over winter. Progress with recruiting to vacancies is updated by the Clinical Boards on a weekly basis. (1) • Engagement with local Universities will continue to ensure that graduate Nurses continue to choose Cardiff & Vale as an employer of choice(1) • Medical workforce monitoring at Medical Workforce Advisory Group (MWAG) (1) • Medical rotas being monitored to ensure flexibility in place (RAG rated system) (1) • In order to shape decisions about people and the workforce we are moving away from workforce reporting and metrics into workforce analytics.(1) • The recent HCSW advert resulted in over 160 applications, unfortunately approx. 50% of applicants were currently employed in the care sector. We are working closely with Social Care on recruitment and resourcing.(1)		
Impact Score: 5	Likelihood Score: 4	**Net Risk Score:**	**20 (Extreme)**
Gap in Controls	Ability to on-board overseas 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 Adult Psychiatry is having a negative impact on supply even through recognised Locum Agencies.		
Gap in Assurances			

Mohammed Sarah 01/04/2022 16:06:02

Actions	Lead	By when	Update since Nov 21
1. Central Workforce Resourcing Team established	RG	From 30.11.2021	Team is now established, action complete.
2. Overseas Nurse Recruitment Campaign	RG	31.03.2022	Approval sought from Board in January to recruit an additional 200 overseas Nurses within the next 6 months as part of the All Wales OSN campaign.
3. Recruitment & Retention Strategy developed as part of the People & Culture Plan to improve attraction, recruitment and retention.	RG	30.09.2021	Action complete
4. Clinical Board Workforce Plans developed to support the Recovery and Redesign Plan.	RG	30.09.2021	The plans have been developed and are being monitored by the Workforce Hub Group on a weekly basis. Action Complete.
5. Nursing establishments reviewed	RW	30.09.2021	Nurse Establishments have been approved and ESR has been updated. Action complete.
6. New Nurse E-Rostering System being implemented during 2021/22, including Safe-Care Module and improved Bank App. functionality	RG	31.3.2022	Implementation Plan paused in order to resolve ESRGO and Self-Billing. Roll out recommencing on 1st February 2022.
7. 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 being considered by Board in January.
Impact Score: 5	Likelihood Score:2	**Target Risk Score:**	**10 (High)**

Mohamed,Sarah
01/14/2022 16:06:02

2. **Financial Sustainability – Lead Executive Catherine Phillips**

Across Wales, Health Boards and Trusts set out plans to manage their financial pressures by driving out inefficiencies, while at the same time looking to derive greater value from their resources through innovative ways of working and practicing Prudent and Value Based Healthcare. The three year planning process in NHS Wales has been paused but Annual Plans were submitted to Welsh Government at the end of June 21.

<table>
<tr><td>Risk
Date added: 7.09.2020</td><td colspan="3">There is a risk that the organisation will not be able to manage the impact of COVID 19 and other operational issues within the financial resources available.</td></tr>
<tr><td>Cause</td><td colspan="3">The UHB has incurred significant additional costs arising from managing the COVID 19 pandemic, this includes the non-delivery of savings plans.
It also has to manage its operational budget.
All additional costs need to be managed within the additional resources made available by Welsh Government to manage the pandemic.</td></tr>
<tr><td>Impact</td><td colspan="3">Unable to deliver a year-end financial position.
Reputational loss.
Improvement in the underlying financial position which is dependent upon recurrent funding provided</td></tr>
<tr><td>Impact Score: 5</td><td>Likelihood Score: 5</td><td>Gross Risk Score:</td><td>25 (Extreme)</td></tr>
<tr><td>Current Controls</td><td colspan="3">Additional expenditure in Managing COVID 19 is being authorised within the governance structure that has specifically been put in place which is reported to Management Executives on a weekly basis. This aligns with the UHB Scheme of Delegation.
The financial position is reviewed by the Finance Committee which meets monthly and reports into the Board.
Financial performance is a standing agenda item monthly on Management Executives Meeting.</td></tr>
<tr><td>Current Assurances</td><td colspan="3">The UHB is now assuming an additional funding to help manage the COVID 19 pandemic in line with Welsh Government Resource assumptions. Based upon this assumed additional funding, the financial forecast is now an in year break even position at year end (3).

Financial performance is monitored by the Management Executive (1).

Finance report presented to every Finance Committee Meeting highlighting progress against mitigating financial risks (2).

The financial forecasts have been updated for 21/22 and from that it is clear that the Health Board can manage within its financial resources for this year.</td></tr>
<tr><td>Impact Score: 5</td><td>Likelihood Score: ~~2~~ 1</td><td>Net Risk Score:</td><td>~~10~~ 5 (moderate)</td></tr>
<tr><td>Gap in Controls</td><td colspan="3">No gaps currently identified.</td></tr>
<tr><td>Gap in Assurances</td><td colspan="3">To confirm COVID 19 funding assumptions with Welsh Government for response and recovery.

Certainty of COVID 19 expenditure and the management of non COVID 19 operational pressures</td></tr>
<tr><td>Actions</td><td>Lead</td><td>By when</td><td>Update since Nov 21</td></tr>
<tr><td>1. Continue to work with Welsh Government to confirm additional funding to manage our recovery response to Covid 19.</td><td>CP</td><td>31/03/2022</td><td>Financial forecasts have been updated for this financial year and the UHB will be able to manage the financial position within the resources.</td></tr>
</table>

Mohamed Sarah 01/14/2022 16:06:02

2. To monitor and control additional expenditure and financial performance to ensure that the year-end forecast is within the resources available.	CP	31/03/2022	Financial position will be managed within resources.
3. To understand the impact of responding to the Covid 19 pandemic has had on the organisations underlying position and that the costs and consequences are reflected within the 2021/22 plan.	CP	31/03/2022	Financial position will be managed within resources.

Impact Score: 5	Likelihood Score:1	**Target Risk Score:**	**5 (Moderate)**

Mohamed,Sarah
01/14/2022 16:06:02

3. **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.

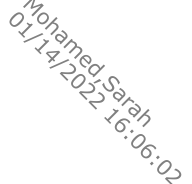
Risk **Date added:** 12.11.2018	The risk of losing resilience in the existing service and not building the capacity or the capability of service provision in the Primary or Community care setting to provide the necessary preventative and responsive services. Impact of covid on primary and community care 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) 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]		

Mohamed Sarah
01/14/2022 16:06:02

	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 Nov 21
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. Workshop held pre-Christmas.
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 for 2 contract resignations – patients reallocated to other practices. Active support, including financial, being provides to a number of practices.

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


Mohamed,Sarah
01/14/2022 16:06:02

4. **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.

<table>
<tr><td>Risk</td><td colspan="3">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</td></tr>
<tr><td>Date added:</td><td colspan="3">April 2021</td></tr>
<tr><td>Cause</td><td colspan="3">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</td></tr>
<tr><td>Impact</td><td colspan="3">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)</td></tr>
<tr><td>Impact Score: 5</td><td>Likelihood Score: 5</td><td>Gross Risk Score:</td><td>25 (Extreme)</td></tr>
<tr><td>Current Controls</td><td colspan="3">• 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</td></tr>
<tr><td>Current Assurances</td><td colspan="3">• 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)</td></tr>
<tr><td>Impact Score: 5</td><td>Likelihood Score: 4</td><td>Net Risk Score:</td><td>20 (Extreme)</td></tr>
<tr><td>Gap in Controls</td><td colspan="3">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</td></tr>
</table>

Mohamed Sayed
01/14/2022 16:06:02

Gap in Assurances	Discharging patients is out of the Health Boards control			
Actions		**Lead**	**By when**	**Update since Nov 21**
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	New Action
Impact Score: 5	**Likelihood Score: 2**	**Target Risk Score:**		**10 (High)**

Mohamed,Sarah
01/14/2022 16:06:02

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

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

Risk	There is a risk that the cultural change required will not be implemented in a sustainable way		
Cause	There is a belief within the organisation that the current climate within the organisation is high in bureaucracy and low in trust. Staff reluctant to engage with the case for change as unaware of the UHB strategy and the future ambition. Staff not understanding the part their role plays for the case for change due to lack of communication filtering through all levels of the UHB. 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.		

Mohamed,Sarah
01/14/2022 16:06:02

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 Nov 21**
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	28.02.2022	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. The UHB leadership programmes are being reviewed and redesigned by a task and finish group and will launch in Spring 2022 once content has been agreed. Promotion of the programme will be included in the showcase. Work is planned in January 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. 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.
2. Showcase	RG	31.03.2022	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

Mohamed,Sarah
01/14/2022 16:06:02

			Whole system launch March 2022 this will be led by the Planning team to promote Shaping Our Clinical Services
3. Equality, Diversity and Inclusion Welsh Language Standard being implemented. Inclusion - Nine protected Characteristics	RG	05.01.22 28.02.2022 31.03.2022	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. We have recently completed an internal audit on Welsh Language overseen by Shared Services. Results will be available January 2022. Early indications suggest a reasonable assurance has been achieved and will be confirmed in February 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

Mohamed,Sarah
01/14/2022 16:06:02

			contracts extended until 31/3/22 which are funded by their departments Annual Stonewall submission completed October 2021. Stonewall membership is due for renewal and will require consideration by the Board.
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)**

Mohamed,Sarah
01/14/2022 16:06:02

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

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

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

Mohamed,Sarah
01/14/2022 16:06:02

	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 Nov 21**
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	31.01.22	New Action
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	New Action

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

Mohamed Sarda 01/14/2022 16:06:02

7. 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 Securing additional capacity within the private sector Recovery Plans in place Programme Delivery Director appointed to lead Recovery Schemes		
Current Assurances	Growth in 'green zone' activity (1) overall but short term impact of new Omicron variant impact - (i) Increased staff absences (ii) Reduction in green zone capacity and activity to release both physical capacity and staff to support covid demand and operational pressures 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		
Impact Score: 4	**Likelihood Score: 4**	**Net Risk Score:**	**16 (Extreme)**
Gap in Controls	Roll out Health Board-wide risk stratification Maximise use of green pathways whilst balancing risk and outcome Virtual platforms need to be rolled out across the Health Board and clinical teams persuaded to make use Contractual arrangements are still under review – need to negotiate a contract to prolong access		
Gap in Assurances	Able to meet the highest priority caseloads – essential services Surgical audit needs to be supported to continue to provide evidence of safe and effective surgery Digital platforms need to roll out further and clinical engagement needs to result in their use		

Actions	Lead	By when	Update since Nov 21
1.Bids for further schemes currently awaiting approval	CB	Completed	2 tranches have been approved by Welsh Government including recovery monies for in

Mohammed Sarah 01/03/2022 16:06:02

			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 Q3-4.
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)**

Mohamed,Sarah
01/14/2022 16:06:02

8. 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 Nov 21
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.
Winter Plan being developed with partners despite not being a requirement for one by WG	AH/CB	31/10/21	Complete Winter Plan approved by the RPB and the Board
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	New action
Impact Score: 5	**Likelihood Score: 2**	**Target Risk Score:**	**10 (High)**

Mohammed Sarah
01/14/2022 16:06:0

9. 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		
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		

Mohamed,Sarah
01/14/2022 16:06:02

	• 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 Nov 21
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

Mohamed,Sarah
01/14/2022 16:06:02

			shape direction of the Wellbeing Plan (Slippage Funds).
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 Key action: create 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) and February 2022: First Steps to Management.
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.

Mohamed,Sarah
01/14/2022 16:06:03

			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. 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**

Mohamed,Sarah
01/14/2022 16:06:02

10. 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 o structural issues, e.g. income, employment, education and housing o unhealthy behaviours o 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: o Children and young people o Minority ethnic groups, especially Black and Asian populations o People living in (or at risk of) deprivation and poverty

Mohamed Sarah
01/14/2022 16:06:02

- 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

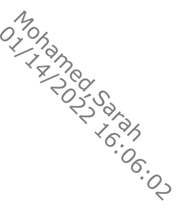
The Socio-economic Duty places a legal responsibility on public bodies in Wales when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. Approaching implementation of the Socio-economic Duty effectively will 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 will include a focused arena of work aimed at tackling areas of inequalities where there are gaps, for example healthy weight, immunisation and screening. We will work 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



	engagement to date with our ethnic minority communities during the Covid-19 pandemic. Such focused work will be 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 delivery of a booster programme • 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 are in the process of revising a bellwether set of indicators to measure inequalities in health in the Cardiff and Vale population through which we will measure impact of our actions. This will form part of the Annual Report of the Director of Public Health 2020, due to be published September 2021 [(1)]. Examples will potentially 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 variants and unpredictability of population behaviours • 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 Nov 21**
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. E-Learning package potentially being developed by Welsh Government and Equality & Human Rights Commission. Bi-monthly 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

Mohamed,Sarah
01/14/2022 16:06:02

			will continue to develop the relationships with seldom heard groups and this will be particularly important in consideration of the socio-economic duty and the unintended consequences for decisions made with some of our communities.
2. Take further actions, to improve COVID-19 vaccination rates (including delivering a booster vaccine) in minority ethnic communities and vulnerable groups	FK/RW	December 2021	COMPLETE Targeted national and local communication campaigns have aimed to increase uptake of vaccine amongst pregnant women. Trust built with local minority ethnic communities during primary vaccination phase has resulted in a willingness to attend MVCs for booster. All adults over 18 years of age were offered a booster by 31st December 2021. Continued engagement with primary care independent contractors has facilitated vaccine access within the community. Regular monitoring of uptake surveillance data to identify areas of low uptake.
3. Review and operationalise the recommendations of the Annual Report of the Director of Public Health 2020, including development of shorter term indicators using routine data	Executive Team	December 2021	COMPLETE Annual Report of the Director of Public Health (2020) presented at Board on 30th September 2021, and subsequently to partner organisations through, receiving support for the approach advocated. Further work required on longer term indicators, as part of the UHB and partnership indicator framework.
4. Within the UHB and through our PSB and RPB partnerships, refresh a suite of focused preventative actions to tackling inequalities in health	FK	June 2022	IN PROGRESS Addressing inequities and promoting prevention is the focus for the Annual Report of the Director of Public Health (2020). The Report contains a set of

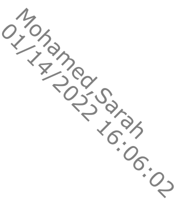
Mohamed Sayed
01/14/2022 16:16:02

			recommendations for the UHB and partner organisations to deliver in both the short and longer term, which will ensure there is a sustainable approach. The recommendations have received partnership support and some actions have been delivered, particularly in relation to Move More, Eat Well (see flash report for Shaping Our Future Population Health). However, the accelerated approach to some of the wider actions is temporarily on hold due to the acute pandemic response. 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 has been finalised and 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**



Report Title:	**C&V Integrated Performance Report**							
Meeting:	C&V UHB Board					**Meeting Date:**	27 January 2022	
Status:	**For Discussion**	**X**	**For Assurance**		**For Approval**	**X**	**For Information**	**X**
Lead Executive:	Ruth Walker, Caroline Bird, Rachel Gidman, Catherine Phillips							
Report Author (Title):	Information Manager							

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 is the emerging Balanced Scorecard, with indicators that bring together Quality & Safety, Finance, Workforce and Performance for the Health Board.

SPECIFIC MATTERS FOR CONSIDERATION

Finance

	Oct-21	Nov-21	RAG	Target
Deliver 2021/22 Draft Financial Plan	£0.170m surplus	£0.305m surplus	↑	Break even
Remain within capital resource limits.	£5.530m	£9.820m	G	£55.865m
Reduction in Underlying deficit (Forecast)	£25.3	£25.3	R	£25.3
Delivery of recurrent £12.000m 1.5% devolved target (Forecast)	£7.550m	£7.735m	↑	£12m
Delivery of £4m non recurrent devolved target (Forecast)	£7.417m	£7.685m	↑	£4.000m
Creditor payments compliance 30 day Non NHS (Cumulative)	94.7%	94.2%	-	95%
Remain within Cash Limit (Forecast cash surplus)	£0.566m	£0.566m	G	Within Cash Limit
Maintain Positive Cash Balance	Expecting positive balance	£4.006m	G	Positive Cash Bal.

Performance

	Oct-21	Dec-21	RAG	Target
A&E 12 hour waiting times	1054	1177	R	0
A&E 4 hour waiting %	62%	62%	R	95%
Ambulance Handover Times >1 hour	441	661	R	0
	Sep-21	**Nov-21**	**RAG**	**Target**
Waiting less than 26 weeks %	56%	56%	R	95%
RTT Waiting Over 36 Weeks	38021	39782		-
Diagnositcs >8 weeks Wwait	7415	7459	R	0
Mental Health Referrals	1307	1369	-	-
Mental Health Part 1a	26%	33%	↑	80%
Mental Health Part 1b	94%	99%	G	80%
Patients Delayed over 100% for follow-up Appointment	45475	43237	↑	0
	Sep-21	**Nov-21**		
Single Cancer Pathway	54%	54%		

Quality & Safety

Patient Satisfaction	**Oct-21**	**Dec-21**	**RAG**	**Target**
30 day complaints response compliance %	81%	88%%	G	75%
Patient Experience	**Oct-21**	**Nov-21**	**RAG**	**Target**
Patient Experience - Mass Vaccination Centres	96%	94%		
Patient Experience - Other Hospital Environments	77%	81%		
Falls	**Oct-21**	**Dec-21**		
Slips Trips and Falls (30 day moving total)	280	310		
Slips Trips and Falls with harm (30 day moving total)	18	19		
Serious Incidents	**Oct-21**	**Dec-21**		
Nationally Reportable Incident (SI)**	9	29		
Number of Never Events	0	0		
Mortality	**Aug-21**	**Sep-21**		
Percentage of Stage 1 Reviews Completed	90%	90%		
Risk Adjusted Mortality Index	127.65	106.82		
Number of still births				
Infection Control	**2020 /21 Nov-20**	**2021/22 (Nov-21)**		
All Reported Infections (cumulative)	405	525		
Mental Health	**Apr-21**	**Jun-21**		
Number of adults where restraints were used	Pending			

Workforce

	Sep-21	Nov-21	RAG	Target
Percentage of staff (excluding medical) undertaking PADR (Performance Appraisal Development Review)	31.9%	31.6%	R	85%
Achieve annual local sickness and absence workforce target (rolling 12 month)	6.5%	6.5%	R	4.60%
Staff Turnover Rate	7.9%	7.9%	-	-
Mandatory Training Compliance	72.14%	72.26%	↑	85%
Fire - Mandatory Training	56.68%	61.68%	↑	85%
Staff Retention	85.27%	86.97%	-	-

Population

Immunisation	2021/22 Qtr 1	2021/22 Qtr 2	RAG	Target
% of children up to date with scheduled vaccines by 4 years of age	85.10%	84.90%	↑	95%
	Oct-21	**Dec-21**		
% of adults who have had 2 doses of Covid vaccine	75.24%	75.24%		

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%		

Mohamed,Sarah
01/04/2022 16:06:02

Finance

The reported financial position for the 8 months to the end of November is an operational surplus of £0.305m.

Delivery of the core financial plan includes a 2% (£16.0m) savings requirement. At month 8 £15.419m Green and Amber savings were identified against the target. Further progress needs to be made with a focus on recurrent schemes. £7.735m recurrent schemes were identified against the £12.0m recurrent element of the target leaving a further £4.265m to find.

The full year gross COVID forecast has moved in the month from £124.687m at month 7 to £117.608m at month 8. The reduction in forecast costs primarily relates to reductions in National Programme forecasts (COVID Vaccination, TTP, Cleaning Standards and PPE) and the recovery of 2020/21 accruals.

The UHB's accumulated underlying deficit brought forward into 2021/22 is £25.3m which reflects the £21.3m shortfall against the 2020/21 recurrent savings target that was required to fund inflation and demand growth in 2020/21. 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.

The UHB's approved annual capital resource limit was £55.865m at the end of November 2021. Net expenditure to the end of November was 17.6% 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.

The UHB's public sector payment compliance performance was 94.2% at the end of November which is just below the statutory target of 95%. Performance deteriorated marginally in month but is expected to improve as the year progresses.

People

A brief UHB overview summary is provided as follows:

- **Whole Time Equivalent Headcount and Pay bill** trend is an 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, specifically to support wave 1, 2 and the delivery of the Mass Vaccination programme. The level of permanent contacted staff is also rising as we are responding to both the pandemic demands and the Recovery & Redesign Plan.
- **Variable pay** trend is upward and is now 10.5% UHB-wide.
- **Voluntary resignation turnover** trend is rising; the rate is now 8.23% UHB wide. This doesn't include retirements, or the end of fixed-term contracts. There has been a 1% increase since December 2020, which equated roughly to an additional 130 WTE leavers. The top 5 reasons recorded for voluntary resignation are; 'Other/Not Known', 'Relocation', 'Work Life Balance', 'Promotion' and 'Health'.

Mohamed,Sarah
01/14/2022 16:06:02

- **Sickness rates** have risen steadily since April 2021, but the November rates are slightly lower than for October, at 7.42%. (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 reach or pass 8 – 8.5% before falling in February and March 2022. 8% sickness absence equates to almost 1,100 WTE staff absent from work each day.
- Compliance with **Fire training** is continuing to improve. In November the compliance with Fire training was 62%.
- By the end of November 65% of **consultant job plans** were under construction in the e-system.
- At 30th November 49% of staff (50% of frontline staff) have received the **flu vaccination**, against a target of 80%.

Actions taken:

A number of the actions taken to address the challenges we are currently facing and mitigate against the overview provided above (where necessary), have already been described for the Board in the Systems Resilience Briefing. These include the actions taken to support mass recruitment and deployment of staff to support the accelerated booster programme and our hospital wards; supporting managers with streamlining recruitment; the development of a retention strategy; and a myriad of health & wellbeing services available for our staff to access which have been bolstered by securing additional investment.

Other areas of activity worthy of note include:

- **New roles** are being developed, moving away from traditional roles with more focus on the skills that are needed to care for our population, e.g. Band 3 Support Worker role and Band 4 Assistant Practitioner role.
- Building **effective working relationships** with local authorities and social care colleagues to move towards more collaborative working as outlined in the Health & Social Care Workforce strategy.
- **Coaching and mentoring networks** being establishment, first phase commences with ward sisters and deputy ward sisters. A focus group to listen to staff close to retirement will commence in January 2022
- A **workforce engagement tool** has been procured which will be piloted in the New Year for our nursing workforce – aim is to improve engagement and retention.
- Introduced a framework to facilitate **agile working** and to provide guidance that is consistent across the UHB.
- **Educational infrastructure** agreed: CAV Centre of Excellence for Health Education (CAV-CEHE) hosting four academies within the Learning Education and development department

Mohamed,Sarah
01/14/2022 16:06:02

Quality and Safety

Nationally reportable incidents

Since the change in national reporting to the Delivery Unit in June 2021, across Wales there have been 274 reported NRIs (Nationally Reportable Incidents). Cardiff and Vale has reported 61 NRIs in that timeframe (22% of the total reported NRIs across Wales).

Of the 274 reported nationally, the top reported category of NRIs across Wales since June 2021 has been:

- Falls - 80
- Delayed Treatment – 59
- Pressure damage – 41
- Unexpected/unexplained death – 19
- Delayed diagnosis – 10

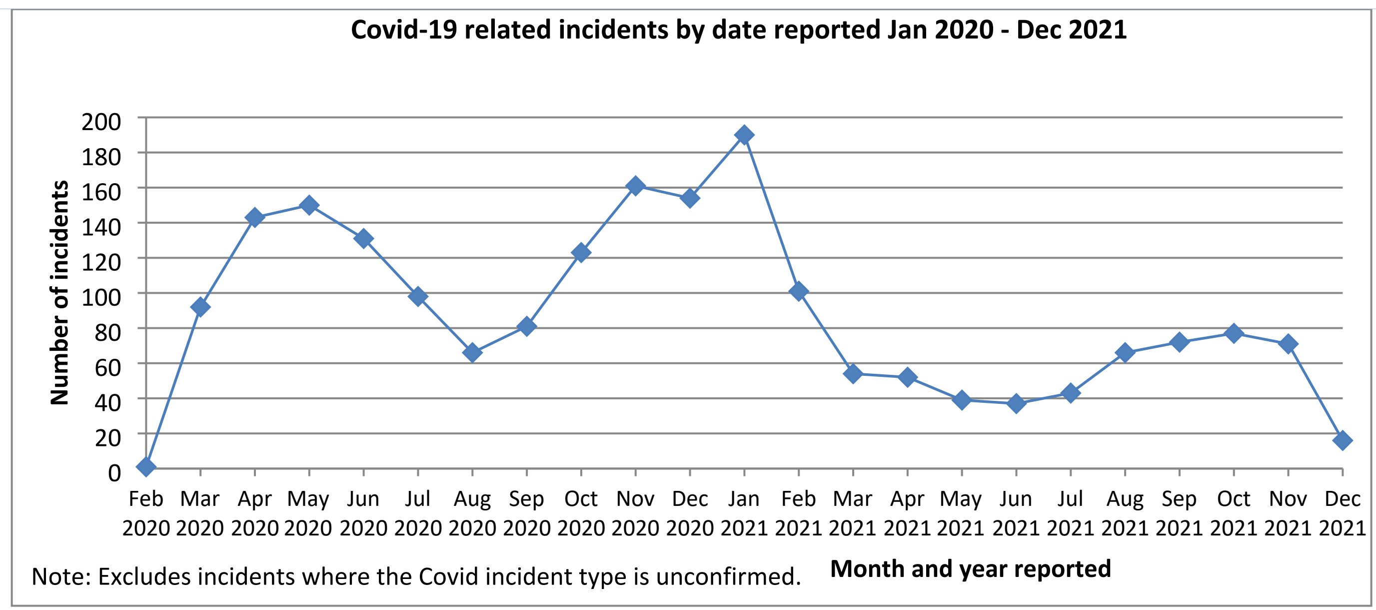
Within Cardiff and Vale, the top reported NRI categories within the 61 reported since June 2021, has been:

- Pressure ulcers – 20
- Patient Accidents/falls – 14
- Unexpected deaths – 8
- Delayed diagnostic processes/procedures – 5
- Delayed access/admission – 4

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

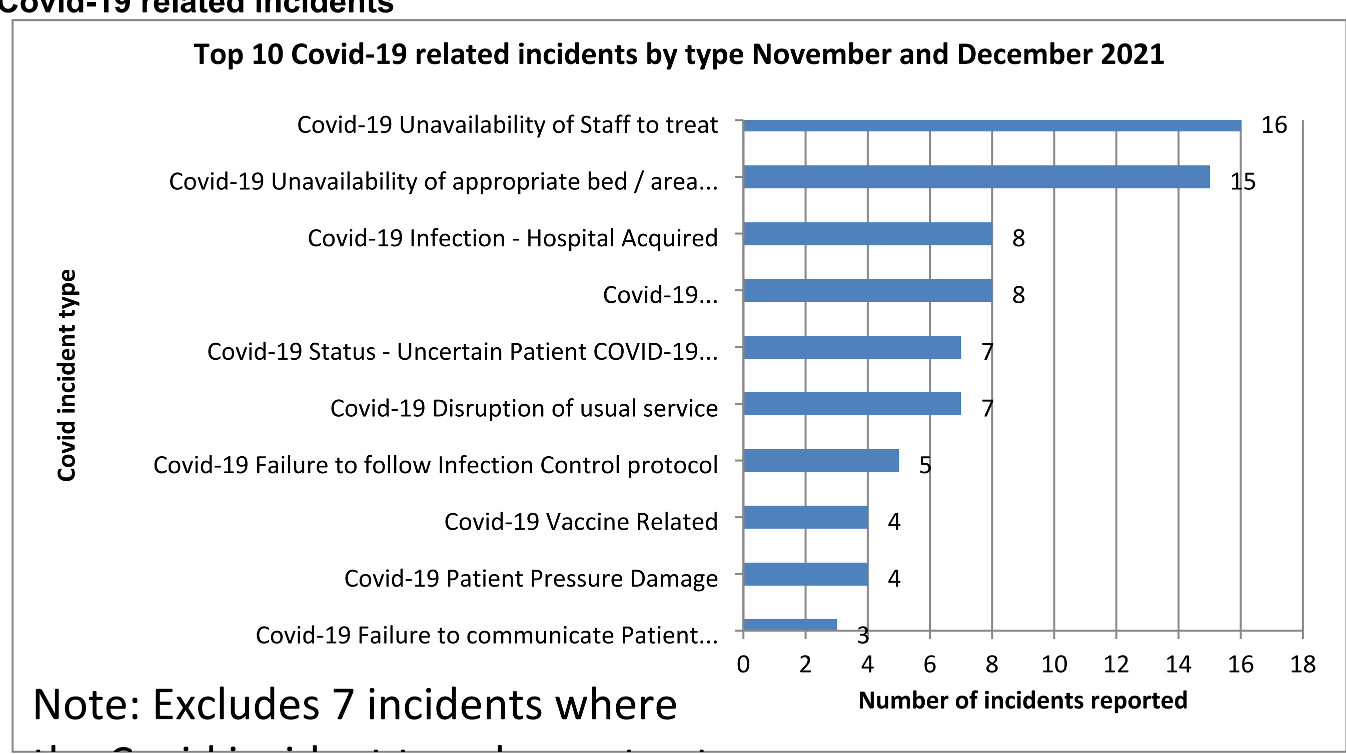
Covid-19 incidents - Examining the data, the number of patients admitted with COVID-19 had steadily increased to 424 in October 2021 from a low of 15 in May 2021 however has begun to decrease to 261 in December 2021.

Mohamed,Sarah
01/14/2022 16:06:02



This shows a peak in Covid related incidents in the spring of 2020 and again from November 2020. Covid related incidents dropped significantly in the spring of 2021. Covid related incidents has not reached the numbers reported in the first wave.

Covid-19 related incidents

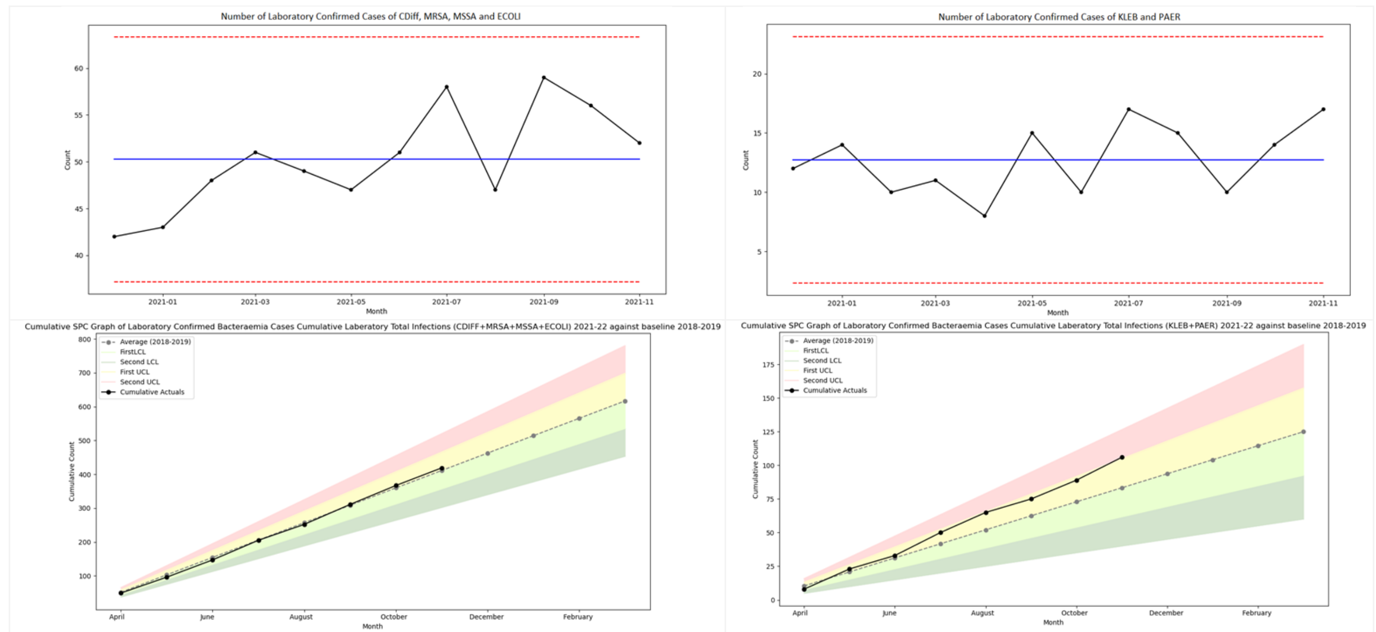


Covid- outbreak position – the current position is reported in a separate report to Board.

Hospital Infections – As at November-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 37% compared to baseline of Nov-18.

Holmes,Sarah
01/14/2022 16:06:02

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.

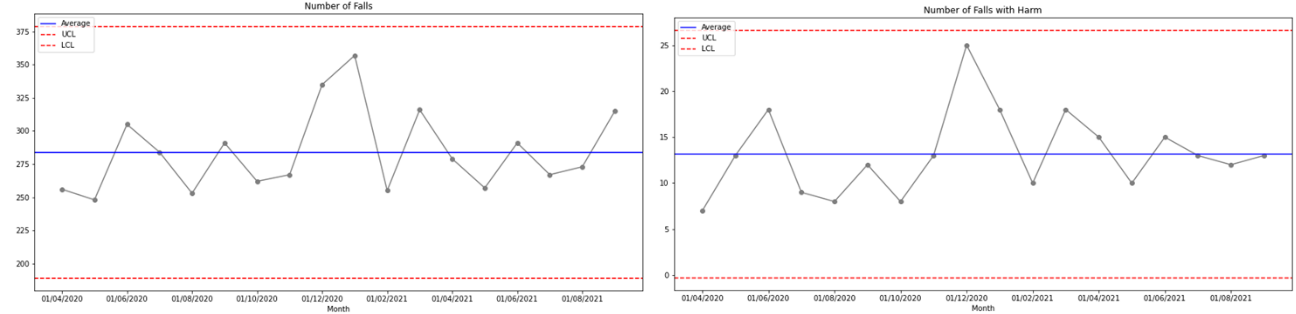


(For Individual Infection SPC Graph please see Appendix A)

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 –

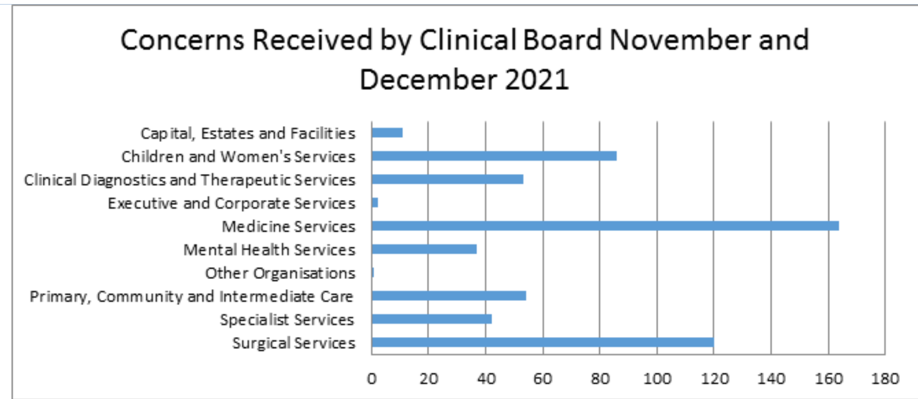
We have funded more staff in the IP+C team who will focus on audits of practice related to PVC insertion and ongoing management and review of the RCA's
with the relevant teams in the Clinical Boards

Slips, Trips and Falls -



Concerns –Patient Experience
During November and December we received 579 concerns – as received by Clinical Board in graph below with a significant number of concerns in medicine both Emergency unit and integrated medicine

Mohamed,Sarah
01/14/2022 16:06:02



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 88%.

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

Performance

Whilst the Health Board continues 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, current operational pressures are having an impact on performance against a number of key operational indicators.

Specific details of current operational system wide challenges are set out in a separate report to the Board - System Resilience.

There has been no change to national requirements for performance and waiting list reporting and published information since the last Committee meeting

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

- The Health Board continues to experience significant operational pressures, driven by our inability to achieve timely discharge of patients. Covid continues to add an increased level of complexity and uncertainty. Current operational pressures are having an impact on performance against a number of key operational indicators.
- Whilst the Health Board continues to monitor the position for key operational performance indicators, prioritisation of need and service delivery continues to be based on clinical prioritisation rather than time-based targets.
- Whilst headline performance on the Part 1a Mental Health measures is not compliant overall, CAMHs performance specifically is now above target. Demand for Mental Health Services continues to be high.

Planned Care

The total number of patients waiting for planned care and treatment, the ***Referral to Treatment (RTT)*** waiting list was 117,002 as at November 2021. The number of patients waiting for planned care and treatment ***over 36 weeks*** has increased to 39,782 at the end of November 2021. 56.9% of these are at new outpatient stage.

Mohamed,Sarah
07/14/2022 16:06:02

The number of patients waiting greater than 8 weeks for a **diagnostic** test was 7,459 at the end of November 2021. The number patients waiting over 14 weeks for ***Therapy*** was 1,412.

Referrals for patients with suspected ***Cancer*** have now returned to pre-Covid levels. During November 2021 54% of patients on the single cancer pathway were seen and treated within 62 days of the point of suspicion.

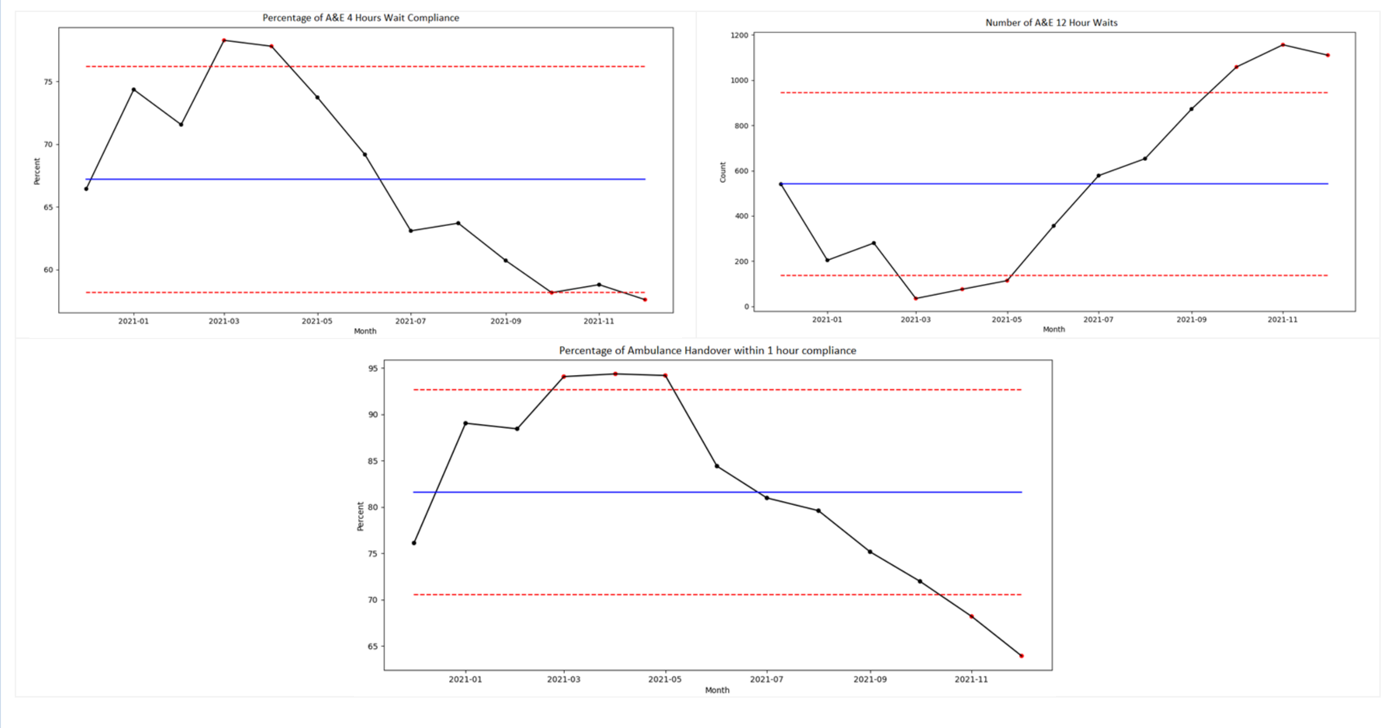
The overall volume of patients waiting for a ***follow-up outpatient*** appointment at the end of December 2021 was 172,804. 98% of patients on a follow up waiting list have a target date, above the national target of 95%. The number of follow up patients waiting 100% over their target date has reduced to 43,237.

95% of patients waiting for ***eye care*** had an allocated health risk factor in December 2021. 68.7% 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 1,369 referrals in November 2021. Part 1a: The percentage of Mental Health assessments undertaken within 28 days increased to 33% in November 2021 and 85% for CAMHs. Part 1b: 99% of therapeutic treatments started within 28 days following assessment at the end of November 2021.

Unscheduled Care

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



Mohamed,Sarah
01/14/2022 16:06:02

Population Health

Smoking Cessation

- 2020-2021 all 'Treated Smokers' ('attended' at least one appointment) were supported by telephone only and this has continued, with on-going review throughout 2021-2022 to date
- 2020-2021 all 4 week quits were self-reported and this has continued, with on- review throughout 2021-2022

Mohamed,Sarah
01/14/2022 16:06:02

Appendix A – Infection Control Supporting SPC Graphs

Please note: All graphs have been produced using the XMR methodology

Number of Laboratory Confirmed Cases of ECOLI

Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Infections ECOLI 2021-22 against baseline 2018-2019

Number of Laboratory Confirmed Cases of CDiff

Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Infections Cdiff 2021-22 against baseline 2018-2019

Number of Laboratory Confirmed Cases of MRSA

Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Infections MRSA 2021-22 against baseline 2018-2019

Number of Laboratory Confirmed Cases of MSSA

Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Infections MSSA 2021-22 against baseline 2018-2019

Number of Laboratroy Confirmed Cases of Klebsiella

Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Infections KLEB 2021-22 against baseline 2018-2019

Number of Laboratory Confirmed Cases of Aeruginosa

Cumulative SPC Graph of Laboratory Confirmed Bacteraemia Cases Cumulative Laboratory Infections PAER 2021-22 against baseline 2018-2019

Average (2018-2019)
FirstLCL
Second LCL
First UCL
Second UCL
Cumulative Actuals

Count
Cumulative Count
Month

Mohamed Sarah
01/14/2022 16:06:02

Report Title:	Audit and Assurance Arrangements						Agenda Item no.	7.1
Meeting:	Board						Meeting Date:	27th January 2022
Status:	For Discussion		For Assurance		For Approval		For Information	
Lead Executive:	Director of Corporate Governance							
Report Author (Title):	Director of Corporate Governance							

Background and current situation:

Within the Health Boards Standing Orders and Scheme of Reservation the Board is required to approve the Health Boards audit and assurance arrangements.

The following arrangements for Audit and Assurance are in place at Cardiff and Vale University Health Board:

(a) Internal Audit
(b) External Audit
(c) Committees of the Board
(d) Corporate Governance Directorate

Each of these provide the Board with various levels of audit and assurance and it is important that these are identified and then reflected in practice.

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

This report details the Audit and Assurance arrangements in place which the Health Board are required to approve.

In summary the Audit arrangements are delivered by the Internal Auditors and Audit Wales with the Audit and Assurance Committee regularly reviewing and scrutinising these arrangements.

Assurance is provided to the Board via a number of mechanisms but mainly through its Governance Structure provided by the Committees reporting to the Board and the Corporate Governance Directorate.

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

(a) Internal Audit

NWSSP Audit & Assurance Services provides professional audit and assurance services to all NHS organisations in Wales. The function is headed by a Director of Audit & Assurance with a named Head of Internal Audit assigned to each local organisation. This model enables bodies to enjoy a service responsive to local organisation needs and priorities whilst conforming to mandatory standards and industry best practice in terms of operating frameworks, policies and

Mohamed,Sarah
01/14/2022 16:06:02

protocols. Further information about the NWSSP Audit & Assurance Services is available from their website.

The overall framework within which Internal Audit provides a flow of assurance to the Accountable Officer and the Board has also been developed and strengthened. Key to this is the introduction of the Public Sector Internal Audit Standards (PSIAS). The standards applied to all public bodies with effect from 1 April 2013 and replaced the Internal Audit Standard for the NHS in Wales published in 2009.

The Standards, are based on the mandatory elements of the Institute of Internal Auditors (IIA) International Professional Practices Framework (IPPF), and are intended to promote further improvement in the professionalism, quality, consistency and effectiveness of internal audit across the entire public sector. They reaffirm the importance of robust, independent and objective internal audit arrangements to provide the Accountable Officer with the key assurances they need to support them both in managing the organisation and in producing the Annual Governance Statement.

The work of internal audit is overseen by an Audit and Assurance Committee set up by the Board to consider audit matters, and this Committee is responsible for advising the Board on the effectiveness of the internal audit function. The work of the Audit Committee follows the guidance set out in the NHS Wales Audit Committee Handbook.

Internal Audit provides assurance to the Board through the Audit and Assurance Committee by the delivery of an Internal Audit Plan. The plan is a risk-based plan and covers the entire work of the Health Board. This work is culminated in the Head of Internal Audit Opinion which forms part of the Annual Governance Statement and is reported to, and approved by the Board as part of the Annual Report and Accounts at the end of each financial year.

(b) External Audit – Audit Wales

The Auditor General is the statutory external auditor of most of the Welsh public sector. This means that he audits the accounts of County and County Borough Councils, Police, Fire and Rescue Authorities, National Parks and Community Councils, as well as the Welsh Government, its sponsored and related public bodies, the Senedd Commission and National Health Service bodies.

The Auditor General's role includes examining how public bodies manage and spend public money, including how they achieve value in the delivery of public services. The Auditor General publishes reports on that work, some of which are considered by the Welsh Parliament's Public Accounts Committee. He also reports every year on how well individual local authorities are planning for improvement.

Audit Wales take this responsibility seriously. In order to provide assurance to taxpayers, they are subject to independent scrutiny in a number of ways:
Audit Wales accounts are audited by an independent firm appointed by the Welsh Parliament. Each year, they present an estimate of the income and expenses of Audit Wales for the next financial year to the Welsh Parliament for approval.

Audit Wales provide external assurance to the Board through two key pieces of work:

Mohamed Sarah
01/12/2022 16:06:02

The Structured Assessment and the Annual Report to the Board from the Auditor General for Wales.

The 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. This year's Structured Assessment was reviewed in draft at the Board Development session in November 2021 and is due to be presented to the Audit Committee in February 2022 before being published on Audit Wales's website.

This Annual report from Audit Wales summarises the findings from the 2021 audit work at Cardiff & Vale University Health Board undertaken to fulfil the Auditor General responsibilities under the Public Audit (Wales) Act 2004.

That Act requires the Auditor General to:

- Examine and certify the accounts submitted to him by the Health Board, and to lay them before the Senedd;
- satisfy himself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
- satisfy himself that the Health Board has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources.

The findings of the Annual Report are detailed under the following headings:

- Audit of accounts
- Arrangements for securing economy, efficiency, and effectiveness in the use of resources

This Year's Annual Report from the Auditor General for Wales will be presented to the Board in January 2022.

A self asssessment by Audit and Assurance Committee Members was also undertaken of the services provided by Internal Audit and Audit Wales. It was reported to the Audit and Assurance Committee in November 2021. The results for both sets of Auditors were positive and provide the Board with further assurance on this area of work.

(c) Committees of the Board

Under Standing Order 3.1 The Board may, and where directed by Welsh Ministers must appoint Committees to the Board to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions.

Under Standing Order 3.4 The Board shall establish a Committee that 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

Mohamed Sarah
01/14/2022 16:06:02

The Board has established the following statutory Committees of the Board in order to deliver the above requirement:

- Audit and Assurance Committee
- Charitable Funds Committee
- Remuneration and Terms of Service Committee
- Mental Health and Capacity Legislation Committee
- Digital Health Intelligence Committee
- Quality, Safety and Experience Committee

In addition to these Committees the Board has also approved the establishment of the following further Committees:

- Finance Committee
- Health and Safety Committee
- Strategy and Delivery Committee
- Future Hospitals Committee

Committees of the Board provide assurance on areas of their work by reporting to the Board via a Chair of the Committee report after each meeting of the Committee to the next available Board Meeting. In addition to this, and once approved by the Committee, minutes of each Committee of the Board are also presented to the Board for ratifying.

The work of each Committee of the Board is culminated in an Annual Report to the Board from the Committee which then feeds into the Annual Report for the Health Board.

In addition to the above there is a process of regular and rigorous self-assessment of the Boards own performance and evaluation in addition to that of the Committees. These results are reported to the respective Committees along with any actions for improvement to the Board.

(d) Corporate Governance Directorate

The Corporate Governace Directorate, led by the Director of Corporate Goverance also provides the Board, and wider organisation, with assurance in a number of areas. These include :

(i) Risk Management and Board Assurance Framework (BAF) Strategy

The Risk Management and BAF Strategy covers the management of strategic and operational risks and the process for the escalation of risks for inclusion on the BAF.

The Risk Management and BAF Strategy is intended to cover all the potential risks that the organisation could be exposed to. A Risk Management Procedure has been produced as a subordinate adjunct to this strategy.

The Board review the BAF at each meeting of the Board. In addition to this various risks from the BAF, which align to the Committees of the Board, are reported and reviewed at each Committee. This enables the Committees to provide further assurance to the Board that the risks upon the BAF are being managed and mitigated as far as practicably possible.

Mohamed Sarah
01/12/2022 16:06:02

The Corporate Risk Register is also presented to the Board and cross referenced to the BAF. The Corporate Risk Register enables the Board to have oversight of operational risks rated with a score of 20 and above.

The Risk Management and Board Assurance Framework Strategy was last approved by the Board in July 2021.

(ii) Assurance Strategy

The Assurance Strategy was first presented to, and approved by, the Board in September 2021 with a recommendation to approve from the Audit and Assurance Committee having been presented to that Committee before the Board.

The implementation of the Assurance Strategy will achieve the following:

- Provides confidence in the operational working of the Health Board.
- Maximises the use of resources available in terms of audit planning, avoiding duplication of effort.
- Ensures assurances are appropriately gathered, reported and that the governance structure is working as intended
- Identifies any potential gaps in assurances relating to key risks and key controls, and that these are understood and accepted or addressed as necessary
- Supports the preparation of the Annual Governance Statement within the Annual Report and regular assurance reports to the Audit and Assurance Committee.

(iii) Internal Audit Recommendation Tracking

All recommendations made by our Internal Auditors through Internal Audit Reports are tracked by the Directorate. A report is presented to each meeting of the Audit and Assurance Committee on progress against actions.

(iv) Audit Wales Recommendation Tracking

All recommendations made by Audit Wales through their reports are tracked by the Directorate. A report is presented to each meeting of the Audit and Assurance Committee on progress against actions.

(v) Regulatory Compliance Tracking

A Regulatory Compliance Tracking report is presented to each meeting of the Audit and Assurance Committee. The tracker provides the following details:

- All Regulatory Bodies that have active recommendations with the Health Board. Also contained within the tracker are the details of Regulatory Bodies that have previously inspected the Health Board despite there being no live recommendations. This is to ensure that the tracker remains a comprehensive list of all potential regulatory bodies.
- The Regulatory Standard which is being inspected is listed where this information is available.

Mohamed Saleh
01/14/2022 16:08:02

- The Lead Executive in each case is detailed as is the accountable operational lead so that it is clear who is responsible for completion of the recommendation at an executive and operational level.
- The Assurance Committee where any inspection reports will be presented along with any action plans as a result of inspection. This column, coupled with the comments section, provides assurance to the Committee that progress against and compliance with recommendations is being routinely monitored and scrutinised.
- A Red, Amber, Green (RAG) rating that highlights where the recommendation sits against the agreed implementation date.

In addition to the above the below updates are also shared in relation to the Health Board's Management of Welsh Health Circulars (WHCs) and Patient Safety Solutions: Alerts and Notices (PSN's). Separate Tracker documents are held for the monitoring of WHC's and PSN'S .

Recommendation:

The Board are requested to:

(a) **Approve** the arrangements in place for Audit and Assurance as set out in the report.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention	✓	Long term		Integration		Collaboration		Involvement	

Equality and Health Impact	~~Yes / No /~~ Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

Mohamed Sarah
01/14/2022 16:08:02

Assessment Completed:	

Mohamed,Sarah
01/14/2022 16:06:02

Report Title:	People and Culture Plan					Agenda Item no.		
Meeting:	Board					Meeting Date:	27.01.22	
Status:	For Discussion	x	For Assurance		For Approval	x	For Information	
Lead Executive:	Executive Director of People and Culture							
Report Author (Title):	Workforce Governance Manager							

Background and current situation:

At Cardiff and Vale UHB (the UHB) we pride ourselves on being a great place to train, work and live; with inclusion, wellbeing and development at the heart of everything we do. We know that in order to meet our population's health and care needs effectively we are completely dependent on our workforce. However, we cannot achieve this by things remaining the way they are. We need to transform the way we attract, train, develop and support our workforce through a culture of compassionate and inclusive leadership with a focus on wellbeing at the core. The People and Culture Plan is our opportunity to improve the experience of staff, to ensure the improvements we have made over recent years continue, and to confront the challenges which have arisen as a result of the pandemic and subsequent recovery period. By achieving this we know that we will also improve the experience and outcomes of the people we care for.

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

The People and Culture Plan sets out the actions we will take over the next three years, with a clear focus on improving the wellbeing, inclusion, capability and engagement of our workforce.

Detailed objectives have been developed which accompany this Plan. They describe how we will achieve these ambitions and milestones have been put in place to progress the agenda. Some of what is set out in this Plan is already underway but we will build on and expand current practice to make sure that we do things better. Other proposals are new and will require us to think differently to transform the way we work to meet the challenges we face.

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

CONTEXT

The People and Culture Plan is part of Shaping Our Future Workforce, which is an enabling programme linked to Shaping Our Future Wellbeing and the strategic portfolios which support it. It is aligned with the Operational plan; thereby ensuring a whole-system approach, that is working at pace to achieve the greatest positive impact, and can adapt to rapid service change and workforce pressures. In addition to this it is aligned to a number of key national and local strategic documents, including A Healthier Wales: our Workforce Strategy for Health and Social Care and the IMTP, and consideration is given to the regulatory and legislative requirements of

Mohamed,Sarah
01/14/2022 16:06:02

the Wellbeing of Future Generations Act, Equality legislation and the Welsh Language Standards etc.

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 maintain essential services and manage any additional demands, including seasonal pressures and the backlogs created during the pandemic; all while remaining Covid-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 of this the demographic of our workforce also needs to change, and we must adjust the way we recruit, retain and support our people. We must know and understand the shape of our workforce if we are to successfully monitor and revise plans that result in the right workforce at the right time, enabling and empowering the workforce to work to the 'top of their licence' or scope of practice.

ABOUT THE PLAN

This plan is built around 7 themes which are based on the those set out in the Workforce Strategy for Health and Social Care, with an added emphasis on retention in theme 3 to recognise the importance of retaining our workforce as well as recruiting new people:

1. **Seamless workforce models** - to support the integration of Health and Social Care services, to deliver a seamless, coordinated approach from different providers, based on outcomes that matter to the person
2. **Engaged, motivated and healthy workforce** - to have a workforce that feels valued and supported wherever they work
3. **Attract, recruit and retain** - to recruit and retain the right people with the right skills
4. **Building a digitally ready workforce** - to have a workforce that is digitally ready: one which has both the technology available and skills to utilise this effectively and enhance their ways of working
5. **Excellent education and learning** - to ensure that education and development of the workforce remains a key priority, with an equitable approach to education provision and support for those who have additional learning need
6. **Leadership and succession** – to help our leaders embody collective, compassionate and inclusive leadership
7. **Workforce supply and shape** - to have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population.

Each theme has a Workforce and OD lead who has worked closely with a named staff (Trade Union) representative. The People and Culture Plan can only be delivered through engagement and partnership working with our workforce. We are committed to listening to them and will work closely with staff representatives in the development, implementation and monitoring of the schemes, projects and actions contained within this Plan.

Monitoring of the Plan will take place through a number of channels:

Mohamed,Sarah
01/07/2022 10:06:02

- In depth progress updates between the theme leads and the Executive Director of People and Culture, using flash reports to identify focus to date, next steps and any potential barriers/risks to delivery which require Executive intervention
- High level progress updates to the Strategic Programme Portfolio Steering Group
- Assurance and exception reporting to the Strategy and Delivery Committee at agreed intervals

Attached as **Appendix 1** is the final draft Plan, describing our ambitions for each of the seven themes, the challenges faced and what we will do to address them.

Also attached as **Appendix 2** is one set of the objectives which accompany the plan and set out how we will achieve these ambitions as an example for the Board, and **Appendix 3** which is an example Flash Report.

Recommendation:

The Board is asked to:-

a) to approve the draft People and Culture Plan 2022-25, as attached to this report.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term		Integration		Collaboration		Involvement	

Mohamed,Sarah
07/14/2022 16:06:02

Equality and Health Impact Assessment Completed:	No

Mohamed Sarah
01/11/2022 16:06:02

Report Title:	**Proposal to extend Overseas Nurse Recruitment Campaign**							
Meeting:	Board					**Meeting Date:**	January 2022	
Status:	**For Discussion**		**For Assurance**		**For Approval**	**X**	**For Information**	
Lead Executive:	Executive Director of People & Culture							
Report Author (Title):	**Director of Nursing for Strategic Nursing Workforce and Assistant Director of Workforce Resourcing**							

Background and current situation:

The current climate has created a shortage of candidates with the right skills, abilities and experience in many professions which has created a more competitive market. The ability to deliver high quality, compassionate care is dependent on recruiting and retaining the right people with the right skills. This has become increasingly difficult. In addition to recruiting new people, the UHB needs to improve how it retains, manages and develops its existing workforce.

These challenges are compounded for the nursing profession by the ongoing national shortage which has resulted in large scale vacancies and an increase in turnover.

Over the past few years the organisation has successfully recruited and retained over 200 Overseas Nurses and there are a further 90 nurses to arrive following approval by the Board last September to recruit a further cohort.

The Overseas Nurse Recruitment campaign supported the reduction of vacancies, unfortunately the pandemic has had a negative impact on some staff working in the NHS which has resulted in higher vacancies and turnover. Additional capacity that was opened during the first and second wave remains open and the 50 extra winter beds have opened in the form of 2 Transitional Care Units and a ward in LSW.

High levels of vacancies, turnover and sickness absence also make the Recovery and Redesign more challenging from a workforce perspective.

The current vacancy position for band 5 and 6 Nurses across the UHB is 322 WTE, turnover is 11.15% and sickness absence 8.3%. Whilst there is work ongoing to improve all these aspects, we know that we cannot rely purely on graduate, local and national recruitment campaigns to fill this high level of vacancies.

The purpose of this paper is to request formal Board approval to recruit a further 135 registered nurses from overseas as part of the All Wales recruitment campaign with the Welsh Government which is supported by Director General and CNO. It is the intention to start interviewing suitable candidates within 2 weeks and make appointments prior to the end of this financial year to ensure that this initiative will be funded through slippage monies.

The breakdown of numbers by Clinical Board is; -
Medicine Clinical Board – 60
Surgery Clinical Board – 30 general and 10 peri-operative
Children and Women Clinical Board 1 Gynaecology, 1 Maternity theatre and 2 Neonatal ICU/Paediatric ICU
Specialist Services Clinical Board – 25 Critical Care and 6 Neurosciences

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

The campaign is designed to support the requirement for registered nurses as there is a known national shortage of registered nurses in the UK, as outlined previously. The recruitment of Overseas Nurses has supported the following:

- Safe staffing levels support the Health Board's objectives of excellent outcomes; great experience; empowered skilled staff and high productivity.
- Safe staffing levels are key to ensuring patient safety and high quality patient experience as referenced within the Nurse Staffing Levels (Wales) Act 2016.
- Recruiting to permanent vacancies will reduce pressure our own staff are currently experiencing; especially during the current climate; supporting winter pressures and COVID-19. In considering this request it is important to consider the health and wellbeing of all nursing staff

Our ambition is to introduce overseas nurse recruitment into our Recruitment & Retention strategy for the next 5 years.

If agreed the nurses will join us through the summer of 2022, it cannot be underestimated how important these nurses will be to the UHB when considering winter staffing for 2022

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

Costs

International nurse recruitment is moving to a Once for Wales model supported by NWSSP with a procurement exercise to award the contract framework to suitable agencies, with agency fees to be recharged to NWSSP which will then in turn be recharged to UHBs. The estimated recharge is based on a current best estimate of agency fees of £10k per nurse.

This would be expected to include agency fees, visa, flights, accommodation, OSCE and NMC registrations but does not include supernumerary costs during OSCE training programme. We will need to work closely with NWSSP to ensure there is clarity as to what is included within the agency fee and any subsequent impact to estimated contract costs.

It is proposed that we commission a further international recruitment cohort of 135 individuals at an estimated cost of £1.350m excluding supernumerary costs. Supernumerary costs are estimated to be £4.5k per individual based on a duration of 12 weeks at a band 4.

There does appear to be some level of risk regarding the turnaround time and the ability for these nurses to be recruited and invoiced by 31st March that would in turn lead to a financial risk in 2022/23.

Mohammed Sarah
01/12/2022 16:06:02

Recruiting international nurses provides for a more sustainable solution to underpin the financial framework identified within the IMTP; so that we reduce reliance on agency nurses at expensive premium rate and continue to monitor workforce costs.

The Once for Wales model is currently in its infancy with still a lot of work to be done, therefore, there is a risk that not all of the 135 nurses will be appointed to by 31 March 2022. The current thinking is the UHB will pay the agency fees on appointment, and if the Nurse for whatever reason does not arrive – the agency will replace the appointment with another Nurse. That way we should be able to make the payments before the end of this financial year. It should be noted that the majority of costs are anticipated to be accounted for in the 21/22 financial year. However, if some of the appointments cannot be made within this timeframe, slippage money will not be used in its entirety resulting in more cost pressure 2022-2023 to continue recruitment of Overseas nurses. The Board may wish to consider only giving approval to recruit those numbers that can be paid for within this financial year however, this would impact on the UHB's ability to safely staff the wards for the winter of 2022/23.

The table in Appendix 1 shows our current position in regards to:

- Number of staff in post required to staff the current and future wards
- Current and forecasted position for vacancies, turnover and sickness absence.
- Supply: known and forcasted position with recruitment.

A number of assumptions have been made when forcasting the position from April 2022 to December 2022, they are as follows:

- Graduate Recruitment will continue at the rate that we have seen in 2021;
- Turnover will reduce to 9% from April 2022;
- Sickness absence will reduce by 1% from April 2022;
- It is not anticpated that variable pay will reduce but fill rate will improve which will have a positive impact on the quality of patient care, staff engagement and the health and wellbeing of our staff.
- The nursing workforce requirements do not include any additional band 5/6 posts to support the Recovery & Redesign Plan.

It is also important to note that recruitment of our overseas nurses should be viewed as an investment as opposed to a cost. History tells us that nurses who relocate from overseas to work in Cardiff & Vale UHB do so because they want to live in the city, they build communities and create a sense of belonging which is positive for the Health Board in regards to retention. Investing in the nurse also has added benefits, for example we have recruited spouses into HCSW roles and where possible we will also support them to transition into an NMC RN.

There is significant evidence that retaining skilled and competent staff improves patient experience, the overall quality of patient care and staff satisfaction (Kings Fund 2016).

Recruiting in this way also supports our strategic direction to increase the diversity of our workforce and supports our ambition to be an inclusive employer, creating an organisation where staff feel they belong.

It is requested that the Board confirm central slippage funding for this cohort of Overseas Nurses.

Moomen, Sarah
07/14/2022 16:45:02

Recommendation:

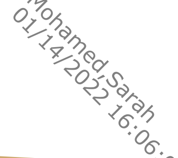
The Board is asked to:

1. **Approve** (i) the proposed recruitment of 135 overseas nurses and (ii) the associated budget of £1.35 million and associated supernumerary costs of around £4.5k per nurse as set out in the body of the report.

Shaping our Future Wellbeing Strategic Objectives *This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report*			
1. Reduce health inequalities	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	
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	X	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term		Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*



CARING FOR PEOPLE
KEEPING PEOPLE WELL

Appendix One – Workforce Data

Current & Predicted Nursing Workforce Position																			
Band 5 & 6 Nursing & Midwifery																			
		(Actual)					(Predicted)				Forecast								
		Jul-21	**Aug-21**	**Sep-21**	**Oct-21**	**Nov-21**	**Dec-21**	**Jan-22**	**Feb-22**	**Mar-22**	**Apr-22**	**May-22**	**Jun-22**	**Jul-22**	**Aug-22**	**Sep-22**	**Oct-22**	**Nov-22**	**Dec-22**
Demand	Baseline Staffing Level	3494.26	3646.37	3646.37	3657.74	3589.53	3635.03	3635.03	3635.03	3635.03	3635.03	3550.17	3550.17	3550.17	3550.17	3550.17	3550.17	3550.17	3550.17
Known additional capacity	Additional capacity open but not in ESR	152.11		11.37	35.89	7.90													
	Winter Plan					37.60													
	Required Staffing Level - Including known additional capacity	3646.37	3646.37	3657.74	3693.63	3635.03	3635.03	3635.03	3635.03	3635.03	3635.03	3550.17	3550.17	3550.17	3550.17	3550.17	3550.17	3550.17	3550.17
	Vacancy Gap	**457.70**	**468.57**	**489.34**	**453.45**	**368.14**	**313.50**	**322.36**	**324.14**	**332.91**	**314.67**	**236.86**	**251.86**	**256.72**	**261.53**	**266.31**	**205.04**	**143.31**	**79.12**
	Band 5 & 6 WTE SIP	**3188.67**	**3177.80**	**3168.40**	**3240.18**	**3266.89**	**3321.53**	**3312.67**	**3310.89**	**3302.12**	**3320.36**	**3313.31**	**3298.31**	**3293.45**	**3288.64**	**3283.86**	**3345.13**	**3406.86**	**3471.05**
	Vacancy %	**12.55%**	**12.85%**	**13.38%**	**12.28%**	**10.13%**	**8.62%**	**8.87%**	**8.92%**	**9.16%**	**8.66%**	**6.67%**	**7.09%**	**7.23%**	**7.37%**	**7.50%**	**5.78%**	**4.04%**	**2.23%**
	Predicted Leavers based on 11.15% turnover, then 9% from Apr-22						30.35	30.86	30.78	30.76	24.77	29.05	28.99	28.86	28.82	28.78	28.73	29.27	29.81
	Expected Joiners - Supply																		
Supply	UK & Local Recruitment							2.00	2.00	2.00	3.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
	Graduate Nurse Recruitment						68.00	13.00	10.00		20.00						66.00	66.00	68.00
	Requested Overseas Recruitment - All Wales contract x 135													22.00	22.00	22.00	22.00	23.00	24.00
	Agreed Overseas Recruitment x 90						17.00	7.00	17.00	20.00	20.00	20.00	12.00						
	Predicted Band 5 & 6 starters and Leavers						**54.65**	**-8.86**	**-1.78**	**-8.76**	**18.23**	**-7.05**	**-14.99**	**-4.86**	**-4.82**	**-4.78**	**61.27**	**61.73**	**64.19**
Sickness	Monthly Sickness Rates	7.25%	7.63%	9.07%	9.75%	8.92%	10.00%	10.50%	9.00%	8.50%	8.00%	8.00%	8.00%	8.00%	8.00%	8.00%	8.00%	8.00%	8.00%
	Sickness Establishment Uplift	4.30%	4.30%	4.30%	4.30%	4.30%	4.30%	4.30%	4.30%	4.30%	4.30%	4.30%	4.30%	4.30%	4.30%	4.30%	4.30%	4.30%	4.30%
	B5 & B6 Sickness above uplift profiled to Mar, 8% from Apr	94.07	105.82	151.13	176.59	150.93	189.33	205.39	155.61	138.69	122.85	122.59	122.04	121.86	121.68	121.50	123.77	126.05	128.43
Maternity	B5 & B6 Maternity 4% Ave	119.02	123.88	126.60	135.89	139.58	132.86	132.51	132.44	132.08	132.81	132.53	131.93	131.74	131.55	131.35	133.81	136.27	138.84
Other Absence	B5 & B6 Self-Isolation etc 1.7% Ave	48.53	40.63	55.82	59.43	41.07	56.47	56.32	56.29	56.14	56.45	56.33	56.07	55.99	55.91	55.83	56.87	57.92	59.01
Total of Absences		**261.61**	**270.33**	**333.55**	**371.92**	**331.58**	**378.65**	**394.21**	**344.33**	**326.91**	**312.11**	**311.45**	**310.04**	**309.58**	**309.13**	**308.68**	**314.44**	**320.24**	**326.28**
	Vacancy Gap extended by Absence	**719.31**	**738.90**	**822.89**	**825.36**	**699.73**	**692.15**	**716.57**	**668.47**	**659.82**	**626.78**	**548.31**	**561.90**	**566.30**	**570.67**	**574.99**	**519.48**	**463.56**	**405.40**
	% Overall Vacancy Gap	**19.73%**	**20.26%**	**22.50%**	**22.35%**	**19.25%**	**19.04%**	**19.71%**	**18.39%**	**18.15%**	**17.24%**	**15.44%**	**15.83%**	**15.95%**	**16.07%**	**16.20%**	**14.63%**	**13.06%**	**11.42%**

Mohamed Sarah
01/14/2022 16:06:02

CORPORATE RISK REGISTER SUMMARY JANUARY 2022

Risk Ref	Risk (for more detail see individual risk entries)	Clinical Board / Corporate Directorate	Link to BAF	Initial Risk Score	Risk Score November 21	Risk Score January 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 Assets	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 Assets	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 Assets	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 Assets	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 Staff Wellbeing	5x4=20	5x4=20	5x4=20	→	5x1=5
6	Risk of disruption to Immunisation services due to impending expiry of leases at the STAR and Bayside vaccination centres.	Estates	Patient Safety Capital Assets	5x4=20		5x4=20	→	5x1=5
8	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	→	5x2=10
9	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	→	5x2=10
10	Risk of overcrowding in the Emergencey 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	→	5x2=10
14	Risk to the health and wellbeing of a minor inpatient following admission to adult mental health services	Mental Health	Patient Safety	5x5=25	5x4=20	5x4=20	→	5x2=10
15	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
16	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
17	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
21	Risks to harm to haematology patienst (including bone marrow transplant) due to cross infection hazards created by an inadequate clinical environment.	Specialist Services	Planned Care Capacity	5x5=25	5x4=20	5x4=20	→	5x1=5
22	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
23	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
11	Risk of harm to mothers and babies due to delay and/or interuption to induction of labour due to inadequate staffing levels.	Children & Womens	Patient Safety	4x5=20	4x5=20	4x4=16	↓	4x2=8
12	Risk to quality of service and Health Board reputation following suspension of homebirth services due to inadequate staffing levels.	Children & Womens	Sustainable Primary and Community Care	4x5=20	4x5=20	4x4=16	↓	4x2=8
13	Risk to quality of service and Health Board reputation following the closure of the Midwifery Led Unit (MLU) due to inadequate staffing levels.	Children & Womens	Planned Care Capacity	4x5=20	4x5=20	4x4=16	↓	4x2=8
7	Risk that Medicine CB will be unable to provide meaningful evidence of the harm sustained by patients and staff as a result of Healthcare acquired Covid-19 outbreaks for the purpose of impending investigations and a public inquiry that could result in regulatory sanction.	Medicine	Planned Care Capacity	5x5=25	5x4=20	5x3=15	↓	5x2=10

Mohammed Sarah
01/14/2022 16:06:02

18	Ongoing maintenance and health and safety issues in the BMT offices create risks to employee safety, damage to UHB property and service disruption.	Specialist Services	Capital Assets Workforce	5x4=20	5x4=20	5x3=15	↓	5x2=10
19	Potential for increased mortality and morbidity of cardiac patients on cardiac surgery waiting list	Specialist Services	Patient Safety Planned Care Capacity	5x4=20	5x3=15	5x3=15	→	5x1=5
20	Risk to patient safety due to temporary closure of Neurology Telemetry Service	Specialist Services	Planned Care Capacity	5x4=20	5x4=20			5x2=10

Mohamed,Sarah
01/14/2022 16:06:02

Report Title:	Corporate Risk Register						
Meeting:	Public Board Meeting				Meeting Date:	27th January 2022	
Status:	For Discussion	✓	For Assurance	✓	For Approval	✓	For Information
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Head of Risk and Regulation						

Background and current situation:

The Corporate Risk Register has been developed to 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 now has oversight of strategic risks via the Board Assurance Framework and extreme Operational Risks (Corporate Risk Register) for the Health Board.

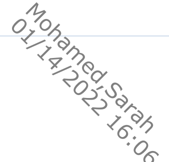
The Corporate Risk Register Summary is attached at Appendix A. The Board are asked to note that the Corporate Risk Register Board Summary lists risks in order of highest to lowest risk scores, whilst retaining reference numbers from the Detailed Corporate Risk Register to enable cross referencing between the two documents. The detail of each risk listed is also discussed and reviewed at the appropriate committees of the Board.

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

The Risk and Regulation Team ("the Team") continue to work alongside Clinical Boards and Corporate Directorates to ensure that risks are clearly defined and appropriately scored in line with the Health Board's Risk Management Strategy and Procedure.

Since the last report to Board the Team's predominant focus of support to Clinical Boards/Corporate Directorates has been advice and guidance to risk leads/risk owners in their assessment and management of complex risks.

Operating within the 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.



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

There are currently 23 Risks on the Corporate Risk Register. Three of these risks are new entries (Risks 8, 9 and 10) and there are thirteen risks (1, 2, 3, 4, 5, 6, 14, 15, 16, 17, 21, 22, 23) that are unchanged and will continue to be recorded on the Register beyond January's Board meeting. Risk 19 has also maintained it's score of 15 but will be removed from the Register as it is scored less than 20. Five risks have reduced in score (7, 11, 12, 13, 18) and one (20) has closed since the last report in November 2021.

Candidate risks were accepted from Capital Estates and Facilities Corporate Directorate, Finance Corporate Directorate, Medicine Clinical Board, Children and Women's Clinical Board, Mental Health Clinical Board and Specialist Services Clinical Board. The remaining Corporate Directorates and Clinical Boards either reported no extreme risks or had extreme risks with scores below 20.

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.

The Board will be aware that the Health Board has recently moved to a Site Based Leadership approach at University Hospital for Wales and University Hospital Llandough. Whilst the detail of risks at each site will be articulated within the Risk Registers of Clinical Boards, the Site Based Leadership Teams will be uniquely placed to identify and scrutinise risk across Clinical Boards and to report risks that are compounded or exacerbated given their prevalence across a whole site. At present both Leadership Teams are working through the complexity of aggregating and recording risk in prevailing conditions. The Director of Corporate Governance and the Head of Risk and Regulation will be meeting with both Leadership Teams prior to March's Board meeting and will provide and update on developments in this area at that meeting.

The present position is therefore as follows:

November 2021	January 2022
• 15 Risks rated 20 (extreme risk) • 4 risks rated 15 (extreme risk) which are included by virtue of their potential impact. • 1 risk rated 12 (high risk) which if unchanged will no longer be monitored on the Corporate Risk Register (which is shaded grey).	• 16 Risk 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.

Staff shortages, often exacerbated by COVID-19 effects, is a dominant feature of a number of risks, due to operational level mitigations these do not appear to be having an impact on patient safety but they are having an adverse impact on planned care capacity. Deterioration in estates and facilities is also creating 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, 6, 8, 9, 10, 11, 14, 15, 16, 17, 19
Planned Care Capacity	7, 13, 15, 16, 19, 20, 21
Workforce	5, 9, 18
Capital Assets	1, 2, 3, 4, 5, 6, 18
Financial Sustainability	22, 23
Sustainable Community Care	12
Staff Wellbeing	5

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 is asked to:

NOTE the Corporate Risk Register and the work which is now progressing.

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

Moham Sarah
01/14/2022 16:06:02

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention	x	Long term		Integration	x	Collaboration		Involvement	x

Equality and Health Impact Assessment Completed:	Not Applicable

Mohamed,Sarah
01/11/2022 16:06:02

External Body	Consultation Paper	Response Delegated to:
NICE	NICE quality standard on Brain tumours (primary) and brain metastases	Surgery, Medicine
NICE	Tucatinib with trastuzumab and capecitabine for treating HER2-positive unresectable locally advanced or metastatic breast cancer after 2 or more anti-HER2 therapies [ID3828]	Surgery, CD&T
NICE	Chronic obstructive pulmonary disease in over 16s: diagnosis and management (update)	Medicine, Surgery
NICE	Intramedullary distraction for lower limb lengthening	CD&T, C&W, Surgery (Paeds)
NICE	Endoscopic balloon dilation for subglottic or tracheal stenosis	C&W, Surgery, Spec Services
NICE	Endoscopic full thickness removal of gastrointestinal stromal tumours of the stomach	Surgery
NICE	DHT001 (DHT pilot) myCOPD for self-management of chronic obstructive pulmonary disease (COPD)	PCIC, Medicine
NICE	Dapagliflozin for treating chronic kidney disease [ID3866]	Medicine, Spec Services, Paeds
NICE	MT443 Sleepio to treat insomnia symptoms	PCIC, Medicine, Spec Services
NICE	Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults	MH, PCIC, Medicine, Surgery, CD&T, Spec Services
NICE	MT476 UroShield for preventing catheter-associated urinary tract infections	Surgery, PCIC
NICE	Elosulfase alfa for treating mucopolysaccharidosis type IVa (review of HST2) [ID1643]	CD&T, Spec Services, C & W
NICE	Neonatal parenteral nutrition	C&W, CD&T
NICE	Joint replacement (primary): hip, knee and shoulder	PCIC, Surgery
NICE	Adults with complex needs: social work interventions including assessment, care management and support	MH, MCB, PCIC
NICE	Epilepsies in children, young people and adults	C&W, PCIC, CD&T
NICE	Type 2 diabetes in adults: management – glucose monitoring	Lindsey George
NICE	Diabetes (type 1 and type 2) in children and young people: diagnosis and management – glucose monitoring	Ambika Shetty
NICE	Type 1 diabetes in adults: diagnosis and management – glucose monitoring and diagnosis	Lindsey George
NICE	Depression in adults: treatment and management (update)	Paul Cantrell
NICE	Vaccine uptake in the general population	Helen Kemp
NICE	Endoanchoring systems in endovascular aortic aneurysm repair	Kevin Conway
NICE	Supercapsular percutaneously assisted total hip arthroplasty for osteoarthritis	Christopher Wilson
NICE	Synthetic cartilage implant insertion for first metatarsophalangeal joint osteoarthritis (hallux rigidus)	Christopher Wilson
NICE	Deucravacitinib for treating moderate to severe plaque psoriasis [ID3859]	Manju Kalavala
NICE	Mosunetuzumab for treating relapsed or refractory B-cell non-Hodgkin lymphoma [ID3931]	Razi Ali Khan
NICE	Gout: diagnosis and management	Sharon Jones
NICE	Multiple sclerosis in adults: management	Khalid Hamandi
NICE	Reducing sexually transmitted infections	Rachel Drayton

Mohamed,Sarah
01/14/2022 16:06:02

Key	
(white)	Due date not reached
(green)	Response received - Yet to be shared with Management Executive Team
(grey)	Closed and reported to ME
(red)	Response yet to be shared
(amber)	No response shared

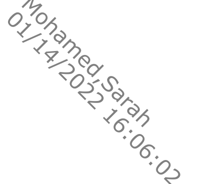
External Body	Consultation Paper	Lead Executive - Service Area	Date Run / Issued	Date Response to Be Received By:	Date Response Submitted - Comments
Blood Health National Oversight Group (BHNOG)	Consultation on the NHS Wales National Blood Health Plan (BHP)	Stuart Walker - Raza Alikhan	07.04.2021	28.05.2021	No Additional comments shared as the UHB contributed to the consultation
WHSSC	Chimeric Antigen receptor (CAR) T-cell therapy (PP185) for Welsh residents	Various	13.04.2021	11.05.2021	No Additional comments shared as the UHB contributed to the consultation
All Wales Therapeutics and Toxicology Centre	All Wales Advice on SGLT-2 Inhibitors in Type 2 Diabetes and Cardiovascular Disease consultation	Stuart Walker - Dr Vinay S. Eligar	20.04.2021	18.05.2021	20.04.2021
WHSSC	WHSSC consultation Positron Emission Tomography (PET)	CD&T	13.04.2021	14.06.2021	No Additional comments shared as the UHB contributed to the consultation
Welsh Government	Race Equality Action Plan: An Anti-racist Wales https://gov.wales/race-equality-action-plan-anti-racist-wales	Keitheley Wilkinson/Abigail Harris/Fiona Kinghorn	24.03.2021	15.07.2021	15.07.2021
Welsh Government	Arthritis and long-term musculoskeletal conditions in adults https://gov.wales/arthritis-and-long-term-musculoskeletal-conditions-adults	Sharon Jones - Rheumatology	22/03/2021	30/07/2021	No response shared
WHSCC	Adult Congenital Heart Disease Services (ACHD) (Level 1 and 2) for people aged 16 years and over	Richard Wheeler and Nav Masani	18/05/2021	29/06/2021	No response shared
HEIW	Health Apprenticeship Framework Consultation https://heiw.nhs.wales/news/health-apprenticeship-framework-consultation/	Rachel Gidman		30.06.21	25.06.2021
Dept of Health and Social Care	https://www.gov.uk/government/consultations/regulating-healthcare-professionals-protecting-the-public	Ruth Walker - Kim Atkinson	24.03.21	16.06.21	16.06.2021
All Wales Therapeutics and Toxicology Centre	Communications and Engagement Strategy https://www.awttc.org/news/communications-and-engagement-strategy-consultation-now-open	Joanne Brandon	Unknown	10.06.21	No Additional comments shared as the UHB contributed to the consultation

Mohamed,Sarah
01/14/2022 16:06:02

WHSSC	Proton Beam Therapy for Adults and Children and Young Adults	Merial Jenny	21.06.21	19.07.21	Response shared on 19.07.2021 but sent to ME on 06.09.2021
Welsh Government	Corporate Joint Committees https://gov.wales/corporate-joint-committees-general-no2-wales-regulations-2021	Abigail Harris	12.07.21	06.09.21	AH confirmed - by email that no response was required.
Welsh Government WG42768 Hwb Education Wales	https://gov.wales/sites/default/files/consultations/2021-05/careers-and-work-related-experiences-consultation-document_1.pdf	Rachel Gidman	21.05.21	16.07.21	16.07.21
WHSSC	Allogeneic HSCT for Sickle Cell Disease	Jonathan Kell / Stephen Jolles	15.07.21	26.08.2021	Response shared 26.08.2021
Welsh Government	https://www.cardiff.gov.uk/ENG/resident/Schools-and-learning/Schools/21st-Century-Schools/Keep-up-to-date-and-contact-us/Publications/willows-high-school/Pages/default.aspx The Future of Willows High School	Rachel Gidman	14.06.21	23.07.2021	23.07.21
WHSSC	Selective internal radiation therapies (SIRT) for treating adults with hepatocellular carcinoma Policy Position Statement	Meriel Jenny	21.07.2021	18.8.2021	Resposnse shared on 18.08.2021 - Shared at ME 06.09.2021
WHSSC	Microprocessor Controlled Prosthetic Knees and CP221, Activity Blades.	Fiona Jenkins	30.07.2021	10.09.2021	09.09.2021
Welsh Government	LGBTQ+ Action Plan for Wales Consultation - https://gov.wales/consultation-lgbtq-action-plan-html	Keitheley Wilkinson	28.07.2021	22.10.2021	20.10.2021
Welsh Government	Children, Young People and Education Committee	Abigail Harris	26.07.2021	17.09.2021	17.09.2021
Welsh Senedd	Welsh Government Draft Budget https://business.senedd.wales/mgConsultationDisplay.aspx?ID=430	Catherine Phillips	17.09.2021	26.11.2021	No response shared
Welsh Government	Health and Social Care Workforce	Rachel Gidman	N/A	8.10.2021	08.10.2021
Ombudsman Wales	Guidance on Principles of Good Administration and Good Records Management	David Thomas	N/A	01.11.2021	No response shared
WHSSC	Genomics - • Service Specification, CP99 Genomics Service	Fiona Jenkins	19.10.2021	16.11.2021	16.11.2021
HEIW	Consultant Clinical Scientists in NHS Wales - https://heiw.nhs.wales/news/consultant-clinical-scientists-in-nhs-wales/	Fiona Jenkins	28.10.2021	18.11.2021	16.11.2021
WHSSC	Canakinumab for treating periodic fever syndromes: TRAPS, HIDS/MKD and FMF (ages 2 and older) (PP228	Meriel Jenny	28.10.2021	25.11.2021	
NHS Wales Health Collaborative	Neuroendocrine National Optimal Pathway Consultation	Meriel Jenny -Rachel Lee	1.11.2021	15.11.2021	Consultation shared with relevant cancer leads and no changes or comments proposed.
Welsh Government	Tobacco Control for Wales Strategy and Delivery Plan	Director of Public Health	8.11.2021	31.01.2022	
Welsh Government	Myalgic Encephalomyelitis/Chronic Fatigue Syndrome in Adults and Children - new NICE guidance	Executive Director of Therapies and Health Science	28.11.2021	10.01.2022	
WHSSC	Gatekeeping, Placement and Case Management for Specialised Mental Health Services (CP232)	Neil Jones - MH CBD	22.11.2021	10.01.2022	

Mohamed.Sarah
01/14/2022 16:06:02

Gov.UK	Review of temporary provisions in the Human Medicines Regulations 2012 to support influenza and COVID-19 vaccination campaigns	Darrell Baker	8.12.2021	29.12.2021	29.12.2021
WHSSC	Proposed Commissioning Policy and Service Specification for Severe and Complex Obesity Surgery for Welsh residents	Surgical Clinical Board	22.12.2021	09.02.2021	
WHSSC	WHSSC Consultation: Inherited Bleeding Disorders Service Specification (CP77)	Rachel Rayment	23.12.2021	27.01.2021	
WHSSC	WHSSC Proposed Commissioning Policy and Service Specification for Severe and Complex Obesity Surgery for Welsh Residents	Antonio Foliaki	22.12.2021	9.02.2022	


Mohamed,Sarah
01/14/2022 16:06:02

Report Title:	Annual Consultations Summary							
Meeting:	UHB Board					Meeting Date:	27th January 2021	
Status:	For Discussion	x	For Assurance	x	For Approval		For Information	
Lead Executive:	Director of Corporate Governance							
Report Author (Title):	Head of Risk and Regulation							

Background and current situation:

The purpose of this report is to provide the Board with an update on the Health Board's systems and procedures to record and track its participation in external Consultations and share a summary of the work undertaken in this regard during 2021/22.

A Consultation tracker was established in June 2020 to record the detail of known and relevant Consultations that the Health Board should, or would like to respond to. The tracker was created and continues to be maintained by the Risk and Regulation Team within the Corporate Governance Directorate.

Working alongside Executive Colleagues the Risk and Regulation Team have ensured that relevant consultations are shared with identified colleagues to ensure that the Health Board's views and positions are shared with external stakeholders to inform proposed changes to guidance, legislation, medical procedure and medicine management, amongst other issues.

periodically shared with the Management Executive to ensure that the team are sighted on active consultations and for decisions to be made as to whether formal responses should be submitted on behalf of the Health Board.

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

To ensure that the Health Board is aware of relevant Consultations the Risk and Regulation team undertake regular reviews of the Consultation/Publication pages of key external stakeholders and regulators, including but not limited to:

- Welsh Government
- Welsh Senedd
- Welsh Ombudsman
- The Welsh Health Specialised Services Committee
- The Nursing and Midwifery Council; and
- UK Government.

As an established practice Executive colleagues also share the detail of consultations that they receive with the Risk and Regulation team to ensure that responses to consultations of lesser known or accessible organisations are noted and responded to. In the previous year this has included consultations issued by the All Wales Therapeutics and Toxicology Centre and Blood Health National Oversight Group to name two.

Mohamed,Sarah
01/14/2022 16:06:02

Given the importance of the guidance and quality standards issued by the National Institute for Health and Care Excellence ("NICE") to the daily operation of the Health Board, a weekly review of its active Consultations is also undertaken by the Risk and Regulation Team, the Interim Executive Medical Director and the Deputy Interim Executive Medical Director to establish what consultations should be responded to and by whom.

Once an active and relevant Consultation is noted, it is triaged to an appropriate service lead to prepare a response on behalf of the Health Board. Typically requests to respond to a consultation are issued by an Executive Colleague with responsibility for the area/issue subject to Consultation. In the case of NICE Consultations, the Interim Executive Medical Director will (with the assistance of the Risk and Regulation Team) following each weekly review, directly circulate all new Consultations to service leads.

Where logistically possible, or given the nature of a consultation (typically one that has a Health Board wide dimension as opposed to a local service specification), responses will be shared at a Management Executive meeting for approval prior to submission (E.g. the response to the Welsh Government: Race Equality Action Plan: An Anti-racist Wales - https://gov.wales/race-equality-action-plan-anti-racist-wales).

Once responded to, all responses are stored centrally by the Risk and Regulation team and shared with the Health Board's Management Executive Team at Periodic Management Executive meetings to ensure that the Executive team are sighted on all responses shared by colleagues.

Attached as Appendix 1 is a breakdown of the Consultations (Excluding NICE) noted and tracked during 2021/22 to date.

At Appendix 2 is a breakdown of all NICE Consultations reviewed and allocated for response by the Interim Executive Medical Director since 16th November 2021 as of 4th January 2021. It should be noted that due to the volume of NICE Consultations and the regularity with which new documents are issued the Risk and Regulation team are working with the Interim Executive Medical Director to identify and allocate such consultations only. Alongside this process the Risk and Regulation Team will however attend all Clinical Effectiveness Committee Meetings to provide feed back on what Consultations have been shared with colleagues so that a full review can be undertaken of historic NICE guidance prior the implementation of new policy or procedure operationally.

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

There is a risk that the Health Board's views and position on issues may not be considered by relevant external bodies and stakeholders should responses to consultations not be agreed and submitted in a timely manner.

Recommendation:

The Board is asked to:

- Note the Annual Consultations Summary.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term		Integration		Collaboration	x	Involvement	x

Equality and Health Impact Assessment Completed:	Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

Mohamed Sarah
01/11/2022 16:06:02

CONFIRMED MINUTES OF THE MEETING OF THE FINANCE COMMITTEE
HELD ON 27th OCTOBER 2021
VIRTUAL MEETING via TEAMS

Present:

Dr Rhian Thomas	RT	Chair, Independent Member – Capital and Estates
John Union	JU	Independent Member – Finance (Chair)
David Edwards	DE	Independent Member – Information Communication & Technology
Charles Janczewski	CJ	Board Chair
Abigail Harris	AH	Executive Director of Strategic Planning
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
Steve Curry	SC	Acting Deputy Chief Executive
Stuart Walker	SW	Executive Medical Director

In Attendance:

Hywel Pullen	HP	Assistant Director of Finance

Secretariat:

Paul Emmerson	PE	Senior Finance Manager

Apologies:

Andrew Gough	AG	Assistant Director of Finance
Caroline Bird	CB	Acting Chief Operating Officer
Catherine Phillips	CP	Executive Director of Finance

FC 21/10/001	**WELCOME AND INTRODUCTIONS** The Chair welcomed everyone to the meeting.	**ACTION**
FC 21/10/002	**APOLOGIES FOR ABSENCE** Apologies for absence were noted.	

Mohamed,Sarah
01/14/2022 16:06:02

FC 21/10/003	**DECLARATIONS OF INTEREST** The Chair invited members to declare any interests in proceedings on the Agenda. None were declared.	
FC 21/10/004	**MINUTES OF THE COMMITTEE MEETING HELD ON 29th SEPTEMBER 2021** The minutes of the meeting held on 29th September 2021 were reviewed and confirmed to be an accurate record. **Resolved – that:** The minutes of the meeting held on 29th September 2021 were approved by the Committee as an accurate record.	
FC 21/10/005	**ACTION LOG FOLLOWING THE LAST MEETING** There were no outstanding actions.	
FC 21/10/006	**CHAIRS ACTION SINCE THE LAST MEETING** There had been no Chairs action taken since the last meeting.	
FC 21/10/007	**FINANCIAL PERFORMANCE MONTH 6** The Deputy Director of Finance indicated that alongside a summary of the key points within the Month 6 Finance Report the Committee would be provided with an update on the main changes arising since month 5 with a focus on the confirmation of funding allocations. At month 6, the UHB had reported an underspend of £0.170m against its plan which was an improvement of £0.261m on the month 5 position. This reflected operational performance and the UHB continued to forecast a breakeven position at year-end. The position was based on the instruction from Welsh Government to assume that the additional gross costs of COVID 19 would be fully funded by Welsh Government. The UHB had incurred gross expenditure of £49.619m relating to the management of COVID 19 to month 6 and these costs were matched by additional COVID 19 allocations. The key issues outlined in the Executive Director Opinion were as follows: • The 2020/21 non delivery of savings is supported by £21.3m Non Recurrent COVID funding in 2021/22. • The UHB's financial position had moved from a deficit of £0.091m at month 5 to a reported surplus of £0.170m at month 6. Continuing review and asssurance would be required in order to ensure that the broadly balanced position is maintained. • At month 6 , £14.967m Green and Amber savings had been identified against the £16.000m 2% savings target. Further progress was	

Mohamed Sarah 01/14/2022 16:06:02

	required with a focus on recurrent schemes where £7.550m recurrent schemes have been identified against the £12.0m recurrent element of the target leaving a further £4.450m to find. In addition the Deputy Director of Finance outlined that the following significant allocations had been confirmed by Welsh Government since the month 5 report: • COVID Allocation: Balance of Response costs based on month 5 forecast; • COVID Allocation: 2nd Tranche Recovery Funding based on approved plans. Further to this, the Finance Committee was informed that Welsh Government had also confirmed that the COVID 19 reductions in planned care expenditure were now available to offset pressures arising in year including any shortfalls against savings targets. Reductions in planned care expenditure arising as a result of COVID 19 were forecast to be £5.993m in year. In response to a query from the Finance Committee Chair (RT), the Deputy Director of Finance confirmed that the reductions in planned care expenditure had not been applied to date and were not included in the cumulative position to September. The resource released was being held by the UHB to manage systems risks and operational pressures that could arise in the remaining 6 months of year. The Finance Committee Chair (RT), asked what the confirmation of funding meant for the overall risks within the UHBs financial plan and in reply, the Deputy Director of Finance confirmed that whilst the UHB was still awaiting the confirmation of the final allocation for some smaller streams of funding (e.g. Urgent & Emergency Care), the financial risks within the UHB's plans had now effectively reduced and the plan had been de-risked. It was noted that there was now an expectation that the UHB would manage all risks for the remainder of the year within the confirmed resources. Moving onto the Finance Dashboard, the Deputy Director of Finance confirmed that the two key indicators which remained RAG rated as red were both linked being the delivery of the recurrent savings target and the maintenance of the underlying deficit. The forecast break even position outlined at table 3 of the written report was consistent with the Monthly Monitoring return provided to Welsh Government. Table 5 analysed the year to date variance between income, non pay and pay. The reported operational surplus of £0.170m at Month 6 was made up of an underspend of £0.143m and £4.871m against income and pay respectively and that this was offset by a £4.844m overspend against non pay. The in month operational underspend was £0.261m. The Committee was informed that there was a step up in the pay underspend at month 6. This was partly, a consequence of the application of the inflationary 3% pay uplift to budgets, where an additional surplus had arisen in respect of vacant posts and posts where staff have been re-purposed to manage the impact of COVID 19.	

Mohamed,Sarah
01/14/2022 16:06:02

COVID expenditure variances at month 6 generally followed the trend set in previous months.

The full year gross COVID forecast had moved in the month from £117.622m at month 5 to £129.960m at month 6. The forecast funding for COVID 19 was £151.273m which matched the forecast gross costs and also included £21.313m in support of the non delivery of 2020/21 savings as a reuslt of the COVD pandemic. Picking up on the movement in forecast COVID 19 costs, the Independent Member Finance (JU) asked what was driving the increase. In reply, the Deputy Director of Finance indicated that the increase was primarily as a result of the confirmation of additional funding for the 2nd tranche of COVID recovery schemes.

Referring to the operational assumptions underpinning the forecast COVID expenditure, the Finance Committee Chair asked whether the operational position was now stable. In response, the Deputy Chief Executive acknowledged that the system capacity and response was still subject to the impact of the pandemic alongside winter pressures and that progress against recovery plans was likely to vary on a scheme by scheme basis. The UHB required functional capacity for recovery and the independent sector provided a bridge to secure that capacity. It was noted that the use of the independent sector, Lakeside, CCU and the segregation of green zones remained key drivers of the increased costs arising from COVID.

The organisation was progressing its recovery plans in line with its recovery funding including the additional £11.536m confirmed in tranche 2 and the Committee was advised that the availability of appropriate levels of staff was a key enabler and a potential constraint on the progression of UHB's plans.

It was acknowledged that progress against the UHB's recovery schemes had been aided by support from the Finance Committee which had enabled the UHB to progress some schemes at risk in lieu of confirmed funding. In this context, the UHB Chair (CJ) indicated that the UHB would continue to consider the progression of investment plans at risk, where this was in the interest of patient access to services and supported by a robust business case and steer from the UHB's Executive Team.

Reporting on Clinical Board performance, the Committee was informed that delegated budgets were £1.373m overspent for the 6 months to the end of September 2021 and this was offset by a £1.543m underspend against Central budgets. It was reported that there was variation in Clinical Board financial performance, however, given that an overall surplus was reported by the UHB, there was no intention to apply further scrutiny to Clinical Board financial performance at this stage, given the levels of operational pressures being managed.

Mohamed Sarabi
01/14/2022 16:06:02

The Deputy Director of Finance indicated that the UHB had largely met the in year savings target, however a further £4.5m of savings still needed to be identified to reach the recurrent savings target. The Acting Deputy Chief Executive indicated that the Interim Chief Operating Officer had discussed the shortfall in recurrent savings with Clinical Boards with an emphasis on the continuing development of the red pipeline. Picking up on this point the

	Finance Committee Chair (RT) recognised that saving scheme development and delivery was challenging given the current level of operational pressure and also acknowledged that the maintenance of the current underlying deficit was predicated on the delivery of the recurrent savings target. The UHB Chair (CJ) also expressed concern that the elimination of the UHBs underlying deficit remined a significant challenge without additional recurrent support from Welsh Government. In respect of this matter, the Deputy Director of Finance indicated that Welsh Government has asked UHBs to provide further information in respect of reported underlying deficits, although it was unclear at this stage whether this would lead to additional support. It was noted that the public sector payment compliance was 94.7% in month and was still below the 95% target. Finally, the conmmittee was informed that net expenditure to the end of September was 14% of the UHB's approved Capital Resource Limit. The Independent Member (Finance) – JU asked if there was a risk that the UHB would not fully utilize its capital resources. The Deputy Director of Finance informed the Committee that progress against the capital plan was scrutinised and managed through the UHBs Capital Management Group which also has the scope to manage the timing of expenditure between the UHBs discretionary proramme and All Wales Capital Schemes. **Resolved – that:** The Finance Committee **noted** the gross month 6 financial impact of COVID 19 which is assessed at £49.619m; The Finance Committee **noted** the additional Welsh Government COVID 19 funding of £49.619m assumed within the month 6 position; The Finance Committee **noted** the reported underspend of £0.170m at month 6; 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 £151.273m 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 mitigate risks against full delivery of the 2021/22 savings programme and any other operational pressures and that this assumption had been confirmed with Welsh Government; 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.	

Mohamed,Sarah
01/14/2022 16:06:02

	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 £4.5m savings schemes.	
FC 21/10/008	**FINANCE RISK REGISTER** The Deputy 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. **Resolved – that:** The Finance Committee **noted** the risks highlighted within the 2021/22 risk register.	
FC 21/10/009	**Deep Dive – WHSCC** The Finance Committee received a presentation on WHSCC from the Assistant Director of Finance, which considered the following: • WHSCC responsibilities and governance; • The UHB's commissioner role and WHSSC; • The Health Board as a provider of specialist services; • Current issues and future developments. **<u>WHSCC responsibilities, governance and commissioning role.</u>** • Responsible for the joint planning of Specialised and Tertiary Services on behalf of the 7 Health Boards. Steer and scrutiny provided by a Joint Committee of the Chief Executives of the 7 Health Boards;	

Mohamed,Sarah
01/14/2022 16:06:02

- Funded by Health Boards to pay for Specialised healthcare services commissioned by Programme Commissioning Teams;
- Services are commissioned from Cardiff & Vale UHB, Swansea Bay UHB, Velindre NHST, WAST and England;
- There are Programme Commissioning Teams for Cancer & Blood, Cardiac Services, Mental Health, Women & Children, Neurological & Chronic Conditions, Renal Services;
- The WHSCC Integrated Commissioning Plan (ICP) considers strategic developments, growth in activity, risks reviewed by the Clinical Impact Assessment Group and efficiency schemes;
- Performance monitoring considers monthly information flows, provides reports to the Management Group and Joint Committee, includes Bi-monthly LTA meetings and a process for the Escalation of Services.

Cardiff & Vale UHB as a provider of Specialist Services

- The UHB is planning to provide circa £276m (revenue) of services to WHSCC in 2021/22 across cardiothoracic, neuroscience, ALAS, renal, haematology, paediatric, genetics, critical care, cystic fibrosis and other specialist services;
- Circa 27% of the provider services commissioned through WHSCC are provided to Cardiff and Vale residents;
- The WHSCC LTA framework was established through the mapping of services in 2010 and rebased in 2015/16;
- Investments are fully funded only when fully implemented and there is an expectation that disinvestments are withdrawn at 100% of the full cost phased over 3 years;
- The LTA framework includes cost and volume, pass through, block and cost per case elements. Block contracting arrangements have been extended over the period of the COVID pandemic;
- Current Issues included the expansion of critical care, BMT infrastructure and the increase in ATMPs, Regional Plans including Thoracic Surgery, COVID Recovery and the transition from Block Contracting Arrangements, Outcome measures and new service commissioning responsibilities for WHSCC.

Comments and queries were received as follows:

The Finance Committee Chair (RT) asked for clarification of contract monitoring arrangements and the potential impact on fragile services which were supported by small teams. In response, the Assistant Director of Finance confirmed that the UHB and WHSCC worked jointly to secure and safeguard services provided by small teams. From a UHB perspective, engagement with WHSCC and the consideration of options to strengthen the resilience of services was a key factor. The UHB Chair (CJ), added that rather than penalising, the Joint Committee of WHSCC was focussed on finding solutions where performance monitoring highlighted concerns.

In reply to a query from the Finance Committee Chair (RT), the Assistant Director of Finance confirmed that the Heath Board Contributions to WHSCC were primarily based on activity levels, although it was noted that there was also an element of risk sharing within the remit of WHSCC.

Mohamed Sarah
01/14/2022 16:36:00

FC 21/10/010	**MONTH 6 FINANCIAL MONITORING RETURNS** These were noted for information.	
FC 21/10/011	**ITEMS TO BRING TO THE ATTENTION OF THE BOARD** There were no items to being to the attention of the Board.	
FC 21/10/012	**DATE OF THE NEXT MEETING OF THE COMMITTEE** **Wednesday 24th November 2.00pm; Virtual Meeting via Teams**	

Mohamed,Sarah
01/14/2022 16:06:02

CONFIRMED MINUTES OF THE MEETING OF THE FINANCE COMMITTEE
HELD ON 24th NOVEMBER 2021
VIRTUAL MEETING via TEAMS

Present:

Dr Rhian Thomas	RT	Chair, Independent Member – Capital and Estates
John Union	JU	Independent Member – Finance (Chair)
David Edwards	DE	Independent Member – Information Communication & Technology
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
Nicola Foreman	NF	Director of Corporate Governance
Steve Curry	SC	Acting Deputy Chief Executive

In Attendance:

Secretariat:

Paul Emmerson	PE	Senior Finance Manager

Apologies:

Abigail Harris	AH	Executive Director of Strategic Planning
Chris Lewis	CL	Deputy Director of Finance
Rachel Gidman	RG	Executive Director of People and Culture
Ruth Walker	RW	Executive Nurse Director
Stuart Walker	SW	Interim Chief Executive

FC 21/11/001	**WELCOME AND INTRODUCTIONS** The Chair welcomed everyone to the meeting.	**ACTION**
FC 21/11/002	**APOLOGIES FOR ABSENCE** Apologies for absence were noted.	

Mohamed, Sarah
01/14/2022 16:06:02

FC 21/11/003	**DECLARATIONS OF INTEREST** The Chair invited members to declare any interests in proceedings on the Agenda. None were declared.	
FC 21/11/004	**MINUTES OF THE COMMITTEE MEETING HELD ON 27th OCTOBER 2021** The minutes of the meeting held on 27th October 2021 were reviewed and confirmed to be an accurate record. **Resolved – that:** The minutes of the meeting held on 27th October 2021 were approved by the Committee as an accurate record.	
FC 21/11/005	**ACTION LOG FOLLOWING THE LAST MEETING** There were no outstanding actions.	
FC 21/11/006	**CHAIRS ACTION SINCE THE LAST MEETING** There had been no Chairs action taken since the last meeting.	
FC 21/11/007	**FINANCIAL PERFORMANCE MONTH 7** The Assistant Director of Finance summarised the key points within the Month 7 Finance Report. At month 7, the UHB had reported an underspend of £0.270m against its plan which was an improvement of £0.100m on the month 6 position. This reflected operational performance and the UHB continued to forecast a breakeven position at year-end. The UHB had incurred gross expenditure of £56.850m relating to the management of COVID 19 to month 7 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 will continue to be funded on an actual pass through costs basis. • At month 7 , £15.252m Green and Amber savings had been identified against the £16.000m 2% savings target. Further progress was required with a focus on recurrent schemes where £7.626m recurrent schemes were identified against the £12.0m recurrent element of the target leaving a further £4.374m to find.	

Mohamed Sarah 01/14/2022 16:06:02

- The full year gross COVID forecast had moved in the month from £129.960m at month 6 to £124.687m at month 7. The reduction in forecast costs primarily related to reductions in National Programme forecasts (COVID Vaccination, Tracing and PPE) and recovery of the remaining NHS bonus accrual.

- Planned expenditure reductions due to COVID 19 were available to offset in year operational pressures and support systems resilience.

Referring to a query from the Finance Committte Chair (RT) the Assistant Director of Finance reported that the UHB was still awaiting final confimation of the funding availiable to support CAV24/7 and that the matter had been raised by the UHB at the mid year review and that there was nothing to suggest that the funding would not be confirmed in due course.

The Assistant Director of Finance informed the Committee that reductions in planned expenditure were £4.6m at month 7 and were forecast to reach £6.4m at the year end. The Committee was advised that the UHBs Management Executive was focussing on how this additional resource could be best utilised to cover operational risks as well as supporting and enhancing UHB services in the remaining part of the financial year. The UHB Chair (CJ) acknowledged that the implementation of additional plans on top of the recovery plans which were already being progressed would present a challenge to the UHB in light of constraint on workforce capacity and the Assistant Director of Finance indicated that the Finance Committee would be advised of progress at the next meeting. In response to a query from the Finance Committee Chair (RT) the Assistant Director of Finance advised that COVID costs were funded net of planned care expenditure reductions in 2020/21. Therefore it was unclear when the UHB entered 2021/22 whether it would be able to retain the resource arising from the reductions in planned expenditure in the early part of this year. This was subsequently then confirmed by Welsh Government.

In response to a further query from the Finance Committee Chair in respect of 2022/23 funding the Executive Director of Finance advised that funding available to Welsh Government would in part be dependent upon the consequential funding arising from funding provided to cover additional COVID related spending pressures for the NHS in England. Welsh Government expected to confirm initial funding assumptions for 2022/23 following publication of its Draft Budget in the later part of December. The Committee was advised that at this stage, the planning process was expected to be broadly in line with the process for 2021/22.

Moving onto the Finance Dashboard, the Assistant Director of Finance confirmed that the two key indicators which remained RAG rated as red were both linked being the delivery of the recurrent savings target and that a further £4.5m of recurrent savings required to maintain the underlying deficit at £25.3m. A question was received from the UHB Chair (CJ) who queried whether there was any indication that Welsh Government would provide recurrent support to cover the underlying deficit given the inherent difficulty in progressing savings schemes during the pamdemic. In response, the Assistant Director of Finance reported that any support provided in 2022/23

Mohamed Sarah
01/14/2022 16:06:02

was likely to be non recurrent in line with the support provided in the current year.

There was some slippage against Capital Schemes a a result of lead times, however this was expected to be recovered before year end. 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. It was also noted that the public sector payment compliance and was still below the 95% target.

Reporting on Clinical Board performance, the Committee was informed that delegated budgets were £1.137m overspent for the 7 months to the end of October 2021 and this was offset by a £1.407m underspend against Central budgets. It was also noted that there was variation in Clinical Board financial performance and that this would continue to be reviewed to ensure that an overall balanced position is maintained.

Finally, the Committee was informed that the key risks were the further progress is required to find another £4.4m recurrent schemes in order to maintain the underlying position alongside the management of all risks within confirmed COVID funding to deliver a balanced position at year end.

Resolved – that:

The Finance Committee **noted** the reported underspend of £0.270m at month 7;

The Finance Committee **noted** the gross month 7 financial impact of COVID 19 which was assessed at £56.850m 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 £146.000m 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.

Mohamed Sarah
01/14/2022 16:06:02

	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 21/11/008	**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 no new risks had been added to the Risk Register and that some risks had been downgraded in month. **Resolved – that:** The Finance Committee **noted** the risks highlighted within the 2021/22 risk register.	
FC 21/11/009	**FINANCE COMMITTEE – TERMS OF REFERENCE** The Director of Corporate Governance indicated that the Finance Committee Terms of Reference (TOR) were last reviewed in February 2020 and approved by the Board in March 2021. The Committee was presented with a revised TOR with included changes which were recommended within the action plan from the report to Board on the review of Capital – Procurement and Governance. The Director of Corporate Governance advised the Finance Committee that the paper presented would need to be adjusted to reflect that the Finance Committee would review rather than approve Business Cases on behalf of the Board. The changes recommended were to expand the remit of the Finance Committee to monitor expenditure of capital schemes but specifically to: • Review Business Cases on behalf of the Board with a financial value >£500k	

Mohamed Sarah
01/14/2022 16:06:02

	• Review and Monitor the Capital Programme The Committee was asked to review the TOR and consider the changes to the TOR. **Comments and queries were received as follows:** The Finance Committee Chair (RT) questioned the level of information that the Finance Committee would need to review business cases on behalf of the Board without replicating the work of the established governance process. In response, the Executive Director of Finance indicated that the UHB currently actioned investment decisions through: • Capital Management Group • Business Case Advisory Group • Commissioning Processes The Executive Director of Finance added that the information provided to the Finance Committee would evolve over time and that the initial expectation was that the Finance Committee would be presented with Business Cases for review which incorporated a recommendation following an initial review through the established structure. The Chief Operating Officer added support to the additional scrutiny of business cases above the £500k threshold on the basis that this would not lead to delays in implementation and in response the Executive Director of Finance observed that the UHB needed to strike the right balance between speed and governance and that the scrutiny process would need to be synchronised in order to minimise lead in times. **Resolved – that:** The Finance Committee reviewed the changes to the Terms of Reference and recommended the changes to the Board for approval.	
FC 21/11/010	**MONTH 7 FINANCIAL MONITORING RETURNS** These were noted for information.	
FC 21/11/011	**ITEMS TO BRING TO THE ATTENTION OF THE BOARD** There were no items to being to the attention of the Board.	
FC 21/11/012	**DATE OF THE NEXT MEETING OF THE COMMITTEE** **Wednesday 5th January 2022 2.00pm; Virtual Meeting via Teams**	

Mohamed,Sarah
01/14/2022 16:06:02

Confirmed Minutes of the Strategy & Delivery Meeting
Held on 16th November 2021 at 09.00am
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:		
Abigail Harris	AH	Executive Director of Strategic Planning
Rachel Gidman	RG	Executive Director of People & Culture
Caroline Bird	CB	Interim Chief Operating Officer
Nicola Foreman	NF	Director of Corporate Governance
Karen Pardy	KP	Community Director – South Wales Cluster
Huw Williams	HW	GP Partner
Adam Wright	AW	Head of Service Planning
Jonathan Watts	JW	Assistant Director – Strategic Planning
Chris Lewis	CL	Deputy Director of Finance
Jason Roberts	JR	Deputy Director of Nursing
Hannah Evans	HE	Program Delivery Director
Katrina Griffiths	KG	Interim Head of HR Operations
Observers:		
Wendy Wright	WW	Deputy Head of Internal Audit
Marcia Donovan	MD	Head of Corporate Governance
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Fiona Jenkins	FJ	Executive Director of Therapies & Healthcare Sciences
Steve Curry	SC	Deputy Chief Operating Officer
Catherine Phillips	CP	Executive Director of Finance
David Thomas	DT	Director of Digital & Health Intelligence

Item No	Agenda Item	Action
SD 2021/11/16/001	**Welcome & Introductions**	
SD 2021/11/16/002	**Apologies for Absence** Apologies noted above	
SD 2021/11/16/003	**Declarations of Interest** The Independent Member – Third Sector (IMTS) declared an Interest as worked for the GMC. The Independent Member – University (IMU) declared an interest for working in the School Optometry at Cardiff University.	
SD 2021/11/16/004	**Minutes of the Meeting held on 14th September 2021**	

Mohamed Sarah
01/14/2022 16:06:02

	The IMU noted that an amendment to the draft minutes was required to reference the School of Optometry and not the School of Ophthalmology under the Declarations of Interest section. **The Committee Resolved that:** a) Subject to the amendment being made, the draft minutes of the meeting held on 14 September 2021 be confirmed as a true & accurate record.	
SD 2021/11/16/005	**Action Log of the Meeting held on 14th September 2021** The Committee held a discussion with regards to Action 21/07/010. The Executive Director of Strategic Planning (EDSP) suggested that a specific item is brought to the next Committee meeting to address service change, engagement and consultation. The Independent Member for Third Sector (IMTS) suggested that it would also be useful to understand how the Health Board was engaging with staff. The Executive Director of People and Culture (EDPC) said she would seek clarity regarding Action Number 21/07/010 (Workforce Key Performance Indicators). **The Committee Resolved that:** a) Subject to the above comments in relation to the Action Numbers 21/07/010, the Action Log was received and noted.	**AH** **RG**
SD 2021/11/16/006	**Chair's Action taken following meeting held on 14th September 2021** **The Committee Resolved that:** a) No chairs actions were taken.	
	Items for Approval	
SD 2021/11/16/007	**Policies for approval:** i) Raising Concerns Procedure The EDPC confirmed the procedure had been reviewed on an All Wales basis and some minor changes had been made. There was a wider national piece of work underway and it was likely that further changes would be required. The Committee noted that there was a new Duty of Candour and that it would be useful for the Committee to understand a little more about the new legislation. The Chair commented that this topic would be of interest to other Committees and he suggested that it was brought to a future Board Development session for the benefit of all Board members. ii) SAS Job Planning Procedure	**NF**

Mohamed,Sarah
01/14/2022 16:06:02

	The EDPC commented that the SAS Job Planning Procedure had been updated and aligned with the job planning. It mirrored the Consultant Procedure that was previously approved by the Committee. It had moved to an electronic procedure and should be more efficient and improve job planning. **The Committee Resolved that:** a) The new SAS Job Planning Procedure was approved. b) The revised Procedure for NHS Staff to Raise Concerns was formally adopted.	
SD 2021/11/16/008	**Capital Plan:** **Infrastructure / Estates Plan** The Capital Programme Status update was received. The EDSP updated on the following matters: – • Funding was obtained from 2 sources – (i) the Discretionary Capital allocation and (ii) the All Wales capital funding. A business case to secure further resource was submitted. • COVID had delayed the building of the hub planned for Penarth. • Due to that delay one of the practices that was due to move into the new hub had notice served on its accommodation. PCIC were managing that matter. • Some of the "Executive Lead" columns in the Capital Development Schedule were blank and would be clarified and completed. The Independent Member for Capital & Estates (IMCE) commended the paper. She queried that the ramp at the new neuro facility (Rookwood Hospital) was not level and asked how the cost of rectifying that issue would be managed? She also queried how the Health Board managed the Discretionary Capital pot of funding, given there would be ad hoc expenditure. The EDSP commented that she would ensure that the Director of Capital and Estates was aware of that issue. If the specification was right the contractors would be required to fix it. With regards to Discretionary Capital, the EDSP explained that each year the Health Board determined its Capital Programme. It consisted of several components. That included (i) infrastructure (i.e. some staff costs and IT equipment, (ii) work that was required annually (e.g. maintenance, medical equipment and IT), (iii) a cycle of work that had to be undertaken (i.e. statutory requirements), (iv) an identified specific budget in some areas, for example lifts. There was a lift replacement programme. The Independent member for University (IMU) asked for clarity with regards to what progress the Health Board had made in relation to the advanced cell therapy, which was tied in with haematology.	

Mohamed Sarah
01/14/2022 16:06:02

	The EDSP explained that the Lakeside unit had been explored and there were some clinical concerns. She had met last Friday with the new director of UHW and they had a plan of how that piece of work would progress. It was noted that many patients needed to be close to critical care. The Health Board had a relationship with a local hotel which meant that patients did not have to wait in a hospital. The Director of Corporate Governance (DCG) noted a previous action from the Estates and Capital Report to Board on Procurement and Governance stated that any scheme with a value over £200k needed an Executive lead. The Executive Director of Strategic Planning was pleased to report that the gaps had been filled. The DCG confirmed that it was good that this action had been completed as the action plan would be audited in Quarter 4 this year. **The Committee resolved that:** a) The content of the report and the assurance provided that the capital programme was being monitored appropriately by the Capital Management Group, was noted.	
	Items for Review and Assurance	
SD 2021/11/16/009	**Shaping Our Future Wellbeing Strategy (SOFW) Update** The Shaping Our Future Wellbeing Strategy update was received. The EDSP updated on the following – • The team had moved to a monthly meetings to track the programmes. • The Shaping Our Future Hospitals programme had a “red” status due to the same having moved away from the initial timeline. December would be a key time because the business case was due to be presented to Welsh Government. • Shaping Our Future Well-being was not on track given that the Programme Lead had to prioritise the vascular regional programme. • The team were refining their work programme to move forward. It was wide ranging and there was an overlap with the range of work. • The Shaping Our Future Population Health was making good progress. Hannah Evans (HE) noted the milestones set out in the annual plan had been achieved due to increasing activity levels. The ability to recruit staff had been challenging and additional resources had been secured. The EDSP noted the highlight report did not include all of the detail.	

Mohamed,Sarah
01/14/2022 16:06:02

	The IMU noted there was reference in the summary about securing funding to support cluster expansion. The IMCE queried the link between the flash reports and the overarching strategy. The EDSP responded that – • The Health Board was in the second half of the Strategy and her team were starting some additional work to scope what the next ten year Strategy would look like. • A "Healthier Wales" influenced some of that work. • Her team were preparing for the next phase and she would commission some additional capacity for some of that work. During mid-summer she proposed to review the Strategy. **The Committee resolved that:** a) The progress and risks described in the Programme Portfolio Flash Reports were noted.	
SD 2021/11/16/010	**People & Culture - Workforce Strategy** The People and Culture Plan was received and the EDPC highlighted the following – • The plan set out the Health Board's ambition for the next three years with regards to its workforce. • Workforce and OD had a diverse workforce department. • The plan was aligned to Shaping Our Future Wellbeing programme, the Welsh Health and Social Care Strategy and the IMTP. • The all Wales strategy highlighted the need for a digitally ready workforce. • The plan was built around seven themes based upon those set out in the Workforce Strategy for Health and Social Care, with a team leader aligned to each theme along with a Trade Union member. • Two small teams had been created to improve recruitment. The IMCE asked who would be taking responsibility for monitoring the plan and queried how the Committee would know if any progress had been made. The EDPC confirmed that the project plan contained milestones and goals and that there would be an update review to ensure that the pace of progress was continued. The Independent Member for Third Sector (IMTS) commented that with such a large and diverse workshop how leadership was being developed. There was not a sense of long term development with universities and schools. The EDPC responded that the Health Board had been working closely with professionals in the Health Board's area.	

Mohamed,Sarah
01/14/2022 16:06:02

	The EDPC noted that her team had recently engaged with the Somalian community and had received positive feedback. **The Committee resolved that:** a) The draft People and Culture Plan and Objectives was considered and discussed.	
SD 2021/11/16/011	**Performance Reports** **(a) Workforce Key Performance Indicators** The EDPC highlighted the following – • Sickness was increasing in all areas along with voluntary resignations. • There were 60 people in the Health Board with long COVID. The Executive Director of Public Health noted the flu vaccination uptake in the next cycle. Katrina Griffiths (KG) presented on the following points– • Monthly sickness was in the range of 4-5%, with lowest percentage in the spring. • Absence in September was the highest ever for that time of year. • The highest sickness rates were in Capital Estates and Facilities. • The team had considered the top 10 sickness reasons. Stress & anxiety was the top reason for sickness with an increase seen in chest & respiratory related sickness this year. • Nursing workforce sickness had increased. • There was a trend that as vacancies increased, sickness increased. • Staff with long COVID would continue to be paid in full. • There had been an increase in demand for the Occupational Health service. • The team would continue to promote and deliver the strategy and development plan. • The team were working with the workforce team and processing recruitment to ease the stress on staff. The DCG noted that the sickness rate had risen to 6.42% and queried if that was happening across other Health Boards. The EDPC confirmed that the sickness levels were definitely a concern across all Welsh Health Boards. The Executive Director of Finance (EDF) commented that she had noticed the 43% increase in referrals to Occupational Health and queried if there were any plans to support Occupational	

Mohamed,Sarah
01/14/2022 16:06:02

	Health staff and to look at different ways to provide Occupational Health? KG confirmed that her department were already considering this. The EDPC commented that COVID had impacted upon the workforce, that Occupational Health did need extra support and that her team had considered outsourcing some of this service in order to alleviate some pressure. KG confirmed that 49 staff were absent from work with long COVID. KG confirmed that the reasons for absence were reported to the Clinical Board each month. Managers engaged with their staff regarding reporting absence and the return to work process was a good example of that and it enabled staff to report any issues. **(b) Organisation Key Performance Indicators** The Interim Chief Operating Officer (ICOO) highlighted the following – • Unscheduled care continued to be challenging. • A meeting had just taken place with the Deputy Minister and the Health Board was able to demonstrate that it had seen a number of improvements. There were still challenges around increase in demand. • CAMHS demand was still high. However, the average waiting time had reduced. • Subject to no further demand, the Health Board should be on track for Quarter 4. • Demand for Adult Mental Health services remained high. Average waiting times had reduced to 23 days. The IMCE noted the data relating to Referral to Treatment (RTT). The IMCE questioned the Emergency Unit waiting times and asked what impact CAV 24/7 was having? The ICOO commented that CAV 24/7 had helped having planned appointments. The Health Board had joint action plans with the Local Authorities and noted that some of the challenges related to the workforce and pay. The EDSP noted that there was a team Wales event last week and the social care issues were at the top of the WG's list to resolve. The IMU questioned the stroke performance measures referred to in the report. The ICOO confirmed that there were pressures managing a patient's pathway due to COVID and that she shared his concerns. The ICOO commented that she would like to bring an update on the stroke performance indicators to the next Committee.	**CB**

Mohamed,Sarah
01/14/2022 16:06:02

(c) MDT Clusters

Karen Pardy (KP) & Huw Williams (HW) gave a presentation to the Committee in relation to the MDT Clusters.

The Committee noted that KP was the lead for the South West GP Cluster and that the said Cluster came under the Accelerated Cluster Transformation Project. The Cluster model involved GPs, other healthcare providers, Social Services and third sector organisations working together.

KP highlighted the following points:–

- The Primary care was where most patient contact happened in the healthcare system and it was critical to support patients.
- As a cluster various partners came together to put forward a bid to develop and accelerate a cluster programme.
- Compassionate communities were used as the basis of the model.
- There was a strong history of social prescribing and a third sector provider was commissioned to provide well-being connectors.
- An integrated care hub was set up and had developed into "admission avoidance".
- Occupational Therapy ware based in the hub.
- The Cluster supported people who had just come out of hospital and helped to keep those patients at home.
- Timely care planning was important to support people in their community.

HW presented and the following points were noted:–

- Before the Cluster was set up, more people were referred into admissions.
- The Cluster had an impact upon hospital admission rates and admissions had reduced by 16%.
- There was a decline when people were asked to stay away and keep the NHS safe during COVID.
-
- By linking all the services together, the Cluster could offer better care and the patient had less contact with Primary Care.
- There was a lot of learning that could be shared in relation to the development and implementation of the Cluster.

The EDSP commented that the work that had been undertaken was positive and the evidence based data had shown that. The model had to be right for the population and HW & KP were helping with new clusters. There would be 3 clusters next year.

KP noted the key developments and the need for strong links with secondary care. The community team had employed a discharge liaison nurse and was looking to have more support for young people aged between 14-17.

Mohamed,Sarah
01/14/2022 16:06:02

	HW commented that next year the Cluster would like to reach out to gain more focused services in the community. HW the plan is for each cluster to have their own ILS worker. The Chair asked how much work and resource did it take to get to that level of model? The outcomes were interesting as there was good evidence of making an impact. KP stressed the need to be realistic and commented that part of the success was due to the strong relationships with other partners. He added that the transformation project was a "game changer". The Committee thanked HW & KP for attending and delivering the presentation. **The Committee resolved that:** a) The contents of the Workforce KPI Report was noted and discussed. b) The year to date position against key organisational performance indicators for 2021-22 but in the context of prevailing operating conditions, was noted. c) The MDT clusters were discussed and noted.	
SD 2021/11/16/012	**Board Assurance Framework – Delivery of Annual Plan and Staff Wellbeing** The Board Assurance Framework – Delivery of Annual Plan and Staff Wellbeing report was received. The DCG highlighted the following points:– • The winter plan had been developed with partners and was now completed. • A successful bid had been submitted for more resources to assist with staff well-being. **The Committee resolved that:** a) The attached risks in relation to Delivery of the Annual Plan and Staff Wellbeing was reviewed.	
SD 2021/11/16/013	**2022-2023 IMTP** The EDSP introduced the matter. Jonathan Watts (JW) & Adam Wright (AW) gave a presentation to the Committee and it included the following points: - • IMTP is the Health Board's medium term plan. • WG formally issued the planning framework last week and it was publicly available on WG website. • The expectation was to submit the IMTP by February 2022. • The Board would receive the draft IMTP in January and the draft IMTP would also be presented to the Strategy and Delivery Committee.	

Mohamed,Sarah
01/14/2022 16:06:02

	• The team had engaged with the Clinical Boards and had articulated what the focus will be. • There were 4 areas of focus which were the next part of the strategy • There were a small number of deliverables that were not fully resourced. • The team was working through the Clinical Board level IMTP. AW updated on the following points: – • The early warning system had been developed in relation to patients in A&E. • The vaccination and booster programme was likely to continue. • The system and workforce pressures were the biggest challenge currently being faced. • The occupancy peak had continued. • There were 5 programmes of work for the recovery and redesign programme. • It was recognised that the Health Board should return to 100% of activity and work through the backlog and waiting lists. • The team was aware that there were challenges with patient waiting lists. • Primary care had to be more accessible and care should be closer to home. • There was a need to improve "out of hours" services. • Reducing the backlog was a key priority. • The plan was to get to 90% of pre covid activity by the end of the year. The EDPH suggested that there may need to be a revised coronavirus plan and that plans with regards to healthcare and care homes may need adjusting. She commented that the winter element of the plan focussed on respiratory conditions as well as COVID. The Vice Chair noted the Minister's intention to move towards a preventive agenda and move resources. **The Committee Resolved that:** a) The 2022-2023 IMTP was discussed and noted.	
SD 2021/11/16/014	**Naming of CRI Chapel** The EDSP briefed colleagues on the following – • Part of the CRI plan was to establish a well-being centre. • The Health Board had secured a grant and with a small capital contribution from Cardiff Council, the former chapel had been transformed into a health & well-being space. • The Health Board had engaged with the third sector to facilitate the re-naming of the former chapel.	

Mohamed,Sarah
01/14/2022 16:06:02

	• The name recommended was Capel I bawb, which translated into "chapel for everybody". The Chair queried why this matter had not been referred straight to Board rather than coming via the Strategy and Delivery Committee. The DCG agreed that was a logical approach but that the matter had followed the process and governance set out in the Health Board's naming policy. The DCG agreed to review the Health Board's existing naming policy with regards to its buildings. The EDSP confirmed that the matter was on the agenda for November's Board meeting. The 100th anniversary for CRI was in December and her team were hoping to co-ordinate a Ministerial event with a more official opening planned in the Spring. **The Committee Resolved that:** a) The outcome of the engagement exercise was noted. b) The support and endorsement of the Management Executive Team to seek formal approval of the proposed name of Capel i Bawb in respect of the former chapel at the CRI, was noted. c) It be recommended to Board that approval is granted to name the former chapel of the CRI "Capel i Bawb".	NF
	Items for Noting and Information	
SD 2021/11/16/015	**Regional partnership Board – Quarterly Reports** **The Committee Resolved that:** a) The reports were noted.	
SD 2021/11/16/016	**Review of the Meeting**	
SD 2021/11/16/017	**Date & Time of Next Meeting:** Tuesday 11th January 2022 at 09:00am Via MS Teams	
SD 2021/11/16/018	**Date and Time of Next Meeting:** 11th January 2022 09:00am Via MS Teams	

Confirmed Minutes of the Charitable Funds Committee
21 September 2021 9:00am – 10:30am
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
Simone Joslyn	SJ	Head of Arts and Health Charity
Ruth Walker	RW	Executive Nurse Director
Secretariat:		
Nathan Saunders	NS	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

CFC21/09/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting.	**Action**
CFC21/09/002	**Apologies for Absence** Apologies for Absence were noted. The CC advised the Committee that he would be leaving at 10am and that the Vice Chair (VC) would lead the meeting from that point.	
CFC21/09/003	**Declarations of Interests** No declarations of interest were noted.	
CFC21/09/004	**Minutes of the Committee Meeting held on 29th June 2021** The Committee reviewed the minutes of the meeting held on 29th June 2021. **The Committee resolved that:** a) The minutes of the meeting held on 29th June 2021 were approved as a true and accurate record.	

Mohamed,Sarah
01/14/2022 16:06:02

CFC21/09/005	**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 action ***CFC21/06/010*** could be moved to "complete" because Welsh Government (WG) had confirmed that approval for retention was not required but noted that WG would like to be informed when Cardiff and Vale University Health Board (CVUHB) would be disposing of Rookwood Hospital. The DDF advised the Committee that there had been difficulty "on boarding" Rathbone Investment Management and that support from Board members was required with regards to Rathbone's request for anti-fraud information which was required for preliminary checks. It was noted that Cazenove Capital had continued to act on behalf of Cardiff and Vale University Health Board (CVUHB). The Executive Nurse Director (END) provided an update on Minute CFC21/06/008 and advised the Committee that a designated meeting to prioritise the over £25k bids would not be feasible due to the way in which bids were received. It was noted that the Health Charity Strategy had been written and agreed by the Committee and that when bids were received they had to be aligned to the said Strategy. The END advised the Committee that bids were received throughout the course of the year and some of the bids arrived as the Strategy was being progressed and implemented. **The Committee resolved that:** a) The Action Log was noted.	
CFC21/09/006	**Chairs Action** The Chair's Action was received. The CC advised the Committee that there had been an approval of £49,880 for the 'Grow Cardiff' from NHSCT Fund. **The Committee resolved that:** a) The Chair's Action was noted.	
CFC21/09/007	**Health Charity Financial Position & Investment Update** The Health Charity Financial Position Update was received. The Deputy Director of Finance advised the Committee that there were 3 key issues to highlight which included:	

Mohamed,Sarah
01/14/2022 16:06:02

- The year to date income performance had decreased from the levels reported in August 2020. Previously the Charity had received significant generous donations to support the Charity during the height of the pandemic.

  It was noted that due to decreased levels of income being received by the Charity, pressure had been put on the Charity's cash position.

  The DDF advised the Committee that the position was being monitored. However it was recommended that the Charity requested £0.250m from the investment portfolio to support the Charity's cash position.

- The stock market continued its rally into the financial year with gains of £0.457m to the end of August. The stock market remained volatile and at this time caution had been advised against further significant commitments.

- The recent dormant fund exercise had resulted in circa £0.062m being identified for transfer to general reserve.

The DDF advised the Committee that the Charity had generated £0.466m of income and spent £0.709m for the first five months of the financial year which had resulted in net expenditure of £0.243m.

It was noted that, in addition, the Charity also had market value gains on its investments to the tune of £0.457m for the period compared to the March 2021 valuation, and that the combined effect of the results was a net increase in fund balances for the period to August 2021 in the sum of £0.214m to £9.361m.

It was noted that there had been a reduction in the donations received in comparison to the previous year, which had included some significant acts of generosity from individuals and contribution from NHS Charities. Whilst lockdown was now easing, some social distancing rules still existed and this was likely to have an impact upon normal fund-raising activities for the foreseeable future.

The DDF advised the Committee that of the closing fixed asset balance, £2.436m related to Rookwood Hospital, with the balance of £6.825m relating to the investment portfolio.

It was noted that of the net current assets closing balance of £0.100m, some £0.190m was supported with cash, with the balance being net current liabilities of £0.090m.

It was noted that the cash balance was not considered sufficient to cover future expenditure levels and it was recommended that £0.250m was withdrawn from the investment portfolio to bolster the cash position. It had been confirmed with CVUHB's investment managers that the amount was realisable without the need for significant trading.

Mohamed,Sarah
01/14/2022 16:06:02

	The CC asked if there was a timeframe for the withdrawal of the £0.250m. The DDF responded that it would only take a few days to transact the amount and he queried if the Committee would need to seek approval from the Board of Trustee in order to withdraw money from the investment portfolio. The CC referred this query to the Head of Corporate Governance (HoCG). The HoCG said she could not answer the query and she would consider the same and follow up with the Chair after the meeting. **The Committee resolved that:** a) The financial position of the Charity was noted; b) The latest income position of the Charity was noted; c) The Charity's commitments against it's general reserves were noted; d) Subject to confirmation from the Head of Corporate Governance, the request to withdraw cash in the sum of £0.250m from the Charity's Investment Portfolio be referred to the Board of Trustees	
CFC21/09/008	**Update on Dormant Funds** The Update on Dormant Funds was received. The DDF advised the Committee that the Trustees had agreed to change the policy relating to unrestricted dormant funds and noted that it was agreed that any unrestricted funds that had been dormant for two full financial years and that did not have expenditure plans, were transferred to general reserves. It was noted that the first exercise was undertaken in the financial year ending March 2020, with circa £150k transferred to general reserve. The END asked if there had been queries raised with regards to dormant funds. The DDF responded that there had been some queries regarding the first exercise but noted it had been a lot less than he had anticipated given that a reasonable approach had been taken. It was noted that this time where there were expenditure plans which had been received last year, the finance team went back to those fund holders to reaffirm that they had plans in place. It was noted that those who did not respond would see the funds moved into general reserves. The CC asked when the last time fund holders were reminded.	

Mohamed,Sarah
01/14/2022 16:06:02

	The DDF responded that reminders were sent out again at the end of the financial year. **The Committee resolved that:** a) The progress made with regards to reviewing Dormant Funds was noted.	
CFC21/09/009	**Our Health Meadow Project** The Our Health Meadow Project was received. The Head of Arts and Health Charity (HAHC) advised the Committee that the 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 The HAHC advised the Committee that there had been a lot of positive feedback received from staff and others and noted that the project would link with organisations, such as Natural Resources Wales, Green Squirrel and the Scouts. It was noted that the project had gone through a lot in a short space of time. It was noted that 'Down to Earth' money had been secured from Welsh Government (WG) for the Fit for the Future Project. Money 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 team had been able to establish a relationship with researchers at the School of Psychology in Swansea University and whom had been awarded funding to look at benefits of healthcare and eco-friendly hospitals. The HAHC advised the Committee that the project had been successful in securing money from the National Lottery Heritage fund in the sum of £145,982 and that that sum of money would be used for the Woodland area. It was noted that the whole project was supported by various charities and that, moving forward, the HAHC would like to find further support for the project.	

Mohamed,Sarah
01/14/2022 16:06:02

	The Vice Chair (VC) advised the Committee that he had received staff feedback and noted that the project should continue to move forward. **The Committee resolved that:** a) The update relating to the Health Meadow Project was noted.	
CFC21/09/010	**Over £25K bids for approval** The over £25K bids for approval were received. The Director of Communications (DC) advised the Committee that there were 4 bids to discuss. It was noted that 2 of the bids had been to the Committee before. • **3.1.1 – Our Health Meadow** The DC advised the Committee that the Chair of Cardiff and Vale University Health Board had been keen to bring an update of the Health Meadow Project to demonstrate the work that was going on. It was noted that there was a link between social prescribing and how, as a Health Board, that was being moved toward. It was noted that the Health Meadow Project was requesting £80k over the next 12 months which would be used for: • Appointment of posts which would include a Principal Designer via 'Down to Earth' - £40,000 • Appointment of a Cost Advisor for the scheme to ensure that CVUHB and the Charity would receive value for money. The END advised the Committee that it was a really great project and would provide a lot of positives for staff as well as patients. She noted that some feedback received when mental health services were moved from Whitchurch to Llandough, had been in relation to the lack of outdoor space. That concern could now be addressed with Our Health Meadow. The CC queried the costs for the appointment of posts and asked if it went through the 'Down to Earth' process. The DC responded that it was through 'Down to Earth' and noted that they were using their tried and proved method of recruitment. The DDF advised the Committee that, in his opinion, he would put this at the top of priorities for those items that Charitable Funds was spent on. **The Committee resolved that:**	

Mohamed,Sarah
01/14/2022 16:06:02

a) The allocation of funding to Our Health Meadow, with such funding would support the continued costs required to develop the project in a safe, quality assured and energy efficient way, was approved.

- **3.1.2 – Neurosciences – Electromyography (EMG) machine purchase (resubmitted from June '21)**

The CC left the meeting and the VC chaired the meeting at that point.

The DC advised the Committee that this bid had been submitted previously and noted that it had not been supported due to prioritisation of other projects.

It was noted that the bid was for £20,700 and that the Neuroscience Directorate wished to purchase an additional Sierra Summit Base Machine to carry out specific diagnostic testing within neurophysiology and to undertake specialist tests to diagnose a wide variety of neurological conditions such as motor neurone disease, carpal tunnel syndrome, and myasthenia gravis.

It was noted that the Neuroscience Directorate had looked at other monies within their own funds and the availability of the Endowment Fund 9154, and there was a proposal from the Neurosciences Directorate to utilise £3,000 of the available balance to part-fund the equipment.

The DC advised the Committee that they had been asked to bring the bid back again to the Committee once they had updated the financial positions.

The Executive Director of Therapies and Health Science (EDTHS) advised the Committee that an additional Sierra Summit Base Machine would enhance the core service and provide a clinical benefit. She queried whether the monies should come from the Charity's funding pot or from their own pot of funding.

The DC responded that the monies could come from the Charity's general reserves with the £3000 coming from their own fund.

The END advised the Committee that she had revisited the minute from the original bid being brought to the Committee and noted that it should be something that is funded from capital investment but recognised that it may not be seen as a priority.

The END asked if there was a way that the CFC could support the Neuroscience Directorate to fund raise for the monies required because she still held the view that it was core equipment that should be funded by the Health Board.

Mohamed,Sarah
01/14/2022 16:06:02

The EDTHS responded that everybody agreed that it was needed but noted that if there was a source of core funding, Members would be more comfortable and that she would speak with Clive Morgan to

see if there would be any Welsh Government slippage and to ask him to prioritise it.

The DC concluded that after speaking with the Neuroscience Directorate it had been noted that the bid was made in order to speed up the service for patients.

The Committee resolved that:

a) The bid for charitable funds to purchase an additional Sierra Summit Base Machine for the Neuroscience Directorate was considered and rejected.

- **<u>3.1.3 – Brain and Brainstem Basis of Long COVID (BBB-COV).</u>**

The DC advised the Committee that it was a new bid received from the Consultant, Respiratory and General Medical Physician for the sum of £136,322 to fund the study into BBB-COV (Long Covid).

It was noted that the monies would be used for a number of costs which included:

- Staffing
- Consumables
- Equipment
- Travel

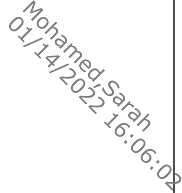
The DC noted that the bid was quite detailed and highlighted a range of areas that the study would support.

It was noted that the study into Long Covid estimated that 50,000 people were living with Long Covid in Wales and up to 1.1million in the UK and that the study could provide wide ranging benefits.

The EDTHS advised the Committee that she was the Executive Lead for Long Covid and noted that she had not seen or heard of this bid until it was published in preparation for the Committee meeting.

She asked if it was part of the Research and Development (R&D) study and that if it was, the money should be covered in the R&D bid and not charitable funds.

It was noted that a further discussion would be needed with the bid author to discuss where the funds would come from.



The END advised the Committee that if it was an official piece of research it would need to be funded appropriately.

The VC concluded that more information was required and the bid should be sent back to the authors of the bid report.

The Committee resolved that:

	a) The bid for charitable funds for research into Brain and Brainstem Basis of Long COVID (BBB-COV) was rejected.	
CFC21/09/011	**Better Life Appeal Report** The Better Life Appeal Report was received. The DC advised the Committee that the report was essentially requesting permission from the Committee to move the Better Life Appeal from an "appeal" basis and return it to a "Fund" basis. It was noted the Appeal was established in 2007 and that the Appeal had raised a large huge amount of money. It was noted the balance of the fund was £377,721.83 **The Committee resolved that:** a) The Better Life Appeal's achievements be celebrated. b) The request to 'step down' the Appeal to a Fund from September 2021 was agreed; c) The request to the Health Charity to continue to work with the clinical team to ensure fundraisers received fundraising support and continued to adhere to governance and probity requirements in relation to future donations was noted.	
CFC21/09/012	**4.1 Fundraising Report** The Fundraising Report was received. The DC advised the Committee that the report could be taken as read. The Committee was advised that the Prop Ball would be held on 29th October 2022 at Mecure Holland House Hotel and the Committee was advised to make a note of the date. **The Committee resolved that:** a) The progress and the activities of the Health Charity were noted.	
CFC21/09/013	**Charitable Funds Strategy Review** The Charitable Funds Strategy Review was received. **The Committee resolved that:** a) The continued approach to implement and deliver the Health Charity Strategy 2020 – 2025 was supported.	
CFC21/09/014	**Reporting Feedback on Successful CFC bids**	

Mohamed Sarah
01/14/2022 16:06:02

	The Committee was asked to note there were nil evaluation reports required during this quarter period.	
CFC21/09/015	**Staff Benefits Report** The Staff Benefits Report was received. **The Committee resolved that:** a) The Staff Benefits Group report were approved	
CFC21/09/016	**Staff Lottery Bids Panel Report** The Staff Lottery Bids Panel Report was received. The DC advised the Committee that Peter Welsh had been appointed as the Chair for the Staff Lottery Bids Panel. The DC highlighted one sentence from the report that stated: *"The Health Charity is pleased to report that over £1million in winnings has been given back to staff members since the relaunch of the scheme in 2005"* The END advised the Committee that the Communications team should do some work in order to raise more awareness of the money that has been won but also what had been given back in gifts. **The Committee resolved that:** a) The content of the Staff Lottery Bids Panel Report was noted.	
CFC21/09/017	**Health Charity Update Reports** • **4.6.1 - Covid Income and Expenditure update (final report)** The Covid Income and Expenditure update was received. **The Committee resolved that:** a) The report was received as assurance of the appropriate management and administration of covid income and expenditure by Cardiff & Vale Health Charity. • **4.6.2 – Third Sector Grant Scheme** The Third Sector Grant Scheme was received. **The Committee resolved that:**	

Mohamed,Sarah
01/14/2022 16:06:02

	a) The update relating to the Third Sector Grant Scheme 2020/21 was noted. • **4.6.3 – Change Account Update** The Change Account Update was received. **The Committee resolved that:** a) The proposed recommendation that the UHB gives notice to the Change Account of early termination of the contract agreement, due to its lack of engagement with the Health Charity and UHB and non-delivery of its proposed staff benefits, was considered.	
CFC21/09/018	**Items to bring to the attention of the Board / Trustee** The END advised the Committee that at the next Board of Trustee meeting a paper would be required that noted each of the funds and all of the things the Health Charity had delivered for staff and patients over the past year.	**NS**
CFC21/09/020	Subject to confirmation from the Head of Corporate Governance, the request to withdraw cash in the sum of £0.250m from the Charity's Investment Portfolio be referred to the Board of Trustees	
CFC21/09/021	**Any Other Business** No other business was noted.	
CFC21/09/022	**Date and Time of Next Meeting** Tuesday 7 December 2021, 9:00am – 12:00pm	

Mohamed,Sarah
01/14/2022 16:06:02

Minutes of the Shaping Our Future Hospitals Committee
Held on 13th October 2021 at 9am
Via MS Teams

Chair:		
Dr Rhian Thomas	RT	Independent Member – Capital & Estates
Present:		
Gary Baxter	GB	Independent Member for University
John Union	JU	Independent Member for Finance
David Edwards	DE	Independent Member for ICT
In Attendance:		
Abigail Harris	AH	Executive Director of Strategic Planning
Catherine Phillips	CP	Executive Director of Finance
Edward Hunt		Programme Director – Strategic Planning
Nikki Foreman	NF	Director of Corporate Governance
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer

Item No	Agenda Item	Action
SOFHC 13/10/001	**Welcome and Introductions**	
SOFHC 13/10/002	**Apologies for Absence** **The Shaping Our Future Hospitals Committee resolved that:** a) No apologies for absence were noted.	
SOFHC 13/10/003	**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 Shaping Our Future Hospitals Committee resolved that :** a) Subject to the above declaration of interest, no further declarations of interest were noted.	
SOFHC 13/10/004	**Minutes of the previous Committee meeting – 21st July 2021** **The Shaping Our Future Hospitals Committee resolved that :** a) The minutes of the meeting held on 21st July 2021 were agreed as a true and accurate record.	
SOFHC 13/10/005	**Action log following the previous meeting –** ***No Action Log***	

Mohamed Sarah
01/14/2022 16:08:02

SOFHC 13/10/006	**Programme Overview – verbal update** The Executive Director of Strategic Planning (EDSP) gave a verbal update on the following matters :– • Observations have been made from Welsh Government (WG) regarding further work required in relation to the programme business case. • WG's view was that the business case contained too much detail. • Edward Hunt (EH) had worked hard to update the business case and the same had been resubmitted to WG. • A date for the infrastructure investment board was confirmed for 3rd December. • • Due to significant pressures as a result of poor infrastructure, doing nothing with respect to our estate is not an option. • Testing through cardiology & diabetes services had taken place. • Geraldine Johnson was to be seconded into a role of senior operational lead in light of her clinical and operational background. The purpose of the role was to think about the principles from an "experience" point of view. • The way wards were currently set out did not help to aid recovery, and provision of staff should be considered. The Executive Director of Finance (EDF) supported the points highlighted by the EDSP. Key posts had been recruited to in advance of WG's confirmation of the funding. The Independent Member for Digital (IMD) questioned if there was a good understanding of the scale, ambition and costs associated with the building of the proposed new hospital? The EDSP answered with the following points – • UHW was a tertiary centre for a large number of services in South Wales and included the Children's Hospital for Wales. • Hywel Dda UHB had bid for a new acute hospital. They proposed to develop on a new site with a hub for A&E in Aberystwyth. • A £2billion budget was required for UHW 2, which the First Minister was aware of. • When the Grange Hospital for Aneurin Bevan Health Board was developed, they had encountered some issues. The SOFH team would have regard to any lessons learnt from other recent new build hospitals. The EDSP mentioned that one option was to build hospital blocks in phases if the preferred option was to remain on the current site. That option could be more expensive, although if the funding was provided over a 10 year period, it could be	

Mohamed,Sarah
01/14/2022 16:06:02

	more affordable. A further challenge was to contribute to the zero emissions. **The Shaping Our Future Hospitals Committee resolved that:** a) The verbal update provided by the Executive Director of Strategic Planning was noted.		
SOFHC 13/10/007	**Outcomes of Welsh Government Meeting – 27/08/2021 and update on Gateway review recommendations** EH gave a brief update following the meeting with Welsh Government (WG). • Some useful recommendations were received from WG but some had already been negated by the recent re-submission of the business case. • The team would ask for some further feedback from WG to ensure the Health Board was moving in the right direction. • The response received so far on the draft had been positive. The EDSP noted that Andrew Goodall had been appointed as the Permanent Secretary. Judith Paget had been appointed as his replacement for 18 months. EH commented that the Gateway Review was still on going and he was keen to move forward with a better delivery assessment. The Independent Member for University (IMU) asked for clarification of the dates that were referred to in the covering report. EH clarified that on 27th August a meeting with WG took place in order to get a definitive way forward in relation to the programme business case. They suggested reference to some of the economical appraisal and the capital figure originally presented in the PBC were removed from the outline business case. A resubmission date for 1st October was agreed. The updated business case provided on 4th October was well received by Simon Dean. IMU noted that the revised case was submitted on 1st October and a meeting was held 3 days later. He queried if that was enough time to process all the information? EH explained the following – • Conversations had taken place with key stakeholders before 1st October where a draft was provided and feedback was received. . • WG proposed 3rd December for an investment board. • The updated business case was in a completed draft form for submission. • It was in a draft form subject to ~WG's endorsement. • WG had suggested a meeting to go through the updated business case and deal with any questions that had arisen in respect of the same.		

Mohamed,Sarah
01/14/2022 16:06:02

	The IMU appreciated there would be conversations going on behind the scenes and he wanted to be clear what was happening regarding the iteration of documents. The Independent Member for Finance (IMF) queried if the Committee would receive a summary of changes? EH confirmed he would provide a summary. The EDSP stated that it was important for the Committee to be clear with regards to the sequence of meetings and that the Committee should see the revised business case. The EDSP commented that the Executive summary had not changed greatly, although it did not include the price. It was felt appropriate to submit the business case to keep the momentum going. The Chair noted the proposed meeting would take place on 3rd December. EDSP commented that the programme business case would be on the agenda. She suggested a 45 minutes presentation would be given at the meeting and she suggested that Stuart Walker, Meriel Jenney, Catherine Phillips attended with Abigail Harris. A copy of the presentation would be shared with the Committee Members. **The Shaping Our Future Hospitals Committee resolved:** a) The Committee noted the re-submission of the business case.	
SOFHC 13/10/008	**Business Case Review** EH gave an update on the business case review, which included the following points: – • With the re submission of the business case, the intention was only to make the requested changes to the PBC. • The economic analysis was carried out for the options which were evaluated and a preferred way forward was recommended. This was removed from the 1st October submission. • The capital figures and implementation plan were removed and the list would be reviewed at the next stage. • WG thought the original options were not definitive. • 5 options were considered. Since the submission of the business case, the SOFH 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. • Director of Capital and Estates had given feedback on the daily maintenance at UHW. A clinician gave a clinical risk update from a clinical stand point.	

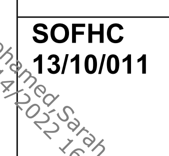
Mohamed Sarah
01/14/2022 16:06:02

	• There was a project for redevelopment of hospital restructure. • Documents could be shared with the Committee so the changes could be seen. The Chair agreed that a one page summary would be helpful. The Independent Member for Finance (IMF) commented that he assumed that the figure of £4.7 million for resources was to undertake the work required to get the business case completed. Was there a list to show where that was being accounted for in the Health Board's budget? EH responded that the figure given referred to the estimated costs for internal and external resource that would be required, and had assumed WG would fund the same. EH commented that the feedback received from Simon Dean was that WG do not normally fund clinical activity. The EDF supported that comment. Funding was expected from WG to enable the Health Board to get to the SOC phase. The Chair questioned if the £4.7 million would be for the SOC phase and not for the PBC? She also queried when would that funding get approved? The EDSP responded that : – • Following the Infrastructure Board meeting, a recommendation would be put to the Minister to endorse. • The concern was that WG would view the £5million as too much. • There was a view that the Health Board may have to pull back on some of the work. • To signal that the SOC was a separate piece of work was not helpful as the SOC was a fundamental piece of work. • She would talk to Simon Dean informally and explain more benchmarking had been done. • Simon Dean was leaving WG in December. The Chair queried what the current status with external partners was and whether they had been engaged upon a retainer basis? EH confirmed that the Health Board had engaged a company on a sub retainer basis. They had been engaged in a couple of areas and had provided a response and review of the business case. The Health Board wanted to do a brochure with Cardiff University & Cardiff Council to promote the opportunity. **The Shaping Our Future Hospitals Committee resolved:** a) The position of the programme and the intent to seek WG endorsement of the PBC as soon as practical to	

Mohamed,Sarah
01/14/2022 16:06:02

	allow progress to be made on the three identified next step projects, was noted.		
SOFHC 13/10/009	**Stakeholder Engagement updates** EH gave an update which included the following points :– • All main stakeholders were sent a letter signed by Stuart Walker & Len Richards to explain the programme business case. • Conversations had taken place with WG and the Director of Climate Change. • A meeting was due to take place that day with Transport colleagues. The EDSP stressed the need to keep wider stakeholders updated. She queried if that should include WHSSC, Velindra & Welsh Ambulance NHS Trust? The Programme Board should give some thought to that. She also raised the need to do an equality and health impact assessment and continue to keep the same under review. The EDSP further commented that 85% of patients who attend UHW were Cardiff residents using the services and 15% of patients access the specialists & tertiary services. The IMU commented that it was too early to have wide spread public engagement, but queried if the CHC had given any indication on how it would like to see public engagement undertaken in relation to this project? The EDSP responded as follows: – • The Health Board had presented a high level overview to the CHC. • The engagement regarding the clinical services plan was important and had a strong mandate – that was, healthcare should be delivered in hospital where it cannot be delivered in the community. • A public consultation would need to be completed. • At SOC stage it was recognised that the Health Board may not have answers to all questions. • If there was a strong clinical view, that should be set out. • This was an important work stream for communication and engagement. • There was an active Heath Residents Association and the Health Board should start to communicate with local residents. **The Shaping Our Future Hospitals Committee resolved:** a) The level of engagement with key stakeholders carried out to date, was noted.	
SOFHC 13/10/010	**Infrastructure Report**	

Mohamed Sarah 01/14/2022 16:04:02

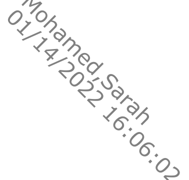
	EH provided a brief overview with regards to the infrastructure covering report – • There were two reports, one was written by Geoff and set out the day to day maintenance of UHW and the other considered clinical risk. • A business case (Academic Avenue) was rejected because of UHW 2. • It had been suggested that critical care should undertake redevelopment and an IT transformation. • Academic Avenue was going to cost over £100million, and the capital required for digital transformation was up to £200million. • Financial resource was required. • In summary, the report detailed the clinical risk and why something needed to change. A strategic outline case was required to address such matters. The Chair noted it was an important piece of work, particularly. In terms of scene setting for public engagement. The IMD asked over what period was £200 million needed for digital transformation. EH confirmed a timescale had not been confirmed. He added that costing for the buildings and additional cost for IT had been worked up in the original PBC. The EDSP added that it was important to note that it had been acknowledged that the solution was not to wait 10 years to get new infrastructure. The Health Board should ensure that each phase of the business case was being future proofed. Digital technology in healthcare was moving forward – for example, automation, and robotics. DE commented that £200million was not enough and whilst he understood the point relating to digital transformation, he queried where would the funding come from? The IMF commented that digital technology would take the hospital forward. One aspect of the report had shown that the digital infrastructure of UHW was poor. The EDSP commented that most of the UHW buildings had a schedule of works. The inspections of the same had resulted in expenditure that had not been predicted. There was a business case for a hybrid theatre and the electrical inspection was not positive. **The Shaping Our Future Hospitals Committee resolved:** a) The Infrastructure Report was noted.	
SOFHC 13/10/011 	**Risk Register / Risk Overview** EH explained that the risks had not changed significantly. There had been delays in terms of the business case. The covering report had set out the top risks to the scheme.	

Mohamed Sarah 01/14/2022 16:06:02

	The EDSP commented that her team had learnt from PBC phase and that some phases were undertaken in a short time frame. More time would be given if options were set out for appraisal. One option would be to talk with WG about what was not being progressed. There was a risk that they were looking to the Health Board for the regional service plan. There was a need to tease out what the specialist and tertiary services would look like. EH commented that the principle deadlines had been challenging to produce a realistic piece of work. He had visited a previous new build site that had taken 9 years to complete. **The Shaping Our Future Hospitals Committee resolved:** a) The Risk Register and the actions being undertaken to manage those risks was noted.	
	Items for Approval / Ratification	
SOFHC 13/10/012	**The Shaping Our Future Hospitals Committee resolved:** a) No items were noted for approval.	
	Items for Information and Noting	
SOFHC 13/10/013	**Programme Board Minutes – 23.07.21** **The Shaping Our Future Hospitals Committee resolved:** a) The Programme Board minutes in relation to the meeting held on 23 July 2021 were agreed and noted.	
SOFHC 13/10/014	**Lifesciences Commercial Opportunities – Verbal Update** EH raised that he would like to progress an opportunity with academic health sciences. Approval had been received for Genomic Services to be relocated into a specialist business park and discussions were taking place with regards to what other services could move there. He commented that the Health Board should work with Cardiff University. It was anticipated that a workshop would be facilitated by Grant Thornton to explore the matter further. A date for November had been arranged, although this would be postponed. EH agreed to provide an update at the next Committee. **The Shaping Our Future Hospitals Committee resolved:** a) The verbal update relating to Lifesciences Commercial Opportunities was noted.	EH
SOFHC 13/10/015	**AOB** The EDF said it would be useful to understand what were the milestones and associated timelines to be met next year and	

Mohamed Salah 01/14/2022 16:06:02

	how resources could best be deployed to meet the same? The Chair suggested that at the Committee's next Agenda Setting meeting, Members could consider the key milestones for 2022. The Committee agreed. The Chair noted that the Committee might want David Thomas to attend a future Committee meeting to discuss digital capital. The IMU want to endorse something that was raised regarding engagement & communications. Engagement was important and hence it was vital to ensure that (I) the engagement strategy was appropriate and (ii) the right people were engaged in order to produce the right result. **The Shaping Our Future Hospitals Committee resolved:** a) AOB was noted by the Committee.	
SOFHC 13/10/016	**Items to be deferred to Board / Committee** **The Shaping Our Future Hospitals Committee resolved:** a) The proposal to bring the PBC to the next Committee meeting, was noted.	
SOFHC 13/10/017	**Date and Time of Next Meeting:** 11th January 2022 at 9am Via MS Teams	



MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE GROUP MEETING HELD ON WEDNESDAY 29 SEPTEMBER 2021 CONDUCTED VIA MICROSOFT TEAMS

Present:	
Sam Austin	Llamau (Chair)
Frank Beamish	Volunteer
Duncan Innes	Cardiff Third Sector Council
Zoe King	Diverse Cymru
Linda Pritchard	Glamorgan Voluntary Services
Siva Sivapalan	Third Sector, Older Persons
Lauren Spillane	Carers Trust
Lani Tucker	Glamorgan Voluntary Services
In Attendance:	
Nikki Foreman	Director of Corporate Governance, UHB
Sian Griffiths	Consultant, Public Health Wales
Abigail Harris	Executive Director of Strategic Planning, UHB
Angela Hughes	Assistant Director of Patient Experience, UHB
Fiona Kinghorn	Executive Director of Public Health
Jon Watts	Head of Strategic Planning, UHB
Anne Wei	Strategic Partnership & Planning Manager, UHB
Apologies:	
Mark Cadman	WAST
Jason Evans	South Wales Fire and Rescue
Iona Gordon	Cardiff Council
Shayne Hembrow	Wales and West Housing Association
Paula Martyn	Independent Care Sector
Geoffrey Simpson	One Voice Wales
Secretariat:	Gareth Lloyd, UHB
Observer:	Sian Taylor, UHB

SRG 21/37 WELCOME AND INTRODUCTIONS

The Chair welcomed Sian Taylor to the meeting as an observer. Sian has recently joined the UHB's Communications Team as Communications and Engagement Manager.

SRG 21/38 APOLOGIES FOR ABSENCE

The SRG **NOTED** the apologies.

Mohamed,Sarah
01/14/2022 16:06:02

SRG 21/39 DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 21/40 MINUTES AND MATTERS ARISING FROM STAKEHOLDER REFERENCE GROUP MEETING HELD ON 22 JULY 2021

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held

Recovery Planning - Waiting Times
Gareth Lloyd confirmed that information on waiting times for each of the Welsh Index of Multiple Deprivation ten deciles had been issued to SRG members.

Abigail Harris explained that the pandemic had not only created a significant backlog of individuals awaiting treatment but there was also a concern that there were a significant number of people who had not sought medical advice who also need treatment and who would eventually be referred. Another issue was that a number of the new working methodologies introduced in response to C-19 continued to impact on productivity. The UHB was working through how it could recover to pre-pandemic activity levels and reduce waiting lists as soon as possible. The UHB had sent Welsh Government (WG) a list of recovery schemes for which capital funding is required, including the procurement of mobile theatres for the UHW site. It was anticipated that these theatres would become operational shortly and would be used for cataract surgery. The UHB was also working with neighbouring UHBs on the pooling of under-utilised capacity and was continuing to utilise capacity in the private sector.

Len Richards, Chief Executive
The Chair confirmed that she had written to the outgoing Chief Executive on behalf of the SRG.

Shortened Version of Annual Plan
Jon Watts explained that a shortened version of the Annual Plan had not been circulated to the SRG as WG did not require UHBs to produce such a document. An easy read version of the 2022/25 Integrated Medium Term Plan (IMTP) would be produced.

Mohamed,Sarah
01/14/2022 16:06:02

SRG 21/41 FEEDBACK FROM BOARD

Nikki Forman informed the SRG that Suzanne Rankin had been appointed as Chief Executive and would commence in post on 1 February 2022.

Nikki Foreman then drew the SRG's attention to some specific items discussed at the UHB Board meeting held on 29 July 2021.

- Chair's Report -The District Nursing and Community Resource Teams were thanked for the wrap around care that they were providing
- Chief Executive's Report - .All members of staff are to be encouraged to participate in the 14,000 Voices Programme. The UHB and its NHS Wales partners had organised a Green Health Wales conference that took place on 29 June. The UHB and its partners had been awarded a Health Service Journal award in the regional C-19 response category for the construction and operation of the Dragon's Heart Hospital.
- Health Inspectorate Wales Annual Report – The Report identified that overall good standards of care had been offered across Wales during the pandemic.
- Corona Virus Report – In July cases and case rates were falling and positivity in the overarching population was also decreasing.
- Performance Report – The UHB had achieved 70% of its pre-pandemic planned care activity during the first quarter of 2021/22. Attendance in the Emergency Unit had reached 90% of its pre-pandemic levels. The Annual Financial Plan submitted to WG includes a break-even year end position. After three months the UHB had an operational surplus of £124k. Delivery of the Financial Plan includes a 2% (£16m) savings requirement.
- Patient Safety, Quality and Experience Report – In May and June the number of concerns had been 2,369 compared with 3,549 in March and April. Since the Board meeting a revised Quality Safety and Experience Framework has been issued followed by a robust engagement exercise.
- The Board agreed to issue a letter of support for the Programme Business Case for an All Wales PET (Positron Emission Tomography) Service.

SRG 21/42 HEALTH INEQUALITIES AND THE DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

The SRG received a presentation from Fiona Kinghorn and Sian Griffiths on the Annual Report of the Director of Public Health 2020.

Mohamed,Sarah
01/14/2022 16:06:02

The Report focusses on how Cardiff and the Vale of Glamorgan can emerge positively from the pandemic with a spotlight on prevention and addressing the inequities exacerbated by the events of the past 18 months. It describes the impact of the pandemic on the 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. The Report is divided into four chapters:
Chapter 1 – Epidemiology – the impact of C-19 pandemic on inequities in Cardiff and the Vale of Glamorgan
Chapter 2 – Children and young people – striving to support a generation's emotional well-being and mental health
Chapter 3 – Amplifying prevention
Chapter 4 – Ways of working through recovery.
The recommendations in each of these Chapters were outlined briefly to the SRG.

The SRG was then asked some specific questions

- How can the organisations and sectors you come from contribute to tackling inequities and prioritising prevention, as described in the recommendations of this report?
- How can we work together to achieve the vision described of meaningful engagement with communities?

The SRG raised a number of questions and made several observations

- Have services been identified which although not provided currently, are required? The SRG was advised that the Annual Report was a guide with recommendations rather than a comprehensive needs assessment. It would be for our strategic partnership groups, for example the RPB and PSBs to review the recommendations and identify any gaps in provision.
- Is there a problem with ethnic minorities not accessing existing services? The SRG was informed that the UHB continued to work with local communities to build confidence and encourage uptake in health services including vaccinations. Further engagement with communities is required in order to understand the issues that are important to them and develop services that are appropriate and accessible to them.
- It would be helpful for all partners to develop a joint prioritised action plan with priorities based on those actions that will provide maximum health benefit.
- The pandemic has forced organisations to work more collaboratively and the third sector has demonstrated that it can successfully deliver many services. It will be important not to lose this partnership working.

Mohamed,Sarah
01/14/2022 16:06:02

SRG 21/43 INTEGRATED MEDIUM TERM PLAN

The SRG received a presentation from Jon Watts on the development of the UHB's IMTP 2022-2025

The SRG was reminded that it is a statutory requirement for UHBs to produce three-year IMTPs that are refreshed annually. This process was paused during the pandemic when the UHB was instead asked to produce Quarterly Plans. WG formal planning guidance was not anticipated until October but the indications were that UHBs would be asked to submit three-year IMTPs for 2022/25. The Minister has also written to UHBs outlining her priorities.

Jon Watts explained that the IMTP is a strategic level document of around 50 pages. It would describe the implementation of the Shaping Our Future Wellbeing Strategy and align with Ministerial priorities and the National Clinical Framework.

The SRG was then informed of the approach to the design of the IMTP 2022-25 and the underlying planning assumptions.

The SRG then discussed the presentation and raised a number of questions and made several observations

- Are there any significant differences between the Minster's and the UHB's priorities? Jon Watts re-assured the SRG that both sets of priorities were broadly aligned.
- Are there any areas of concern that the UHB will find difficult to address and should expectations therefore be managed? Jon Watts explained that a number of deliverables were within the UHB's own gift but acknowledged that others could not be delivered in isolation therefore collaboration and agreement with partners would be required. Abigail Harris suggested that one of the biggest challenges would be how to increase the proportion of funding that was invested in prevention and primary care services as opposed to acute hospital based services. The UHB would have to demonstrate how this shift could be achieved incrementally over time

Abigail Harris suggested that consideration be given to the SRG using a future meeting as a workshop session regarding the prioritisation of deliverables. It was agreed that further discussions were required regarding the format for a workshop.

<u>Action: Abigail Harris/Jon Watts</u>

It was agreed that an early draft of the IMTP will be shared with the SRG for discussion at its meeting in November.

Action: Jon Watts/Gareth Lloyd

It was agreed that Jon Watts and Angela Hughes discuss whether animation and other communication tools developed by the Patient Experience Team through learning from the pandemic could be used to assist with the IMTP communication and engagement activities.

Action: Jon Watts/Angela Hughes

SRG 21/44 STRATEGIC PROGRAMMES

Abigail Harris provided the SRG with a brief overview of the UHB's Strategic Programmes.

The SRG was informed that Q5 had been commissioned to work with the UHB as a 'critical friend' to help it take stock of its Shaping Our Future Wellbeing Strategy and what it needed to deliver over the next five years. The conclusion was that there should be differentiation between Strategic Programmes led by Executives and initiatives that Clinical Boards could lead.

The SRG then received a very brief overview of the four Strategic Programmes

- Shaping Our Future Community Care/@Home Programme
- Shaping Our Future Hospitals Programme
- Shaping Our Future Clinical Services Programme
- Shaping Our Future Population Health Programme

The SRG enquired about the timescale for UHW2. Abigail Harris explained that the timescale had slipped by a couple of months as there was now a new administration in WG. There had been an extremely constructive meeting with Andrew Goodall but the feedback from WG officials was that the Programme Business Case needs refining. WG did, however, recognise that UHW would not be fit for purpose moving forward and that to do nothing was not an option. A senior operational manager with vast experience of health care facilities across the UK and beyond had been appointed to work alongside the Shaping Our Future Hospitals Programme Director to help develop a suite of design and operational principles for the facility. They would commence in post during October and it would be helpful if they were invited to attend a future SRG meeting as part of work to consider service user experience and views. Angela Hughes suggested that Patient Experience could assist in developing these principles as the team and volunteers have a lot of knowledge of the little things that matter to patients and carers.

Mohamed,Sarah
01/14/2022 16:06:02

Abigail Harris explained that the UHW2 Programme Business Case included an explanation of how University Hospital Llandough would be utilised. The location of UHW2 would be considered during the next stage of the business case process. It would have to be located within Cardiff as 85% of the UHB's patient activity was Cardiff or Vale residents. There were few options within Cardiff with redevelopment of the existing site being one option.

In response to an enquiry Abigail Harris explained that she understood that the in-year deficits incurred by NHS providers in England during the pandemic had been written off but not their underlying deficits. This was the same as in Wales.

SRG 21/45 NEXT MEETING OF SRG

Microsoft Teams meeting, 1.30pm-4pm Tuesday 23 November 2021.

Mohamed,Sarah
01/14/2022 16:06:02

LOCAL PARTNERSHIP FORUM MEETING

Thursday 21 October 2021 at 10am, via Teams

Present	
Dawn Ward	Chair of Staff Representatives – BAOT/UNISON (co-Chair)
Rachel Gidman	Executive Director of People and Culture (co-Chair)
Ruth Walker	Executive Director of Nursing
Steve Gauci	UNISON
Andrew Crook	Head of Workforce Governance
Mike Jones	Independent Member – Trade Union
Chris Lewis	Deputy Director of Finance
Stuart Egan	UNISON
Nicola Foreman	Director of Governance
Jonathan Strachan-Taylor	GMB
Peter Welsh	Hospital Manager, UHL and Barry
Pauline Williams	RCN
Stuart Walker	Interim Chief Executive
Paul Rogers	Assistant Director of Therapies and Health Sciences
Rhian Wright	RCN
Rebecca Christy	BDA
Peter Hewin	BAOT / UNISON
Fiona Salter	RCN
Fiona Kinghorn	Executive Director of Public Health
Joanne Brandon	Director of Communications
Lianne Morse	Assistant Director of Workforce
Caroline Bird	Deputy COO (part of meeting
In attendance	
Jess Lancashire	Venbridge
Jonathan Grey	Director of Transformation
Rebecca Corbin	LED Manager
Sian Griffiths	Consultant, Public Health
Keithley Wilkinson	Equality Manager
Apologies	
Mat Thomas	UNISON
Ceri Dolan	RCN
Katrina Griffiths	Interim Head of HR Operations
Lorna McCourt	UNISON
Abigail Harris	Exec Director of Strategic Planning

LPF 21/059 WELCOME AND APOLOGIES

Dawn Ward welcomed everyone to the meeting and apologies for absence were noted.

LPF 21/060 DECLARATIONS OF INTEREST

There were no declarations of interest in respect of agenda items

LPF 21/061 MINUTES OF THE PREVIOUS MEETINGS

The minutes of the meetings held on 18 August 2021 were agreed to be an accurate record of the meeting.

Mohamed, Sarah
01/14/2022 16:06:02

LPF 21/062 ACTION LOG

The Action Log was noted.

It was agreed to postpone the IMTP item to the next meeting when Abigail Harris or Jonathan Watts were able to attend.

LPF 21/063 DRAGON'S HEART INSTITUTE

Professor Jonathan Grey gave a presentation and update on the Dragon's Heart Institute and Jess Lancashire shared detail of some of the conclusions and points of learning from the unknown clinical and operational capability, identifying untapped talent (people), and testing the leadership culture in the context of needing the support of others to help the organisations succeed and face the onset of the COVID 19 pandemic.

Peter Hewin asked about excess spending on external consultants who work for profit, he challenged how is spending money outsourcing to private companies the best way to spend public money. JG agreed some may seem excessive now at the time we needed to work with the pros and cons of the alliances forged to build a low number of high valued priorities, and excelled at attracting public sector and partnership support. (Dr John Cotter is a source of reference).

Action: JG to meet with PH to follow up the conversation.

Rachel Gidman 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.

(JG and JL left the meeting)

LPF 21/064 OPERATIONAL UPDATE - WINTER PRESSURES

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 are increasing and non-covid demand is back to pre-pandemic levels. CB the tremendous efforts being made by the whole workforce to keep going and helping to sustain services.

People presenting with Covid 19 has significantly increased, with over 100+ admissions across the two acute sites each day at the moment. Elective work has also increased and some schemes are ahead of the winter plan but areas of continued challenge are within the front door services Medical Assessment unit, managing the IP&C issues and associated risk and the sustained strain on the Local Authority to deliver a rapid access to essential services for safe discharge from a hospital bed. Steps are being taken ahead of winter to alleviate the pressures, including working with Local Authorities to address the issue of delayed discharges.

Action: Invite Judith Hill to attend to share and update on the D2A model and progress across the health and social care system

Action: Lianne Morse / Jonathan Pritchard to keep Trade Union's updated on progress with discussions with Local Authorities

Mohamed, Sarah
01/14/2022 16:06:02

LPF 21/065 DIRECTOR OF PUBLIC HEALTH'S ANNUAL REPORT

This year's statutory Annual Report of the Director of Public Health (DPH) was shared with the Forum. It 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, focus that will enable us to recover strongly and more fairly.

The report was well received and the Forum noted that it was informative and liked that it was available in a variety of short read formats.

LPF 21/066 STATEGIC EQUALITY PLAN

Keithley Wilkson gave an update on the Strategic Equality Plan as we approach the end of the first year of the Plan. There has been good progress made on the SEP this period, with some key milestones being met including completion of the Stonewall Workplace Equality Index and Welsh Language Standards Annual Report.

KW announced he would be leaving the organisation at the end of the year. The Forum thanked KW his contribution to the Forum and his commitment to work in partnership on this agenda over the years.

LPF 21/067 CHIEF EXECUTIVES REPORT

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;
- COVID update– it was recognised that there is significant pressure in terms of beds, local authority and our staffs resilience;
- 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, noting that the time period for this iteration of the IMTP ends at the same time as our strategy, Shaping Our Future Wellbeing (SOFW) will need to be re-developed. PH asked about TU involvement in this process and he was assured that would always be the case.

LPF 21/068 FINANCE REPORT

The Local Partnership Forum received and noted the Finance Report. Chris Lewis confirmed that the second allocation of resources had been received from Welsh Government meaning that the organisation remained on track with the current plan but mindful of the recovery plans and scrutiny of all ongoing spending on the pandemic.

Mohamed Sarah
01/14/2022 16:06:02

PH said he was pleased we'd had the second allocation and to hear such positivity from CL, but he noted the increasing cost pressures are only likely to mount up and the resources available e.g. workforce supply will become more limited.

LPF 21/069 WOD KPI REPORT

The Local Partnership Forum received and noted the WOD KPI report including a deep dive on statutory and mandatory training.

Action: RG to share data on sickness absences

LPF 21/070 PATIENT QUALITY, SAFETY AND EXPERIENCE REPORT

The Forum received the Patient Quality, Safety and Experience Report. Due to time constraints the paper was taken as read.

Action: The forum agreed to move this item higher up the agenda at future meetings.

LPF 21/071 ANY OTHER BUSINESS

There was no additional business for consideration by the Forum

LPF 21/072 FUTURE MEETING ARRANGEMENTS

The next meeting will be held on Wednesday 1 December 2021 at 10 am with a staff representatives pre-meeting at 9am. The meeting will be held remotely.

Mohamed,Sarah
01/14/2022 16:06:02

Report Title:	FINANCE COMMITTEE KEY ISSUES REPORT							
Meeting:	Board Meeting					Meeting Date:	27th January 2022	
Status:	For Discussion		For Assurance		For Approval		For Information	X
Lead Executive:	Catherine Phillips, Executive Director of Finance							
Report Author (Title):	Dr Rhian Thomas, Chair of Finance Committee							

Background and current situation:

To provide the Board with a summary of key issues discussed at the Finance Committee held on the 24th November 2021.

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

The UHB continues to forecast a break even position based upon the following confirmed resource planning assumptions:

- The brought forward COVID 19 deficit of £21.3m relating to the non delivery of savings required to fund inflation and demand growth in 20/21 has been funded non recurrently;
- Full year funding is confirmed for COVID 19 response costs based on the UHB's gross forecast at month 5.
- Full year funding is confirmed for COVID 19 recovery based upon scheme approval;
- The Welsh Government COVID programmes will continue to be funded on an actual pass through costs basis.
- Planned expenditure reductions due to COVID 19 are available to offset in year operational pressures.

The reported financial position for the 7 months to the end of October was an operational surplus of £0.270m which was an improvement of £0.100m on the month 6 position. There was wide variation in delegated budget holder performance and continued review and asssurance was required in order to ensure that a balanced position is maintained.

Delivery of the core financial plan includes a 2% (£16.0m) savings requirement. At month 7 £15.252m Green and Amber savings were identified against the target. Further progress needs to be made with a focus on recurrent schemes. £7.626m recurrent schemes were identified against the £12.0m recurrent element of the target leaving a further £4.374m to find.

The full year gross COVID forecast has moved in the month from £129.960m at month 6 to £124.687m at month 7. The reduction in forecast costs primarily related to reductions in National Programme forecasts (COVID Vaccination, Tracing and PPE) and recovery of the remaining NHS bonus accrual..

Mohamed.Sarah
01/14/2022 16:06:02

Assessment and Risk Implications

Financial Performance Month 7

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 7 was an underspend of £0.270m as summarised in table 1 below:

Table 1: Month 7 Financial Position 2021/22

	Month 7 £m	Forecast Year-End Position £m
COVID 19 Additional Expenditure	56.850	124.687
Welsh Government COVID funding received / assumed	(56.850)	(124.687)
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	(12.425)	(21.313)
Operational position (Surplus) / Deficit	12.155	21.313
Financial Position £m (Surplus) / Deficit £m	**(0.270)**	**0.000**

The month 7 surplus of £0.270m 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 7 was £56.850m with full year forecast costs totalling £124.687m

Welsh Government had agreed confirmed and anticipated COVID 19 funding. The UHB was 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.

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 £124.687m 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:

Mohamed,Sarah
01/14/2022 16:06:02

Table 2 : Summary of Forecast COVID 19 Net Expenditure & Funding

	Month 7 £m	Forecast Year-End Position £m
COVID 19 Testing	(1.787)	(3.614)
COVID 19 Tracing	(7.357)	(15.837)
COVID 19 Vaccination	(8.639)	(14.372)
Extended Flu vaccination	(0.837)	(2.227)
Cleaning Standards	(0.431)	(2.009)
PPE	(2.622)	(4.792)
Continuing Care and Funded Nursing Care	(1.764)	(2.366)
Urgent and Emergency Care	(1.153)	(1.997)
COVID 19 Local Response	(27.926)	(49.935)
COVID 19 Recovery	(5.657)	(25.196)
COVID 19: Adferiad Programme - Long Covid Recovery	(0.222)	(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	0.000	(0.826)
Covid 19: Recovery Funding National schemes	0.000	(0.747)
COVID 19: Recovery Of NHS Bonus Accrual	1.547	1.547
COVID 19: Health Checks For People With a Learning Disability	0.000	(0.085)
COVID 19: Same Day Emergency Care	0.000	(0.808)
Sub Total COVID funding confirmed/assumed £m	**(56.850)**	**(124.687)**
NR Funding for Non Delivery of 2020/21 Recurrent Savings	(12.425)	(21.313)
Total COVID funding confirmed/assumed £m	**(69.275)**	**(146.000)**

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.

The full year gross COVID forecast has moved in the month from £129.960m at month 6 to £124.687m at month 7. The reduction in forecast costs primarily related to reductions in National Programme forecasts (COVID Vaccination, Tracing and PPE) and recovery of the remaining NHS bonus accrual.

Progress against the UHB's in year savings target was satisfactory. 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)

Mohamed Sarah 01/12/2022 12:06:42

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 Committee was presented with a revised Terms of Reference that included changes which were recommended within the action plan from the report to Board on the review of Capital – Procurement and Governance.

The changes recommended were to expand the remit of the Finance Committee to monitor expenditure of capital schemes but specifically to:

- Review Business Cases on behalf of the Board with a financial value >£500k
- Review and Monitor the Capital Programme

The Finance Committee reviewed the changes to the Terms of Reference and recommended the changes to the Board for approval.

Recommendation:

The Board is asked to:

- **NOTE** this report.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term	X	Integration		Collaboration		Involvement	

Mohamed,Sarah
01/14/2022 16:06:02

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.*

Mohamed Sarah
01/11/2022 16:06:02

Report Title:	FINANCE COMMITTEE KEY ISSUES REPORT							
Meeting:	Board Meeting					Meeting Date:	27th January 2022	
Status:	For Discussion		For Assurance		For Approval		For Information	X
Lead Executive:	Catherine Phillips, Executive Director of Finance							
Report Author (Title):	Dr Rhian Thomas, Chair of Finance Committee							

Background and current situation:

To provide the Board with a summary of key issues discussed at the Finance Committee held on the 5th January 2022.

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

The UHB continues to forecast a break even position based upon the following confirmed resource planning assumptions:

- The brought forward COVID 19 deficit of £21.3m relating to the non delivery of savings required to fund inflation and demand growth in 20/21 has been funded non recurrently;
- Full year funding is confirmed for COVID 19 response costs based on the UHB's gross forecast at month 5.
- Full year funding is confirmed for COVID 19 recovery based upon scheme approval;
- The Welsh Government COVID programmes will continue to be funded on an actual pass through costs basis.
- Planned expenditure reductions due to COVID 19 are available to offset in year operational pressures.

The reported financial position for the 8 months to the end of November was an operational surplus of £0.305m which was an improvement of £0.035m on the month 7 position. There was a wide variation in delegated budget holder performance and continued review and asssurance is required in order to ensure that a balanced position is maintained.

Delivery of the core financial plan includes a 2% (£16.0m) savings requirement. At month 8 £15.419m Green and Amber savings were identified against the target. Further progress however will need to be made on recurrent schemes with a further £4.265m savings to be identified in order to maintain the underlying financial position. This is a key financial risk that needs to be managed.

The other key financial risk is to ensure that the UHB fully utilises the resources it has available to progress service recovery and support systems resilience. Plans are progressing to mitigate this risk.

Mohamed,Sarah
01/14/2022 16:06:02

CARING FOR PEOPLE
KEEPING PEOPLE WELL

Assessment and Risk Implications

Financial Performance Month 8

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 8 was an underspend of £0.305m as summarised in table 1 below:

Table 1: Month 8 Financial Position 2021/22

	Month 8 £m	Forecast Year-End Position £m
COVID 19 Additional Expenditure	64.600	117.608
Welsh Government COVID funding received / assumed	(64.600)	(117.608)
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	(14.200)	(21.313)
Operational position (Surplus) / Deficit	13.895	21.313
Financial Position £m (Surplus) / Deficit £m	**(0.305)**	**0.000**

The month 8 surplus of £0.305m 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 8 was £64.600m with full year forecast costs totalling £117.608m

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.

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 £117.608m 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:

Mohamed,Sarah
01/14/2022 16:06:02

Table 2 : Summary of Forecast COVID 19 Net Expenditure & Funding

	Month 8 £m	Forecast Year-End Position £m
COVID 19 Testing	(2.011)	(3.159)
COVID 19 Tracing	(8.483)	(13.158)
COVID 19 Vaccination	(9.604)	(13.420)
Extended Flu vaccination	(0.691)	(1.915)
Field Hospital / Surge - Recovery of Over Accrual	0.000	0.803
Cleaning Standards	(0.506)	(0.806)
PPE	(2.838)	(3.984)
Continuing Care and Funded Nursing Care	(1.948)	(2.348)
Urgent and Emergency Care	(1.322)	(1.997)
COVID 19 Local Response	(32.208)	(49.935)
COVID 19 Recovery	(6.028)	(25.196)
COVID 19: Adferiad Programme - Long Covid Recovery	(0.224)	(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	(0.496)	(0.826)
Covid 19: Recovery Funding National schemes	0.000	(0.747)
COVID 19: Recovery Of NHS Bonus Accrual	1.759	1.759
COVID 19: Health Checks For People With a Learning Disability	0.000	(0.085)
COVID 19: Same Day Emergency Care	0.000	(0.808)
COVID 19: Cluster Funding	0.000	(0.266)
COVID 19: Planned Care Recovery Revenue SOS/PIFU	0.000	(0.099)
Sub Total COVID funding confirmed/assumed £m	**(64.600)**	**(117.608)**
NR Funding for Non Delivery of 2020/21 Recurrent Savings	(14.200)	(21.313)
Total COVID funding confirmed/assumed £m	**(78.800)**	**(138.921)**

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 £5.4m at month 8 and forecast to reach £6.9m 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 in the month from £124.687m at month 7 to £117.608m at month 8. The reduction in forecast costs primarily relates to reductions in National Programme forecasts (COVID Vaccination, TTP, Cleaning Standards and PPE) and recovery of the NHS bonus accrual.

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.

Mohamed Sesay
01/14/2022 16:06:02

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.

Financial Plan 2022/22 - Update on 2022/23 Revenue Allocations

A presentation on the 2022/23 Revenue allocation and the process to establish the 2022/23 Financial Plan highlighted the following points:

- 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.
- 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.

Recommendation:

The Board is asked to:

- **NOTE** this report.

Mohamed,Sarah
01/14/2022 16:06:02

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term	**X**	Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

Mohamed,Sarah
01/11/2022 16:06:02

Report Title:	Stakeholder Reference Group Report							
Meeting:	UHB Board					Meeting Date:	27th January 2022	
Status:	For Discussion		For Assurance		For Approval		For Information	X
Lead Executive:	Abigail Harris							
Report Author	Sam Austin, Chair of Stakeholder Reference Group							

SITUATION
The following report provides Board with a summary of the key issues discussed at the Stakeholder Reference Group (SRG) meeting held on 23 November 2021.

REPORT

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

ASSESSMENT
The SRG considered the following.

Making Effective Strategic Choices
The SRG received a presentation from Jon Watts on the UHB's approach to prioritising its strategic objectives. The SRG raised a number of questions and made several observations. 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. Physiotherapy could reduce the number of women requiring surgery for pelvic floor prolapse. Should success be measured by numbers treated or quality of outcome? 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. 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.

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 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.

Mohamed,Sarah
01/14/2022 16:06:02

- 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.

RECOMMENDATION

The Board is asked to:

- **NOTE** this report.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention	✓	Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓

Equality and Health Impact Assessment Completed:	Not Applicable

Mohamed.Sarah
01/07/2021 16:06:02

Report Title:	Stakeholder Reference Group Report							
Meeting:	UHB Board					Meeting Date:	27th January 2022	
Status:	For Discussion		For Assurance		For Approval		For Information	X
Lead Executive:	Abigail Harris							
Report Author	Sam Austin, Chair of Stakeholder Reference Group							

SITUATION

The following report provides Board with a summary of the key issues discussed at the Stakeholder Reference Group (SRG) meeting held on 23 November 2021.

REPORT

BACKGROUND

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

ASSESSMENT

The SRG considered the following.

Making Effective Strategic Choices

The SRG received a presentation from Jon Watts on the UHB's approach to prioritising its strategic objectives. The SRG raised a number of questions and made several observations. 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. Physiotherapy could reduce the number of women requiring surgery for pelvic floor prolapse. Should success be measured by numbers treated or quality of outcome? 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. 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.

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 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.

Mohamed,Sarah
01/14/2022 16:06:02

- 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.

RECOMMENDATION

The Board is asked to:

- **NOTE** this report.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention	✓	Long term	✓	Integration	✓	Collaboration	✓	Involvement	✓

Equality and Health Impact Assessment Completed:	Not Applicable

Mohamed, Sarah
11/05/2022 16:06:02

Report Title:	Local Partnership Forum Report					Agenda Item no.		
Meeting:	UHB Board					Meeting Date:	27.01.21	
Status:	For Discussion		For Assurance		For Approval		For Information	x
Lead Executive:	Executive Director of People and Culture							
Report Author (Title):	Workforce Governance Manager							

Background and current situation:

The UHB has statutory duty to "take account of representations made by persons who represent the interests of the community it serves". This is achieved in part by three Advisory Groups to the Board and the Local Partnership Forum (LPF) is one of these.

LPF is co-chaired by the Chair of Staff Representatives and the Executive Director of 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.

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

This report provides Board with a summary of the key issues discussed at the meeting held on 1 December 2021

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

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 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.

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.

Mohamed,Sarah
01/14/2022 16:06:02

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 is temporary but allows delegated authority and autonomy to enable timely decision making. The next steps which have 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.

LPF received the Integrated Performance Report and Workforce KPI Report (including a deep dive into sickness).

Recommendation:

The Board is requested to:

- **NOTE** the contents of this report

Shaping our Future Wellbeing Strategic Objectives

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

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

Mohamed Sesay
01/11/2023 16:06:02

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention		Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:	Not Applicable								

Mohamed,Sarah
01/14/2022 16:06:02

CARING FOR PEOPLE
KEEPING PEOPLE WELL

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

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC)
JOINT COMMITTEE MEETING BRIEFING – 11 JANUARY 2022

The Welsh Health Specialised Services Committee held its latest public meeting on 11 January 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/

1.0 Managing Director's Report

Members received the Managing Director's Report and **noted** updates on:

- **Ty Llewellyn Medium Secure Unit** - The assurance review undertaken by the National Collaborative Commissioning Unit (NCCU) Quality Assurance Service in the Ty Llewellyn Male Medium Secure Unit at Betsi Cadwaladr University Health Board (BCUHB) and the future requirement for an action plan from the Health Board; and
- **System Resilience and the Local Options Framework Impact – Weekly Reporting** - As a consequence of challenges in achieving quoracy, linked to COVID-19 operational pressures at Health Board (HB) level, and the recent letter from Mrs Judith Paget CEO of NHS Wales suggesting NHS bodies step down any non-essential meetings, the panel have returned to the process previously adopted during the start of the pandemic to ensure business continuity. The full IPFR Panel meeting will be stood down for January 2022, and the Chair's action arrangement outlined in the Terms of Reference (ToR) will be used, strengthened by including the attendance of two WHSSC Clinical Directors and a lay member representative. Therefore, the strengthened Chair's Action option for Panel decisions will be used during January 2022 instead of the full Panel. Members **noted** that an update report will be presented to the Joint Committee on 18 January 2021.

Members **noted** the report.

Mohamed Sarah
01/14/2022 16:06:02

2.0 Integrated Commissioning Plan (ICP) 2022-2025

Members received the WHSSC Integrated Commissioning Plan (ICP) 2022-2025 for approval and were requested to approve its submission to Welsh Government (WG) in line with the requirements set out in the WG Planning Guidance.

Members noted that:

- In November 2021 the Joint Committee (JC) had requested that an extraordinary JC meeting be held on 11 January 2022 to approve the WHSSC Integrated Plan (ICP) ahead of Health Board (HB) Integrated Medium Term Plans (IMTP's) being submitted to Boards for approval;
- The Management Group (MG) met on 6 December 2021 and were advised that it may be necessary for MG to convene an ad hoc meeting in early January 2022 for further discussion of the ICP once the HBs had received their financial allocation letters from Welsh Government (WG) and that they would contact the WHSS team with any issues arising from the allocation letters as required; and
- Following the December meeting no formal contact had been received from any MG members to request an ad hoc meeting, however informal feedback had been received from some HBs advising that they may not be in a position to provide final sign off of the ICP at present as they were still working on their own IMTPs.

Members **discussed** the challenges for HBs related to the allocation letter and the increasing levels of uncertainty regarding the recovery position and the risks that this posed. Members **noted** that HBs were still working through their own plans and may not be able to commit to fully approving the ICP at this point, and agreed that the ICP be approved in principle subject to further work being completed with the MG to further explore the risk appetite and specifically the potential for further financial slippage that could reduce the increase needed for the first year of the ICP whilst maintaining a prudent view of the recurrent position. The WHSSC team indicated that the potential for further slippage had already been identified by the team and would be shared in advance. The areas for risk appetite review include the time lag estimated for new developments to fully account for manpower shortages and recovery rate uncertainty, recognising that some new developments may need to brought on more quickly than others. The scale of the potential reduction in the year 1 requirement was indicated to be a reduction to circa 5.11% from the current 6.57%.

Members (1) **Approved** the Integrated Commissioning Plan (ICP) 2022-2025 **in principle** as the basis of the information to be included in the Health Board IMTP's, and **agreed** to refer the ICP back to the

Mohamed,Sarah
01/14/2022 16:06:02

Management Group meeting on 20 January 2022 for further discussion on the financial allocation and tables, and that a special extraordinary JC meeting be scheduled in February 2022 to formally approve the plan in readiness for submission to Welsh Government by the end of February deadline.

Mohamed,Sarah
01/14/2022 16:06:02

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Service Partnership Committee**
Chaired by	Margaret Foster, Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	18 November 2021

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

<u>Decarbonisation Agenda</u>

Chris Lewis, NWSSP, Specialist Estates, provided an update on the work being done within NWSSP, both internally and on behalf of NHS Wales, in terms of the decarbonisation agenda. The context is the global recognition of climate change, and the need to take action to minimise the extent of rising temperatures, as has been discussed recently by world leaders in the COP26 conference in Glasgow. The work that Chris and his team are doing is aligned to the Welsh Government agenda. There are a number of good examples where progress has been made in terms of improving the estate (e.g. through LED lighting and Solar Panels); reducing transport emissions through greater use of electric vehicles and the installation of charging points; and reducing waste, particularly in terms of single-use plastic. The Welsh Government target of 30% working from home should also contribute, although savings in commuting emissions might be partially offset by increased energy use in private homes. Procurement and the supply chain are also a big area of potential impact on NWSSP's carbon footprint, and one example of where a difference can be made is in changing the medical gases used by anaesthetists. How NHS Wales fits into the expected targets and associated timescales for Wales to be carbon-neutral were discussed by Committee Members.

The presentation generated informed discussion. Lisa Wise, who heads the Climate Change Team for Health and Social Care in Welsh Government stressed the need for the programme to include adaptation to a changing climate to ensure continued resilience. Others commented on whether the programme was sufficiently ambitious and on how NWSSP could support the rest of NHS Wales. It was also stressed that this is not just a responsibility that can be delegated to Estates, but one which needs to be picked up across whole organisations. The costs associated with addressing climate change are huge, and it was therefore important that organisations acted in a joined-up way, partnering with local authorities and other bodies where appropriate, to take advantage of UK wide

Mohamed, Sarah
07/14/2022 16:06:02

initiatives and to avoid any unnecessary duplication. Obtaining a number of electric HGVs for the NWSSP fleet is one example of where UK-wide funding has been successfully accessed to date.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- A graphical representation highlighting how volumes of transactions have increased in recent years for Accounts Payable, Recruitment and Payroll functions and in particular over the previous 6 months. In recent months, the need for Health Boards and Trusts to increase expenditure and recruit significant additional members of staff to respond to and recover from the pandemic is undoubtedly placing great strain on the NWSSP Recruitment and Payroll teams in particular. Pressures have been compounded through the need to further respond to one-off issues such as payment of the COVID bonus, overtime arrears for annual leave, and implementing the pay award. NWSSP staff have responded admirably to these challenges, but the level of current demand is difficult to sustain within existing resource and systems and additional resources are required. Internal measures are being implemented to increase staff available where possible but the issues arising from this level of unprecedented and unplanned demand have been added as a risk on the Corporate Risk Register.

Function	Activity	2012/13 Baseline	2021/22 Forecast	% Increase
Accounts Payable	Invoices Processed	1,368,590	2,024,935	48%
Recruitment	FTE's Advertised	7,720	39,462	411%
Payroll	Payslips Processed	1,311,130	1,670,006	27%

- Continued progress has been made on addressing the issues that have been raised following health and safety audits undertaken by NWSSP within the initial three laundries that transferred, and this has been regularly reported to the NWSSP Senior Leadership Group. Although not secured yet, and subject to planning and changes outside of NWSSP control, the following sites are the All-Wales Laundry “preferred sites” that will be subject to scrutiny and business case approval:

    - **South West Region**: Millstream Way – land at Millstream Way, Swansea Vale, Swansea; and

    - **North Wales**: Tir Llwyd Employment Parc - land at Tir Llwyd Employment Parc, Kinmel Bay, Rhyl

Mohamed,Sarah
01/14/2022 16:06:02

- The major Oracle upgrade was carried out following the completion of a substantial testing programme and the system went live on 19 October, with all milestones achieved. There have been some issues with system stability and performance causing disruption since go-live which is to be initially expected for major upgrades. These now have now been addressed and the system is operating at pre-upgrade levels.

Items Requiring SSPC Approval/Endorsement

COVID-19 Inquiry Planning Update

The Committee was advised of the arrangements currently in place to prepare for the UK (and potentially Wales) COVID Public Inquiry. A task group has been established comprising a number of directors and the terms of reference for the group were shared with the Committee. Action Plans have been documented and additional resource is being recruited to help collate relevant evidence. There was some discussion on the large number of groups across NHS Wales who are responding to the likely needs of the Inquiry and the resultant need to minimise the potential for duplication. The Committee **ENDORSED** the approach.

Matrix House Business Case

An opportunity to purchase Matrix House in Swansea (NWSSP West Wales Regional Hub), which is currently occupied by NWSSP, PHW and WAST, as well as some private tenants, has arisen. All three NHS organisations have long leases remaining and are committed to utilising this building for the foreseeable future and in particular WAST have recently incurred significant capital expenditure to provide a comprehensive training centre at the site. The purchase of the property would generate revenue savings and is supported by both PHW and WAST. The Committee **APPROVED** the business case and endorsed NWSSP requesting capital funding from Welsh Government to facilitate the purchase of Matrix House.

SMTL Expansion

The Committee were presented with options for the expansion of the Surgical and Medical Testing Laboratory (SMTL) within IP5. SMTL were at the forefront of ensuring the efficacy of PPE equipment during the pandemic and generate substantial levels of income from both health bodies across the UK and the private sector. Expansion of the service within IP5 would reduce the need for certain types of equipment having to be sent to the US and Europe for specific testing. There were two options suggested for this expansion, a smaller expansion providing 325 square metres of additional space or a larger expansion delivering an additional 750 square metres. Funding for the smaller expansion has been agreed with Welsh Government and it was confirmed that the selection of this option does not preclude the larger expansion being undertaken in future. The Committee **ENDORSED** development of the smaller expansion at a cost of £572,606 including VAT.

Revisions to Standing Orders

The Committee **ENDORSED** some minor amendments to the Standing Orders. These included the removal of the temporary increase in expenditure limits and the increase in tenure for the Chair, both of which resulting from the need to respond to the pandemic.

IMTP – Emerging Themes

The Committee were provided with the initial emerging themes from the NWSSP IMTP process. Individual meetings between each Committee member and the NWSSP Director of Planning, Performance and Informatics will be held over the coming weeks, with the IMTP being brought back to the Committee in January for formal approval. The Committee **ENDORSED** the approach.

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.

Finance Report – The Committee reviewed the finance report and noted the additional savings that had been generated during the year to date. £2m of non-recurrent re-investments have been agreed within NWSSP to accelerate benefits and efficiencies and an additional £1.25m distribution confirmed to NHS Wales and Welsh Government in 2021/22 as approved at the last SSPC. The financial position will be continually reviewed over the coming months to inform any further funding and/or distributions. £4.5m of capital funding has been confirmed against the £10.5m included in the IMTP. £1.02m has been spent to date with plans in place to fully utilise the funding within the financial year. The outcome is awaited of the additional capital funding request of £11.5m to Welsh Government. Welsh Risk Pool expenditure to M7 is £32.7m, compared to £56m at this point last year. The M7 DEL forecast is £125m compared to the IMTP forecast of £123.5m. Welsh Government have locked the £16.5m risk share in September with UHBs/Trusts so any movement from forecast will be managed with WG. The forecast remains within a range which can be managed to meet the total Welsh Government resource available by the end of the year and cases are continually reviewed to identify if additional expenditure can be incurred in 2021/22 to ease pressure on the risk share agreement in future years.

Audit Wales – Copies of the Audit Wales NWSSP Management Letter and the review of Hosted Systems were provided to the Committee for information. Both provide positive assurance over the systems operated by NWSSP on behalf of NHS Wales which account for approximately 95% of total NHS expenditure .

Mohamed,Sarah
07/14/2022 16:06:02

People & OD Update – In-month sickness levels remain very low at 2.51% with the cumulative figure for the last 12 months at 2.92%. Headcount continues to grow with 4408 staff in post, and 1165 new starters in the last 12 months. Most of these relate to the Single Lead Employer, but significant numbers have also been recruited or transferred relating to new services such as the Laundry,

Medical Examiner and TMU Services. Statutory and Mandatory training compliance has improved to 85.5%, but there is still room for improvement with completion of PADRs which are at 65%.

Corporate Risk Register – there are currently no red risks on the register, as good progress is being made with the replacement of the NHAIS system which has seen the risk down-graded to amber. A new risk has been added relating to the impact of the significant pressures from increased activity being experienced within Recruitment and Payroll services.

Papers for Information

The following items were provided for information only:

- Wales Infected Blood Support Services Annual Report;
- Quality and Safety Assurance Report;
- Audit Committee Highlight Report;
- Audit Committee Annual Report;
- Counter Fraud Annual Report; and
- Finance Monitoring Returns (Months 6 & 7).

AOB

The meeting was the last chaired by Margaret Foster, who retires as the NWSSP Chair at the end of November. Margaret has held the post for nine years and has overseen a substantial growth in the size, range, and complexity of the services provided by NWSSP. The Committee paid tribute to Margaret and provided her with a small gift to acknowledge her efforts and contribution. Professor Tracy Myhill commences as the new NWSSP Chair with effect from 1 December. Tracy was appointed following a very robust recruitment process that attracted some excellent candidates.

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	20 January 2022

-----Original Message-----
From: Charles Janczewski (Cardiff and Vale UHB - Headquarters)
Sent: 22 December 2021 10:30
To: Nathan Saunders (Cardiff and Vale UHB - CORPORATE GOVERNANCE); Fiona Jenkins (Cardiff and Vale UHB - Executive HQ)
Cc: Nicola Foreman (Cardiff and Vale UHB - Executive Headquarters)
Subject: A big thank you to the department of audiology and Nicola George in particular

Hi Nathan,

Thank you for sharing this correspondence. Would you please include the message under AOB for the January Board meeting?

Thank you

Jan

-----Original Message-----
From: Chris Griffin <chrisgriffin1961@icloud.com>
Sent: 21 December 2021 16:57
To: Nathan Saunders (Cardiff and Vale UHB - CORPORATE GOVERNANCE) <Nathan.Saunders2@wales.nhs.uk>
Subject: A big thank you to the department of audiology and Nicola George in particular

Hi Nathan

Would you be able to pass on the highest regards we have for the audiology department at the heath hospital for me please at the next board meeting

This is the time of year when we should use appreciative enquiry (if not all the time) but to start a board meeting with the most sincere thanks that our family have for the team in the audiology department doesn't do justice to the level of care, empathy and professionalism the team has shown us all

Many thanks

Diolch,

Best wishes

Chris Griffin

Mohamed,Sarah
01/14/2022 16:06:02