Public Board Meeting

Thu 28 July 2022, 12:00 - 17:00

Agenda

12:00 - 12:02
2 min

1.
Welcome & Introductions

Charles Janczewski

12:02 - 12:04
2 min

2.
Apologies for Absence

Charles Janczewski

12:04 - 12:06
2 min

3.
Declarations of Interest

Charles Janczewski

12:06 - 12:08
2 min

4.
Minutes of the Board Meeting:

Charles Janczewski

4.1.
Public Board – 26.05.22

4.1 Draft Minutes Public Board 26.05.22 MD.NF.CJ.pdf (22 pages)

4.2.
Public Special Board – 14.06.22

4.2 Special Public Board 14.06.22 MD. NF. CJ.pdf (6 pages)

4.3.
Public Special Board – 30.06.22

4.3 Special Board Meeting 30.06.22 MD. NF. CJ.pdf (10 pages)

12:08 - 12:10
2 min

5.
Action Log – 30.06.22

Charles Janczewski

5 Action Log MD.NF.pdf (4 pages)

Saunders.Nathan
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12:10 - 14:40
150 min

6.
Items for Review and Assurance

6.1.
Patient Story – A poem from a Patient

Jason Roberts

15 minutes

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

Charles Janczewski

10 minutes

6.2 Chair's Board Report - July 2022v3CAJ.pdf (6 pages)

6.3.
Chief Executive Report

Suzanne Rankin

20 minutes

6.3 CE Report to Board_Jul22_Final ver2.pdf (7 pages)

6.4.
Board Assurance Framework

Nicola Foreman

10 minutes

6.4 BAF July 2022 - Covering report.pdf (3 pages)
6.4a BOARD ASSURANCE FRAMEWORK - JULY 2022.pdf (31 pages)

6.5.
Chairs reports from Committees of the Board:

20 minutes

6.5.1.
Finance Committee

6.5.1 Finance Chairs Reportv2.pdf (6 pages)

6.5.2.
Health & Safety Committee

6.5.2 Health&Safety Chairs Report.pdf (5 pages)

6.5.3.
Mental Health Legislation and Mental Health Act Committee

6.5.3 MHLMCA Chairs Report.pdf (5 pages)

Saunders,Nathan
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6.5.4.
Quality, Safety & Experience Committee

6.5.4 QSE Chairs Report June 2022 SE.pdf (8 pages)

6.5.5.

Strategy & Delivery Committee

6.5.5 SD Chairs Report July 2022.pdf (7 pages)

6.5.6.
Audit & Assurance Committee

6.5.6 Audit Chairs Report.pdf (7 pages)

6.6.
Integrated Performance Report:

45 minutes *Fiona Kinghorn / Jason Roberts / Rachel Gidman / Hannah Evans / Catherine Phillips*

- Population Health
- Quality & Safety
- Workforce (People)
- Operational Performance
- Finance

6.6 Integrated Performance Report July 2022.pdf (15 pages)

6.7.
IMTP report on Q1

Abigail Harris

20 minutes

Further reading - Supporting Documents

6.7 IMTP Cover Paper - Q1 report - July 2022 Board.pdf (3 pages)
6.7a IMTP Background, Content and Baseline Information.pdf (18 pages)
6.7b IMTP QTR1 update report_annex 1 090722 v2.pdf (17 pages)

6.8.
Break for refreshments (10 minutes)

14:40 - 15:25
45 min

7.
Items for Approval / Ratification

7.1.
Health & Safety Annual Report

Rachel Gidman

10 minutes

7.1 H&S Annual Report 2021-22.pdf (21 pages)
7.1a H&S Plan - combined objectives Draft March 2022.pdf (9 pages)

7.2.
Health & Safety Culture Plan

Rachel Gidman

10 minutes

7.2 H&S Culture Plan.pdf (3 pages)
7.2a H&S Culture Plan Draft.pdf (35 pages)
7.2b Health and Safety Culture Plan EHIA.pdf (13 pages)

Saunders,Natalie
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7.3.
Outline Business Cases:

10 minutes

7.3.1.
Health & Wellbeing Centre@CRI OBC

Abigail Harris

The OBC is commercially sensitive and contains confidential information. A copy of the full OBC is available to ***Board Members*** *under the Supporting Documents section of Admin Control.*

- 7.3 HWC@CRI OBC CAV Board Reportv.2(1).pdf (6 pages)
- 7.3a CRI OBC exec summary v8.pdf (40 pages)

7.4.
Risk Management Strategy

Nicola Foreman

10 minutes

- 7.4 Risk Management Strategy.pdf (3 pages)

7.5.
Committee Membership

Nicola Foreman

- 7.5 Membership - covering report.pdf (3 pages)
- 7.5a Committee Membership - By Committee - wef 01.08.22.pdf (3 pages)

7.6.
Committee / Governance Group Minutes:

5 minutes

7.6.1.
Emergency Ambulance Services Joint Committee Meeting

- 7.6.1 EASC Minutes May 2022.pdf (14 pages)

7.6.2.
Charitable Funds Committee – 01.03.22

- 7.6.2 CFC Minutes March 2022.pdf (10 pages)

7.6.3.
Strategy & Delivery Committee – 15.03.22 and 17 May 2022

- 7.6.3a SD Minutes March 2022.pdf (12 pages)
- 7.6.3b SD Minutes May 2022.pdf (16 pages)

7.6.4.
Finance Committee – 27.04.22 and 25.05.22

- 7.6.4a Finance Minutes April 2022.pdf (8 pages)
- 7.6.4b Finance Minutes May 2022.pdf (10 pages)

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7.6.5.
Audit & Assurance Committee – 12.05.22 and 14.06.22 (Special)

- 7.6.5a Audit Minutes May 2022.pdf (7 pages)
- 7.6.5b Special Audit Minutes - June 2022.pdf (11 pages)

7.6.6.
Quality, Safety & Experience Committee – 12.04.22

7.6.6 QSE Minutes April 2022.pdf (12 pages)

7.6.7.
Mental Health Legislation and Mental Health Act Committee 26.04.22

7.6.7 MHLMCA Minutes April 2022.pdf (13 pages)

7.6.8.
Health & Safety Committee – 19.04.22

7.6.8 HS Minutes April 2022.pdf (12 pages)

7.6.9.
Digital Health & Intelligence Committee – 01.02.2022

7.6.9 DHIC Minutes February 2022.pdf (9 pages)

7.6.10.
Stakeholder Reference Group –

7.6.10 SRG Minutes March 2022.pdf (6 pages)

7.6.11.
Local Partnership Forum – 13.04.22

7.6.11 LPF Minutes April 2022.pdf (6 pages)

15:25 - 16:00
35 min

8.
Items for Noting and Information to Report

8.1.
Corporate Risk Register

Nicola Foreman

5 minutes

8.1 Corporate Risk Register July 2022.pdf (4 pages)
8.1a Corporate Risk Register July 2022 - Board Summary.pdf (1 pages)

8.2.
Commissioning Intentions

Abigail Harris

15 minutes

8.2 Commissioning Cover Report.pdf (2 pages)
8.2a Commissioning Intentions 23_24.pdf (55 pages)
8.2b Summary Commissioning Intentions 2023-2024 v2.pdf (3 pages)
8.2c DRAFT Commissioning Team Annual Report 2021-22 V3.pdf (35 pages)

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8.3.
Chair's Reports from Advisory Groups and Joint Committees:

10 minutes

8.3.1.
Emergency Ambulance Services Joint Committee

8.3.1 EASC Chairs Report July 2022.pdf (8 pages)

8.3.2.
NWSSP Assurance Report

8.3.2 SSPC Assurance Report 19 May 2022.pdf (6 pages)

8.3.3.
Stakeholder Reference Group

8.3.3 SRG Chairs Report from May.pdf (3 pages)

8.3.4.
Local Partnership Forum

8.3.4 LPF briefing (June 2022) for July 2022..pdf (3 pages)

16:00 - 16:00
0 min

9.
Agenda for Private Board Meeting:

i. Approval of minutes
ii. IMTP Position – Verbal Update
iii. Regional Planning Architecture
iv. Approval of Private Committee minutes
v: Covid-19 Inquiry Update

16:00 - 16:00
0 min

10.
Any Other Business

Charles Janczewski

16:00 - 16:00
0 min

11.
Review of the meeting

Charles Janczewski

16:00 - 16:00
0 min

12.
Date and time of next meeting:

September 29th 2022– Time and Venue TBC

16:00 - 16:00
0 min

13.
Declaration

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

Unconfirmed Draft Minutes of the Public Board Meeting
Held On 26 May 2022
At the Village Hotel – CF14 7EF

Chair:		
Charles Janczewski	CJ	University Health Board Chair
Present:		
Caroline Bird	CB	Interim Chief Operating Officer
David Edwards	DE	Independent Member – ICT
Susan Elsmore	SE	Independent Member – Local Authority
Rachel Gidman	RG	Executive Director of People and Culture
Akmal Hanuk	AH	Independent Member – Community
Abigail Harris	AH	Executive Director of Strategic Planning
Michael Imperato	MI	Independent Member – Legal
Fiona Jenkins	FJ	Executive Director of Therapies and Health Sciences
Meriel Jenney	MJ	Executive Medical Director
Mike Jones	MJ	Independent Member – Trade Union
Sara Moseley	SM	Independent Member – Third Sector
Catherine Phillips	CP	Executive Director of Finance
Ceri Phillips	CP	University Health Board Vice Chair
Suzanne Rankin	SR	Chief Executive Officer
Jason Roberts	JR	Interim Executive Nurse Director
Rhian Thomas	RT	Independent Member – Capital and Estates
John Union	JU	Independent Member – Finance
In attendance:		
Claire Beynon	CB	Deputy Director of Public Health
Nicola Foreman	NF	Director of Corporate Governance
David Thomas	DT	Director of Digital and Health Intelligence
Malcolm Latham	Malcolm Latham	Malcolm Latham
Observers:		
Paul Bostock	PB	Director of Operations Hampshire Hospitals NHS Foundation Trust
Joanne Brandon	JB	Director of Communications
Max Scott-Cook	MSC	Member of Public
Tim Davies	TD	Head of Corporate Business
Sarah Mohamed	SM	Corporate Governance Officer
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Stephen Allen	SA	Chief Officer South Glamorgan Community Health Council
Sam Austin	SA	Stakeholder Reference Group Chair -Llamau
Gary Baxter	GB	Independent Member – University
Lance Carver	LC	Director of Social Services – Vale of Glamorgan Council
Fiona Kinghorn	FK	Executive Director of Public Health

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Item No	Agenda Item	Action
UHB 22/05/001	**Welcome & Introductions** The University Health Board Vice Chair (UHB Vice Chair) welcomed all to the Board meeting in English and in Welsh.	
UHB 22/05/002	**Apologies for Absence** Apologies for absences were noted.	
UHB 22/05/003	**Declarations of Interest** The independent Member – Third Sector declared an interest as a member of the General Medical Council (GMC)	
UHB 22/05/004	**Minutes of the Meeting Held on 31 March 2022** The minutes of the Public Board Meeting held on 31 March 2022 were reviewed for accuracy and matters arising. The Chief Executive Officer (CEO) noted that the words “worked through” on minute UHB 22/03/009 should be amended to “addressed”. The CEO asked for the number of mortality indicator on minute UHB 22/03/015 to be changed from 107 to 136 and asked the Executive Medical Director (EMD) to confirm the number. The EMD confirmed the same. **The Board resolved that:** a) The minutes of the Public Board meeting held on 31 March 2022 were approved as a true and accurate record pending the above amendments.	
UHB 22/05/005	**Action Log – 31 March 2022** The Action Log was received. The Interim Chief Operating Officer (ICOO) advised the Board that Action UHB 22/01/011 was completed and that there were 3 routes discussed with the Emergency Ambulance Services Committee which included: • Executive to Executive • Operational Groups • Emergency Care – Alongside 6 identified goals. **The Board resolved that:**	

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	a) The Action Log was received and noted.	
UHB 22/05/006	**Patient Story – Emmie's Story** The Patient Story was received. The Patient Story identified a Carer's view and the issues experienced when attending the Accident & Emergency (A&E) department at the University Hospital of Wales (UHW). The Interim Executive Nurse Director (IEND) advised the Board that some of the issues experienced by the Carer had been due to the Covid-19 restrictions that were in place at A&E and noted that the issues had been discussed with the staff members involved to ensure that it would not happen again and outcomes provided included: • An Emergency Unit Unpaid Carers Charter which would explain what unpaid Carers could expect when attending the Emergency Unit. • Unpaid Carers Lanyard Pilot which would proactively identify unpaid carers within the Emergency Unit so that support could be provided. • Unpaid Carers Information Cards – QR codes on the card would direct people to information as well as contact details for the Health Board's Patient Experience Team. The IEND advised the Board that visiting restrictions would be eased which would also help with some issues that had been identified by the unpaid Carer It was noted that visiting hotlines would remain open during the transitional phase and that a communication plan would be put in place to relay messages around visiting on social media platforms and to Community Health Colleagues. The CEO concluded that all of the outcomes identified were welcomed and noted that some of the issues were part of a bigger cultural piece of work which needed to be addressed. She added that Board Members would be paramount to ensure culture changes happened within the Health Board. **The Board resolved that:** a) The Patient Story was noted	
UHB 22/05/007	**Chair's Report and Chair's Action taken since last meeting** The Chair's Report and Chair's Action taken since last meeting was received. The UHB Vice Chair advised the Board that he would take the report as read and opened the floor to questions.	

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	The Independent Member – Trade Union (IMTU) thanked the UHB Vice Chair for the report and noted that it highlighted staffing groups who were not normally mentioned such as: • Facilities • Catering Services • Estates Maintenance • Waste Services • Security Services The UHB Vice Chair provided the Board's thanks to those staffing groups as well as all other staff within the Health Board. The Director of Communications (DC) advised the Board that on 15th June 2022 there would be a Day of Celebration for the Capital and Estates Team. The Executive Director of Strategic Planning (EDSP) advised the Board that feedback from various Executive WalkRounds had highlighted the positive work performed by Porters and thanked the Portering and Security teams. The Executive Director of People & Culture (EDPC) advised the Board that although the turnover of staff was high, the work undertaken by staff was good and noted that the staff turnover figures should be addressed. **The Board resolved that:** a) The Report was noted; b) The Chair's Actions undertaken were approved; and c) The application of the Health Board Seal and completion of the Agreements detailed within the report were approved.	
UHB 22/05/008	**Chief Executive Report** The Chief Executive Report was received. The CEO advised the Board that she would take the report as read and highlighted two areas which included: • Discovery Phase – The CEO noted that she was nearing the end of her initial period of discovery at Cardiff and Vale University Health Board (the Health Board). She noted that since joining the team, she had been keen to meet as many colleagues as possible and really understand the challenges the Health Board faced. • Pressures seen across the Health Board – the CEO noted that demand on services across the Health Board continued to be	

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	extreme, with particular pressure points being seen in Primary Care, Mental Health and Urgent and Emergency Care. She added that much detailed work continued to mitigate the effects of the continuing surge in need but it was clear the impact of the quality of patient care and experience alongside the degradation of team resilience, which were tangible and of great concern. The CEO advised the Board of two areas of work to support and mitigate pressures which included: • NHS 111 Wales Update – It was noted that NHS 111 Wales was now available in Cardiff and the Vale which enabled patients to visit the website or call 111 from anywhere in Wales to access healthcare advice and information. • Phase 1 of Same Day Emergency Care (SDEC) Assessment Unit open to Patients – It was noted that the new assessment unit, located at University Hospital of Wales (UHW), had been created to allow rapid access to surgical treatment through ambulatory care. She added that the state-of-the-art multidisciplinary unit would allow the surgical teams to provide same day assessment, rapid access to diagnostics and treatment which would help reduce patient admissions and length of stay in hospital. The CEO advised the Board of a further two areas to highlight from the report which included areas of strategic initiative and areas the Health Board should be proud of: • The All-Wales Dementia Charter which was launched on 6 April and aimed to enable hospitals to create the right environment for people with dementia, their families and carers in Wales. She added that it would focus on improvement and offer a short, accessible and visible statement of principles that contributed to a dementia-friendly hospital. • Age Friendly City Status – It was noted that Cardiff had recently received Age-Friendly City Status from the World Health Organisation. The CEO added that Cardiff had been accepted as the first Local Authority to join the Global Network of Age Friendly cities and communities and that work had commenced on an evaluation framework to track the progress of the Action Plan which was a key element of the application process. The Executive Director of Therapies and Health Sciences (EDTHS) advised the Board that it was great to see the New Weight Management and Prevention Services to support Children and Young People highlighted within the report, and that it was great to see the Public Health agenda being delivered.	

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	The CEO advised the Board that it would be worth mentioning that there was now a case of Monkeypox in Wales and that contigency planning discussions were being held with Welsh Government (WG). The Deputy Director of Public Health advised the Board that Monkeypox was a mild virus and generally would go away on it's own and noted that Monkeypox within Wales was under control. The CEO concluded that she continued to be hugely impressed and humbled by the work of colleagues and the whole Cardiff and Vale team and wished to record her gratitude formally within the minutes. **The Board resolved that:** a) The Report was noted	
UHB 22/05/009	**Board Assurance Framework** The Board Assurance Framework (BAF) was received. The Director of Corporate Governance (DCG) advised the Board that the BAF provided information on the key Strategic Risks that could impact upon the delivery of the Health Board's Strategy 'Shaping our Future Wellbeing'. She added that each year the Management Executive Team agreed which significant risks would impact upon the delivery of the Health Board's Strategic Objectives. A discussion had taken place at Management Executives' meeting on 9th May 2022 where it was agreed the following risks would be added to the Board Assurance Framework for the financial year 2022/23: 1. Workforce 2. Patient Safety 3. Sustainable Culture Change 4. Capital Assets 5. Delivery of 22/23 commitments within the IMTP 6. Staff Wellbeing 7. Exacerbation of Health Inequalities 8. Financial sustainability 9. Urgent and Emergency Care The DCG concluded that the Strategic Objectives were being reviewed which may impact upon the risks held on the BAF. **The Board resolved that:** a) The 9 risks to the delivery of Strategic Objectives detailed on the BAF for May 2022 were approved.	

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UHB 22/05/010	**Chairs reports from Committees of the Board:** The Chairs Reports from the Committees of the Board were received. • Finance Committee – the Chair of the Finance Committee (the Independent Member – Capital & Estates (IMCE)) advised the Board that the report could be taken as read. • Health & Safety Committee – the Chair of the Health & Safety Committee (the Independent Member – Trade Union (IMTU)) advised the Board that the report could be taken as read. The EDPC advised the Board that the Health & Safety Culture Plan would be received by the Board with objectives at the July Board meeting. • Mental Health Legislation and Mental Capacity Act (MHLMCA) Committee – the Chair of the MHLMCA Committee (the UHB Vice Chair) advised the Board that the report could be taken as read. He added that the Consultation in relation to the Welsh Government Liberty Protection Safeguards (LPS) draft Regulations had been launched on 17th March 2022 and that the Consultation had the deadline for responses by the 7th of July 2022. The draft Regulations would have significant implications on the Health Board. It was noted that the MHLMCA Committee was also addressing the Internal Audit recommendations regarding the Deprivation of Liberty Safeguards (DoLS). The UHB Vice Chair highlighted that the Committee had been made aware that there had been resourcing issues and the Committee had been provided with an example where there was a 1.5 whole time equivalent (WTE) member of staff carrying out reviews at approximately 6 per week, whilst it was noted that to meet current demand, 6 a day would be required. • Quality Safety and Experience (QSE) Committee – the Chair of the QSE Committee (the Independent Member – Local Authority (IMLA)) advised the Board that the report could be taken as read and drew attention to the first item within the report regarding suicides/unexplained deaths in the acute in-patient environment and that the same were significantly higher than the national average. It was noted that an offline discussion should be had with the Chair of the MHLMCA and the Chair of the QSE to ensure an alignment in terms of responsibilities. The CEO asked if the QSE Committee had been assured in relation to the suicides/unexplained deaths received by the Committee.	**NF/ NS**

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	The IMLA responded that the Committee had not been assured which is why further exploration would be required. • Strategy & Delivery (S&D) Committee – the Chair of the S&D Committee (the Independent Member – Legal (IML)) advised the Board that the report could be taken as read. • Audit & Assurance Committee – the Chair of the Audit & Assurance Committee (the Independent Member – Finance (IMF)) advised the Board that the report could be taken as read. **The Board resolved that:** a) The Chair's Reports from each Committee of the Board were received and noted.	
UHB 22/05/011	**Integrated Performance Report:** The Integrated Performance Report was received. • <u>Finance</u> The Executive Director of Finance (EDF) advised the Board that the Finance section of the report could be taken as read. • <u>Workforce</u> The EDPC advised the Board that the due to the report being prepared well before the Board meeting, some of the data and information had changed which included: - Sickness absence levels had reduced - A workforce dashboard was now produced to provide data and key performance indicators (KPIs) - A People and Culture Plan was now in place The IMTU noted the drop in the Employees Relations caseload and noted it was pleasing to see and hoped it would continue. The EDPC advised the Board that a staff survey had been sent out to capture the data provided within the report. The Independent Member – ICT (IMICT) advised the Board that a number of the statistics on the report did not provide a sense of scale or proportion and asked if that could be considered so that it made sense for members of the public. The CEO responded that the dashboard metrics provided could be a lot better and noted that improvements would be made. The Director of Digital and Health Intelligence (DDHI) added that feedback on the dashboard was welcomed and noted that staff would continue to develop it.	

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	The IMTU asked how many staff members had responded to the staff survey. The EDPC responded that approximately 23% had responded, which was disappointing, and noted that in the future, members of the communications team would be trained to help with uptake of the staff survey. • <u>Quality & Safety (Q&S)</u> The UHB Chair joined the Board meeting and congratulated the Interim Executive Nurse Director (IEND) on his movement into the Interim Executive Nurse Director position. The IEND advised the Board that he would take the Q&S section of the report as read and noted some key points within the report which included: - Concerns performance – It was noted that during March and April 2022, the Health Board had received 831 concerns. The IEND advised the Board that in order to support Clinical Boards, the Central Concerns team was processing as many concerns under early resolution as possible and that had maintained an overall 30 working day response time at 83%. - Falls - It was noted that over the last 3 months there had been a reduction in the number of falls reported on Datix and that during that period there had been significant staffing pressures which could have impacted on the ability for Nursing staff to mobilise patients. - Nationally reportable incidents (NRIs) – It was noted that between January 2022 and March 2022 the Health Board had reported 31 NRIs. It was noted that there was a spike in December of Serious Incidents reported which reflected the retrospective reporting in December of a number of reportable pressure damage incidents from PCIC Clinical Board. - Mortality – It was noted that the reported increase in Risk Adjusted Mortality Index (RAMI) was a concern and whilst there were recognised limitations in the recording, coding and interpretation of the measure the increasing trend required urgent review. The EMD advised the Board that a detailed report on mortality rates would be received by the Quality, Safety and Experience Committee in June 2022. • <u>Performance</u> The ICOO advised the Board that the Performance section of the report could be taken as read and highlighted that continued pressures were being seen right across the Health Board in all areas.	EMD

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	It was noted that Unscheduled Care remained one of the highest pressures and that significant work was being undertaken to mitigate concerns. • Population Health The Deputy Director of Public Health advised the Board that the Population Health section of the report could be taken as read. **The Board resolved that:** a) The contents of the report were noted.	
UHB 22/05/012	**Cancer Progress Report to include a summary of progress against the Nuffield Trust Recommendations.** The Cancer Progress Report to include a summary of progress against the Nuffield Trust Recommendations was received. The EMD advised the Board that the Cancer Progress Report had been discussed in detail at the Quality, Safety & Experience Committee held in April. It was noted that Cancer services represented a key priority for the Minister for Health and Social Care and that Cancer was also one of the Health Board's nine priorities within its 2022-25 Integrated Medium Term Plan (IMTP). The Board was advised that the Health Board was pursuing an ambitious operational and strategic agenda across Cancer services, both internally and regionally with partners. It was noted that the partners which the Health Board was working with across Cancer services included: • Velindre NHS Trust (VNHST), • Cwm Taf Morgannwg University Health Board (CTMUHB), • Aneurin Bevan University Health Board (ABUHB), • Powys Teaching Health Board (PTHB) • Cardiff University (CU). The EMD advised the Board that in 2020, VNHST had commissioned a report from the Nuffield Trust to provide independent advice on the integrated regionally networked model, including analysis and assessment of the benefits and risks of the proposed model of networked Cancer care in South East Wales. She added that the report's findings were subsequently accepted by the Velindre Board and partner organisations, as well as the Health Board. It was noted that the report had made 11 recommendations which broadly fell into three categories:	

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- Recommendations for VNHST to progress.

- Recommendations for VNHST to progress in collaboration with regional Health Board partners collectively.

- Recommendations which required a joint response between VNHST and a specific Health Board partner.

The EMD advised the Board that a detailed assessment had been received which focused on actions which sat within the Recommendations for VNHST to progress in collaboration with the regional Health Board Partners collectively, and the Recommendations which required a joint response between VNHST and the Health Board.

It was noted that the actions were:

- Recommendation 3: Activity Benchmarking, Oncology Advice for Unscheduled Care and AOS
- Recommendation 4: Revise Velindre Cancer Centre Admission Criteria
- Recommendation 5: Research Hub at University Hospital Wales
- Recommendation 6: Expansion of Haemato-oncology Clinics and provision of wider Diagnostic services
- Recommendation 7: Velindre @ Operating Model
- Recommendation 10: Future proofing' and University Hospital Wales 2

The EMD advised the Board that the key headlines to note included:

- Acute Oncology Services (AOS): It was noted that in July 2021, the Board had approved the South East Wales Regional Acute Oncology Business case which had resulted in £180k funding to support with the implementation of phase 1 (with a commitment to fund future phases).

- Reviews of Clinical Oncology Services in South East Wales consistently highlighted the lack of adequate, specialised and responsive oncology support for patients in acute Secondary Care settings.

- The AOS proposal sought to address the shortfall to ensure that patients across South East Wales were able to receive timely specialised clinical inputs by providing an integral enhanced service to patients.

The EMD advised the Board that in the last twelve months the progress made included:

- Recruitment to a number of key posts – to improve ways of working, embed clinical pathways, support education and

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	training and improve the patient experience. Out of 8.7WTE funded, only 0.9WTE was outstanding. • A local implementation board had been established – the group had been meeting regularly since October 2021 with an initial focus on recruitment, establishment of hot clinics and engagement in the regional working agenda. • Regional Research and Development Hub: In April 2022 the Health Board's Business Case Advisory Group (BCAG) and subsequently Management Executives (ME) endorsed a proposal for a Regional Research and Development Hub. The proposal was also formally endorsed by VNHST and CU. The EMD concluded that there was continued recognition and acceptance that the Nuffield report was recommending the right matters for the Health Board and the Health system across South East Wales to focus on. She added that capacity to progress such a huge and complex agenda continued to be a challenge and was recognised by both the Health Board and VNHST. The Vice UHB Chair advised the Board that the development in Cancer services was welcomed and noted that the Health Board would need to push to move at pace. The Independent Member – Community (IMC) advised the Board that Cancer services needed to be on the Community agenda and that encouragement was required for Community to attend Diagnostics. The CEO concluded that there needed to be an emphasis on a regionalised approach which would include: • Diagnostics • Pathology • Funding **The Board resolved that:** a) The progress being made in regards to the implementation of the Nuffield Report recommendations which were pertinent to Cardiff & Vale UHB, were noted. b) The Research and Development Hub proposal within the report was endorsed. c) The development and implementation of the Rapid Diagnostic Centre within the report was noted d) The working progressing to refresh the Health Board's Cancer services strategy was noted.	

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UHB 22/05/013	**2022 – 2025 IMTP Update** The 2022 – 2025 IMTP Update was received. The EDSP advised the Board that a discussion was required to consider how the Health Board could achieve a balanced financial position. She noted that there would be a Special Board meeting on 30th June 2022 where it would be asked for the Board to sign off the updated IMTP. **The Board resolved that:** a) The informal feedback received to date regarding the submission of the draft 2022-25 IMTP was noted b) The work which continued to be progressed to address the financial position within the plan was noted.	
UHB 22/05/014	**2022 – 2023 Capital Infrastructure Plan** The 2022 – 2023 Capital Infrastructure Plan was received. The ESDP advised the Board that the Health Board received 2 sources of funding for Capital: • Discretionary Capital – It was noted that the Health Board had received a substantial decrease in this financial year. That was from £14.871m to £10.263m. • All Wales Capital Programme – Monies from business cases that had been submitted to Welsh Government (WG). It was noted that as part of the ongoing Capital Programme planning process, the Health Board continuously reviewed and updated its annual Capital Programme plan as part of the IMTP planning process and that the process also considered the context of the 10-year longer-term proposed Capital investments required to meet the Health Board's operational and strategic objectives. The EDSP advised the Board that funding had been agreed for Capital plans agreed with WG but noted that in a couple of instances the Health Board was progressing at risk. The Independent Member – Legal (IML) advised the Board that the 2022 – 2023 Capital Infrastructure Plan had been received by the Strategy & Delivery Committee and noted that the Board was being asked to endorse a challenging funding position. He added that it would be important to make everybody aware of the pressures seen by the Capital and Estates teams.	

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	The Executive Director of Therapies and Health Sciences (EDTHS) advised the Board that the Capital Infrastructure Plan also affected the Medical Equipment and Digital teams as well. The CEO advised the Board that there was around a £100m backlog in maintenance and that there was £10m discretionary funding available which identified a significant risk. The EDSP responded that there would be an important conversation about the Our Future Hospitals Programme. The Independent Member – Third Sector (IMTS) advised the Board that the conversation on IT budget was really important because Digital underpinned so much of what the Health Board was trying to achieve. The IMLA asked how the Health Board would “square” the amounts. The CEO responded that it would need to be considered and noted that there were other ways of generating the kind of revenue that would be required and that there were other commercial models available to the Health Board. The EDF added that the Health Board received around £300m from WG and noted that the share was not enough and further thought about how that could be leveraged would be required. The DDHI advised the Board that a discussion would take place at the Digital Health and Intelligence Committee at their next meeting in June 2022 and noted that the Health Board needed to move to a more revenue-based approach for digital solutions. The EDSP advised the Board that the Capital Plan 2022/23 had been endorsed by both Capital Management Group at their meeting held 25th April 2022 and the Strategy & Delivery Committee at their meeting held 17th May 2022. She added that it had been recognised that the funding for 2022/23 would again pose significant challenges for the Health Board to deliver the commitments and priorities, particularly as the allocation across Wales has been reduced. It was noted that the Health Minister was expecting the Health Board to demonstrate their improvements to Estate performance throughout the year at their regular meetings and provide annual estate performance returns. **The Board resolved that:** a) The content of the paper including the reduced level of funding, which would be challenging to manage in year, was noted. b) The Health Minister’s expectation and advice was noted.	DDHI

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	c) The proposed Capital Plan attached as Appendix 1 was approved d) It was noted that all Business Cases would follow the appropriate approvals process with consideration by the respective Project Team/Board, CMG, the Business Case Advisory Group (BCAG), ME and Board. e) The schemes that the Health Board were developing through the Business Case process pending WG approval were noted.	
UHB 22/05/015	**RPB Acceleration Regional Integration Fund Proposal Update** The RPB Acceleration Regional Integration Fund Proposal Update was received. The ESDP advised the Board that at the last Board meeting in March 2022, the Board had endorsed the Regional Partnership Board's (RPB) proposed plan and that today's information provided an update. It was noted that the Health Board had been fortunate and had received uncommitted funding because the Health Board would get its "population share" through the Regional Integrated Fund (RIF) process. It was noted that Cardiff and Vale RPB would receive a £19.16m contribution from Welsh Government in 2022/23 and that the accelerating change fund allocation for Cardiff and Vale RPB was £2.93m in 22/23. There was an expectation that the RPB would contribute match funding of 10% of the cost of the schemes, as a direct financial contribution or through alignment of wider resources. The EDSP assured the Board that the proposals within the report provided had been worked through with Local Authority (LA) and Third Sector colleagues and had focused on a number of key areas that included: • Children with complex needs • Learning disabilities • SRO • Putting funding into ageing well programme The IMLC asked how the Health Board would "mainstream" and continue to get funding. The EDSP responded that the fund came with 2 caveats: • Match Funding – Resources • Not a recurrent permanent fund. She added that the Health Board needed to ensure that the benefit could be evaluated and noted that it would be received by the Board periodically and that updates would also be provided to the Strategy & Delivery Committee.	

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	The Board resolved that: a) The progress of the RPB in determining priorities for the new partnership funding was noted. b) The priority areas for funding were noted c) The risks associated with the new funding model, including tapering of Welsh Government funding over the lifetime of the RIF and expectations of a commensurate increase in local funding, were noted. d) Authority was delegated to the Executive Director of Strategic Planning to finalise and agree the Regional Integration Fund funding plan in so far as it related to Cardiff and Vale University Health Board, subject to the value of the same not exceeding £2.9million e) It was noted that the RIF funding of £2.9million was to be allocated across the RPB partners and that the RIF funding plan was to be ratified by the RBP once it had been through each of the respective RBP partners' internal decision making processes.	
UHB 22/05/016	**UHB/Third Sector Partnership Memorandum of Understanding and 18 months in review** The UHB/Third Sector Partnership Memorandum of Understanding and 18 months in review was received. The EDSP advised the Board that there was a very rich and vibrant Third Sector within Cardiff and Vale. It was noted that in April 2019, the Health Board and the County Voluntary Councils (CVCs) in Cardiff and the Vale of Glamorgan had agreed a Memorandum of Understanding (MoU) between the Health Board and the local Third Sector. It was noted that the MoU was designed to reflect the 'new' partnership arena established via key pieces of legislation and WG policy, and provided a written statement of the Health Board's joint commitments and intentions. The EDSP noted that the report highlighted all of the good work that the MoU had been able to achieve. The CEO advised the Board that emphasis was required on the importance of the Third Sector within the Health Board because it brought care closer to home and into the communities. The IMTS advised the Board that the '18 month in review' publication celebrating the wealth of collaborative work undertaken in 2020 – 2022 provided an opportunity to demonstrate the added value that the Third Sector brought to the work and vision of the Board.	

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	She added that she had met with Third Sector colleagues who had asked to convey messages to the Board and noted that they were very pleased with the work being carried out alongside the Health Board. The IMTS added that there were concerns around the Mental Health elements with the cost of living increase and the fact that pressures had already been seen on some of their services. The UHB Chair concluded that sometimes people can lose sight of how fragile some of the Third Sector services were and noted that discussions on pressures would be had outside of the meeting with the EDSP. **The Board resolved that:** a) The updated Memorandum of Understanding between Cardiff and Vale University Health Board and the Third Sector in Cardiff and the Vale of Glamorgan was endorsed. b) The 18 months in review publication was noted.	
UHB 22/05/017	**Development of the Regional SARC Hub and New Links Building at CRI – Business Case** The Development of the Regional SARC Hub and New Links Building at CRI – Business Case was received. The EDSP advised the Board that the development at Cardiff Royal Infirmary (CRI) had achieved the following: • Provided fit for purpose services for the Sexual Assault Referral Centre (SARC) alongside South Wales Police (SWP) colleagues. It was noted that acute SARC activity would transfer from Risca and Merthyr to the Cardiff SARC during the summer of 2022 into ISO accredited interim facilities at CRI. • Replacement of the Links building – It was noted that in discussion with colleagues in WG, it had been agreed that the replacement of the Links building would be incorporated into the Outline Business Case (OBC) and that the new Links building would accommodate the Community Addictions Unit (CAU), DATT/NEX and a range of community Mental Health services. The EDPC advised the Board that it would be important to reshape the workforce model around CRI and that the same would be considered. The EDSP thanked the Deputy Director of Planning for her hard work on the development of the Regional SARC Hub and New Links Building at CRI – Business Case. The UHB Chair concluded that it would be important to look at the OBC as an entire CRI development. **The Board resolved that:**	

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	a) The Outline Business Case for the development of the Regional SARC Hub at CRI and consequent replacement of the Links building as set out in the report, which included the associated capital and revenue costs, and assessed risks and benefits was noted and supported. b) It was noted that CMG and BCAG had approved the OBC to progress to Full Business Case (FBC). c) The submission of the OBC to Welsh Government for scrutiny and approval to proceed to FBC was approved.	
UHB 22/05/018	**Ann Annual Assurance Report on Compliance with the Nurse Staffing Levels (Wales) Act** The Annual Assurance Report - Section 25b (adult acute medical and surgical wards and paediatric inpatient) wards was received. The IEND advised the Board that they would be very familiar with the various issues around staffing issues and noted that the Health Board went a lot further than other Health Boards in reporting those issues. He added that as part of the review, the detailed appendix provided clarity on a number of 25b wards and the significant changes to those wards during the Covid pandemic. **The Board resolved that:** a) The report as assurance that the statutory requirements relating to section 25B of the Nurse Staff Levels (Wales) Act had been fulfilled was received. b) The funded nurse staffing establishments detailed in appendix A, undertaken as part of bi-annual recalculations, was noted. c) The reasonable attempts to monitor and maintain nurse staffing levels at a time of significant organisational pressure was noted.	
UHB 22/05/019	**Board Development Plan** The Board Development Plan was received. The DCG advised the Board that the Board Development Plan included details of the Board Development sessions for the financial year and noted that there was capacity for items to be added and/or deferred dependent upon other commitments and priorities. She added that space had been made within the plan to ensure that the Board developed as a team. The DCG noted there had been a high turnover of Executive colleagues and so skill sets would be considered to ensure that the Board were performing at a high level. The Independent Member – Capital and Estates (IMCE) asked if the Independent Members could have a folder on the AdminControl	

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	platform that showed all previous Board Development items that had been received. The DCG confirmed that she would ask her Team to add this in. The EDPC advised the Board that there was an opportunity to scope out what was required and the ambitions to complement the Board. She added that she was happy to lead on that work. **The Board resolved that:** a) The Board Development Programme for 2022/23 was reviewed and approved.	
UHB 22/05/020	**Standing Orders, Scheme of Delegation, SFIs** The Standing Orders, Scheme of Delegation, SFIs were received. The DCG advised the Board that they were being received for approval and noted that they had been through the Audit and Assurance Committee in February 2022 and also in April 2022 with very few changes made. **The Board resolve that:** a) The update, as set out in the body of the report, with regards to the Health Board's Standing Orders, Scheme of Delegations and Standing Financial Instructions was noted b) The updated draft version (namely Version 5) of the Standing Orders, Scheme of Delegations and Standing Financial Instructions was approved.	
UHB 22/05/021	**Naming of Wellbeing Hub@Maelfa** The Naming of Wellbeing Hub@Maelfa information was received. The EDSP advised the Board the new-build Wellbeing Hub@Maelfa was nearing completion and planned to become operational during mid July 2022. She added that as part of the finalisation of the build, the name of the facility needed to be confirmed for signage and postal addresses and should comply with the Health Board's policy on Naming of Cardiff and Vale Facilities. **The Board resolved that:** a) The proposed name of "Wellbeing Hub@Maelfa" in respect of the wellbeing hub on the Maelfa development was approved.	

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UHB 22/05/022	**Welsh Language Policy** The Welsh Language Policy was received. The EDPC advised the Board that under Welsh Standard 79, the Health Board was required to have a policy which facilitated and promoted use of the Welsh Language. It was noted that the policy had been received and approved by the Strategy & Delivery Committee prior to the Board meeting. The IMCE noted that not everybody knew how to access people to improve or learn the Welsh Language. The EDPC responded that a piece of work was being undertaken to promote confidence in Welsh on the Electronic Staff Record Platform. The CEO advised the Board that some orientation around patient care was required around multiple languages because she did not think the Health Board could offer that at present. The UHB Chair concluded that the Welsh Language was very important to the Organisation. **The Board resolved that:** a) The Welsh Language Policy was approved.	
UHB 22/05/023	**Committee / Governance Group Minutes:** The Committee / Governance Group Minutes were received. **The Board resolved that:** a) The Committee / Governance Group Minutes were noted	
UHB 22/05/024	**Draft Annual Financial Accounts** The Draft Annual Financial Accounts were received by way of verbal update. The EDF advised the Board that the accounts would be received by the Audit and Assurance Committee via its Special meeting on 14th June 2022. **The Board resolved that:** a) The Draft Annual Financial Accounts would be received by the Audit and Assurance Committee	
UHB 22/05/025	**Draft Annual Report (including Accountability Report and Performance Report) – Supporting Documents** The Draft Annual Report (including Accountability Report and Performance Report) was received.	

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	The DCG advised the Board that the report had been submitted on time and that feedback from Audit Wales and WG had been received which stated that no significant changes were required from the original draft document. She added that any comments from the Board Members would be required by June 10th 2022. The independent Member – Finance (IMF) advised the Board that he had some comments on attendance which he would provide outside of the meeting. **The Board resolved that:** a) The minimum reporting requirements outlined in Chapter 3 of the Financial Reporting Manual (FReM) guidance for collating an Annual Report for 2021-2022 as a consequence of the COVID-19 pandemic were noted b) The draft Performance Report and Accountability Report were discussed and noted. c) The latest version of the draft Performance Report and the draft Accountability Report was noted.	
UHB 22/05/026	**Draft Annual Opinion from Head of Internal Audit** The Draft Annual Opinion from Head of Internal Audit was received and the DCG advised the Board that it would form part of the Annual Report but needed to signed off by the Board as a separate document. **The Board resolved that:** a) The Draft Head of Internal Audit Opinion and Annual Report for 2021/22 was considered and noted.	
UHB 22/05/027	**Corporate Risk Register** The Corporate Risk Register was received. The DCG advised the Board that the Corporate Risk Register detailed the highest risks within the Organisation scored at 20 and above. It was noted that there were 18 risks identified and that 2 were new since the Board last received the Register and that 14 were unchanged. The CEO noted that Planned Care had been taken off the Board Assurance Framework but that it had been identified within the Corporate Risk Register so triangulation would be needed. **The Board resolved that:**	

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	a) The Corporate Risk Register and the work in this area which was now progressing was noted.	
UHB 22/05/028	**Chair's Reports from Advisory Groups and Joint Committees:** The Chair's Reports from Advisory Groups and Joint Committees were received. **The Board resolved that:** a) The Chair's Reports from Advisory Groups and Joint Committees were noted.	
UHB 22/05/029	**Agenda for Private Board Meeting:** ***i.*** *Approval of minutes* ***ii.*** *Approval of Private Committee minutes*	
UHB 22/05/30	**Any Other Business** The IMC asked if the Health Board was planning any celebrations for the Queen's Platinum Jubilee. The Director of Communications (DC) responded that a number of events had been planned and that a number of Platinum Jublilee decorations and "packs" had been sent out to various areas within the Health Board. The EDSP advised the Board that there would be an Open Day at the Wellbeing Hub@Maelfa and it would be great to see Board Members in attendance.	
UHB 22/05/031	**Review of meeting** All Members of the Board commented how great it had been to have the meeting in person. The EDSP advised the Board that a hybrid model of meeting should be considered for future meetings as not everybody had been able to attend in person. The UHB Chair concluded that having interaction as a team was very important.	
UHB 22/05/032	**Date & time of next Meeting** 14 June 2022 at 2.30pm (Special)	

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

Unconfirmed Draft Minutes of the Special Public Board Meeting
Held On 14 June 2022
Via MS Teams

Chair:		
Ceri Phillips	CP	UHB Vice Chair
Present:		
Gary Baxter	GB	Independent Member for University
David Edwards	DE	Independent Member - ICT
Susan Elsmore	SE	Independent Member for Local Authority
Rachel Gidman	RG	Executive Director of People & Culture
Akmal Hanuk	AH	Independent Member for Community
Michael Imperato	MI	Independent Member for Legal
Fiona Jenkins	FJ	Executive Director of Therapies & Healthcare Sciences
Meriel Jenney	MJ	Executive Medical Director
Mike Jones	MJ	Independent Member for Trade Unions
Fiona Kinghorn	FK	Executive Director of Public Health
Catherine Phillips	CP	Executive Director of Finance
Suzanne Rankin	SR	Chief Executive Officer
Rhian Thomas	RT	Independent Member - Capital and Estates
John Union	JU	Independent Member for Finance
In attendance:		
Nicola Foreman	NF	Director of Corporate Governance
Richard Harries	RH	Financial Audit Director – Audit Wales
Helen Lawrence	HL	Head of Financial Accounts and Services
Rob Mahoney	RM	Interim Deputy Director of Finance
Ian Virgil	IV	Head of Internal Audit
David Thomas	DT	Director of Digital Health & Intelligence
Observers:		
Joanne Brandon	JB	Director of Communications
Tim Davies	TD	Head of Corporate Business
Marcia Donovan	MD	Head of Corporate Governance
Natalie Painter	NP	Audit Wales
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Charles Janczewski	CJ	University Health Board Chair
Stephen Allen	SA	Chief Officer – Community Health Council
Sam Austin	SA	Stakeholder Reference Group Chair - Llamau
Lance Carver	LC	Director of Social Services – Vale of Glamorgan Council
Mark Jones	MJ	Audit Wales
Sara Moseley	SM	Independent Member for Third Sector

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Item No	Agenda Item	Action
UHB 22/06/14/001	**Welcome & Introduction**	

	The University Health Board Vice Chair (UHB Vice Chair) welcomed all to the Board meeting in English and in Welsh.	
UHB 22/06/14/002	**Apologies for Absence** Apologies for absences were noted.	
UHB 22/06/14/003	**Declarations of Interest** No Declarations of Interest were noted.	
UHB 22/06/14/004	**Introduction to the Annual Report and Accounts 2021-22** The Head of Financial Accounts and Services (HFAS) presented the Introduction to the Annual Report and Accounts 2021-22 and advised the Board that the key assurances on the accuracy of the Annual Report and Accounts and associated statements were provided to the Board by: • The work that had been undertaken throughout the year by the Audit and Assurance Committee; • The opinion of the Head of Internal Audit which stated that the Board could take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, were suitably designed and applied effectively; • The response given to the audit enquiries to those charged with governance and management and the letter of representation that would be sent to the Audit Wales; • The work completed by Audit Wales and presented to the Audit and Assurance Committee in their ISA 260 Report and the context of their qualified opinion on regularity; • The Audit and Assurance Committee's review of the Annual Report and Accounts and associated documentation and recommendation to the Board that it should approve the Annual Report for 2021/22. The HFAS advised the Board that as required within the recommendations, it was important to note the financial performance outcomes for 2021/2022. She added that the National Health Service Finance Act 2014 placed two financial duties on the Health Board which were: • A duty to ensure that its expenditure did not exceed the combined funding allocated to it over a three-year period. • A duty to prepare and obtain approval for the Welsh ministers, a plan which achieved the three-year rolling position in relation to the revenue resource limit. It was noted that the Health Board had an approved IMTP covering the years 2019-20 to 2021-22 and therefore, had achieved its financial duty under section 1752A.	

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	The Board was advised that the approved IMTP was to achieve a year end balance position in each of the years of the plan. It was noted that the financial performance for the year, as contained in the accounts as a year end surplus of £232k for 2021/22. It was noted that the Health Board had a surplus of £58k in 2019/20 and a surplus of £90k in 2020/21 which meant that over the three-year period the combined surplus was £380K. Thus the Health Board had met its financial duty against its revenue resource limit both in relation to the approved plan and the actual performance. The HFAS advised the Board that in relation to the performance against the capital resource limit, the Health Board had effectively managed its considerable capital program during the year and it was noted that the accounts showed a surplus of £41K against its capital resource limit of £70.989m. She added that the Health Board had a surplus of £0.089m in 2019/20 and a surplus of £0.104m in 2020/21 against its Capital Resource Limit which meant that over the three-year period the aggregated surplus was £0.234m. It was noted that the Health Board had met its financial duty to break-even against its Capital Resource Limit over the three years 2019/20 to 2021/22. The Board was advised that in relation to the audit opinion, an unqualified opinion had been given on the overall accounts by Audit Wales, meaning that they believed the financial statements to be fairly and appropriately presented without any identified exceptions and also in compliance with accounting guidelines and free from material misstatement. It was noted that there was one qualification given on the regularity opinion which had been explained in detail to the Audit and Assurance Committee at the earlier meeting on 14th June 2022 and also at its Committee meeting on 12th of May 2022. **The Board resolved that:** a) The reported financial performance contained within the Annual Report was noted and it was noted that the UHB had met its statutory financial duties in respect of revenue and capital expenditure.	
UHB 22/06/14/005	**Audit Wales ISA 260 Report for 2021-22** The Audit Wales ISA 260 Report for 2021-22 was received. The Financial Audit Director – Audit Wales (FADAW) advised the Board that he would take the report as read and that the overall report was a very positive one for the Health Board.	

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	He noted that if the accounts were approved, they would be signed on Friday 17th June 2022 and submitted to Welsh Government (WG) as per the agreed timetable. The FADAW thanked the Executive Director of Finance (EDF) and the Director of Corporate Governance (DCG) and their teams for the support provided throughout the audit process. The UHB Vice Chair also thanked the FADAW for the way in which their teams had worked alongside the Health Board teams and noted the synergy and mutual benefits involved. **The Board resolved that:** a) The Audit Wales ISA 260 Report for 2021/22 which included the letter of representation was agreed and endorsed.	
UHB 22/06/14/006	**The Head of Internal Audit Opinion and Annual Report for 2021-22** The Head of Internal Audit Opinion and Annual Report for 2021-22 was received. The Head of Internal Audit (HIA) advised the Board that the Head of Internal Audit Opinion and Annual Report for 2021-22 had been reviewed by the Audit and Assurance Committee earlier that day and that it had also been received by the Board previously in draft form. It was noted that the main point was that the Health Board could take reasonable assurance over the effectiveness of the organisation's framework of governance, risk management and control in place within the Health Board. The HIA advised the Board that as part of the Internal Audit plan for the year, 29 individual audit assignments were delivered and in summary, the outcomes from those assignments were that: • Seven had received Substantial Assurance. • Twelve had received Reasonable Assurance. • Seven had received Limited Assurance. • Three were advisory audit reports. It was noted that Internal Audit had planned to deliver 32 audits but 3 of the audits at the point of producing the final HIA opinion were still in progress and so those would feed into the HIA opinion for 2022/23. The HIA concluded that the opinion had been reflected within the Health Board's Annual Report as part of the Annual Governance Statement and included within that was a focus on the 7 Limited Assurance reports provided to the Health Board throughout the year. The UHB Vice Chair asked the HIA to convey the Board's thanks back to the Internal Audit team.	

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	The Independent Member – Local Council (IMLC) asked about the work that would be done regarding the audits that had received Limited Assurance to ensure that a higher rating could be received as soon as possible. The HIA responded that as part of developing the Internal Audit plan, the Health Board directed the audit work towards the areas where there had been some issues and potential areas that needed improvement. He added that it was key that the actions were agreed to address those areas and those issues and that they would be implemented going forward. The Executive Medical Director (EMD) advised the Board that she had met with the HIA, had an action plan agreed and noted that she would be overseeing the improvement against the audits that had received Limited Assurance. **The Board resolved that:** a) The Head of Internal Audit Opinion and Annual Report for 2021/22 was agreed and endorsed.	
UHB 22/06/14/007	**The response to the audit enquiries of those charged with Governance and Management** The response to the audit enquiries of those charged with Governance and Management was received. The EDF advised the Board that the letter of response was provided annually and was a standard request of the Health Board. She added that each year it was filled in with information relevant to that year and shared with the Audit and Assurance Committee where the Chair of the Audit and Assurance Committee would then ratify the response sent. **The Board resolved that:** a) The response to the audit enquiries of those charged with governance and management was agreed and endorsed.	
UHB 22/06/14/008 Saunders.Nathan 27/07/2022 17:34:58	**The CVUHB Annual Report 2021-22 including the Annual Accountability Report, Performance Report and the Financial Statements.** The CVUHB Annual Report 2021-22 including the Annual Accountability Report, Performance Report and the Financial Statements was recevied. The Director of Corporate Governance (DCG) advised the Board that there were minor changes made to the Performance Report and	

	the Accountability Report which had been picked up by Audit Wales and which had now been incorporated into the Reports. There had also been some minor changes picked up by the WG which had also been incorporated into the final document. She added that there had also been some revisions to the Remuneration Report to correct disclosures. The Chief Executive Officer (CEO) asked if the table on page 81 of the document which showed the governance arrangements for the management of Covid-19 was clear enough to identify which part of the pandemic these management arrangements applied to. She asked if a footnote could be added to make it clearer. The DCG responded that she would welcome comments from the FADAW as to whether a footnote could be added at this stage. The FADAW responded that there was time to put a footnote into the document as the accounts would not be signed off until 3 days after this Board meeting. The UHB Vice Chair invited the Independent Member – Finance (IMF) as Chair of the Audit and Assurance Committee to provide any further comments. The IMF responded that the documents being reviewed by the Board for approval had been received by the Audit and Assurance Committee a number of times over the year and at a Workshop in May 2022 He added that the members of the Audit and Assurance Committee had been very comfortable to recommend the full suite of documents to Board today. The Interim Deputy Director of Finance advised the Board the recommendation stated 2020/21 and should be 2021/22. The recommendation was updated to reflect the correct year. **The Board resolved that:** a) The Annual Report and Accounts for 2021/22 were approved.	
UHB 22/06/14/009	**Agenda for Private Special Board Meeting:** ***i.*** *IMTP*	
UHB 22/06/14/010	**Date & time of next Meeting** 30 June 2022 (Special Board) – via Teams	

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Minutes of the Special Board Meeting
Held on Thursday, 30th June 2022
Via MS Teams

Present:		
Charles Janczewski	CJ	UHB Chair
Gary Baxter	GB	Independent Member – University
Caroline Bird	CB	Interim Chief Operating Officer
David Edwards	DE	Independent Member - ICT
Rachel Gidman	RG	Executive Director of People & Culture
Akmal Hanuk	AH	Independent Member - Community
Abigail Harris	AH	Executive Director of Strategic Planning
Michael Imperato	MI	Independent Member - Legal
Fiona Jenkins	FJ	Executive Director of Therapies & Health Sciences
Mike Jones	MJ	Independent Member – Third Sector
Fiona Kinghorn	FK	Executive Director of Public Health
Catherine Phillips	CP	Executive Director of Finance
Ceri Phillips	CP	UHB Vice Chair
Suzanne Rankin	SR	Chief Executive Officer
Jason Roberts	JR	Interim Executive Nurse Director
Rhian Thomas	RT	Independent Member – Capital and Estates
John Union	JU	Independent Member - Finance
In Attendance:		
Nicola Foreman	NF	Director of Corporate Governance
Richard Skone	RS	Deputy Medical Director
Observing:		
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies		
Sam Austin	SA	Llamau - Chair of the Stakeholder Reference Group
Lance Carver	LC	Director of Social Services, Vale of Glamorgan Council
Susan Elsmore	SE	Independent Member – Local Council
Meriel Jenney	MJ	Executive Medical Director
Sara Moseley	SM	Independent Member – Third Sector

UHB 21/06/30/001	**Welcome & Introductions** The UHB Chair welcomed everyone to the Public Meeting in English and Welsh.	
UHB 21/06/30/002	**Apologies for Absence** Apologies for absence were noted.	
UHB 21/06/30/003	**Declarations of Interest** No Declarations of Interest were noted.	
UHB 21/06/24/004	**Integrated Performance Report:** The Integrated Performance Report was received.	

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The Chief Executive Officer (CEO) advised the Board that the report provided a summary of the Health Board's performance against a number of key quality and performance indicators within 5 areas:

- Quality & Safety
- Workforce
- Operational
- Finance
- Public Health

The Interim Executive Nurse Director (IEND) updated the Board with regards to the **Quality & Safety** performance element.

It was noted that the Central Concerns team was processing as many concerns under early resolution as possible, and had maintained an overall 30 working day response time of 83% which was above the WG target.

It was noted that the volume of concerns was challenging and had increased. The Board was advised that the Patient Concerns team would be focussed upon improving the response times whenever possible.

The END advised the Board that some of the themes identified within "Concerns" related to poor communication, waiting times, discharge arrangements, and environment (social distancing).

It was noted that during 2021/22 the Health Board had closed 3,641 concerns, of which 89 (2.4%) were referred to the Public Service Ombudsman for Wales (PSOW). The PSOW had chosen to investigate 10 concerns, which was less than 1% of the Concerns responded to during the year.

The Board was advised that the Redress and Claims functions were recently reviewed by NWSSP Audit and Assurance Services and had received "substantial assurance".

The IEND thanked his team for their hard work in achieving substantial assurance.

It was noted that the Concerns Team had also logged all compliments received in the Health Board and that during the period the Health Board had received 198 compliments.

The IEND advised the Board that slips, trips and falls continued to be the most commonly reported incident, with 16% of all incidents reported since 1st March 2022.

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He added that 0.001% had been reported with catastrophic harm which related to 2 deaths following a fall since 1st March 2022 and it was noted that both were externally reported to the Delivery Unit.

The Board was assured of the learning which had resulted from inpatient fall investigations and which had identified the following factors;

- Lack of knowledge of guidance
- Deviation from guidance
- Need for Training

It was noted that the Health Board's Falls Collaborative Group was working on a Quality Improvement project with the aim that by the end of 2022, at least 80% of adult inpatients would have had an assessment of orthostatic hypotension, or a reason for non-completion documented.

The IEND advised the Board that, as of May 2022, the grouped total Cdiff, Ecoli, MRSA and MSSA infections was showing no in-year improvement against the 2018/19 baseline.

It was noted that the general IPC metrics had slipped because of staffing challenges and that plans were in place to get it back on track.

The Board was advised that the Director of Nursing for Surgery Clinical Board was the Professional Lead on Pressure Damage for the Health Board and that they were looking at reducing the occurrence of healthcare acquired pressure damage within the Health Board.

It was noted that the Pressure Damage Collaborative had secured input from the Patient Safety Team, Improvement and Organisational Learning Team, Learning Education and Development, Nursing Informatics and various experts within the Health Board to help progress existing work and help identification and to support learning and improvement.

The UHB Vice Chair noted that the report had identified the reported increase in Risk Adjusted Mortality Index (RAMI) and that it was a concern and noted that the Medical Examiner would be reviewing deaths and identifying themes and learning. He asked when the review would be undertaken.

The IEND responded that the Executive Medical Director had led the mortality reviews and would be in a better position to answer.

The Deputy Medical Director (DMD) responded that the RAMI had been taken to the Associate Medical Director - Patient Safety and Governance. He commented that the Patient Safety team was currently looking into it as a metric on its own and was trying to work out the best approach to see the reasons why the RAMI was high.

He added that it was a top priority and that it would be addressed over the coming weeks.

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	The CEO advised the Board that a very detailed paper had been received by the Quality, Safety and Experience (QSE) Committee relating to Mortality Indicators which would contribute to the overall standing of this matter. The UHB Chair asked if a session could be utilised within a development session to try and understand the Mortality index and how it was calculated and what that meant. The CEO agreed and advised the Board she would communicate with the Director of Corporate Governance (DCG), the Executive Medical Director, the DMD and the AMD to set that development session up. The Independent Member – Legal (IML) asked how the Health Board was benchmarking against other Health Boards and to similar organisations within the UK. The IEND responded that the Health Board was using something called "Ward Accreditation" and that for the first time, the most accurate up to date set of quality matrix and indicators would be seen and taken to the QSE Committee and reported to Board. He added that it was used throughout England and that the Health Board was the first in Wales to adopt the system. It was noted that such systems "talked to each other" across areas so benchmarking would be much clearer to see. The Independent Member – Finance (IMF) advised the Board that the report identified 11 redress payments and asked how the 11 patients received advice in relation to the claims. The IEND responded that the Redress team had staff who communicated and kept in contact with the patients to offer advice and guidance. The IMF asked in relation to the quantum of the claim, who would be available independently to give advice to the patients. The IEND responded that the Patient would have sought legal advice, so therefore independent advice would have come from their legal representative outside of the Health Board. The Executive Director of People and Culture (EDPC) advised the Board upon the **Workforce** element of the Integrated Performance Report. The EDPH advised the Board that she would take the report as read and highlighted: • Sickness levels – It was noted that the levels had been the best they had been since July 2021, although it was also noted that an	SR/NF/MJ

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increase in Covid cases for that week had resulted in a high level of sickness, particularly in Nursing.

- The rate of compliance with Values Based Appraisal (VBA) remained very low. The compliance at May 2022 was 32.45%. It was noted that the importance of having a meaningful appraisal had been highlighted throughout the organisation and that it was likely that operational pressures continued to adversely affect compliance.

- Turnover rates had increased month-on-month over the last year, and was now 13.65% Health Board wide. It was noted that an empirical analysis of the leavers indicated that approximately 1% of the turnover was due to the end of fixed-term contracts issued to staff to work in new teams created to respond to the COVID-19 pandemic.

- Statutory and Mandatory training compliance rate continued at just over 13% below the overall target. It was noted that it was likely that operational pressures continued to adversely affect compliance.

- It was noted that compliance with Fire training was continuing to improve, although the rate of improvement had slowed. In May 2022 the compliance with Fire training was 64.91%.

- Job Planning compliance was 83% and the focus was now on sign off and ensuring that job plans were reviewed on an annual basis.

- The Health Board was engaging with the NWSSP Recruitment and Payroll modernisation programme, with a view to streamlining processes for the Health Board's managers and staff

The UHB Chair advised the Board that it would be helpful for Independent Members to ask questions around the VBA when performing Patient Safety Walkarounds.

The Executive Director of Public Health informed the Board of the **Population Health** element of the Integrated Performance Report.

It was noted that Cardiff and the Vale were seeing a rise in Covid-19 and that it was unknown at present if it was nearing the peak of the wave or not.

The EDPH advised the Board that National data was being provided on a weekly basis.

It was noted that care home clusters had remained broadly stable and that hospital clusters had increased.

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It was noted that the Health Board's Test, Trace and Protect arena had been adapted and that there was a small Contact Tracing team who would focus on high risk settings and outbreaks.

The EDPH advised the Board that uptake rates for the Spring booster vaccine was included within the report and that there were now plans for an Autumn booster vaccine for eligible individuals.

It was noted that the Health Board was required to give back the Mass Vaccination sites in July and August 2022 and so modular provisions were being made to house vaccinations at Woodland House.

The Interim Chief Operating Officer (ICOO) provided the Board with information relating to the **Performance** element of the Integrated Performance Report.

The ICOO noted that she would take the report as read and highlighted that the next Integrated Performance Report would include the position on two of the specific Ministerial ambitions which were:

- The 52-week new outpatients
- 104 week waits

The Board was advised that improvements had been seen within diagnostics therapies, eye care measures and part 1A for Mental Health.

It was noted that the since the Board meeting in June, the validated position for the part 1A for Mental Health was now over 90% and that the Health Board remained compliant.

The ICOO advised the Board that the area that remained the biggest challenge and concern was Urgent and Emergency Care which was whole system wide.

It was noted that since the June Board meeting there had been a marginal decrease in 12 hour waits but it was advised that they were still too high and ambulance lost hours were still very high.

It was noted that the data analysis had shown that the waits were being driven by back end flow and the Health Board's inability to achieve timely discharges, as well as newly increased Covid-19 admissions, and staff sickness rates that remained very high.

The ICOO advised the Board that a detailed report on the work that was being undertaken to manage both the Covid-19 position and also improvements to the wider urgent and emergency care position would be received by the Strategy and Delivery (S&D) Committee in July.

The Independent Member – Capital and Estates (IMCE) asked if a brief outline of the improvements being taken to the S&D Committee could be provided.

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	The ICOO responded that there were three interrelated plans. The first one was being called the “immediate plan” which had been the daily and weekly responses and actions being taken to respond to the challenges being faced in real time. It was noted that the second plan was regarding ambulance handover and the variety of actions that had arisen from that. Those were joint actions with the Welsh Ambulance Service Trust (WAST) which included trying to implement schemes that would avoid conveyances into hospital and redirect patients to a better and more appropriate service. It was noted that the third plan was a longer-term system wide plan which was aligned to the six National goals for Urgent and Emergency Care. The IMCE advised the Board that it was worth noting in the public meeting that the public also had a part to play around helping the Health Board to reach improvements and noted that communications had been released to the public that day via social media. The IEND provided the Board with more assurance by explaining that there had been a two and half day formal (Health Inspectorate Wales) HIW unannounced inspection of the Emergency Unit and that initial feedback had identified that there were no immediate Patient safety concerns. He added that the formal report would be provided to the QSE Committee as part of the standard HIW overview update. The Executive Director of Finance (EDF) provided the Board with information relating to the **Finance** element of the Integrated Performance Report. She added that she would take the report as read and noted that the Finance Committee had considered all of the data and figures in detail at their meeting the previous day. It was noted that it was pleasing to see that the Health Board was making good progress with the Capital Plan and that the pace should be kept up in terms of savings where it was noted that most of the whole target had been identified. The UHB Chair thanked the EDF for their concise update. **The Board Resolved that:** a) The contents of the Integrated Performance Report were noted. Saunders.Nathan 27/07/2022 11:34:58	
UHB 21/06/24/005	**NHS Long Term Agreements (LTAs) 2022/23** The NHS Long Term Agreements (LTAs) 2022/23 were received.	

The EDF advised the Board she would take the paper as read but added some context for Board Members.

It was noted that LTAs were the methodology in which the Health Board commissioned services for the Cardiff and Vale population from other Health Boards and vice versa.

It was noted that £356m worth of services was commissioned from the Health Board and just under £200,000 of services was commissioned by other Health Boards from the Health Board.

The EDF advised the Board that those arrangements involved large sums of money. Those sums had been impacted by Covid-19. The Health Board had largely ran a block arrangement in order to make sure there was no financial instability whilst it dealt with the consequences of the pandemic and the pandemic response.

She added that for this financial year, the Health Board was looking at a more sophisticated model which was 90% of the activity for 100% of the cost and noted that there would be variations on that as the Health Board moved through the year that would allow recovery of money for recovery efforts on behalf of the Health Board's providers and Commissioners.

It was noted that delegated authority was being requested for approval from Board for the CEO to sign off any variations, such as additional services, which the Health Board wanted to commission, or services commissioned from the Health Board by other partners/Organisations.

The UHB Vice Chair asked what happened when non-residents of Cardiff and Vale were unable to be discharged from the Health Board. He noted that some Clinicians provided National roles and so thought would be required around what financial agreements were in place in those areas.

The EDF responded that in terms of LTAs, apart from Betsi Cadwalader University Health Board, the Health Board had LTAs in place with every other Health Board and noted that if that was coded and collected accurately it would be appropriate under the LTA methodology.

She added that LTAs were an ongoing debate within the Finance Committee.

The UHB concluded that it was important to have ongoing conversations around those.

The Board Resolved that:

a) The current Long-Term Agreements and their indicative baseline values for 2022/23 were noted.

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	b) Delegated Board authority for the LTAs to be agreed and signed by the Chief Executive, was approved. c) Delegated Board authority for in-year LTA baseline changes and variation / settlement invoices to be agreed as set out in the Executive Director Opinion (Table 4), was approved. d) It was noted that LTA financial performance as both provider and commissioner would feature as part of reports into the Finance Committee.	
UHB 21/06/24/006	**Draft IMTP** The draft IMTP was received. The UHB Chair advised the Board that there had been a lot of opportunity for colleagues to view the draft IMTP. The EDSP advised the Board that the statutory requirement for the Health Board to develop a full three-year Integrated Medium-Term Plan was stood down in response to the Covid-19 pandemic, and was replaced instead by the requirement for quarterly, and, then latterly, annual plans. She added that WG had signalled the return to a three-year approach to planning with the publication of the 22-23 NHS Wales Planning Framework in October 2021. The EDSP advised the Board that in March 2022, the Board had discussed and approved a draft plan which was then submitted to WG. It was noted that WG had then given the Health Board a further three months to look at how it could improve the underlying deficit position (approximately £21m) after applying a cost reduction and savings plan. The Board was advised that an intensive piece of work had been undertaken to reduce the Health Board's costs and in-depth conversations had been held with the Finance Delivery Unit to look at costs. The EDSP advised the Board that the culmination of the work had resulted in a plan that had improved the Health Board's March position by £3.7m, which meant a deficit of £17.1m It was noted that the Board had been provided with an options list for consideration of unpalatable cost saving measures which was tested with Board in its discussion on the 14th June 2022. The UHB Chair asked what a one-year annual plan meant in the context of a three-year environment. The EDSP responded that from a WG point of view, there would either be (i) a three year IMTP that delivered on all of the requirements of the planning	

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	guidance and, in particular, to achieve financial balance within the year or (ii) an annual plan which would be submitted to WG for endorsement by the Minister, but noted that it would not achieve the Health Board's statutory duty in relation to the financial position within a one year context. Board Members noted the challenge that presented. The EDF advised the Board that the financials set out within the report fundamentally reflected the plan that had been received by the Board on 14th June 2022. She noted that it had also been received by the Finance Committee. The CEO thanked everybody for their hard work on the plan and noted that the Health Board was in a relatively good place and that whilst it would be good to submit a fully balanced plan, the Health Board had a credible plan with a good amount of ambition in it. The UHB Chair also thanked everybody involved. **The Board resolved that:** a) The work which has progressed since draft plan submission on the 31st March 2022 was noted. b) The final IMTP plan for submission to Welsh Government was approved.	
	AOB The UHB Chair advised the Board that this was the last Board meeting for the ICOO and expressed his gratitude as Chair and on behalf of all Board members for her hard work and support.	
UHB 21/06/24/007	**Date and time of next meeting:** Tuesday 19th July 2022 (Annual General Meeting) at 12.30pm via MS Teams	

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ACTION LOG

Following Public Board Meeting

26 May 2022

(Updated for the meeting 28 July 2022)

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Actions Completed					
UHB 22/03/015	**Integrated Performance Report**	An update on pressure damage to be provided at the July Board.	**28.07.2022**	Jason Roberts	**COMPLETED** Due to be presented to the Board in July. Agenda item number 6.6
FC 25/5/007	**Deficit and proposed way forward**	The deficit and proposed way forward to be discussed with Board members	**14.06.2022**	Catherine Phillips	**COMPELTED** Discussed at Private Board meeting on 14 June 2022
Board Development Plan	**Board Development Plan**	Independent Members to have a folder on the AdminControl platform that showed all previous Board Development items that had been received.	**28.07.2022**	Nicola Foreman	**COMPLETED** Platform raised on AdminControl and details provided offline
Actions in Progress					
UHB 21/06/24/004	**Integrated Performance Report**	To set up a Board Development Session in relation to the Risk Adjusted Mortality Index, in particular how it is calculated and what it means.	**29.09.2022**	Nicola Foreman	**UPDATE BY (see DATE column)** Date to be agreed with Chief Executive and Executive Medical Director and added to the Board Development Plan
Actions referred TO Committees of the Board/Board Development					

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MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
S&D 17/05/007	**Key Operational Performance\ Indicators**	The ICOO advised the Board that a detailed report on the work that was being undertaken to manage both the Covid-19 position and also improvements to the wider urgent and emergency care position would be received by the Strategy and Delivery (S&D) Committee in July.	**12/07/2022**	Caroline Bird	**Completed –** this matter was discussed at the S&D Committee meeting in July, please refer to the S&D Action Log number **S&D 17/05/007**
UHB **21/06/24/004**	**HIW Report**	The two and half day formal (Health Inspectorate Wales) HIW unannounced inspection of the Emergency Unit report to be received by the QSE Committee in August or November (depending on when the report is received).	**30/08/22**	Jason Roberts	**UPDATE BY (see DATE column)** Due to be presented to QSE at its next Committee meeting in August
UHB 22/05/014	**2022 – 2023 Capital Infrastructure Plan: Digital**	The DDHI advised the Board that a discussion would take place at the Digital Health and Intelligence Committee at their next meeting in June 2022 and noted that the Health Board needed to move to a more revenue-based approach for digital solutions.	**07.06.22**	David Thomas	**COMPLETED** Received by DHIC on 15.06.22 (see agenda item 3.1 of DHIC's June agenda).
UHB 22/05/011	**Mortality Rates**	The EMD advised the Board that a detailed report on mortality rates would be received by the Quality, Safety and Experience Committee in June 2022.	**15.06.22**	Meriel Jenney	**COMPLETED** Received by QSE on 15.06.22 (see agenda item 2.3 of QSE's June agenda).

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MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
UHB 22/03/015	**Integrated Performance Report**	A more detailed presentation on mortality indicators to be taken to the QSE Committee in June	**15.06.2022**	Meriel Jenney	**COMPLETED** – Discussed at June QSE meeting – agenda item 2.3
UHB 22/03/015 **QSE 22/06/009**	**Integrated Performance Report**	A more detailed view on maternity services to be taken to the QSE Committee in June	**30.08.22**	Jason Roberts	**COMPLETED** – Discussed at June QSE meeting (agenda item 2.4). It was agreed a more detailed report to be taken to August Private QSE meeting
UHB 22/01/009	**System Resilience Briefing (Covid & Non-Covid).**	A further report regarding pressure damage is due to be taken to the Quality, Safety and Experience Committee in June 2022.	**15.06.2022**	Ruth Walker / Jason Roberts	**COMPLETED** – Discussed at June QSE meeting – agenda item 2.2
UHB 22/03/015	**Integrated Performance Report**	A more detailed view on low appraisal percentage to be taken to the Strategy & Delivery Committee.	**17.05.2022**	Rachel Gidman / Lianne Morse	**COMPLETED** presented at the S&D Committee on 17 May 2022 – agenda item 2.1
UHB 22/03/010	**Vale Alliance Update**	An update on the Vale Alliance would be provided to the Board via a Board Development session in June 2022	**30.06.2022**	Abigail Harris	**Completed** The update was presented to the Board Development Session on 30 June.
UHB 22/01/007	**Chair's Report and Chair's Action taken since last meeting**	ICOO advised the Board that a more detailed report on the Dental Directorate would be provided to the QSE Committee.	**15.06.22**	Caroline Bird	**COMPLETED** Discussed at June QSE meeting – agenda item 2.7

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MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
UHB 22/01/009	**System Resilience Briefing (Covid & Non-Covid).**	Cluster plans were being drawn into the IMTP and that the same would be looked at in more detail at a Board Development session.	**30.06.2022**	Abigail Harris	**COMPLETED** Presented and discussed at Board Development Session in June 2022.
Actions referred <u>FROM</u> Committees of the Board/Board Development					
HS 19/04/018	**Fire enforcement report**	Fire enforcement report is to be presented at Board.	**28.07.22**	Rachel Gidman	**COMPLETED** Forms part of the H&S Annual Report – Agenda item 7.1
HS 19/04/018	**H&S Culture Plan**	H&S Culture Plan is to be approved at Board.	**28.07.22**	Rachel Gidman	**COMPLETED –** Referred from H&S Committee meeting and to be approved at Board in July (see agenda item 7.2).

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Report Title:	Chair's Report to Board				Agenda Item no.	6.2	
Meeting:	Board	Public	x		Meeting Date:	28.07.2022	
		Private					
Status *(please tick one only):*	Assurance		Approval	x	Information		x
Lead Executive:	Chair of the Board						
Report Author (Title):	Personal Assistant to the Chair						

Main Report
Background and current situation:

This report includes information on the key activities that have taken place since the last Board Meeting on 30th June 2022.

Youth Board – Background and Summary of recent Activity

The Board has strong relationships with our Youth Board which have been developed over a number of years. The work of our Youth Board is highly valued and I am very grateful for the amazing contributions they make to improving our services, engagement processes and patient safety and wellbeing. By way of an update:

The Youth Board group meets once a month but staff interviews and events are attended in addition to the meetings.

There are currently, approximately 20 members within the group but this number will increase as they move through the induction process with volunteering. The group members are aged between 13 to 25 years old from across Cardiff and the Vale of Glamorgan and their experiences of healthcare are varied. Experience is unnecessary for acceptance onto the Youth Board and all young people are welcome to apply. Attendance varies especially during periods such as exam time but usually there are between 6 and 15 attendees at each meeting.

The group is very much theirs and on their terms. Visitors who want their opinions are welcomed into their world, which is a safe place for them to be young and be themselves. We don't expect them to act like adults or to conform to our norms because we would lose the genuine nature of the feedback they give on topics.

In July, the Youth Board meeting focused predominantly on Public Health matters. Members of the Youth Board debated and contributed to the Welsh Government's Energy Drinks consultation and also discussed the UHB's anti-smoking strategy. Fiona Kinghorn (Exec Director of Public Health) and Rhian Thomas (Independent Member) joined the meeting to hear views and participate, also joining Lisa Cordery (Lead Nurse for Children's Rights, who co-ordinates the Youth Board) in welcoming the Youth Board's newest members.

<u>Overview of the work carried out by the Specialist Nurses-Organ Donation within the Cardiff and Vale Health Board</u>

by Katie Edwards (South Wales SNOD embedded in Cardiff and Vale Health Board)

Digitally Signed by Nathan Lewis
Date: 2022.07.26 13:34:16

I am part of a specialist team of nurses working within NHS Blood and transplant whose job is to attend hospitals to facilitate the deceased organ donor process. We support a 24 hour on-call rota to attend and assess potential donors across the whole of South Wales and the South West through our merged

rota. We could be sent to Royal Cornwall Hospital, Treliske one day and Bronglais General Hospital, Aberystwyth the next.

When attending a potential donor, we spend time with the ITU team assessing suitability for donation and ensuring thorough background checks are done to make certain there are no contraindications or reasons donation cannot proceed. This may include liaising with the coroner, speaking with the GP

and going through the patient's medical notes, tests and investigations. We also can screen more marginal donors with recipient centres to assess potential. At this point we will also check the Organ

Donor Register to see if the patient has expressed a decision about donation so we can work to support their end of life choices. In 2015, Wales moved to a deemed consent system of donation whereby adults are considered to have no objections to becoming a donor unless they have recorded a decision not to donate or are in one of the excluded groups. In 2020 England followed this. However, within this we work incredibly closely with families to approach them about donation at the right time and with the right information so we can support them to make an informed decision that is right for their family and loved one. We also offer bereavement support regardless of the donation decision such as keepsakes and bereavement books. If the family consent for donation we go through a very detailed consent process with them including discussions into the patients travel, behavioral and medical history. We establish what communication the family want and this contact follows them through the whole donation process and afterward with organ outcome letters and recipient letters. During this time, we also conduct what we call the characterisation process whereby we organise further testing such as virology, tissue typing and organ specific investigations such as ECHOs and X-rays to assess organ function and suitability. Each organ has its own contraindication based on age, function, past medical history and type of donor which needs to be carefully looked into. Once this information has been collated we then go through the offering process whereby organs are offered out to recipient centres for recipients based on need, tissue typing match and blood group. When organs have been matched we them mobilise our on-call National Organ Retrieval Surgeons (NORS) who will attend from all over the country to perform the surgery. As SNODs we facilitate and organise this process and stay with the donor throughout theatres as a point of contact to all recipient coordinators and ensuring the organs are found suitable, packed and sent to the right place. The whole process can take upwards of 24 hours due to intricate nature of the work and amount of organisation required to facilitate the donation.

When we are not on-call, we work in our embedded hospital to be available to assess possible donors. We also conduct a potential donor audit (PDA), looking into all deaths in critical care areas (ED, ITU, PICU, NICU) to capture data and ensure no missed opportunities. We aim to build links within the critical care team through education and teaching sessions about the donation process. We have recently employed two additional SNODS in UHW/Llandough bringing our number to 4 which is allowing for greater presence and engagement within the different critical care areas. We are working on projects such as establishing link nurses in these areas, organ donation simulation days and facilitating UHW becoming a Tissue Alliance site to improve tissue donation rates.

Between 1st April 2021 and 31st March 2022, we facilitated 19 donors within the Cardiff and Vale University Health Board which resulted in 49 patients receiving lifesaving transplants. This is an incredible achievement in the context of a global pandemic and the subsequent unprecedented pressures the NHS faced. One of our donors was 23-year-old Beca Richards from Carmarthen. Beca had just finished university, and had secured her first teaching post in a local primary school. Beca died at UHW on ITU on Friday 20th August 2021 following a road traffic collision. Her family had consented for organ donation and she was able to donate her kidneys, pancreas and heart for valves.

Shunaas Kaman
27/09/2021 17:34:18

This is her family's tribute:

"We are completely devastated in losing Beca. She was such a loving and kind-hearted daughter, sister, friend and teacher and someone who always cared for others.

"We take great pride that, as a donor, Beca will provide a better life for others as her final gift.



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

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

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

Seal No.	Description of documents sealed	Background Information
1003	A lease between (1) The County Council of the City and Council of Cardiff and (2) Cardiff and Vale University Health Board	A head lease between (1) The County Council of the City and Council of Cardiff and (2) Cardiff and Vale University Health Board in relation to the Maelfa Wellbeing Centre.

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

Date Signed	Description of Document	Background Information
16.05.2022	A contract Amendment between (1) CVUHB and (2) CMR Surgical Limited	A contract Amendment between (1) CVUHB and (2) CMR Surgical

		Limited in relation to the All Wales Clinical Partnership
19.05.2022	A Licence between (1) Cardiff and Vale University Health Board and (2) Velindre NHS Trust	A Licence between (1) Cardiff and Vale University Health Board and (2) Velindre NHS Trust in relation to car parking space at Whitchurch Hospital.
01.06.2022	The NHS Wales Microsoft Enterprise Agreement	A commitment to participate in the NHS Wales Mircrosoft Enterprise Agreement.
23.06.2022	An agreement for lease with Tenant's works relating to the Maelfa Wellbeing Hub between (1) The County Council of the City and Council of Cardiff and (2) Cardiff and Vale University Health Board	An amended agreement for lease with Tenant's works relating to the Maelfa Wellbeing Hub between (1) The County Council of the City and Council of Cardiff and (2) Cardiff and Vale University Health Board which reflects changes to the appended documents to correct administrative errors and to operational changes to the head lease between the parties allowing greater flexibility in alienation clauses.
23.06.2022	A Tenancy at Will between (1) Cardiff and Vale University Local Health Board and (2) Awesome Wales Enterprises CIC	A Tenancy at Will between (1) Cardiff and Vale University Local Health Board and (2) Awesome Wales Enterprises CIC in relation to use of part of the University Hospital of Wales site as a fruit and vegetable stall.

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	
05.05.2022	Recommissioning of Substance Misuse Services	Approval sought for expenditure totaling £2,511,758.00 per annum over a potential 10 year period.	17.05.2022	John Union 16.05.22	Rhian Thomas 16.05.22	N/A
05.05.2022	Completion of 4 Project Bank Account Trust Deeds - Maelfa Wellbeing Hub	Approval sought due to completion of documents as a Deed.	19.05.2022	John Union 16.05.22	Rhian Thomas 16.05.22	N/A
20.05.2022	Execution of University Hospital Llandough	Approval sought due to completion of	30.05.2022	Ceri Phillips 27.05.22	Mike Jones 27.05.22	N/A

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	Substation Works - Project Bank Account Deed	document as a Deed.				
20.05.2022	Specialist Palliative Care Services - Cardiff North and West & Cardiff South and East	Approval sought due to expenditure totaling £3,383,980.00	30.05.2022	Ceri Phillips 27.05.22	Mike Jones 27.05.22	N/A
20.05.2022	Revenue Purchase of Azurion 7 F12 Maintenance package	Approval sought due to expenditure totaling £639,824.40 inc VAT.	30.05.2022	Ceri Phillips 27.05.22	Mike Jones 27.05.22	N/A
20.05.2022	Provision of Agency Staff for Operational Services	Approval sought due to a potential expenditure of £504,000.00	31.05.2022	John Union 31.05.22	Rhian Thomas 27.05.22	N/A
09.06.2022	Crisis House Contract Extension	Approval sought due to expenditure totaling £1,526,965.00 (over a period of 5 years)	13.06.2022	John Union 13.06.22	Mike Jones 13.06.22	N/A
24.06.2022	Application of UHB Seal - Maelfa Wellbeing Hub Headlease (CCC and CVUHB) and Café underlease (CVUHB and CCC)	Approval sought for the application of the seal	23.06.2022	Ceri Phillips 16.06.22	Mike Jones 16.06.22	N/A
01.07.2022	Provision of Pulse Oximetry & Consumables from Masimo Europe Limited	Approval sought due to expenditure totaling £960,004.32 (over a 4 year period)	01.07.2022	Ceri Phillips 01.07.22	Mike Jones 01.07.22	N/A

The Board are requested to:

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

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

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

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

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Report Title:	**Chief Executive's Report to Board**				Agenda Item no.	6.3	
Meeting:	Public Board Meeting		Public	x	Meeting Date:	28 July 2022	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		x
Lead Executive:	Chief Executive						
Report Author (Title):	Head of Corporate Business						

Main Report

Background and current situation:

Part one of this report provides a strategic overview and executive narrative summary of the most significant issues and risks currently faced by the Organisation. The summary pulls together issues and risks discussed at the Board Sub-Committees in May, June and early July 2022, as well as risks and issues discussed at Management Executive and Health Services Management Board. As such, the summary represents the view of the Chief Executive and senior leadership team.

Part two of this report provides a general update to ensure that the Board remains informed of the key Executive activity that has occurred since the last Board meeting.

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

PART 1: STRATEGIC OVERVIEWS

Population Health Overview

We continue to monitor, along with partners, the impact of the latest COVID-19 variants on population health. The high transmissibility of the current variants is resulting in increased hospitilisation rates, although the quantity of serious illness resulting from the infection fortunately remains low. We are also seeing increasing numbers of patients admitted 'with COVID-19' rather than admitted 'from COVID-19' and this has required further adaptation of in hospital red and green zones and IP&C routines. A further, and significant impact of the community COVID-19 infection rate is on staff absence. Our Public Health and Primary and Community Health teams remain in constant dialogue with public health and council partners on the requirements for an autumn COVID -19 and Flu vaccination campaign, and preparations for the reconfiguration of our mass vaccination centres to support this campaign are well on track.

Childhood vaccination is a pivotal public health intervention to reduce the risk of serious illness from infectious disease for children and our communities. A range of vaccinations are given to children, mainly delivered through GP practices and through a school-based programme in Cardiff and the Vale of Glamorgan (Appendix 1).

Generally, the uptake of most childhood vaccinations is high amongst the population, however there are notably lower uptake rates amongst some population groups and in some geographical areas, specifically the southern arc of Cardiff and amongst minority ethnic communities. For some vaccines, for example the measles, mumps and rubella (MMR) vaccine, a declining overall uptake rate has been observed, exacerbated due to the Covid-19 pandemic. Low levels of uptake mean that there is lower protection and levels of herd immunity in children and the community against vaccine preventable disease, which could lead to a resurgence of diseases such as measles, a highly transmissible infection.

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Despite primary care teams across Cardiff and Vale continuing to offer childhood immunisations as an essential service during the Covid-19 pandemic, there has been an impact upon uptake of vaccinations during this time as well as on the timeliness of vaccinations. As a result, some children have not received their scheduled vaccinations at all and others have received vaccines later than

they should have. Although timeliness of vaccination uptake can vary from season to season, the control measures put in place in response to the pandemic appear to have contributed to lower levels of uptake during this time.

During 2021, a local strategic review of all immunisations (flu, childhood and covid-19 vaccination) was undertaken. This work has led to both a revision of the governance arrangements for strategic and operational delivery, and a set of key workstreams to plan and deliver immunisations across Cardiff and Vale UHB to maximise uptake.

Urgent Care Overview

The Health Board has refreshed its Operational Plan for 2022/23, ensuring alignment to Welsh Government national plans, including 'Six Goals for Urgent and Emergency Care' and 'Our Programme for Transforming and Modernising Planned Care and Reducing Waiting Lists in Wales'. Whilst the Health Board is making good progress against its Operational plan, system wide operational pressures have continued to impact and we are still seeing access or response delays at a number of points across the Health and Social Care System.

In response to these challenges we have established an Urgent and Emergency Care Operational Delivery Group, with Executive oversight and stretching targets.

The Surgical Same Day Emergency Care (SDEC) unit is having a proven benefit in reducing Emergency Unit (EU) demand and we have commenced recruitment in support of expansion plans for the Medical SDEC. In light of the success of these SDECs we have completed a proof of concept for a Trauma SDEC in UHW and have commenced work to develop this capability.

We have launched and are evaluating the effectiveness of a virtual ward in UHW; whilst the evaluation exercise continues the emerging evidence shows a positive effect in reducing hospital bed occupancy and reducing lengths of stay.

Within the EU the footprint has been reconfigured to collocate functions and improve efficiencies. In addition, we have commenced a scheme to locate General Practitioners (from CAV 24/7) within the EU to redirect, where clinically appropriate, urgent care cases away from EU. Allied to this initiative is an ongoing Acute Care Physician (ACP) recruitment initiative.

In partnership with WAST an Ambulance handover improvement plan and a Joint Escalation Protocol have been developed and implemented, both are showing early indications of reducing ambulance waiting times. A HIW 'Review of Patient Safety, Privacy, Dignity and Experience whilst waiting in Ambulances during Delayed Handover' continues to guide our improvement work in this arena and a full action plan against the review's recommendations will be provided to QSE Committee in August 2022.

Planned Care Overview

A key component of our response to improving planned care has been has been a clear, prioritised and Executive driven 'site masterplan' that manages the re-opening and re-distribution of elective (green) capacity across our facilities as part of the Post COVID recovery plan and gradual reduction in unscheduled care pressures**.**

Other capacity enhancing activities are a now embedded Theatres Efficiency programme to drive the productivity we get from our existing and new facilities, mobile eye units for cataract patients, a mobile endoscopy unit, an expanded pre-assessment service in UHW and a variety of programmes that are now delivering increased diagnostic services capacity.

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In addition, we have engaged in a 'Getting it Right First Time Review' (GIRFT) into orthopaedics to identify opportunities for quality and process improvements; further GIRFT reviews will follow for gynaecology and general surgery.

It is anticipated that further improvements in planned care will result from:

- Our development and initial launch of an electronic Pre-Operative Assessment (ePOAC) system to digitise and streamline the pre-operative assessment process.
- An additional new digital capability has been successfully adopted across all of our clinical specialities. This is 'Attend Anywhere' which facilitates virtual and flexible outpatient attendances.

There is a balance to be struck between tackling current backlog and building a more resilient and sustainable planned care system for the long term, and we cannot deliver effective planned care unless the unscheduled care system is in balance and supported by the right social care system. In this respect the National 6 Goals for Urgent and Emergency Care approach to transformation is welcome, as is a focus on healthier lifestyles. Continued strengthening of Social Care and collaborative working will be a key enabler to the Planned Care Programme.

I recognise the inherent challenge in the management of waiting lists when clinically prioritising patients between those categorised as urgent and those who have been waiting the longest. However, where there is conflict between these two positions the arbiter we employ will always be clinical risk rather than time.

Quality and Safety Overview

A number of Quality and Safety issues and initiatives have been reported to the Quality and Safety Committee (QSE Committee) since my last report to Board. Whilst not wishing to repeat the information provided to this committee I do wish to outline some key Quality and Safety work in train.

Specific work is currently being done to sustain and embed the work of the Pressure Damage Collaborative The group was set a target of reducing the incidence of healthcare acquired pressure damage within the Health Board by 25% by July 2022. As per March 2022 the data per 1000 bed days for inpatient areas shows a 24% reduction but more recent data demonstrates an increase in incidence from inpatient areas, potentially as a result of long waits for ambulance reviews in the community and longer waits in EU for patients awaiting admission to an inpatient bed. This will be carefully monitored to develop understanding and target improvement activities.

Learning from Deaths. An increase in Risk Adjusted Mortality Index (RAMI) is a concern that has been recently reported to the QSE committee. There are recognised limitations in the recording, coding and interpretation of this measure but nonetheless the increasing trend required urgent review. A Wales-wide approach to undertaking mortality reviews has been developing for some years and is overseen by a Wales-wide mortality group. This group subsequently took on the development and implementation of the Medical Examiner (ME) Service which improve the scrutiny and thematic learning from deaths in transparent and objective way. As we fully embed the ME Service we will be able to strengthen assurance around our mortality indicators and what they are telling us in terms of institutional practice and learning.

People and Culture Overview

The Health Board continues to face a scenario in which our baseline workforce capacity is being stretched thinly to cover competing and simultaneous operational requirements. The Pandemic, Winter bed pressures and the Recovery Plan have placed significant pressure on our workforce. Demand for team colleagues has been significantly higher than the supply, which has meant that our existing teams have been placed under extreme pressure since March 2020. There is a risk that the Organisation will not be able to attract, recruit and retain people to work in our clinical teams to

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deliver high quality care for the population of Cardiff and the Vale. This risk is currently assessed as Extreme (25).

The size and complexity of the workforce challenge is such that addressing it requires holistic and sustained action. Many of these necessary actions are contained within the People and Culture Plan but I recognise that all of the health board plans, programmes and activities impact upon the team and that an important focus now and into the future is ensuring that opportunities for positive impact are identified and sustained, whilst reducing or eliminating detrimental impacts remains a priority.

Health and Safety Overview

Health and Safety
We have recently published the CAV Health and Safety Culture Plan 2022-2025. The plan is the cornerstone document guiding our activity to sustain our moral and statutory duties to provide a safe environment for the team, patients, visitors and contractors.
The plan sets out the actions we will take over the next three years, with a clear focus on improving the Health and Safety culture within the Organisation.

Finance Overview

In June 22 the Finance Committee were provided with a Finance Position Report for Month 2 of the current financial year. The report identified that at this juncture the Health Board is reporting an in month overspend of £3.996m against it submitted draft plan. This is due to £0.529m of operational pressures and a planning deficit of £3.467m, which is two twelfths of the planned deficit of £20.8m identified in the draft 2022/23 financial plan.

The financial position remains a challenge and a firm focus on the delivery of the quality and cost improvement and efficiency opportunities agreed within the IMTP must be maintained in order to mitigate the key financial risks and ensure achievement of the financial outturn committed to within the IMTP.

Digital and Health Intelligence Overview

The Health Board recognise the importance of adequately investing in the digital and health intelligence functions to enable delivery of high-quality care, increase the pace of digital maturity and transformation and implement the actions to realise the ambitions as set out in the suite of Shaping our Futures strategies and within the 2022/25 IMTP. Achieving these ambitions requires significant and as yet not fully identified funding options. Work is now underway to address the need for a long-term financial and investment model which links to a recently completed 10-year investment plan requested by Welsh Government. Our contribution to this process will assist in demonstrating the scale of investment needed by all NHS Wales organisations in fulfilling longer-term digital transformation plans, and will further inform the Health Board's longer-term financial plan.

Estate Capital Estates and Facilities Overview

As a Health Board we recognise the critical relationship between the condition of the estate and our ability to meet the highest standards of patient safety, health and safety and team morale. Whilst we have locations that meet these requirements they are unfortunately in the minority. Additionally, we recognise that the funding for 2022/23 will pose significant challenges in the face of the many estate and infrastructure requirements. A prioritisation approach has been agreed which will ensure the escalation and prioritisation of regulatory or other significant health and safety and patient safety estates issues alongside a sensible approach to backlog maintenance and progression of new developments and infrastructure as approved by Welsh Government...

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PART TWO: KEY EXECUTIVE ACTIVITY

Executive Appointments. I am delighted to report that we recently interviewed and selected Jason Roberts to be our new Executive Nurse Director. Jason has worked within the health board for many years and his experience, skills and enthusiasm make him perfectly suited to lead on the next stages of our improvement journey.

This new appointment, and our previous selection of Paul Bostock as Chief Operating Officer, means that by September 2022 we will again have a complete Executive Team.

Executives Away Day. As was discussed at our recent Board Development Session the key output from our Executives Away Day is a review, and subsequent refresh of the strategy 'Shaping our Future Wellbeing Together'. A small group of volunteer Executives and Independent Members has been established to conduct this work, and the initial outputs will be presented to the Strategy and Delivery Committee on 27th September 2022.

Safe Care Together. Improvement Cymru (IC) have agreed a two-year partnership with the Institute for Health Care Improvement (IHI) to deliver 'Safe Care Together' a national Programme for safe reliable and effective care, adopting a focus on locally driven and delivered outcomes by Health Boards and Trusts.

The foundational site visits occurred over the period 07-08 June 22. The visit objectives were to understand the current state and the gap between where the Health Board is and where it wants to be.
I expect to receive a full report on the observations and deductions from the foundational site visits within the next fortnight. However, myself and the Executive team received a high-level verbal debrief from the Safe Care Together team at a meeting on the 8th July where the team reported upon:

- the 'amazing will' that they observed amongst the CAV team and a 'strong desire to make things better'.
- the team dynamics evident in the areas they visited where strong multi-disciplinary, and inclusive behaviours were observed alongside strong and visible leadership.
- good examples of innovation especially in the safety domain but it was noted that scaling these initiatives remains challenging, for example from one clinical board to another. Where scaling occurs, it appears to be due more to the power of relationships than to more formalised processes.
- The Safe Care Together team also pointed to a number of areas for improvement including the need to embed a consistent Quality Improvement methodology and culture, data management and interpretation capabilities, system and processes alongside a means to "connect the organisation up".

The team commented on the condition of infrastructure and estate and observed the potential it had to have a detrimental imp0act on team morale as well as the delivery of safe, effective and reliable care.

The foundational site visit and the subsequent report will inform the planning and development of an at scale Quality Improvement Programme the delivery of which will be supported by IC, IHI and the Safer Together Programme. As the work progresses Board will receive updates in due course.

Health Minister Visit to UHW. The Vice-Chair and I hosted a visit from the Health Minister to University Hospital Wales on 9th June 2022. The minister visited the Emergency Unit, Cardiology

and the Intensive Care Unit where she had an opportunity to talk with medical, nursing and AHP colleagues.

The visit provided an opportunity to demonstrate that as the biggest provider of tertiary care and treatment for the population of Wales, a University Teaching Hospital, and as a result of the co-location with Cardiff University that creates a research and innovation hub, our role in Wales is unique and should be considered a component of critical national infrastructure.

The visit also provided the Minister with some insight into the infrastructure challenges and impacts previously described.
Her visit concluded with a roundtable discussion at which Professor Riley, the Dean of Cardiff University's Medical School, described the investment and commitment put into Heath Park West adjacent to UHW. The Minister was briefed on the importance of offering healthcare specialties on a single campus and how students benefit from proximity to front line healthcare. The academic, operational and economic benefits of CVUHB and Cardiff University collaborating with the Life Sciences sector and the ability of our organisations to work alongside leading clinicians and academics in developing innovative technologies was discussed and our joint vision for academic health and life sciences was described.

The Minister found the visit very useful and was keen to share her gratitude with the team for their on-going commitment, professionalism and compassion that she witnessed firsthand during the visit. Notably she has asked to return to CVUHB to meet a wider range of teams and activities and to undertake a separate visit to research facilities. A Programme of visits will now be worked up between the Health Board and the Minister's office.

Management Executive and Health Service Management Board Meetings. Currently the Management Executive (ME) meetings occurs weekly. It is chaired by the Chief Executive and its membership is comprised solely of the Executive Directors. It is the forum at which many of the operational and strategic issues affecting the Health Board are discussed and coordinated ahead of notification to the Board and its sub-committees; it has a standing agenda, is minuted and has an actions matrix. The Health Services Management Board (HSMB) currently meets monthly and is attended by the Chief Executive, Executive Directors and Clinical Board Directors. Its purpose is as a forum for discussion and dissemination of current issues and it is not constituted as a decision-making meeting.

In my view the best forum in which to discuss and coordinate our operational and strategic issues and performance is one in which the Clinical Boards are represented. In June I suggested to HSMB that its purpose should be altered to enable it as a decision-making meeting – this was accepted in principle and following the July meeting we have now received consensus on how the transition between ME and HSMB will occur and how HSMB will be constituted moving forward.

I have asked for a paper outlining the details of these new arrangements to be presented to The Strategy and Delivery Committee in August 2022 but in outline the change will see formalised terms of reference, a standing agenda, minutes and actions plans and twice monthly meetings. It is intended to make the formal switch of decision-making role between ME and HSMB in September 2022.

Recommendation:

The Board are requested to:

NOTE the Strategic Overview and Key Executive Activity described in this report.

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

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

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes
Provides context for current risks within the Health Board.
Safety: Yes
Provides context for current patient safety and health and safety risks, issues and culture.
Financial: Yes
Provides context for the Health Boards current financial position
Workforce: Yes
Describes progress against KPIs in our People and Culture Plan.
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

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

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Report Title:	Board Assurance Framework 22-23 – July 2022				Agenda Item no.	6.4	
Meeting:	Board		Public	x	Meeting Date:	28th July 2022	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Director of Corporate Governance						

Main Report
Background and current situation:

The Board Assurance Framework (BAF) 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. This discussion took place at Management Executives on 9th May 2022 and it was agreed the following risks would added to the Board Assurance Framework for the financial year 2022/23:

1. Workforce
2. Patient Safety
3. Sustainable Culture Change
4. Capital Assets
5. Delivery of 22/23 commitments within the IMTP
6. Staff Wellbeing
7. Exacerbation of Health Inequalities
8. Financial sustainability
9. Urgent and Emergency Care

These risks are all detailed within the attached BAF and no further risks have been added or removed since the May Board Meeting.

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

It should be noted that the BAF details the risks in relation to Strategic Objectives. As these are undergoing a process of review during this financial year the BAF may change to reflect any change made to Strategic Objectives as a result of that review. However, these risks are reflective of the current situation.

The key changes to the risks on the BAF from May 2022 are highlighted in red. There have been no changes to the scoring of any of the BAF risks since the last meeting of the Board.

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.
- Discussion at the various Committees of the Board on the risks allocated to them for review.

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Recommendation:

The Board are requested to:

- **Review and note** the 9 risks to the delivery of Strategic Objectives detailed on the attached BAF for July 2022.

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

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/~~No~~
The BAF as a document details the risks in relation to the delivery of Strategic Objectives.
Safety: Yes/~~No~~
There is a risk within the BAF on Patient Safety which also details the impact.
Financial: Yes/~~No~~
There is a risk within the BAF on Financial Sustainability which also details the impact.
Workforce: Yes/~~No~~
There is a risk within the BAF on Workforce which also details the impact.
Legal: ~~Yes~~/No
Reputational: Yes/~~No~~
Having a non-approvable IMTP will impact upon the reputation of the Health Board
Socio Economic: Yes/~~No~~
There is a risk on the BAF on Health Inequalities these inequities have significant social and economic costs both to individuals and societies.
Equality and Health: Yes/~~No~~
As above
Decarbonisation: ~~Yes~~/No

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Approval/Scrutiny Route:	
Executive Directors	Individual review undertaken prior to Board with each Executive Lead.

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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 IMTP for 2022-25.

Strategic Objectives	Key Risks Mapped to Delivery of Strategic Objective
1. Reduce health inequalities	• Sustainable Cultural Change • Exacerbation of Health Inequalities • Patient Safety • Delivery of IMTP 22-25
2. Deliver outcomes that matter	• Patient Safety • Sustainable Cultural Change • Exacerbation of Health Inequalities • Delivery of IMTP 22-25 • Capital Assets • Financial Sustainability • Urgent and Emergency Care
3. Ensure that all take responsibility for improving our health and wellbeing	• Sustainable Cultural Change • Wellbeing of staff • Workforce
4. Offer services that deliver the population health our citizens are entitled to expect	• Workforce • Exacerbation of Health Inequalities • Patient Safety • Delivery of IMTP 22-25 • Urgent and Emergency Care
5. Have an unplanned care system that provides the right care, in the right place, first time.	• Financial Sustainability • Patient Safety • Exacerbation of Health Inequalities • Workforce • Urgent and Emergency Care
6. Have a planned care system where demand and capacity are in balance	• Workforce • Exacerbation of Health Inequalities • Patient Safety • Financial Sustainability
7. Reduce harm, waste and variation sustainably so that we live within the resource available	• Patient Safety • Exacerbation of Health Inequalities • Capital Assets
8. Be a great place to work and learn	• Workforce • Sustainable Cultural Change • Wellbeing of staff
9. Work better together with partners to deliver care and support across care sectors, making best use of people and technology	• Workforce • Delivery of IMTP 22-25 • Sustainable Cultural Change • Exacerbation of Health Inequalities • Urgent and Emergency Care
10. Excel at teaching, research, innovation and improvement.	• Workforce • Sustainable Cultural Change • Wellbeing of staff • Delivery of IMTP 22-25

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Key Risks

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

Risk	Risk Appetite	Corp Risk Register Ref.	Gross Risk	Net Risk	Change from May 22	Target Risk	Context	Executive Lead	Committee
1. Workforce	Open	5,8,20.	25	20		10	Across Wales there have been increasing challenges in recruiting healthcare professionals and this situation has got worse over the last two years due to Covid 19. Meeting the requirements of a growing population which is older and with more complex health needs as well as increasing demand on health services has led for an increasing need in clinical staff. Staff costs represent the largest expense for the NHS in Wales. The pay bill has continued to increase year on year, with a significant increase over the last three years.	Executive Director of People and Culture **Last Reviewed:** 07.07.22	Strategy and Delivery Committee **Last Reviewed:** 12.07.22
2. Patient Safety	Open	1,2,3,4,5,7,8,9, 10,11,12,13,14, 15,16,17.	25	20		10	Patient safety should be the first priority above all else for the Cardiff and Vale University Health Board. Safer patient care includes the identification and management of patient-related risks, reporting and analysis of patient safety incidents, concerns, claims 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:** 13.07.22	Quality, Safety and Experience **Last Reviewed:** 14.06.22
3. Sustainable Culture Change	Open		16	8		4	In line with UHB's Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to transfer our services to ensure we can meet our future challenges and opportunities. Creating a belief which continues to build upon our values and	Executive Director of People and Culture	Strategy and Delivery Committee

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							behaviours framework will make a positive cultural change in our health system for our staff and the population of Cardiff and the Vale.	**Last Reviewed:** 07.07.22	**Last Reviewed:** 12.07.22
4. Capital Assets	Open	1,2,3,4,5,16,19.	**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:** 01.07.22	Finance Committee & Strategy and Delivery Committee **Last Reviewed:** 12.07.22
5. Delivery of IMTP 22-25	Open		**20**	**15**		**10**	The Integrated Medium Term Plan is the key planning document for the Health Board setting out the milestones and actions we are taking in the next 1 to 3 years in order to progress Shaping Our Future Wellbeing, our ten-year strategy. It is based on the health needs of our population, delivering quality services and ensuring equitable and timely access to services and sets out how we will deliver our mission Caring for People; Keeping People Well, and vision that a person's chance of leading a healthy life is the same wherever they live and whoever they are.	Executive Director of Strategic Planning **Last Reviewed:** 01.07.22	Strategy and Delivery Committee **Last Reviewed:** 17.05.22
6. Staff Wellbeing Saunders.Nathan 27/07/2022 17:34:58	Open	5.	**20**	**15**		**6**	As a result of the global Covid19 pandemic, our employees have been exposed to unprecedented levels of psychological and physical distress both at home and in the workplace. Evidence indicates that, Healthcare workers are at greater risk of developing mental health problems as a result. The impact of this is unlikely to be experienced equally, with people with existing mental health difficulties and people from Black, Asian and minority ethnic	Executive Director of People and Culture **Last Reviewed:** 07.07.22	Strategy and Delivery Committee **Last Reviewed:** 17.05.22

							communities among those who are likely to be affected disproportionately		
7. Exacerbation of Health Inequalities	Open		**16**	**12**		**8**	COVID-19 has compounded existing health inequalities in Wales, which have shown little improvement in the last ten years, based on the gap in life expectancy between the most and least deprived fifth of the population. Although the main disparities have been age, sex, deprivation and ethnicity, there is clear evidence of intersectionality, risk factors compounding each other to further disadvantage individuals with protected characteristics (based on the Equality Act 2010). As the granular level data emerges, there is no evidence to suggest that this pattern is not replicated fully at a Cardiff and Vale UHB level.	Executive Director of Public Health **Last Reviewed:** 08.07.22	Strategy and Delivery Committee **Last Reviewed:** 15.03.22
8. Financial Sustainability	Cautious	6,18.	**25**	**15**		**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:** 06.07.22	Finance Committee **Last Reviewed:** 27.07.22
9. Urgent and Emergency Care Saunders.Nathan 27/07/2022 17:34:58	Cautious		**20**	**15**		**10**	One of the Health Board's Strategic Objectives is to have a sustainable unplanned (emergency) care system that provides the right care, in the right place, first time. To achieve this, a whole system approach is required with health and social care working in partnership – both together and also with independent and third sector partners. The recently published Welsh Government Six goals for Urgent and Emergency Care span the whole pathway and reflect priorities to provide effective, high quality and sustainable healthcare as close to home as	Interim Chief Operating Officer **Last Reviewed:** 08.07.22	Strategy and Delivery Committee **To be reviewed:** 15.11.22

							possible, and to improve service access and integration. The impact of the covid pandemic has had many consequences. This includes sustained pressure across the urgent and emergency care system and, whilst underlying actions to progress the plans to achieve the strategy have progressed, covid-19 has impacted on the speed of ongoing action and implementation of plans. The Sustainable Primary and Community Care risk reported in 2021/22 has been incorporated into this newly reported risk for 2022/23.		

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.

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1. Workforce – Executive Director of People and Culture (Rachel Gidman)

Across the UK and in Wales there are increasing workforce challenges for healthcare professionals. Meeting the requirements of a growing population which is older and with more complex health needs as well as increasing demand on health services due to the pandemic, mass immunisation programme and urgent service recovery plans has led for an increasing need in clinical staff. There is now a sense that our workforce capacity is being stretched thinly in an attempt to cover the number of competing and simultaneous operational requirements that could be with us for some years to come.

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

Risk **Date added: 6.5.2021**	There is a risk that the organisation will not be able to attract, recruit and retain people to work in our clinical teams to deliver high quality care for the population of Cardiff and the Vale.
Cause	• The pandemic, Winter and the Recovery Plan has placed significant pressure on our workforce. Demand for staff has been significantly higher than the supply which has meant that our existing teams have been placed under extreme pressure since March 2020. • The increased demand across the NHS has left a shortage of people with the right skills, abilities and experience in many professions/roles which has created a more competitive market. • National shortages in some professions has made it difficult to attract people with the right skills/experience and in the numbers required, for example: - Registered Nurses. - Medical staff in certain specialties (e.g., Adult Psychiatry, General & Acute Medicine, Histopathology, Radiology, GP). • Turnover across the UHB has stopped rising but is still at 13%, over 3% higher than the pre-pandemic rate. • Sickness absence remains high at just over 7% which is 2% higher than pre-pandemic. The rate is stabilising but is still very challenging. Significant operational pressures across the whole system since March 2020 has impacted negatively on the health and wellbeing of our staff. • The development of our existing workforce has reduced as a direct result of the pandemic and the significant operational pressures, which is impacting negatively on retention.
Impact	• Negative impact on our people and our teams, as a result we are experiencing: - High levels of sickness absence; - High levels of turnover; - Low morale and poor staff engagement; - Increased reliance on temporary workforce e.g. bank, agency, locums, etc; - Poor compliance with statutory and mandatory training; - Reduced capacity to undertake appraisals, identify development needs, and focus on talent management and succession planning. - Lack of capacity to upskill and develop our current workforce. • Negative impact on quality of care provided to the population. Inability to meet on-going demands of both pandemic, Winter and the Recovery plan.

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

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Current Controls	• People and Culture Plan with robust processes to monitor progress against the key deliverables. • A Workforce Resourcing Team, supported by the well-established Nurse Resourcing Team is now well established. Focusing on improving attraction, recruitment and retention. • Retention Plan developed. • The People Services Team have changed its operating model to provide specialist advice and support aligned to the organisation's priorities, e.g. reducing sickness absence, reducing formal ER cases, effective change management, etc. • All Wales International Nurse Recruitment Campaign. • Welsh Government Campaign *Train, Work, Live* to attract for Wales – GP, Doctors, Nursing and Therapies. • Medical International recruitment strategies reinforced with BAPIO OSLER and Gateway Europe. • Medical Training Initiative (MTI) 2-year placement scheme via Royal Colleges. • Medical Workforce Advisory Group (MWAG) progress and monitor employment matters that directly affect our Medical & Dental staff. • Central managed Medical and Dental Staff Bank in place to increase the supply of doctors, maintain quality and reduce costs. Fill rate is over 90%. • E-Job Planning system in place to ensure Consultants and SAS Doctors have their job plans reviewed and approved annually, compliance currently above 80%. • E-Rostering Programme Board meet monthly to ensure the roll out of the new e-rostering system is progressing as outlined in the plan. • Health & Wellbeing strategy monitored through the strategic Health & Wellbeing Group. • Monthly Executive Performance Reviews with a focus on improving our workforce position commenced in July.
Current Assurances	• Robust monitoring of People and Culture Plan KPI's at Strategy and Delivery Committee and Board. (1) (2) • Qtrly IMTP Updates. • Effective partnership working with Trade Union colleagues (WPG, LPF). (1) (2)

Impact Score: 5	Likelihood Score: 4	**Net Risk Score:**	**20 (Extreme)**
Gap in Controls	Ability to on-board International nurses at pace due to Visa processing. Workforce supply affected by National Shortages.		
Gap in Assurances			

Actions	Lead	By when	Update since May 2022
1. Approval to engage in the All Wales International Nurse Recruitment Campaign (cohort 2 – end of 2022/early 2023)	Rachel Gidman	Oct 22	Paper being developed for consideration by ME in Aug/Sept. Last of cohort 1 arriving in Oct 22.
2. Approval needed to extend the current Medacs contract beyond 07/08/22 – continue with the Managed Medical & Dental Staff Bank	Rachel Gidman	Aug 22	Paper being presented to ME on 18/07/22, if approved it will need to be considered by Board.

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

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2. Patient Safety – Interim Medical Director /Executive Nurse Director- (Meriel Jenney/ Jason Roberts)

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

Risk	There is a risk to patient safety: Due to post Covid recovery and this has resulted in a backlog of planned care and an ageing and growing waiting list. Due to increased demand, post Covid 19, of unscheduled care of patients with higher acuity and more complexity which is adding to the pressure within the Emergency Unit (EU). 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 in a larger clinical footprint in relation to post Covid 19 recovery. Due to the ability to balance within the health community and the challenge in transferring patients to EU. Due to the current pressure in EU and inability to segregate patients due to the volume in the department.		
Date added:	April 2021		
Cause	Patients not able to access the appropriate levels of planned care during COVID 19 creating both longer and ageing waiting lists for planned care. Resources re directed to address planned care demand leaving unplanned care/unscheduled care pathways with lower staffing		
Impact	Worsening of patient outcomes and experience, higher death rate. Post Covid recovery sickness is having a significant impact on staff availability (see separate risk on workforce).		
Impact Score: 5	**Likelihood Score: 5**	**Gross Risk Score:**	**25 (Extreme)**
Current Controls	• Recovery Plans being developed and implemented across all areas of Planned Care • Maintaining Training/Education of all staff groups in relation to delivery of care • Use of Private Partner facilities. • 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 (OPAT) to focus upon operational deliver across acute sites. • New Quality and Safety and Experience Framework approved by QSE Committee 14/07/21 • Wales wide Risk Summit in March 2022 with a refresh of health and social care actions to assist the current risk in the system with work continuing to be embedded and implemented • Resilience report being reviewed at ME on a weekly basis and reported to WG		
Current Assurances Saunders.Nathan 27/07/2022 17:34:58	• Recovery Plans reported to Management Executive, Strategy and Delivery Committee and the Board (1) (2) • CAHMS position reviewed at Strategy and Delivery Committee (2) • Mental Health Committee aware of more people requiring support (2) • Review of clinical incidents and complaints continues as business as usual and has been aligned with core business and reviewed at Management Executives (1) • Update of situation in EU shared in private session of QSE Committee in Feb 22. (1) (2)		

	• Recent Executive review with Clinical Teams for understanding and review of front door pressures. [1]		
Impact Score: 5	**Likelihood Score: 4**	**Net Risk Score:**	**20 (Extreme)**
Gap in Controls	Local Authority ability to provide packages of care and challenge around discharge to care homes and domiciliary care settings. Deterioration of quality of care provided to patients due to the availability of staff in some key clinical environments. Difference in interpretation of IPC guidance reduces timeliness of discharge to care settings.		
Gap in Assurances	Discharging patients is out of the Health Boards control		

Actions	Lead	By when	Update since May 2022
1. Review of hospital acquired COVID 19 and COVID deaths (wave 1) being undertaken and monitored through Nosocomial C&V Programme Board.	Jason Roberts	30.09.22	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 with oversight from Nosocomial National Programme Board
2. Choices framework being utilised due to the quality of care and ability to provide safe care with current demand and pressures	Jason Roberts/ Caroline Bird	30.09.22	Choice framework continues to be utilised
3. Board to Ward and Immediate Release Protocols currently been developed via Clinical Board for dealing with pressures in EU with oversight from OPAT	Jason Roberts	30.06.22	Complete – Immediate Release Protocol agreed and in place. Board to Ward undergoing final review of document
4. Programme of work in place and being led by the Chief Operating Officer, supported by Operational Teams to address the backlog	Caroline Bird	31.03.22 Review October 22	New Action

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

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3. Leading Sustainable Culture Change – Executive Director of People and Culture (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, also staff overwhelmed with change and ongoing pandemic. • 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 and/or presenteeism • 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 Programmes, e.g. Acceler8 and CLIMB supporting inclusive, compassionate leadership principles • Management Programmes offering a blended approach to learning • 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. 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 • Strategic Equality Plan and Welsh Language Standards implementation and monitoring via the Equality, Diversity, Inclusion and Welsh Language Team		

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	• Executive Team identified as Inclusion Ambassadors, each leading on a Protected Characteristic, and Welsh Language		
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 May 2022
1. Learning from Canterbury Model with a Model Experiential Leadership Programme- Three Programmes have been developed: (i) Acceler8 (ii) Integr8 (iii) Collabor8 (iv) Oper8 (for Directorate Managers or equivalent) Compassionate and inclusive leadership principles will be at the core of all the programmes	Rachel Gidman	06/07/2022	Acceler8 Senior Leadership Programme launched in March 2022 with 10 delegates from across the UHB. EOI for Cohort 2 currently live for programme starting September 2022 Collabor8 programme in development to launch late September 2022. Education, Culture and OD Team (previously LED) also designing 'bite size' leadership and management opportunities Development of a coaching and mentoring network continues. Coaches currently supporting Senior Nurses in Phase 1 of development. Mentoring training acquired and target audience currently being decided, including discussions on reverse mentoring. Feedback suggests VBAs being undertaken but not uploaded onto ESR. Simplified process has been identified, communication and support to commence 11th July. Simplified paperwork to accompany communication currently being shared with Union partners. An increase in requests to support teams and clinical boards with culture and behaviour work, including requests for 'cultural assessments' indicates an organisational response is required. Currently researching an organisational diagnostic to support, and working with HEIW and NHSE/I
2. Showcase	Rachel Gidman	06/07/22	Draft of virtual showcase of the People and Culture Plan shared with Acceler8 cohort in May 2022 with positive response. Official launch Autumn 2022.
3. Equality, Diversity and Inclusion Saunders.Nathan 27/07/2022 17:34:58	Rachel Gidman	06/07/22	Equality Strategy Welsh Language Group is now established and taking place on a bi monthly basis. A flash report template has been designed to support Clinical Boards reporting progress at ESWLSG. A robust translation process is in place supported by 2 Welsh Language

Welsh Language Standard being implemented. Inclusion - Nine protected Characteristics			Translators and an SLA with Bi-lingual Cardiff. This is reviewed regularly. The action plan following the internal Audit on Welsh Language within the UHB is progressing well with almost all actions completed, including approval of the Welsh Language Policy. 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. An 'Inclusion Ambassador' pack has been developed to support those taking on this role and is currently being reviewed by members of the ESWLSG. Access into work programmes are progressing well, including Project Search and Kickstart.
4. CAV Convention	Rachel Gidman	06/07/22	
Impact Score: 4	**Likelihood Score: 1**	**Target Risk Score:**	**4 (Moderate)**

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4. Capital Assets (Estates, IT Infrastructure, Medical Devices) – Executive Director of Strategic Planning (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.

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. There is real concern that the condition of facilities within our main hospitals will start impact on our ability to continue to provide the full range of services, and provide the new treatments WHSSC would like to commission from us.		
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 • Lack of timely decisions regarding the development of strategic business cases required to address the significant estates challenges we face.		
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 • 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 • Business Case performance monitored through Capital Management Group every month and Strategy and Delivery Committee every 2 months. • A 10-year prioritised programme has been developed and submitted to Welsh Government and the priorities for the next three years are within the IMTP 22-25.		

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	• Shaping Our Future Hospitals Programme (revised) submitted to WG in October '21 and scrutinised at WG Infrastructure Investment Board in December '21.
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) • Shaping Our Future Hospitals Programme has continued to progress work in relation to redevelopment of UHW despite WG not yet formally endorsing PBC.(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 size of budget compared with estimated need which will impact significantly on the Capital Programme of the UHB. • No timely decision from WG on the Programme Business Case. Scale of challenge across Wales understood.
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 May 2022
1. The Estates Strategy requires review and refresh and there is a need to ensure that it is future proof. The scoping of this work to understand what is required will take place before Christmas	Catherine Phillips	31.03.23	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 the Future Hospitals Programme revised and submitted to Welsh Government and considered by the Investment and Infrastructure Board. The Minister is due to consider the PBC in July.	Abigail Harris	31.07.22	Updates have been provided to Shaping Our Future Hospitals Committee as the PBC was not considered in January. Work in this area continues.

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

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5. Risk of Delivery of IMTP 22-25 – Executive Director of Strategic Planning (Abigail Harris)

Between March 2020 and March 2022, the Integrated Medium-Term Plan (IMTP) process was paused due to the pandemic. The requirement for an approvable IMTP was replaced by the need for quarterly plans for 2020-2021 and an annual plan for 2021- 2022, which reflected the need for agile planning to reflect the changing landscape as the pandemic progressed. In October 2021 the Welsh Government signalled a return to a three-year planning approach and accordingly the Health Board has developed a new three-year plan for 2022 to 2025. In March 2022, the Board approved the draft 2022 – 2025 IMTP which was submitted to Welsh Government. In light of the financial position reflected in the draft plan, and with the agreement of Welsh Government, work was undertaken in the first quarter to further develop the financial recovery element of the plan. This work informed the final plan which was approved by the Board on 30th June and submitted to WG. The plan sets out service delivery proposals reflecting the ministerial priorities, the next milestones in the delivery of our strategy and the financial recovery that will be delivered over the next three years. The plan has not yet been formally considered by the Minister.

Risk	There is a risk that the Health Board will to deliver the commitments set out in the three-year Integrated Medium-Term Plan, both in terms of service and financial commitments. This is due to the fact that the plan does not achieve overall financial balance in 2022/2023 and it is unlikely to be approved by the Minister as a fully compliant IMTP.		
Date added:	May 22		
Cause	Challenging targets have been set for the Health Board in respect of planned care recovery. Detailed and stretching plans have been developed which the Health Board is committed to delivering but, at this stage the Health Board does not have a plan in 10/35 specialties to achieve Welsh Government ambition of eliminating > 52-week new outpatient waits by end of December 2022. The financial recovery plan will also be challenging to delivery, with stretching targets for sustainable improving our overarching financial position. Whilst we are committed to deliver the actions set out in the plan, there may be dependencies of external factors which impact on our delivery – including constraints relating to funding – capital and revenue, workforce and speed with which we can implement the necessary gearing up to increase capacity.		
Impact	A plan that does not fully meet the requirements for an IMTP is categorised as an annual plan set within a three-year context. The failure to have in place a fully compliant plan could result in the Health Board being escalated to the next level of the performance and escalation framework, which could bring with its reputational loss and increased scrutiny by WG. If we are not able to deliver all of the actions set out in our plan, our planned care recovery could take longer to deliver for the populations we serve.		
Impact Score: 5	**Likelihood Score: 4**	**Gross Risk Score:**	**20 (Extreme)**
Current Controls	An Operational Plan Delivery structure has been established to drive the delivery of the Planned Care Plan and the Emergency and Urgent Care Improvement Plan. The Performance and Escalation Framework for Clinical Boards has been re-introduced to hold CBs to account for delivering their respective service and financial plans. A process is being established to ensure a programme approach to delivery of the actions within the financial recovery plan.		
Current Assurances	Financial performance is a standing agenda item monthly on Management Executives Meeting (1) The financial position is reviewed by the Finance Committee which meets monthly and reports into the Board. (2) The Board receive a financial update report from the Executive Director of Finance at each of its meetings. (2) Welsh Government are fully engaged and have been briefed on the Health Board's position. (3) Service delivery performance is tracked through the structures established to oversee planned care recovery and the improvement in emergency and urgent care, with regular reporting into ME and Board on progress. (2) WG also holds monthly Integrated		

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	Planning, Quality and Delivery Review meetings with the health board to track progress. [3] Improvement trajectories are being updated quarterly to ensure they remain on track to deliver the agreed targets. [2]		
Impact Score: 5	**Likelihood Score: 3**	**Net Risk Score:**	**15 (Extreme)**
Gap in Controls	Detailed delivery plans are not in place for all elements of the financial recovery plan. Detailed delivery plans are not in place in all specialties to achieve Welsh Government 52-week NOP ambition		
Gap in Assurances	There is currently no assurance on the plan. Once developed assurance will be provided through reporting to Management Executives, Finance Committee and the Board.		

Actions	Lead	By when	Update since May 2022
1. Ensure overarching governance is in place to drive delivery of key programmes.	Suzanne Rankin	31/07/22	In progress
2. Ensure detailed plan with programme to drive delivery of financial recovery plan	Catherine Phillips	31/07/22	In progress
3. Provide Q1 progress report – including mitigating actions, the Board for scrutiny.	Abigail Harris	28/07/2022	Complete on agenda for 28th July 2022
4. Improvement plans requested from relevant Clinical Boards on > 52-week new outpatients	Caroline Bird	21/07/22	New action
Impact Score: 5 **Likelihood Score: 2**	**Target Risk Score:**		**10 (High)**

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6. Impact of Covid19 Pandemic on Staff Wellbeing – Executive Director of People and Culture (Rachel Gidman)

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

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

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	• Post traumatic pathway service • Deployment principles to support staff and line managers • Wellbeing walkabouts to signpost resources • Long Covid Peer Support Group
Current Assurances	• Internal monitoring and KPIs within the OH&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 agreed in principal, to be confirmed by the charitable fund trustees September 2022 • 43% increase in referrals to Occupational Health
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 May 2022
1. Health Intervention Coordinator (1) providing reactive and immediate support to employees directly affected by COVID	Nicola Beavan	06/07/22	Focused work in development to support specific departments, including EU.
2. Health Intervention Coordinators (2) conducting research and exploration for long term sustainable wellbeing for the staff of the UHB	Nicola Beavan	Interventions proposed implementation April 22 - 2023	The Health Intervention team are now in the implementation phase of their project Initial action plan currently in review to identify priorities and help shape progress of the People and Culture Plan.
3. Enhance communication methods across UHB - Social media platform - Regularity and accessibility of information and resources - Improve website navigation and resources	Nicola Beavan	06/07/22	A variety of communication models including Twitter accounts are being utilised to share Wellbeing updates across the UHB. A 12-month communication plan has been developed to ensure that wellbeing topics are covered throughout the year and will be reviewed and agreed by the Wellbeing Strategy Group by September 2022.
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	Nicola Beavan	06/07/22	Leadership and Management development offerings to support staff health and wellbeing have been

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			developed to align and enhance existing offerings, e.g. REACTMH training; Managing Remote Teams REACTMH train the trainer has commenced supporting 40 individuals with the skills to deliver. The programme will be rolled out across the UHB and included in existing programmes (e.g. First Steps to Management). To commence September 2022. The Acceler8 Senior Leadership Programme Cohort 1 to be completed in September 2022. Positive feedback to date. Cohort 2 nominations currently live. EWS working closely with Education, Culture and OD Team, and Equity and Inclusion Team to ensure alignment and reduce duplication.
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. Saunders,Nathan 27/07/2022 17:34:58	Claire Whiles	06/07/22	All the projects are now in the early implementation stage, including identifying evaluation metrics and pilot areas. Schwartz Round Steering Group to be decided and training to commence September 2022. Recruitment of facilitators to be positioned to ensure representation of workforce population, collaboration with existing networks essential. Wellbeing Retreat Pilot commenced July 2022. Currently all dates fully booked until September 2022. Current focus on Medical Workforce. MDT approach to commence September 2022. UHL Staff Room Refurbishment complete, awaiting delivery and

				installation of artwork. UHW rooms underway. Estates Team organising hydration station installation. Current focus on understanding support around financial wellbeing, benchmarking exercise underway to be completed end of July 2022. UHB Wellbeing Strategy in development.
Impact Score: 3	**Likelihood Score: 2**	**Target Risk Score:**		**6 - Moderate**

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7. Exacerbation of Health Inequalities in C&V – Executive Director of Public Health (Fiona Kinghorn)

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

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

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

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

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

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

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	○ 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, have been found to increase the transmission, rate and severity of COVID-19 infections • COVID-19 and its containment measures (e.g. 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 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 consider how our work can further tackle inequalities in health • Our Shaping our Future Public Health strategic programme has a focused arena of work aimed at tackling areas of inequalities. We are working closely with the two local authorities and other partners, through our PSBs and RPB partnerships to accelerate action in our local organisations and communities, particularly in relation to healthy weight, immunisation and screening. This includes building on		

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	local engagement with our ethnic minority communities during the Covid-19 pandemic. Such focused work is articulated in 'Cardiff and Vale Local Public Health Plan 2022-25' within our UHB three-year plan, and will be strengthened in 2022/23 by the development of a strategic framework for tacking inequalities • 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 implementing the recommendations of our Public injecting & Youth Justice HNAs in Cardiff • Cardiff PSB and Cardiff and Vale Substance Misuse Area Planning Board are implementing the recommendations of its Needle Exchange programme review to tackle health inequality as part of COVID-19 substance misuse recovery work • Our Suicide and Self-Harm Prevention Strategy has been published • The multi-agency approach to Seldom Heard Voices, which targeted initiatives towards areas of deprivation during the pandemic e.g. walk in vaccine clinics, will continue as we move through recovery. • The Annual Report of the Director of Public Health (2020), published in September 2021, focusses on reducing inequity and sets out a vision for future partnership working that will enable us to recover strongly and more fairly.		
Current Assurances	We have identified a bellwether set of indicators to help measure inequalities in health in the Cardiff and Vale population through which we will develop further to measure impact of our actions. This formed part of the Annual Report of the Director of Public Health 2020, published September 2021 (1). Examples include: • The inequality gap in healthy life expectancy at birth in Cardiff and Vale UHB for males, increased from 20.4 years in 2005-2009 to 24.4 years in 2010-2014 • The gap in coverage of COVID-19 vaccination between those living in the least deprived and most deprived areas of Cardiff and Vale UHB, aged 80 years and above, reduced from 8.8% to 8.4% between May and June 2021		
Impact Score: 4	**Likelihood Score: 3**	**Net Risk Score:**	**12 (High)**
Gap in Controls	• Uncertainty around progress of the pandemic due to uncertainly of population spread as we move towards endemicity, and future risk of variants • Unidentified and unmet healthcare needs in seldom heard groups • Capacity of partner organisations to deliver on plans and interdependency of work		
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 May 2022
1. Embed a 'Socio-economic Duty' way of thinking into strategic/operational planning, *beyond* complying with our statutory duty	Fiona Kinghorn /Rachel Gidman	September 2022	For 2022/23, we plan to strengthen the strategic response to the Socio-economic Duty, ensuring actions are systematically applied. The EHIA process will be reviewed (when capacity allows) with the aim of simplifying it where possible. The new process will consider proportionality, so that the level and depth of the EHIA undertaken is proportionate to the change being introduced. Our UHB will continue to work collaboratively with our stakeholders to shape our services and culture.

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2. Within the UHB and through our PSB and RPB partnerships, develop and deliver a suite of focused preventative actions to tackle inequalities in health	Fiona Kinghorn	November 2022	The Director of Public Health has agreed a collaborative partnership approach to 'Amplifying Prevention' with both local authorities. A workshop in July will develop an action plan focussed on childhood immunisation, bowel screening and Move More Eat Well, and the tangible actions all partners can take to embed these preventative approaches and address inequity. A set of indicators will also be developed to measure impact for 2022/23. A strategic framework for tacking inequalities is being planned. Following publication of the Population Needs Assessment and the two Wellbeing Needs Assessments, tacking inequalities is recognised as a priority for all local and regional partner organisations
3. Improve the routine data collection in relation to equality and inequity, both across the UHB and with partner organisations, and develop a broader suite of indicators to monitor progress	Fiona Kinghorn	March 2023	Amplifying prevention indicators to be agreed in next month (see above)
Impact Score: 4	**Likelihood Score: 2**	**Target Risk Score:**	**8 (High)**

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8. **Financial Sustainability – Executive Director of Finance (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. In October 2021 the Welsh Government signalled a return to a three-year planning approach and accordingly the Health Board has developed a new three-year IMTP for 2022 to 2025. In March 2022, the Board approved the draft 2022 – 2025 IMTP. In light of the financial position work was undertaken during the Quarter 1 to develop the financial plan. The final plan was approved by the Board on 30th June and submitted to Welsh Government.

Risk **Date added:** 01.04.2022	There is a risk that the organisation will not be able to manage the impact of COVID 19 and other operational issues within the financial resources available.		
Cause	The UHB has incurred significant additional costs arising from managing the COVID 19 pandemic. It also has to manage its operational budget.		
Impact	Unable to deliver a year-end financial position. Reputational loss. Improvement in the underlying financial position which is dependent upon recurrent funding provided		
Impact Score: 5	Likelihood Score: 5	**Gross Risk Score:**	**25 (Extreme)**
Current Controls	Additional expenditure is being authorised within the governance structure and the UHB Scheme of Delegation. Financial Plan submitted to Welsh Government 30th June to deliver financial balance over the three-year period 2022-2025.		
Current Assurances	The financial position is reviewed by the Finance Committee which meets monthly and reports into the Board (2) Financial performance is a standing agenda item monthly on Management Executives Meeting (1) Financial performance is monitored by the Management Executive (1). Finance report presented to every Finance Committee Meeting highlighting progress against mitigating financial risks (2).		
Impact Score: 5	Likelihood Score: 3	**Net Risk Score:**	**15 (Extreme)**
Gap in Controls	No gaps currently identified.		
Gap in Assurances	To confirm COVID 19 and exceptional funding assumptions with Welsh Government for response and recovery. Certainty of COVID 19 expenditure and the management of non COVID 19 operational pressures. The financial plan 2022/23 does not achieve overall financial balance during the financial year.		

Actions	Lead	By when	Update since May 22
1. Continue to work with Welsh Government to manage our recovery and COVID 19 response as well as exceptional cost pressures.	Catherine Phillips	30/09/2022	This continues to take place.
2. To monitor and control additional expenditure and financial performance to ensure that the year-end forecast is in line with financial plan 2022/23	Catherine Phillips	31/12/2022	Position continues to be reported to weekly ME, monthly Finance Committee and Board. Performance meetings with Clinical Board re introduced.
3. To understand the impact of responding to the Covid 19 pandemic has had on the	Caroline Bird	30/06/2022	Complete - The IMTP and Financial Plan were submitted to WG after

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organisations underlying position. To deliver on our savings plan recurrently				Board approval on 30th June 2022.
Impact Score: 5	Likelihood Score:1	**Target Risk Score:**		**5 (Moderate)**

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9. Urgent & Emergency Care – Interim Chief Operating Officer (Caroline Bird)

One of the Health Board's Strategic Objectives is to have a sustainable unplanned (emergency) care system that provides the right care, in the right place, first time. To achieve this, a whole system approach is required with health and social care working in partnership – both together and also with independent and third sector partners. The recently published Welsh Government Six goals for Urgent and Emergency Care span the whole pathway and reflect priorities to provide effective, high quality and sustainable healthcare as close to home as possible, and to improve service access and integration. The impact of the covid pandemic has had many consequences. This includes sustained pressure across the urgent and emergency care system and, whilst underlying actions to progress the plans to achieve the strategy have progressed, covid-19 has impacted on the speed of ongoing action and implementation of plans. The Sustainable Primary and Community Care risk reported in 2021/22 has been incorporated into this newly reported risk for 2022/23.

Risk **Date added: 09/05/22**	There is a risk that the organisation will not be able to provide effective, high quality and sustainable urgent and emergency care as close to home as possible.		
Cause	• The impact of the covid pandemic has resulted in sustained pressure across the urgent and emergency care system. Five factors have combined to cause current operational challenges: (i) Non-covid occupancy remains at a high level and we continue to experience challenges in our ability to achieve timely discharge of patients (ii) Covid continues to add an increased layer of complexity in managing patient flow (iii) Patients presenting and subsequently admitted have a higher acuity and complexity (iv) We have sustained workforce challenges (v) Social Care are experiencing similar workforce and demand challenges • Sustained pressure in Primary and Community Care, including an increased number of GP practices operating at a higher level of escalation, temporary list closures and practice closures • Poor consistency in referral pathways, and in care in the community leading to significant variation in practice • Rollout of multi-disciplinary team cluster models only in limited number of clusters • Lack of co-ordination and / or streamlined services across Health and Social care to ensure a joined-up response is provided and the patient gets the right care, in the right place, first time		
Impact	• Long waiting times for patients to access a GP • Patients attend the Emergency Department because they cannot get the care or timely care they need in Primary and Community Care • Referrals and admissions into hospital because there are no alternative options or staff are unaware of alternative options • Congested ED department and long waits for patients to be seen • Increase in ambulance handover delays and challenges in timeliness of ambulance response to community demand • Poor staff morale and retention due to the sustained pressures in the system • Worsening patient experience and outcomes (see separate risk on patient safety)		
Impact Score: 5	Likelihood Score:4	Gross Risk Score:	**20 (Extreme)**

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Current Controls	• Development of Primary Care Support Team to provide proactive support to fragile practices • Plans agreed and implemented for contract resignations and list closures • Rollout of MDT cluster model to further 2 clusters (1 already implemented) • Urgent Primary Care hubs in the Vale – c.2500 appointments per month • Cardiff CRT and Vale CRT support people to remain at home, avoid hospital admission and be discharged from hospital – but challenges do remain on capacity and timeliness • Implementation of CAV24/7 and transition to NHS Wales 111 • Strengthened site-based leadership and management • Urgent & Emergency Care is one of the five delivery programmes in the 2022/23 Operational Plan. Delivery Group in place. Urgent and Emergency Care System Plan developed, aligned to the National six goals – see actions. • Ambulance handover improvement plan developed and being implemented • Workforce team continue to support recruitment and retention • Local Choices Framework governance in place and utilised when appropriate to support operational pressures		
Current Assurances	• Operational position reported into Management Executive (weekly) • Mechanisms in place to monitor key schemes in Urgent & Emergency Care Operational Delivery Plan • Key operational performance indicators and progress against plans reported into the Strategy and Delivery Committee. Specific focus on Six Goals for Urgent & Emergency Care on 12th July 2022. • Urgent and Emergency Care reported as part of the Board Integrated Performance report.		
Impact Score: 5	Likelihood Score: 3	Net Risk Score:	**15 (Extreme)**
Gap in Controls	Actively scale up multidisciplinary cluster models Recruitment strategies to sustain and increase multidisciplinary teams (see separate risk on workforce) Developing an effective, high quality and sustainable Acute Medicine model Reconfiguring our in-hospital footprint to improve efficiency and patient flow		
Gap in Assurances	Whilst an Urgent & Emergency Care Delivery Group is in place, the Six Goals Integrated Urgent & Emergency Care Transformation Board is yet to be established		

Actions	Lead	By when	Update since May 2022
1. Secure funding and develop implementation plan for further MDT cluster rollout	CB / AH	30/06/22	Further funding not confirmed as at 30/06/22. Focus remains on utilising existing resource to rollout out to further clusters
2. (a) Development and implementation of one Urgent and Emergency Care Plan, aligned to the National six goals	CB	31/03/23	Plan developed 30/06/22 and implementation commenced. Extension of Surgical SDEC and MEACU in July 2022.
(b) Establish Six Goals Integrated Urgent & Emergency Care Transformation Board	CB	30.09.22	Terms of Reference drafted. Joint UHB/LA CEO chairs agreed. Board to be established.
3. Continued development of joint Health and Social Care strategies to allow seamless solutions and services for patients with health or social needs	AH / CB	31.03.23	Partnership working continues. Joint action plans in place. Work progressing through RPB, SLG and JME
4. Implementation of the UHW site masterplan, including de-escalation of additional capacity and reconfiguration of the EU	CB	31.03.23	Implementation of de-escalation plan commenced – but behind timescale due to ongoing operational pressures and recent increase in covid admissions.
5. Development of recruitment and retention strategies	RG	31.03.23	See separate BAF risk on workforce
Impact Score: 5 / Likelihood Score: 2	Target Risk Score:		**10 (high)**

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Key:

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

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Report Title:	**Finance Committee – Chairs Report**			Agenda Item no.	**6.5.1**
Meeting:	**UHB Board Meeting**	Public	X	Meeting Date:	**28 July 2022**
		Private			
Status *(please tick one only):*	Assurance		Approval		Information x
Lead Executive:	**Chair, Finance Committee**				
Report Author (Title):	**Corporate Governance Officer**				

Main Report
Background and current situation:

To provide the Board with a summary of key issues discussed at the Finance Committee Meeting held on **25 May 2022 and 29 June 2022.**

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

25 May 2022

Financial Report – Month 1

The financial report for month 1 was received.

It was noted that there was a planned deficit of £20.8 million. It was under discussion with Welsh Government (WG) and they would be expecting a revised plan by the end of quarter 1.

It was noted there were other funding streams that were being met within the Health Board. Additional funding was anticipated from WG and that remained a risk. This included the exceptional costs of National Insurance (NI), energy costs and the impact of Real Living Wage within Continuing Health Care and the Third Sector. It was noted that the team have a good grip on NI and the Real Living Wage but not on the energy costs.

It was noted that there were ongoing Covid response costs. WG had defined what could be charged for. There were also central WG Covid programme costs for matters that would be closed down, such as vaccination centers.

It was noted that there were three funding streams being assumed over and above the current allocation. That included exceptional costs, local Covid response costs and running central WG programmes.

There was already a small overspend in Month 1. It was noted that the plan had been rated “red” to be delivered at the moment.

It was noted that a deterioration in the underlying deficit had been forecast because the plan included £12 million of the £16 million savings to be recurrent this year. £4 million would automatically transfer onto the underlying deficit.

It was noted that the Health Board was currently at a “red” risk on delivering the £12 million recurrent. The Health Board was at “green” on delivering non-recurrent. Most of the savings for this year had been identified. However, there was a concern on the imbalance between recurrent and non-recurrent.

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It was noted that creditors payment compliance had dipped again. Following an investigation, it was noted that Month 1 was not a good month since there was a lot of catch up in Month 12. Moving

from one nurse rostering system to another had also caused delays in processing agency and variable pay invoices. They would need to wait another month and then would produce a plan.

It was noted at Month 1 that he Health Board was reporting an in month overspend of £1.888m against the submitted draft plan. That was due to £0.155m of operational pressures and a planned deficit of £1.733m, which was one twelfth of the planned deficit of £20.8m identified in the draft 2022/23 financial plan.

The Health Board Chair stated that although the planned deficit was small, it was important to get control of the deficit because of the impact it could have on future months. When monthly deficits accumulate, it would be more difficult to control it. The Board should also be alerted to the deficit.

The Interim Chief Operating Officer (ICOO) stated that the Month 1 operational overspend was small but it required focus. The Executive meetings with the Interim Chief Operational Officer (ICCO) were starting in June. There were issues relating to high costs within Mental Health. The ICOO would work with Mental Health to understand how costs could be mitigated.

The ICOO also added that she would need to work with Clinical Boards to reduce costs. She would be able to do that with changes to the IP&C guidance.

The UHB Chair stated that an easy to read graph should be introduced to detail the end of quarter 1. He stated that he was conscious of the planned deficit and a graph would provide an easy view of where the Health Board was.

NHS Long Term Agreements and Financial Approach 2022/23 – Presentation

The Head of Finance (HOF) presented the Long-Term Agreements (LTA) position for 2022/23 and the next steps in terms of governance and in year monitoring of risks and performance.

It was noted that the LTAs for 2022/23 remained in draft. The deadline to sign it was in June with WG. A total value of £356.333 million LTA provider contacts was in place. The largest contract was with WHSSC and related to regional and secondary services for Aneurin Bevan and Cwm Taf.

It was noted that the current draft value sits at £206 million across various contracts. At the top was WHSCC and EASC contracts. Both plans have gone through their Joint Committees. The amounts could change subject to WG allocations.

It was noted that coming out of Covid arrangement into recovery. There was a need to move away from the Covid fixed block contracts and incentivize recovery and treatment. Health Boards in Wales had agreed that non-admitted care should remain on block e.g. outpatients. Elective APC (Admitted Patient Care) and non-elective should return to ‘cost and volume’ with:

- 10% tolerance for underperformance below 2019/20 levels.
- Enhanced rates (70% marginal) for additional activity beyond 2019/20 levels.

It was noted that a paper would go to Board to note draft LTA figures and approve the approach to sign off and in year financial management. Documents should be finalized and signed by the WG deadline of 30 June. Monthly performance should be reflected across Corporate/Clinical Board financial positions. It was an interim arrangement. From 2023/24 a new arrangement to support LTAs would be required.

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Committee Effectiveness Survey Results 2021-2022

The Committee Effectiveness Survey Results 2021-2022 were received.

The Director of Corporate Governance (DCG) stated that the results were healthy. Therefore, an action plan was not included. The survey was broadened to Committee Members and attendees. Recent discussions with Independent Members had resulted in tweaks which were circulated.

Following a query around the survey sample size, the DCG responded that the survey response rate was better than in other Committees. Next year her team would aim to get the surveys completed earlier. She acknowledged that at the end of the year people were very busy and had difficulty in finding time to complete the surveys. The DCG would look at using different tools rather than Survey Monkey, such as face to face meetings.

29 June 2022

Financial Report – Month 2

The financial report for month 2 was received.

It was noted that in line with guidance from WG, the Health Board's plan also anticipated WG funding for the three National Inflationary Pressure exceptional costs which included:

- Energy costs where the planning assumption was based on a mid-range estimate from Shared Services at £20.9m annually.
- Employers NI costs of £6.9m annually.
- The impact of paying Real Living Wage (RLW) for staff working within Social Care and Third Sector currently estimated at £2.9m annually.

It was noted that alongside those three National Inflationary Pressure exceptional costs there were still ongoing Covid-19, local response costs that the Health Board had incurred to create additional capacity and separate duties for infection control and also central Covid-19 programmes being run on behalf of the Cardiff and Vale communities such as:

- Track, Trace and Protect (TTP),
- Mass Vaccination Centres (MVC),
- Personal Protective Equipment (PPE),
- Flu costs

It was noted that within the Finance Dashboard, the position being reported at Month 2 was a £3.996m deficit, of which £3.467m of that was the planned deficit. That left the Health Board with a movement, not planned for, of £529k at end of Month 2 and work was being undertaken to try and eradicate that.

It was noted that the underlying deficit was forecast to deteriorate because of the Health Board's lack of ability to deliver recurrent savings in year.

The Committee was advised that Creditor compliance was still under target at Month 2, with a slight improvement from Month 1 and noted that issues around Nurse Agency billing was one of the main causes of not being on target.

The Health Board were custodians of public money and noted that as long as robust systems were in place, creditors should be paid by the Health Board within an acceptable timeframe.

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The Committee were advised that "Remain within Cash Limit" measure was rated at "amber" and noted that the Health Board wanted to remain with its cash limit and that it was tied to the Health Board's allocations which were not fully confirmed yet so it was a difficult target to achieve.

It was noted that the plan should be approved and funding flows confirmed, the Health Board should remain within its cash limit but until that point absolute assurance could not be provided.

The Committee were advised of the Month 2 cumulative financial position and noted that the WG monthly financial monitoring returns continued to capture and monitor costs due to Covid-19 that were over and above the Health Boards core plans.

The draft financial position reported to WG for Month 2 was a deficit of £3.996m.

It was noted that the forecast for local Covid-19 response costs and cleaning standards was £36.062m which was a decrease of £4.506m against the comparable £40.568m forecast costs reported at Month 1.

The Committee was advised that the Health Board had started to reduce some of the Covid-19 response costs which meant a reduction in the forecast of what was required from WG.

The Committee was advised that the savings target was £16m, £12m of which the Health Board wanted to be recurrent and noted that at the time of preparation of the report there were still unidentified savings of £1.195m which had since improved to £0.820k.

Three key Corporate Risks were identified which included:

- To have an approved 3-year financial plan (IMTP)
- Revenue Funding – 3-year rolling breakeven duty
- Capital Funding – 3-year rolling breakeven duty

It was noted that the Finance team was confident that Health Board would stay within the capital funding. It was also noted that at the present time an approved financial plan was not available and that it would be discussed at the Board meeting the following day.

Escalation of Corporate Directorates and Clinical Boards (Verbal)

The Escalation of Corporate Directorates and Clinical Boards verbal update was received.

The ICOO advised the Committee that a paper would be provided to the Committee at future meetings.

It was noted that performance reviews had started again and were currently being run across all of the Clinical Boards.

The ICOO reminded the Committee that there were 3 levels of assurance that they assessed against which were:

- Substantial
- Adequate
- Limited

It was noted that for finance specifically, the assessment for five Clinical Boards was assessed at adequate and that one of those Clinical Boards (PCIC) could move to Substantial Assurance over the next couple of months.

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It was noted that two Clinical Boards (Medicine and Mental Health) had been assessed at Limited Assurance.

It was noted that Medicine had been assessed at Limited Assurance because of operational deficit and progress, or lack of, against their recurrent savings target.

It was noted that at the time of the review, the Medicine Clinical Board had achieved 70% of their in-year savings target, but the recurrent element had a big deficit.

The ICOO advised the Committee that the data had moved forward and that by the time of the meeting for Month 3, they should have closed the gap in terms of savings.

It was noted that the Mental Health Clinical Board had been assessed at Limited Assurance because of their underlying deficit and limited progress in terms of their savings target.

The ICOO reiterated that in future a summary table would be provided to the Committee.

IMTP

The IMTP update was received.

The Chair advised the Committee that there would be a dedicated agenda slot for the Financial element of the IMTP and asked the Executive Director of Strategy and Planning if any updates were required during the Public session.

It was noted that in March 2022 the Health Board had submitted a draft IMTP plan to WG.

It was noted that the plan had a deficit forecast position for the end of this financial year and that WG had allowed an extra three months to undertake further work to explore, in detail, how the position could be improved.

It was noted that the work had been undertaken very robustly and had looked at benchmarking and that the Financial Delivery Unit had been brought in to look at the finance position and provide some feedback

The Executive Director of Strategy and Planning (EDSP) added that all of the information was then used to inform the recovery plan that was contained within the three-year plan.

It was noted that it did not bring the Health Board into a place where it could achieve financial balance this year and noted that it set out an improvement trajectory that stated the Health Board had improved from the March 2022 position by £3.7m, bringing the deficit to £17.1m.

The plan articulated that the main drivers for the Health Board being in a deficit position this year related to investments that had not been matched by the growth in allocation across the full spectrum of the Health Board's services. It was noted that some of the actions from the Financial Delivery Unit reflected that.

The EDSP concluded that the position had improved, that it was noted that the Health Board had taken on board the advice and comments given by WG, and that WG had understood the Health Board's position.

It was noted that it took the Health Board into the territory of not having an approvable IMTP and therefore work would be required with WG to understand the next steps.

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The Board is requested to:

a) **NOTE** the report.

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

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

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

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

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

Saunders,Nathan
27/07/2022 17:34:58

Report Title:	**Health and Safety Committee – Chair's Report**			Agenda Item no.	**6.5.2**
Meeting:	**UHB Board Meeting**	Public	X	Meeting Date:	**28 July 2022**
		Private			
Status *(please tick one only):*	Assurance		Approval		Information x
Lead Executive:	**Chair, Health and Safety Committee**				
Report Author (Title):	**Corporate Governance Officer**				

Main Report
Background and current situation:

To provide the Board with a summary of key issues discussed at the Health and Safety Committee Meeting held on **19 April 2022**

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

Health & Safety Overview

The Head of Health & Safety (HHS) presented the Health and Safety (H&S) Overview and highlighted the following:

H&S Department

- It was noted that there was previously a flat structure within the Department.
- Two Assistant Heads of Health and Safety have been introduced.
- The Fire Safety Team would continue to report to the HHS.

World Safety Day

- It was noted that the Health Board would be marking World Safety Day on 28th April 2022.
- It was an international campaign to promote safe, healthy work around the globe.
- There would be a series of 'drop in' MS Teams calls throughout the day.

Lone worker

- There had been a reduction noted in compliance. That had been attributed to Directorates not informing H&S about non-usage.
- The current contract was due to end on 18th July 2022.
- There was ongoing work with Procurement to secure the devices.
- There were currently 700 devices allocated to high risk lone workers in the Health Board.

H&S Culture Plan

- It was noted that the Plan was one of the most important documents and set the scene for the next three years.
- It introduced fundamental systems and processes that would embed health and safety into the operations of the Health Board and align it to best industry standards.
- The expectation was that it would take the Health Board from a "lagging" organisation to a leading one.
- The Culture Plan was in draft form and required more work.

Current work

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- It was noted that a member of the H&S team was currently constructing a new intuitive SharePoint site.
- The H&S team was also working with the Communication team on actions from the H&S Culture Plan.
- External providers had been chosen to verify the competence of the training team and update courses accordingly.
- There was a lot of work taking place to embed the new Datix Cymru System. The “go live” date was 1st March 2022.
- The team was currently looking at licensing for audit software and was due to trial that shortly.

The Executive Director of People and Culture (EDPC) stated that the H&S Culture Plan would be circulated to Clinical Boards before it would be taken to Management Executive.

Fire Safety Report

The Fire Safety Report was received and highlighted the following:

Fire Enforcement

- It was noted that the HHS and the Head of Estates and Facilities (HEF) had met with South Wales Fire and Rescue Service (SWFRS) enforcement team on 8 February 2022 regarding Enforcement Notice EN59/21 against the A4 ward in UHW.
- The HHS and HEF described the reasonably practicable work that had been done to date.
- They were also, able to demonstrate the mitigations in place to extend the compliance date.
- They had agreed to extend the compliance date until 31 March 2023.
- It was difficult work to complete as the ward needed to be taken out of service.
- The HHS requested that the ward was brought out of service this year in order to get the remaining actions from the Enforcement Notice completed.

The EDPC stated that the Fire Enforcement matter was discussed at Management Executive. Informal regular conversations with SWFRS were important to give them confidence.

Hafan Y Coed

- Another fire had taken place at Hafan Y Coed on 23 January 2022.
- The fire was traced to a garden lift on Beech ward.
- The HHS, EDPC and the Chief Executive Officer met with the Chief Fire Officer of SWFRS on 23 March 2022 to discuss the Enforcement Notice issued last year.
- No prosecution decision was made in that meeting but both parties were willing to work closely together.
- The attendees of that meeting had also fed back to the senior managers in the Mental Health Clinical Board on 25 March 2022 in order to reaffirm the actions that had been put in place to control ignition sources.

Fire Safety and Mental Health

- It was noted that the HHS was currently completing a benchmarking exercise against similar Health Boards.
- A designated Fire Safety Officer had been assigned to Mental Health. It was hoped that this role would be located in Hafan Y Coed.
- The role would also provide support to other Mental Health facilities such as Barry, Pendine House.

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- They would report into H&S and would remain independent of Mental Health.
- A specific Mental Health Fire Safety training course had also been developed.
- Mental Health was also looking to implement full body scanners.

Environmental Health Food Hygiene Report

The HEF presented the Environmental Health Food Hygiene Report and highlighted the following:

- During February 2022 both the ward-based catering service and Aroma Coffee units at UHW had been inspected.
- Both achieved a food hygiene score of 5 and 4 respectively.
- That was an improved score since both food businesses were last inspected, most markedly ward-based catering whose food hygiene rating score had increased from 3 (satisfactory) to 5 (very good).

The Executive Director of Public Health (EDPH) commented that it was really good to see that the ratings of the ward-based catering had increased a lot of patients relied on it.

Enforcement Agencies Report

The HHS presented the Enforcement Agencies Report and highlighted the following:

T2 UHW Animal House Ventilation

- T2 UHW animal house ventilation were shared assets between the Health Board and Cardiff University.
- There was a request for information from the Health and Safety Executive (HSE) regarding maintenance and agreements.
- A response had been sent and they were currently awaiting a reply from HSE.
- Health and Safety and Estates were working closely with Cardiff University to address any potential gaps.

UHW Theatre Trolleys

- The Health Board had received a short notice request (3 Days) from the HSE to visit theatres at UHW to review the manual handling systems.
- Concerns of non-essential visits from the Director of Nursing for the Surgery Clinical Board was relayed back to the HSE and as a result the visit had been postponed. However, information and documents were forwarded to the HSE Inspector for review.
- The Health Board was currently awaiting a reply

Risk Register for Health and Safety

The HHS presented the H&S Risk Register and highlighted the following:

- The Risk Register had been significantly reviewed and updated.
- The highest current risk rating was 16 and included 3 elements:

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(i) Failure to implement a Health Board wide H&S management system

- They were currently on track to deliver that.

(ii) Failure to implement a system to safely manage bariatric patients

- They were currently working with other Clinical Boards.

(iii) Failure to implement a change management process

- That needed to be looked at and put into place.
- It had also been captured in the draft H&S Culture Plan.

Mental Health Update (Verbal)

The Director of Operations for Mental Health Clinical Board (DOMH) advised the Committee on the following:

- The deliberate fire settings had made the incidents difficult to predict and control.
- The metal detectors had been trailed. They were sensitive and would pick up the lighters.
- The costing regarding the panelling work to prevent items being passed through the fences had been raised with the Capital and Estates team.
- There had been a meeting regarding how to target non-smoking areas.
- It was noted that research regarding non-smoking policies in England was also being completed.
- A review of the search policy and ignition control source policy around Wales had been completed.
- The inpatient deaths had flagged many issues. The team was looking at clearer risk assessment and observation policies.
- The Health & Safety Adviser was involved in national work regarding the anti-ligature estate developments that could be applied.
- It was noted that of the 6 inpatient deaths, only 2 of those had used ligaturing items within the environment
- PAMOVA training had been requested which would help the team to apply standards to the strategies and interventions in managing violence and aggression.
- There were estate issues which were on the Corporate Risk Register. That included large amounts of staff returning to work after Covid.

The HHS stated that the Health and Safety team were also mirroring the training that the CEMA team was delivering. That was important as it showed the same message being put across the Health Board.

Latex Allergy Policy

It was noted that this was part of the Latex Allergy Policy review. The policy was well embedded within the Health Board. The Latex Allergy Policy was approved.

Draft Health and Safety Culture Plan

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The HHS stated that the Plan was in draft form and any feedback would be welcomed.

The EDCPC commented that the H&S Culture Plan also aligned with the People and Culture Plan.

The EDPH queried if strategic leadership should be strengthened across the organisation within the Plan. That would put ownership with the leadership and not the H&S team.

The EDPC stated she had spoken to the Executive Nurse Director (END) to ensure that Quality and Safety were included in the Plan.

The Board is requested to:

a) **NOTE** the report.

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

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant

Prevention	x	Long term	x	Integration		Collaboration	x	Involvement	x

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Saunders,Nathan
07/01/2022 17:34:58

Report Title:	Mental Health Legislation and Mental Capacity Act Committee – Chairs Report			Agenda Item no.	6.5.3
Meeting:	Board	Public	X	Meeting Date:	28.07.2022
		Private			
Status *(please tick one only):*	Assurance		Approval		Information
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Senior Corporate Governance Officer				

Main Report
Background and current situation:

MENTAL CAPACITY ACT MONITORING REPORT – DOLS MONITORING REPORT

The Mental Capacity Act Monitoring Report – DoLs Monitoring Report was received by the Committee.

The Committee was advised that the Mental Capacity Act (MCA) Lead had been in post for 3 months and was prioritising MCA training, and had trained staff groups within:

- HM Prison health staff,
- Physiotherapy,
- Critical Care,
- Endoscopy,
- Mental Health
- North West Locality Community Nurse Leaders.

It was noted that utilising the funding from Welsh Government (WG) to support Liberty Protection Safeguards (LPS), 20 places had been secured along with Swansea University staff to attend Level 7 MCA training. It was noted that an external provider would deliver MCA training to 700 staff.

The Committee was advised that the report would be presented more clearly at future meetings and could incorporate information that was relevant to the Committee.

LIBERTY PROTECTION SAFEGUARDS

The Liberty Protection Safeguards information was received by the Committee.

Key aspects were highlighted which included:

- The consultation relating to the Welsh Government LPS draft Regulations, was launched on 17th March 2022. It was noted that the consultation would last for 16 weeks and that the deadline for responses was the 7th of July 2022. It was noted that as part of the consultation there were 4 aspects of the draft Regulations that the Health Board was being asked to consult on:

  - Appointment of Independent Mental Capacity Advocates (IMCAs).
  - The Mental Capacity (Deprivation of Liberty: eligibility to carry out assessments, make determinations and carry out pre-authorisation reviews) (Wales) Regulations 2022.

  - The Mental Capacity (Deprivation of Liberty: training and criteria for approval as an Approved Mental Capacity Professional) (Wales) Regulations 2022.

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- The Mental Capacity (Deprivation of Liberty: Monitoring and Reporting) (Wales) Regulations 2022.

The Committee was advised that the Welsh Government (WG) funding strategy had been agreed which included £8million transitional costs for the LPS in 2022/23 although it was yet to be decided how much the Health Board would receive.

It was noted that an implementation plan and associated staff resources, would be shared with the Committee at their July meeting.

DOLS AUDIT UPDATE ON RECOMMENDATIONS

The DOLs Audit update on recommendations was received by the Committee.

The Committee was advised that the report provided an update on the Internal Audit report and noted that the audit was performed between August 2019 and October 2019.

It was noted that 4 recommendations had been received which included:

- Staff should attempt to ensure that all urgent assessments were undertaken within the stipulated seven days as detailed in the Department of Health Mental Capacity Act 2005 Deprivation of Liberty Standards.

- The Health Board should ensure that staff were provided with the appropriate DoLs training and where areas had low compliance these areas should be targeted.

- Staff should attempt to ensure that all standard and further assessments were undertaken within the stipulated 21 days as set out in the Department of Health Mental Capacity Act 2005 Deprivation of Liberty Safeguards.

- The Health Board needed to ensure that they produce a plan for implementing Liberty Protection Safeguards following the Production of the Code of Practice.

It was noted that the Health Board had been unable to plan for implementing LPS due to the delay of issuing the LPS draft Code of Practice and Regulations and it was also important to note that the Health Board had no staff resource to manage the implementation of LPS. It was therefore essential that the resources required were clearly stated to enable a seamless transfer from DoLs and operation of LPS.

The Committee was advised that the first recommendation was legally bound and it was noted that the Health Board could not be in a position where there was no plan and that if assurance could not be provided, it would need to be referred to Management Executives.

MENTAL HEALTH ACT MONITORING EXCEPTION REPORT

The Mental Health Act Monitoring Exception Report was received by the Committee.

The Committee was advised that the use of the Mental Health Act had remained consistent this period with 53% of inpatients being detained under the Act at the end of quarter 4 with 53% at the end of quarter 3 and that there had been no fundamentally defective applications.

It was noted that there had been one legal query raised when a patient was transferred to an independent provider and assurance was provided that the application was legal due to legal advice being obtained.

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The Committee was advised that during the period, the use of Section 136 had increased and that 63.4% of individuals assessed did not require hospital admission, 51.9% were discharged with community support and 11.5% were discharged with no follow up.

It was noted that overall during the period 32.7% of patients were admitted to hospital following a Section 136 assessment which was higher than the previous quarter at 30.7%.

It was noted that the number of patients under the age of 18 assessed under Section 136 had decreased from 7 in the previous quarter to 6 in this quarter and that there were 4 repeat presentations recorded.

MENTAL HEALTH MEASURE MONITORING REPORTING INCLUDING CARE AND TREATMENT PLANS UPDATE REPORT

The Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report was received by the Committee.

The Committee was reminded that the Mental Health Measure was split into 4 parts and noted that Part 1 related to Primary Care referrals into the Primary Mental Health Support Service (PMHSS).

It was noted that regarding the over-18 Part 1a performance, every referral was being seen in under 56 days and referrals were moving steadily towards overall compliance. Performance on 08/04/22 was 69% compliant.

It was noted that average waiting times for assessment was 29 days on 31/03/21 which had decreased to 28 days at the time of the meeting.

The Committee was advised that the position within the Children and Adolescent Mental Health Service (CAMHS) was similar and that the impact of Covid19 across teams was significant.

It was noted that, that like the Adult Service, referrals were at an all-time high and it was noted that the number of referrals received in March 2022 was the highest number received in over 2 years.

It was noted that the team had worked very hard and had maximized outsourcing to deliver the target of 89%.

The Committee was advised that within the report it was identified that the automated booking system for appointments had only been explored for Fridays and discussion was raised around whether it would be better to have automated booking for the whole week.

The Committee was advised that due to a large number of referrals being received on Fridays, a lot of those referrals were not picked up until the following Monday which is why automated booked had been explored for Fridays.

HIW MHA INSPECTION REPORTS

The HIW MHA Inspection Reports were received by the Committee.

The Committee was advised that there had been one HIW inspection for wards at Hafan Y Coed:

- Cedar Ward
- Oak Ward
- Willow Ward.

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It was noted that the Health Board had received the draft report but not the final version and that no improvements required had been highlighted within the initial findings.

SUB-COMMITTEE MEETING MINUTES:

The Committee received copies of the Sub-Committees' meeting minutes:

- Mental Health Act Hospital Managers Power of Discharge Sub Committee
- Mental Health Legislation and Governance Group (MHLGG)

CORPORATE RISK REGISTER

The Corporate Risk Register was received by the Committee.

The Committee was advised that the Board had received one extreme risk at their March 2022 meeting linked to the Mental Health Legislation and Mental Capacity Act Committee for assurance purposes and noted that the risk remained on the register.

It was noted that it had been hoped that scheduled actions would have led to the de-escalation of the risk prior to the March Board, but a combination of operational pressures and an inability to source suitable private placements meant that the risk continued to be recorded as an Extreme Risk.

The Committee was advised that in May 2022 the Head of Risk and Regulation would meet with the Mental Health Clinical Board to review the advisory recommendations of a recent Internal Audit report to support the implementation of recommendations made and noted that they would be tracked through the Audit and Assurance Committee.

POLICIES

The Committee received and approved 2 policies:

- Consent to Examination or Treatment under The Mental Health Act 1983 Policy & Procedure
- Hospital Managers' Scheme of Delegation Policy & Procedure.

Recommendation:

The Board / Committee are requested to:

Note the Chairs Report.

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

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

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

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

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

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

Saunders,Nathan
27/07/2022 17:34:58

Report Title:	Quality, Safety & Experience – Chairs Report				Agenda Item no.	6.5.4
Meeting:	Board	Public	X		Meeting Date:	28.07.2022
		Private				
Status *(please tick one only):*	Assurance		Approval		Information	X
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Senior Corporate Governance Officer					

Main Report
Background and current situation:

CLINICAL DIAGNOSTICS & THERAPIES (CD&T) CLINICAL BOARD ASSURANCE REPORT

The CD&T Clinical Board Assurance Report was received.

The Committee was advised that the work outlined within the report reflected the key metrics taking place to improve quality, safety and patient experience within the CD&T Clinical Board leading to improved quality and care outcomes for patients. It also outlined the considerable development, improvement and innovation work underway within the Clinical Board.

It was noted that the CD&T Clinical Board provided a wide range of diagnostic and therapeutic procedures on a local, regional and UK wide basis and collectively these services underpinned, and were core components of, almost every aspect of clinical activity undertaken within the Health Board.

It was noted that the Clinical Board consisted of 7 directorates:

- Laboratory Medicine
- All Wales Therapeutics and Toxicology
- Radiology, Medical Physics and Clinical Engineering
- Medical Illustration
- Outpatients/Patient administration
- Therapies
- Pharmacy and Medicines Management

It was noted that during Covid-19 the Clinical Board did not stand down any Quality & Safety meetings and that the Clinical Board had remained very keen to keep “business as usual”

The Committee was advised of the key risks held within the Clinical Board which included:

- Point of Care Testing (POCT) - Risk rating 20 – It was noted that a Clinical Lead had been appointed to support the service but a lack of a POCT Governance committee led to reduced corporate oversight. CD&T were working with the Medical Devices Group to seek support in establishing a UHB wide governance process.

- Backlog of diagnostics and therapies (as a consequence of Covid19) due to a reduction in capacity - Risk rating 16 – It was noted that weekly monitoring of waiting lists was undertaken and a significant improvement was noted. It was noted that the Directorate were currently undertaking a capacity and demand exercise to ensure the service was right-sized going forward.

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- IT/Digital - Risk rating 16 – It was noted that there had been impact from aging hardware, software and slow delivery of key IT systems and that there were some on-going stability issues. It was noted that the Clinical Board was fully engaged with the National Programme to work towards standardisation and interoperability.

- Estates and Facilities - Risk rating 16 – It was noted that the fabric of some estate was suboptimal to delivery of modern, safe and sustainable healthcare and failed to meet regulatory requirements. It was noted that CD&T continued to engage with schemes to update/replace aging infrastructure, e.g. Mortuary and Radiopharmacy and that delivery of the schemes would be essential to satisfy the regulating bodies.

The Committee was advised that the Clinical Board had recognised the significant risks from Work Related Stress, and had set Wellbeing, Resilience, and Mental Health as a key priority.

The Committee was advised of some of the key areas for the Clinical Board which included:

- Influenza vaccination - it was noted that the uptake of the Influenza vaccination was a key priority for the Clinical Board. The uptake rate for frontline staff for the season 21/22 was 63.4% which whilst was the highest in the UHB was significantly lower than the previous season of 72%.

- Regulatory Compliance and Accreditation - The governance arrangements for regulation and accreditation was through the Clinical Board Regulatory Compliance Group which used a combination of metrics to drive the compliance dashboard, ensuring appropriate senior management oversight, escalation of issues, and monitoring of performance. It was noted that the Clinical Board services were well regulated and subject to regular inspection against legislation, regulation and standards. In 2021/22 the following inspections took place:

- 18th August 2021 HIW inspection IR(ME)R UHW
- 13th October 2021 MHRA inspection SMPU
- 9th March 2022 UKAS accreditation Cellular Pathology
- 22nd March 2022 UKAS accreditation Biochemistry
- 21st April 2022 UKAS accreditation Haematology
- May 2022 BSI accreditation visit Clinical Engineering

- Patient Safety Incidents – It was noted that in the period 1/4/21 to 31/3/22, there were two Nationally Reportable Incidents (NRIs) reported in the Clinical Board and that since 1/4/22 a further three NRIs had been under investigation.

- Incident Reporting - It was noted that for the period 1/4/20 to 31/3/21, 1359 incidents were reported by Clinical Board staff using e-Datix.

- Point of Care Testing

- Long COVID Rehabilitation Team

QUALITY INDICATORS REPORT: TO INCLUDE PRESSURE DAMAGE UPDATE

The Committee received an update on pressure damage.

Saunders, Valerie
27/09/2022 11:34:58

The Committee was advised that since the last QSE meeting, the data had progressed and that as previously discussed the goal of the pressure damage collaborative was to reduce the incidence of healthcare acquired pressure damage with the Health Board by 25% by July 2022.

It was noted that the current data available to the pressure damage collaborative which could now for the first time can be presented per 1000 beds days showed that the pressure damage per 1000 bed days had reduced from 3.51 in May 2021 to 2.61 in March 2022 for inpatient areas which was a reduction of 24%, which at a very high simplistic level would indicate that the reduction goal had already been met.

The Committee was advised that some of the data the team were hoping to be able to collect going forward as part of the quality assurance dashboard included:

- Total number of patients with pressure damage
- A breakdown of stages (moisture lesion, 1,2,3 etc.)
- Pressure damage that occurred under Health Board care (acute)
- Pressure damage that occurred under Health Board care (community)
- Percentage of patients whose pressure damage deteriorates.
- What pressure damage was reported
- Length of time taken for pressure damage to develop
- The number of day's pressure damage was free per clinical area.

MORTALITY INDICATORS

The Committee was advised that there had been concerns about the Risk Adjusted Mortality Index (RAMI) being high which had led to the Medical Team wanting to explain to the QSE Committee what that meant and what was being done about it.

It was noted that some of the disruption in the RAMI was due to poor coding which was partly due to Covid-19 because there was a significant loss of staff in the coding arena.

The Committee was advised that the Executive Medical Director was chairing an internal group within intensive care around RAMI and that further details would be provided to the Committee in November 2022.

The Committee was advised that from an assurance point of view, the medical examiner work was now bringing in a much stronger governance structure around deaths within the Health Board and the level one reviews were done in a much more systematic way before going back to the Medical Examiner for the second stage review.

MATERNITY SERVICES – VERBAL UPDATE

The Maternity Services – Verbal Update was received.

The Committee was advised that there had been a strained environment around National Maternity Services over the past few years with issues raised in Telford, Cwm Taf and the subsequent Ockenden Report.

It was noted that the Health Board had done its own thematic review and that WG had put an assurance template together so that there was a standard template across Wales for all health boards.

It was noted that the Health Board had provided assurance against that template and that it had been submitted to the Chief Nursing Officer (CNO) and WG for validation.

Saunders, Nathan
27/04/2022 13:34:58

HIW ACTIVITY OVERVIEW

The Health Inspectorate Wales (HIW) Activity Overview was received.

The Committee was advised that the HIW had performed 2 unannounced inspections:

- Cardiothoracic services – UHL – Unannounced Visit – It was noted that the inspection was carried out by HIW in Cardiothoracic services in Llandough hospital in February 2022. Provisional feedback from the inspection was overall very positive. More detail would be shared with the QSE committee when the report had been published.

- Mental Health Services – Unannounced Visit – It was noted that the inspection took place at Hafan y Coed, Llandough Hospital in February 2022. The following areas were inspected:

  - Cedar Ward – Adult Crisis Admission
  - Oak Ward – Adult Locality treatment ward
  - Willow Ward – Adult Locality treatment ward

It was noted that the inspection was based around how services met the Health and Care Standards (2015) and that HIW also considered how services complied with the Mental Health Act (1983), Mental Health (Wales) Measure (2010), Mental Capacity Act (2005) and |Deprivation of Liberty Safeguards.

It was noted that overall, HIW found that the service provided safe and effective care to patients, they found a dedicated staff team that were committed to providing a high standard of respectful care to patients, with individualised care plans that considered the patients views reflecting the Welsh Measures domains.

BOARD ASSURANCE FRAMEWORK – PATIENT SAFETY

The Board Assurance Framework – Patient Safety was received.

The Committee was advised that there were nine key risks on the BAF, agreed by the Board in May 2022, which were impacting upon the Strategic Objectives of Cardiff and Vale Health Board and that Patient Safety was one of those key risks and specifically identified that there was a risk to patient safety:

- Due to post Covid recovery and this had 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 was adding to the pressure within the Emergency Unit (EU).

- 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 in a larger clinical footprint in relation to post Covid 19 recovery.

- Due to the ability to balance within the health community and the challenge in transferring patients to EU.

- Due to the current pressure in EU and inability to segregate patients due to the volume in the department'.

The Committee rreviewed the risk to enable the Committee to provide further assurance to the Board when the Board Assurance Framework was reviewed in its entirety.

Saunders Amman
27/07/2022 17:34:08

DENTAL SERVICES UPDATE

The Dental Services Update was received.

The Committee was advised that Dental Services across Cardiff and Vale (CAV) are delivered via a number of routes:

- General Dental Services (GDS) and General Orthodontic Service (GOS) had been commissioned by the Health Board via a Welsh Government national contract and delivered by independent contractors (High Street Dentists) and provided NHS general dental care and treatment.

- Community Dental Services (CDS) were delivered by the Health Board and provided more specialist dental care for vulnerable people and improvement of oral health of priority groups in accordance with guidance provided by the Welsh Government WHC (2019) 021.

- The Dental Hospital (UDH) and School provided dental assessment and care to patients who have been referred by general dental practices, especially where these patients were suitable for undergraduate treatment, or were of a complexity level which required specialist care.

- Emergency Dental Services provided urgent dental care to patients who did not have access to an NHS dentist. Services were provided through a number of routes depending on the type and complexity of the patient and issue.

The Committee was advised that the impact of the COVID Pandemic had resulted in a significant backlog and reduced access to all types of dental services where all areas had been prioritising patients with the highest need resulting in increased pressure on access to urgent care. As part of Recovery, investment had provided additional capacity for both routine and urgent dental care across all providers of services.

It was noted that all dental services were currently undertaking IPC risk assessments in line with the latest guidance to allow them to increase throughput and capacity.

It was noted that in addition to IPC constraints, dental procedures required dental nurses to work alongside other dental professionals and there was, currently a severe shortage of registered dental nurses.

It was noted that:

- Welsh Government had issued direction to all Health Boards in Wales to restart Dental Contract reform from 1st April 2022 using an action learning approach. The contract aimed to deliver GDS at 90-95% capacity by March 2022/23

- The Health Board's IMTP trajectory for GDS was a phased increased from 60% of pre-Covid levels in quarter 1 to greater than 70% by quarter 4.

- All clinical services had now been re-established in the University Dental Hospital – with the service currently operating at 70% of pre-Covid activity.

- The establishment and continuation of a new model of care – a Consultant led Intermediate Oral Surgery Service in the community – would support the recovery of Oral Surgery.

- Emergency Dental Services had seen an increase in demand. Additional capacity had been secured to address the acute issues while access to ongoing NHS dental care was secured.

Saunders Marian
27/07/2022 17:34:58

ULTRASOUND CLINICAL GOVERNANCE POSITION

The Ultrasound Clinical Governance position was received.

The Committee was advised that following an internal audit of Ultrasound governance across the Health Board, several shortcomings were identified. These centered around a lack of assurance of appropriate governance in the correct and safe use of ultrasound across the Health Board and insufficient communication and escalation pathways.

It was noted that the Ultrasound (US) audit report, published August 2021 had found limited assurance for Ultrasound governance arrangements within the Health Board and the two high priority recommendations were:

- The design and implementation of ultrasound governance arrangements outlined within the Health Board's Ultrasound Risk Management Policy and Procedure.

- Roles and responsibilities in the management of diagnostic and therapeutic ultrasound services.

The Committee was advised that the following actions had been taken or were in progress to address the short fallings found in the August 2021 Ultrasound audit:

- Review of the Ultrasound Clinical Governance Group (USCGG) and new Terms of Reference (Tour)
- Membership of the USCGG was extended to include all areas of Diagnostic and Therapeutic US across the Health Board
- Suitable chair of the USCGG appointed
- Clear reporting pathway for USCGG ToRs
- Change of name for the Medical Ultrasound Risk Management Procedure and Policy to Ultrasound Clinical Governance Procedure and Policy
- Arrange USCGG regular meetings.
- Requirements to appoint US roles of Clinical Lead User, Speciality Lead User, and Educational Supervisor / Training Supervisor within relevant Clinical Boards will be actioned as part of the formation of the new USCGG
- Creation and implementation of the US Safety Training would be actioned and implemented as part of the formation of the new USCGG
- An annual audit template would be developed by the membership of the USCGG to include a balanced range of performance indicators on the effective management of U/S devices including training, competence and maintenance as part of the U/S governance framework.

CONCERNS, REDRESS AND CLAIMS

The Concerns, Redress and Claims report was received.

The Committee was advised that all concerns were reviewed by the Assistant Director of Patient Experience and graded dependent on the seriousness of the complaint. Any safeguarding or professional concerns were shared, as appropriate, with the safeguarding team and the Medical Director.

It was noted that during 1st April 2021 to 31st March 2022, the Health Board had received in excess of 4,000 concerns and as anticipated this was a significant increase in comparison to previous year, where the Health Board had received 2,974 concerns (April 2020 to 31st March 2021).

It was noted that some of the themes identified in concerns related to poor communication, waiting times, discharge arrangements, and environment (social distancing) and that during the Pandemic, it was recognised that poor communication was a recurring theme across all areas which included:

- Poor communication between staff and relatives

Saunders, Nathan
22/07/2022 17:04:58

- Patients did not know what had happened with their treatment/waiting times
- Poor communication regarding visiting and guidance on vaccinations
- Patients did not feel involved in their care/discharge

The Committee was advised that actions had been taken to address the above themes.

MINUTES FROM CLINICAL BOARD QSE SUB COMMITTEES:

Minutes from the Clinical Board QSE Sub Committees were received.

CORPORATE RISK REGISTER

The Corporate Risk Register was received and the Committee noted the entries linked to the Quality, Safety and Experience Committee and the Risk Management development work which was now progressing with Clinical Boards and Corporate Directorates.

Recommendation:

The Board / Committee are requested to:

Note the Chairs Report.

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

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant

Prevention		Long term		Integration		Collaboration		Involvement	

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

Risk: Yes/No

N/A

Safety: Yes/No

N/A

Davies-Nathan 27/01/2022 17:34:58

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

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

Saunders,Nathan
27/07/2022 17:34:58

Report Title:	Strategy & Delivery – Chairs Report			Agenda Item no.	6.5.5
Meeting:	Board	Public	X	Meeting Date:	28.07.2022
		Private			
Status *(please tick one only):*	Assurance		Approval		Information X
Lead Executive:	Director of Corporate Governance				
Report Author (Title):	Senior Corporate Governance Officer				

Main Report

Background and current situation:

SHAPING OUR FUTURE WELLBEING STRATEGY
Strategic Delivery Programme updates

The Strategic Delivery Programme updates were received.

The Committee was advised of five flash reports for the strategic portfolio and their current status, key progress, planned actions, risks and mitigations for each of the programmes were presented which included:

- Shaping Our Future Population Health – It was noted that the majority of the quarter 4 / whole year milestones had been met and that some of the work had been delayed due to Covid pressures on specialist Population Health capacity however the work should be delivered in 2022/23.

- Shaping Our Future Community Services @Home – It was noted that the programme scope and component projects and work streams were stalling and that detailed delivery plans, dependencies and metrics remained undefined with operational pressures continuing to absorb capacity.

- Shaping Our Future Clinical Services – It was noted that project 1 Service Lines/plans were delayed by 2 weeks due to capacity and sickness within the Health Board and Grant Thornton teams. It was noted that the Senior Responsible Officer (SRO) for the programme had been confirmed and a draft governance structure was reviewed. It was noted that there had been funding approval for programme managers and support to enable planning & delivery.

- Shaping Our Future Hospital Services – It was noted that Welsh Government (WG) had indicated their intent that the Programme Business Case (PBC) would still be considered by Ministers in July 2022 rather than June 2022.

- People & Culture Flash Report – It was noted that to meet the population's health and care needs effectively the Health Board were completely dependent on workforce. It was noted that it was wanted for the Health Board to be a great place to train, work and live, with inclusion, wellbeing and development at the heart of everything that was done.

The Committee was advised that each of the strategic programmes was critical to the delivery of the Health Board's strategic objectives and provided direction and co-ordination of a number of connected projects across a range of services and stakeholders.

It was noted that each of the programmes and composite projects were at different stages of maturity and the pace of project planning development and delivery was therefore variable.

The Committee was advised that as the process and resources for programme and project planning and delivery matured, the milestones for delivery would be developed and linked with the Health Board and regional outcomes framework to provide assurance and would ultimately form an integrated component of the wider quarterly assurance on the delivery of the IMTP.

The Committee noted the progress and risks described in each of the Strategic Portfolio Flash Reports.

Performance Reports:

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a) Key Workforce Performance Indicators

The Committee was advised of the Key Workforce Performance Indicators via a brief summary over the various indicators which included:

- Whole Time Equivalent Headcount and Pay bill – It was noted that variable pay trend had remained in the 10-11% range over the last 12 months, but the percentage for May was lower than for the same period in 2021, at 10.29% Health Board wide.

- Sickness Absence rates remained high at 6.5% in May and were 0.6% higher than they were 12 months ago. It was noted that the rate was however the lowest it had been since July 2021 which was promising.

- Employee Relations caseload was the lowest it had been in over 5 years; the reduction was attributable to the change in the People Services Team operating model and continued to embed the 'Restorative & Just Culture' principles.

- Statutory and Mandatory training compliance rate continued at just over 13% below the overall target. It was noted that it was likely that operational pressures continued to adversely affect compliance.

- By the end of May 2022, 83% of consultant job plans were under construction in the e-system, including 28% that had been signed-off.

- The rate of compliance with Values Based Appraisal (VBA) remained very low; the compliance at May 2022 was 32.45%. It was noted that it was likely that operational pressures continued to adversely affect compliance.

The Committee was advised that it was important to showcase the progress being made within workforce and some of the progress was highlighted which included:

- People Resourcing:
  - 200 people had participated at the Health Board Careers Fair at Hilton Hotel, Cardiff on 04/05/22. 130 applications were received in total and 99 candidates successfully appointed. Due to success of the event another two were planned for later in the year.

  - 130 Facilities applications received since February 2022. 60 of which had been appointed and had now started in post.

- Engagement:
  - Winning temp – information governance approval had been finalised, training and awareness sessions were planned for mid/ end June with a launch expected at the end of June 2022

- Health & Wellbeing
  - A wellbeing survey had been distributed to Medical teams and the closing date was 31st July 2022.

  - 30 Staff room refurbishments had progressed with Estates colleagues.

  - Inner Wellness webinars for all staff had been arranged for July, August and September 2022.

- Leadership and Management Development:
  - Acceler8 Cohort 1; Module 4 had been completed at 4PI with support from the Executive Director of Planning and Performance. Positive feedback had been received from participants.

  - VBA training continued and focused and targeted support was being offered to areas/ managers requiring VBA to ensure the pay progression was completed effectively.

- Workforce Systems and People Analytics
  - The new e-rostering system (HealthRoster) had now been implemented in 50 ward areas. Both the new system and roster principles were being well received.

Saunders Nathan
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- Job Planning compliance was at 83%, with the focus on sign off and ensuring that job plans were reviewed on an annual basis.

- Education:
  - Working groups were under development to support the progression of the Academy of Support Services. Key stakeholders were currently being identified and included staff side representation.

  - 289 overseas nurses have now achieved registration.

  - Flexible part-time undergraduate programmes were now available for Physiotherapy and Occupational therapy and HEIW funding had been provided to support one member of Health Board staff to complete each programme.

b) Key Operational Performance Indicators

The Committee was advised that system wide pressures had continued to be seen within Primary Care and it was noted that there were 12 GP practices at high escalation.

It was noted that dental was a big priority for the Health Board as well as it being a Ministerial priority and it was noted that it would be presented under the 'Six Goals for Urgent and Emergency Care' report.

It was noted that the Mental Health service had been impacted significantly due to Covid-19 and that their "wave" was still being felt in terms of increased demand and inpatients.

- Six Goals for Urgent and Emergency Care

The Committee was advised that the policy handbook had been published in February 2022 and that the programme spanned a five-year period and was supported by £25m of funding in Wales of which the Health Boards share was £2.960m.

It was noted that the six goals covered a wide range of areas within Healthcare and included:

- Goal 1: Accelerated Primary Care Cluster Development and Urgent & Emergency Care Equalities Plan.

- Goal 2: Urgent Primary Care Centres, Improvement of the 111 offer and improvement to access to urgent dental provisions.

- Goal 3: Extension of the Same Day Emergency Care services (SDEC)

- Goal 4: Providing safe alternatives to ambulance conveyance, improvement of ambulance handovers and consistent delivery of Emergency Department Care Standards.

- Goal 5: Health and Social Care with third sectors and independent sectors to work together on delivery of hospital discharge requirements and a collective focus on patients who had been in hospital for over 21 days

- Goal 6: Health and Social care would work together to increase the number of people transferred to the right place following admission to hospital and an increased discharge to recovery.

It was noted that a new performance framework had been issued by WG which included new measures introduced which included:

- Number of Urgent Primary Care Centres established in each Health Boards footprint

- Qualitative report which would detail the progress made against the Health Boards plans to deliver a SDEC service for 12 hours a day and 7 days a week.

Saunders,Natalie
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The Committee was advised that the Health Boards approach to improvement of Urgent and Emergency care had been taken forward by 3 interrelated plans:

- System Plan – aligned with the 6 goals.

It was noted that the Health Board were setting up a Transformation Board and that the terms of reference were being finalised for that.

- Ambulance Handover Improvement Plan

- Immediate Actions

It was noted that the Vale model for Urgent Primary Care Centres (UPCC) had been up and running for a while and that national feedback, plus the Health Boards review of the Vale UPCC would help to inform the development of the Cardiff model.

It was noted that any model that was developed within Cardiff was likely to require investment which was not covered by the £3m funding which been received.

- Planned Care Recovery

The Committee was advised that there five goals for planned care which were:

- Nobody would wait lover than a year for their first outpatient appointment by the end of 2022

- The number of people waiting longer than 2 years in most specialties would be eliminated by March 2023

- The number of people waiting longer than 1 year in most specialties would be eliminated by Spring 2025

- Increased speed of diagnostic testing and reporting to 8 week and 14 weeks for therapy interventions by Spring 2024.

- Cancer diagnosis and treatment would be undertaken within 62 days for 80% of people by 2026.

The Committee was advised of the Health Board's delivery ambitions and it was noted that they reflected the Ministerial priorities and the performance outcomes framework.

It was noted that as part of the IMTP update provided to the Board it had been identified that based on the assessment of the Health Board's ability to see all of the patients who required their first outpatient appointment by December 2022, that 25 of the 35 specialties would meet that ambition.

The Committee was presented with the Planned Care Priorities Overview which included:

- Outpatients
- Diagnostics
- Elective Treatments
- Cross Cutting

HEALTH AND SAFETY CULTURE PLAN

The Committee was advised that the Health and Safety Culture Plan 2022-2025 had been developed to provide a structured, prioritised approach to underpin the Health Board's Health and Safety (H&S) aims and objectives.

It was noted that it had been established from drawing on the experience of the new Head of Health and Safety, the findings of the independent external review conducted in 2021, and a full department workshop session conducted in October 2021.

Saunders, Nathan
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The Committee was advised that the plan set out the actions that would be taken over the next three years, with a clear focus on improvement of the H&S culture within the organisation.

It was noted that the plan was around 6 themes each with a competent departmental lead:

- Achieving Training and Competence Excellence – to develop H&S education which inspired and empowered people to work safely within their capabilities. To create a workforce that was competent in everything they do.

- Achieving Health and Safety Risk & Incident Management Excellence – to embed a process for identifying and mitigating risk at all levels. To develop a suite of lagging and leading performance indicators. To introduce a robust system for investigating incidents at a proportional level with a feedback mechanism to review and share the relevant findings.

- Achieving Communication Excellence – to create an environment to enable collaboration and open discussion ensuring clear, consistent communications utilising a range of channels to reach all stakeholders both internal and external.

- Measuring Performance – to create a stakeholder adopted management system and ensure it was consistently applied throughout the Health Board.

- Audit & Review – to create a leading audit process by which the Health Board could identify non-conformances, rectify in an appropriate time bound fashion, and share improvements with Clinical and Service Boards.

- Achieving Fire Safety Excellence – to develop leading fire safety preventative and protective measures that provided a robust, compliant, and resilient approach to fire safety management.

NATIONAL & LOCAL POLICY AND PLANNING FRAMEWORK – HIGH LEVEL OVERVIEW

The Committee was advised that the presentation received broke down the way NHS Wales operated in manageable sized information at Governmental, policy, strategic and structural level to show who was responsible for procuring what and how everything should fit together with the Health Board.

ANNUAL UPDATE ON CHILDHOOD IMMUNISATION

The Committee was advised that vaccination was one of the most effective health care interventions and that during the Covid-19 period childcare vaccination was mainly provided via Primary Care and that it had slipped in terms of rates for some of the vaccines such as measles, mumps and rubella (MMR).

It was noted that a series of priority actions led by the Executive Director of Public Health had been identified which included:

- Providing support to GP practices. A number of opportunities were being provided to practices to support them with increasing uptake, including a suite of tools which would help them to identify what they could potentially do in their own practice which would help to encourage parents to keep appointments for vaccines.

- Stakeholder experience reviews. Cardiff Metropolitan University had been commissioned to undertake a review of the ‘stakeholder experience’ of accessing childhood vaccinations.

- Amplifying Prevention. Following the annual report of the Director of Public Health for Cardiff and the Vale of Glamorgan 2020, joint work was commenced between Cardiff and Vale Local Public Health team, Cardiff Council and the Vale of Glamorgan Council to identify and address health inequities in childhood vaccination uptake.

- Employment of three new Immunisation Coordinators. These would play a key role in supporting GP practices to increase uptake through their expertise and knowledge, providing training and clinical expertise.

- Communications campaign. A comprehensive communications campaign targeting parents of children who were about to go to school after the summer would be launched during the summer.

- Working to support minority ethnic communities. Some specific work with community groups from minority ethnic populations was underway in Cardiff.

Saunders,Nathan
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- Training would be provided by Immunisation Coordinators and public health training would be provided to organisations who could 'make every contact count' and would have conversations with people about the importance of immunisation.

FLU VACCINATION PROGRAMME 2021/22

The Committee was advised the that flu vaccination was really important and had been overshadowed by the Covid-19 vaccine over the previous 2 years.

It was noted that it looked like the Health Board would see a challenging flu season during winter 2022 and it was noted that the planning, delivery and evaluation of the complex programme were currently led strategically by Cardiff and Vale Local Public Health team with operational delivery through all the Clinical Boards.

It was noted that Delivery routes included through Primary Care (General Practices and Community Pharmacies), the school health nursing team, occupational health, UHB Flu Leads and Flu Champions as well as the mass vaccination programme team.

It was noted that all Health Boards saw a reduction in uptake across all eligible cohorts but amongst people aged 65 years and over, excellent levels of uptake were maintained in the Health Board with over 75% vaccinated.

It was noted that uptake ranged across Primary Care Clusters from 54.6% in City and South Cluster to 84.0% in Western Vale which highlighted inequities across the region.

The Committee was advised that there would be a combined Covid and Flu plan through WG nationally and the Health Board would create a plan accordingly.

BOARD ASSURANCE FRAMEWORK

The Committee were advised that most of the Health Board's strategic risks were aligned to the Committee and would continue to be shared on a rolling programme. The three risks shared and reviewed at the Committee meeting were:

- Workforce
- Leading Sustainable Culture Change
- Capital Assets

CORPORATE RISK REGISTER

The Corporate Risk Register was received for noting. It was highlighted that the report detailed the Extreme operational risks that were aligned to the Committee for scrutiny.

Recommendation:

The Board / Committee are requested to:

Note the Chairs Report.

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

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	

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

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

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

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

Saunders,Nathan
27/07/2022 17:34:58

Report Title:	**Audit and Assurance Committee – Chair's Report**			Agenda Item no.	**6.5.6**
Meeting:	**UHB Board Meeting**	Public	X	Meeting Date:	**28 July 2022**
		Private			
Status *(please tick one only):*	Assurance		Approval		Information x
Lead Executive:	**Chair, Audit and Assurance Committee**				
Report Author (Title):	**Corporate Governance Officer**				

Main Report
Background and current situation:

To provide the Board with a summary of key issues discussed at the Audit and Assurance Committee Meeting held on **12 May 2022 and 14 June 2022.**

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

12 May 2022

Compliance with the Corporate Governance Code

The Compliance with the Corporate Governance Code was received.

The Director of Corporate Governance (DCG) stated that it showed the Health Boards compliance with the UK Corporate Governance Code.

The DCG added that there were some areas where the Health Board did not need to comply due to the level and status of the corporate governance, however, where the Health Board did not feel that they were compliant they would need to explain this.

It was completed annually as a self-assessment and fed into the annual report through the annual governance statement.

Board and Committee Effectiveness Surveys 2021-22

The Board and Committee Effectiveness Surveys 2021-22 were received.

The DCG stated that it was a requirement of the standing orders to undertake an effectiveness review of all the committees of the Board.

The individual results of the committees and the Board were included. An action plan which provided areas that required improvement was also included.

It was noted that this year the survey was broadened to committee members and also attendees to increase response rates.

The DCG added that the Health Board would be looking at its strategic objectives and aligning those with the strategic objectives of the committees of the Board. Therefore, the structure of the committees could change over the next 12 months.

Counter Fraud Progress Report (Verbal)

Saunders Nathan
27/07/2022 11:34:58

The Lead Local Counter Fraud Specialist (LLCFS) advised the Committee that most of the activity taken place had been in relation to building the infrastructure that was required. This included creating infrastructure for awareness, education and reporting routes.

Internal Audit Progress Report

The Head of Internal Audit (HIA) presented the Internal Audit Progress Report (the Report) and highlighted the following –

- There were two limited assurance reports. One was with the Executive Director of People and Culture and the other was with the Director of Digital & Health Intelligence.
- Section 2 highlighted that 4 audits were planned to be delivered for this committee. Two were at the draft stage. Outcomes of those reports would feed into the Head of Internal Audits opinion. Details of the report would be brought to the July committee meeting.
- Section 3 highlighted that 8 reports had been finalised. Four received substantial assurance, two receive reasonable assurance and two received limited assurance.
- Summaries were included in section 6 of the report.
- Section 4 highlighted the delivery of the 2021/22 plan.
  24 final audits have been delivered. A further 2 were in draft and 5 were in progress.

It was noted that a piece of work to validate actions recorded as complete within the tracker had started. They were waiting on responses from management to confirm the position. The outcome would feed into the Head of Internal Audit opinion at the June meeting but the outcome would go to the July meeting.

It was noted that section 6 detailed the executive summaries of the 8 final reports. The full reports were under section 9 of the papers. The first four reports were substantial assurance.

The HIA presented the Development of Genomics Partnership Wales report and highlighted the following:

- A reasonable assurance was given - This reflects that there were robust project teams operating and appropriate engagement with stakeholders and users.
- The key matters arising related to:
  A need for improved contractual management arrangements at all stages of the project; and
  Weaknesses in the approvals process in relation to the accelerated approach.

An action plan had been agreed to allow management to address the issues.

The Deputy Head of Internal Audit (DHIA) presented the Nurse Rostering: Children's Hospital for Wales report and highlighted the following;

- It was completed in readiness to allow transition across to the new Health Board rostering system.
- Reasonable assurance was provided.
- The health roster project team had confirmed that the new system would address issues identified and gave a demonstration of controls.
- Management had accepted the recommendation and the Health Board would be one of the earlier adopters of the new roster system.

The DHIA presented the Nurse Bank report and highlighted the following:

- A number of issues were encountered.
- Management agreed with the findings.
- High priority issues were identified. Most which related to the structure of the temporary staffing department and how they could best support the nurse bank and how the Health Board could make the best use of agencies to support them.
- The health roster would also have an impact on the temporary staffing department.

The Head of People Assurance and Experience (HPAE) stated that the service was inherited from corporate nursing. The plan was to work through all the action points and come back with a detailed report to ensure the bank works to full effect.

The IM&T Audit Manager presented the NIS Directive and highlighted the following:

Saqlain.Nisar@wales.nhs.uk 2022/07/20 17:04:58

- They had reviewed the implementation of the network and information system directive. It was a core piece of legislation related to cyber security with the intention to increase the levels of security and resilience to key systems.
- The review found that an appropriate plan was in place to complete the cyber assessment.
- Concluded limited assurance.
- Management immediately dealt with the high priority recommendation.

The Director of Digital & Health Intelligence (DDHI) highlighted the following:

- Action 1 had been taken on board and accepted the 600 questions posed by the cyber resilience unit. Need to have a mechanism to maintain it.
- There was an oversight on one of the questions. This had been completed.
- They were now actively recruiting a dedicated cyber team.
- The risk register had been updated and reflected the NIS situation.
- A detailed response on NIS and the cyber element would be discussed in the private part of the Digital committee meeting in June.

The HIA stated that the meeting papers included the advisory work on the mental health arrangements which came to the last audit meeting. It did not include the management responses. It was noted that the responses were included under section 9.1.

Counter Fraud Annual Plan

The Counter Fraud Annual Plan was presented and highlighted the following:

- It proposed work for 2022/23.
- It looked slightly different from previous years. This was due to changes in the NHS counter fraud authorities' standards. They were mandatory from next year onwards.
- 12 requirements needed to be worked to.
- It measured 3 levels of compliance – green, red and amber.
- The Health Board should be able to achieve green ratings in the upcoming year.
- The annual plan is expected to be flexible and broad.

The Counter Fraud Annual Report 2021/22

It was noted that the main part of the report formed the summary of compliance. The Health Board was listed as green in all areas but improvements needed to be made in fraud awareness, education and reporting routes.

The Executive Director of Finance (EDF) stated it was a progress report and it had been reviewed by the team.

14 June 2022

Report of the Losses and Special Payment Panel

The Interim Deputy Director of Finance (IDDF) presented the Report of the Losses and Special Payment Panel paper and advised the Committee on the following:

- The Losses and Special Payments Panel last met on 10th May 2022 to consider the 6-month period from 1st October 2021 to 31st March 2022.
- The report informed the Audit and Assurance Committee of the items considered at this meeting and the recommendations made for formal Audit and Assurance Committee approval.
- The minutes of the 10th May Panel were previously discussed in the Private session of the Audit Committee on held earlier on 14 June 2022.
- The figures have been approved by the Losses and Special Payment Panel and have now been incorporated into the Annual Accounts.

Introduction to Annual Report and Accounts 2021-22

Saunders,Nathan
27/07/2022 17:34:58

The Head of Financial Accounts and Services (HFAS) presented the Introduction to the Annual Report and Accounts 2021-22 and advised the Committee on the following:

- The report set out the key changes identified between the draft and final version of the draft Annual Report.

- In accordance with the agreed deadlines, the 2021/22 Draft Annual Accounts, Draft Performance Report and Draft Accountability Report were completed and forwarded to the Welsh Government and Audit Wales.
- With regards to its role in providing advice to the Board, the Audit and Assurance Committee, in accordance with its Terms of Reference, had responsibility to specifically comment upon the accounting policies, the Accounts, the Annual Report of the organisation and the Letter of Representation.The Audit and Assurance Committee also has a key role in reviewing the ISA 260 report from Audit Wales.
- The Annual Report contains the Annual Accounts and the Remuneration Report which were the key financial statements.
- The Draft Performance Report, Draft Accountability Report, Draft Annual Accounts and associated documents were reviewed in detail by the Audit and Assurance Committee at its workshop held on 12th May 2022.
- Assurance on the accuracy of the Annual Report and Accounts could be taken by:

- The programme of work and review that the Audit and Assurance Committee had undertaken throughout 2021/22 and the process it followed to verify and sign off the Annual Report and Accounts.
- The work completed by Audit Wales and presented to the Audit and Assurance Committee in their ISA 260 Report;
- The response given to the Audit Enquiries to those Charged with Governance and Management and the Letter of Representation that would be sent to Audit Wales.
- Assurance could also be taken from the programme of work undertaken by the Audit and Assurance Committee, the work completed by Audit Wales, the response given to the Audit Enquiries with those Charged with Governance and the Letter of Representation sent to Audit Wales.
- Assurance could also be taken from the work carried out by Internal Audit, Counter Fraud and the opinion issued by the Head of Internal Audit.

- This year attention was drawn to the ISA260 Report regarding the regularity opinion qualification. The financial statements included a provision (and corresponding expenditure) of £2.193 million. That related to the Health Board's estimated liability arising from a Ministerial Direction in 2019. The Direction instructed payments to be made to Clinical staff, if claimed, to restore the value of their pension benefits packages.
- For NHS Clinicians who opted to claim the financial offer to settle their annual allowance tax charges arising from their 2019-20 NHS pension savings, their NHS employers would meet the impact of those personal tax-charges on their pension when they retire.
- Claims that were submitted by the deadline of 31 March 2022 were accounted for as expenditure within the 2021-22 Financial Statements. That expenditure was irregular and material by its nature.
- An unqualified Audit opinion was given on the 2021-22 Financial Statements, with the exception of the above-mentioned regularity opinion.

<u>Changes to the Draft Annual Report and Accounts</u>

- Audit Wales had reviewed the Draft Performance Report and Draft Accountability Report and provided feedback on a number of minor narrative changes which were incorporated within the Annual Report.
- The Accountability Report had also been amended to include the Head of Internal Audit Opinion where reasonable assurance had been provided.
- There were small number of changes made to the Draft Accounts. Those however, did not impact on the reported financial performance of the Health Board and the £232,000 surplus remained against the revenue resource limit. Those amendments were mentioned on pages 2 and 3 of the Committee papers and include:

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- £17.685m PFI disclosure had been added to PFI note 25.2. That referenced note 11 and the capital value included within the PFI scheme. It was a disclosure adjustment because the PFI was correctly included within the body of the draft accounts.
- Within note 18 there was a £9.48m reclassification of capital creditors that was previously misclassified within the revenue creditors.
- Within note 22 the capital commitment disclosure was reduced. It was purely a disclosure adjustment and capital adjustment expenditure occurred was correctly reflected within the drafts account.

- Within note 3.3 it was identified that the depreciation charges were understated by £349,000. As depreciation was funded by Welsh Government (WG), the revenue resource limit was reviewed and increased by £349,000 in line with the increased expenditure. The revenue resource performance had been updated to reflect that. As a result of the increased expenditure allocated by WG there were no changes to the bottom line.
- Staff note 9.6.1 showed that disclosure amendments were made adjusting the pay banding for the Chief Executive Officer and the highest paid Director. Salaries were correctly included in the accounts and note 9 was amended to be consistent with the Remuneration Report.
- Two amendments were made to note 30. Welsh Wound Centre amounts owed to related party were increased by £2k. Cardiff Council expenditure to related party was decreased by £3.412m. They were correctly included in the accounts but not the disclosure notes.
- In comparison to previous audits, the adjustments were small.
- The following adjustments were made to the Remuneration Report. Firstly, the pay bands for three senior officers were amended to a different pay band.
- A column had been added to the remuneration table to disclose the full-year-equivalent salaries of the senior officers.

The HFAS stated the changes made to the Draft Accounts and Remuneration Report were set out in Appendix 4 of the ISA 260 Report.

Uncorrected misstatements

There was only one non-trivial uncorrected misstatement which related to land and building assets. The District Valuer (DV) had issued its indexation reports on an all-Wales basis, and supplied its 2021-22 report in August 2021. It stated that building asset values should be uprated by 5% for 2021-22. However, that was further updated in March 2022 by the DV to 7%.

It was noted that following Welsh Government discussions and in-line with other Welsh Health Boards that increased indexation had not been amended for in the accounts.

If the Health Board had applied the 7% indexation instead of 5%, it would result in:

- an increase of £10.280 million in the value of land and buildings in respect of indexation, as at 31 March 2022;
- an increase in depreciation of £331,000 for 2021-22;
- a reversal of past impairments of £8.184 million for 2021-22; and.
- an increase in the revaluation reserve of £2.096 million, as at 31 March 2022.

The Executive Director of Finance (EDF) stated that the volatility of indexation and resource allocation was not previously discussed by the Audit Committee. It had a material impact on the accounts and the Committee should be aware of that in the account preparation. If there were material errors, then materiality was substantially used by the non-adjustment that the Committee was not aware of.

Overview of financial performance 2021-22

- The National Health Service Finance Act 2014 placed two financial duties on the Health Board:

- A duty under Section 175 (1) to ensure that its expenditure did not exceed the aggregate of the funding allocated to it over a period of 3 years.
- A duty under Section 175 (2A) to prepare and obtain approval from the Welsh Ministers for a plan which achieved the first duty above (i.e. Section 175(1)), while also improving the health of the people for whom the Health Board was responsible and improving the healthcare provided to them.

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It was noted that the Health Board had an approved Integrated Medium-Term Plan (IMTP) covering the years 2019-20 to 2021-22. The Health Board had therefore achieved its financial duty under Section 175 (2A). The approved IMTP was to achieve a year-end balanced out-turn position in each year of the plan. The financial performance for the year, as contained in the accounts was a year-end surplus of £0.232m for 2021/22.

The Health Board had a surplus of £0.058m in 2019/20 and a surplus of £0.090m in 2020/21. That meant that over the three-year period the aggregated surplus was £0.380m.

Thus, the Health Board had met its financial duty against its Revenue Resource Limit, both under Section 175 (1) and Section 175 (2A), over the three-year period 2019/20 to 2021/22.

Performance against its Capital Resource Limit

It was noted that the Health Board had effectively managed its considerable Capital programme during the year and the accounts had shown a small surplus of £0.041m against its Capital Resource Limit of £70.989m.

It was noted that the Health Board had a surplus of £0.089m in 2019/20 and a surplus of £0.104m in 2020/21 against its Capital Resource Limit. That meant that over the three-year period the aggregated surplus was £0.234m. Thus, the Health Board had met its financial duty to break-even against its Capital Resource Limit over the three years 2019/20 to 2021/22.

The Head of Internal Audit Opinion and Annual Report for 2021-22

Ian Virgil (IV) presented the Head of Internal Audit Opinion and Annual Report for 2021-22 and highlighted the following:

- The majority of the final document was the same as the draft presented in the Audit Workshop in May.
- The HIA Opinion for 21/22 was that 'The Board could take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, were suitably designed and applied effectively'.
- It was a positive Opinion overall and consistent with the draft report.
- 29 audits were completed within 2021-22. That included 7 Substantial Assurance, 12 Reasonable Assurance, 7 Limited Assurance and 3 advisory or non-opinion.
- The only difference from the draft document was that they had anticipated 32 audits but 3 were still "work in progress" and had not been included in the Opinion. However, those would be included in this year's audits.

Audit Wales ISA 260 Report

Mark Jones (MJ) presented the Audit Wales ISA 260 Report and highlighted the following:

- The Audit Wales Report discharged responsibility before the accounts were considered for approval and signed.
- Unqualified audit opinion was given except for regularity opinion and that related to scheme pay and tax issues.
- There was accrued expenditure in the accounts.
- Corrections that were done were low in number in comparison to previous years.

A follow up report would go to the September Audit meeting.

Letter of Representation included within the ISA 260 report

To receive and consider the following for 2020-21:

a) The Letter of Representation included within the ISA 260 report

The EDF stated that it was a standard document. It was the Health Board's letter back to the Auditor General.

An indexation was inserted into the letter. It detailed that the Health Board had chosen not to amend the misstatements. It reflected that it was the Health Board's choice not to amend the accounts.

b) The response to the Audit Enquiries to those charged with Governance and Management

It was noted that this was a standard process by Audit Wales. It was presented to the Committee for completeness.

The CC stated that he received and signed it prior to the Audit Workshop.

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c) The CVUHB Annual Report 2021-2022 including the Annual Accountability Report, Performance report and the Financial Statements

The Director of Corporate Governance (DCG) stated that the draft Performance Report had been approved by Audit Wales and WG with only minor changes. The changes to the Remuneration Report were also mentioned by the HFAS.

The DCG stated that there would be an abridged version for the AGM that would pick up on the more interesting points.

The Board is requested to:

a) NOTE the report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration		Collaboration	x	Involvement	

Impact Assessment:

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: No

Equality and Health: No

Decarbonisation: No

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

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Report Title:	C&V Integrated Performance Report			Agenda Item no.	6.6
Meeting:	C&V UHB Board	Public	X	Meeting Date:	28 July 2022
		Private			
Status *(please tick one only):*	Assurance		Approval	Information	X
Lead Executive:	Fiona Kinghorn, Jason Roberts, Rachel Gidman, Caroline Bird, Catherine Phillips				
Report Author (Title):	Information Manager				

Main Report
Background and current situation:

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

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

Population Health

Immunisation	Standard	Trend	2021 / 22 Qtr 3	
% of children up to date with scheduled vaccines by 4 years of age	95%	na	85.3%	**
	Standard		**May-22**	
% Adults (aged 18 years and over) in Cardiff and Vale UHB have received a Covid-19 booster vaccination	na	na	69%	*
Of those who have a completed primary course of vaccination*, % of adults aged 18 years and over have received a Covid-19 Booster vaccination	na	na	84%	*

Tobacco	Standard	Trend	2021 / 22 Qtr 4
% of smokers who become treated smokers	5%	na	0.6%
% of treated smokers who quit at 4 weeks	40%	na	76%

Quality & Safety

Patient Satisfaction	Standard	Trend	May-22
30 day complaints response compliance %	75%		83%
Patient Experience			**May-22**
Patient Experience	na		79%
Falls			**May-22**
Slips Trips and Falls (30 day moving total)	na		302
Slips Trips and Falls with harm - moderate to severe (30 day moving total)	na		42

Serious Incidents	Standard	Trend	May-22
Nationally Reportable Incident (SI)**	na		6
Number of Never Events	0	na	0
Mortality			**Feb-22**
Percentage of Stage 1 Reviews Completed	na		72.0%
Risk Adjusted Mortality Index	na		137.07
			Apr-22
Still births (Rolling 12 Months)	na	na	25
Infection Control			**May-22**
All Reported Infections (Rolling 12 Months)	743		779

Workforce

	Standard	Trend	May-22
Sickness Absence Rate (in-Month)	6%		6.5%
Sickness Absence Rate (12-Month Cumulative)	6%		7.1%
Values-Based Appraisal and Medical Appraisal Compliance (Combined)	85%		32.5%

	Standard	Trend	May-22
Turnover Rate	7% - 9%		13.7%
Mandatory Training Compliance	85%		72.2%
Fire Training Compliance	85%		64.9%

Performance

	Standard	Trend	May-22
A&E 12 hour waiting times	0		1258
A&E 4 hour waiting %	95%		60.9%
Ambulance Handover Times >1 hour	0		763
			May-22
Waiting less than 26 weeks %	95%		54.2%
RTT Waiting Over 36 Weeks	0		44830
Diagnositcs >8 weeks Wait	0		3940

	Standard	Trend	May-22
Mental Health Part 1a - Assessments within 28 days	80%		77.4%
Mental Health Part 1b - Therapy Commencing within 28 Days	80%		93.1%
			May-22
Patients Delayed over 100% for follow-up Appt	0		42558
			Apr-22
Single Cancer Pathway	75%		61.6%

Finance

	Standard	Trend	May-22
Deliver 2022/23 Draft Financial Plan	£20.8m planned deficit	na	£3.996m deficit
Remain within capital resource limits.	Within planned expenditure £46.366	na	£3.422m
Reduction in Underlying deficit (Forecast)	Reduce from £29.7m to £23.7m	na	Forecast Year End ULD £23.7m
Delivery of recurrent £12.000m 1.5% devolved target (Forecast)	£12m	na	£7.142m

	Standard	Trend	May-22
Delivery of £4m non recurrent target	£4m	na	£7.663m
Creditor payments compliance 30 day Non NHS (Cumulative)	95%		92.4%
Remain within Cash Limit (Forecast cash surplus)	Within Cash Limit	na	Forecast deficit
Maintain Positive Cash Balance	Positive Cash Bal.	na	£4.952m

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

** *No new data available*

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

POPULATION HEALTH

Covid-19 update

- **Epidemiology:**

  Covid-19 community prevalence increased in the first two weeks of June in Cardiff and Vale, mirroring national trends. This was evidenced on community PCR and lateral flow testing rates, and wastewater signals. Rates have subsequently started to stabilise according to these measures. The most recent ONS infection survey prevalence data has shown the increase, but not yet a stabilisation; this is likely to feed through in future weeks as this data source lags behind local community testing and wastewater by around a week. Similarly, hospital admissions have increased slightly from a low base. This is expected to stabilise 1-2 weeks after the community rates have stabilised.
  It is thought the rise may be due to two potential factors: firstly, increased socialising over the Jubilee bank holiday long weekend; and secondly, the increasing prevalence of the BA4 and BA5 omicron variants in Wales. The BA5 strain in particular has some transmissible advantage over other B.A. strains.
  Clusters in care homes are broadly stable, alongside few hospital outbreaks. ONS reported mortality has remained broadly stable, below or in line with the five-year average.

- **Test, trace and protect (TTP):**

  Local and regional changes have been made to TTP services in response to the Welsh Government plan, 'Together for a safer future: Wales' long-term Covid-19 transition from pandemic to endemic', with a focus on supporting high risk settings in the current 'Covid Stable' environment. Free PCR testing for the general population ended on 31st March 2022. Free LFT testing for citizens with symptoms was due to end in June, but has been extended due to the current increase in cases, and will now cease on 31st July 2022. Beyond that PCR testing capability will remain in place to manage outbreaks, as will LFT testing for staff working in high risk settings. From 1st July 2022 onward, the smaller retained contact tracing team will be targeted to support high risk settings, along with regionally determined priorities in health protection and health improvement. The multiagency regional team has further reduced its meeting frequency, and the Regional IMT has been paused. However, the situation is being monitored and both the local and regional responses could be stepped up to respond to a 'Covid Urgent' scenario in the future.

- **Covid-19 vaccination**

  Cardiff and Vale UHB has now delivered over 1,163,000 Covid-19 vaccinations to the population; this includes 42,000 Spring/2nd booster vaccinations. In terms of uptake, 85% of people aged 75 years and above; 59% of those severely immunosuppressed and 75% of care home residents have received a Spring booster to date. All eligible individuals for Spring booster vaccination have now been offered an appointment. Appointments for Spring booster vaccinations will be available until end June 2022 (except for eligible individuals who were unable to receive prior to end of June, for example due to illness). We will continue to offer walk-ins for 1st, 2nd and 1st booster doses to all eligible individuals across all sites.
  We have given 26% of 5-11 year olds a first dose of vaccination – the highest across Wales. All children aged 5-11 year have now received their first offer of appointment and we are currently reviewing the options for increasing uptake amongst this age group.
  There is a continual flow of housebound individuals which our mobile teams are providing vaccinations for.

  Interim guidance (https://www.gov.uk/government/news/jcvi-provides-interim-advice-on-an-autumn-covid-19-booster-programme) from the Joint Committee for Vaccination and

Immunisation (JCVI) for the Autumn booster programme has now been published. Eligible groups include all people aged 65 years and over, frontline health and social care workers, care home residents and adults aged 16 to 64 years who are in a clinical risk group. A joint delivery plan for the Autumn Covid-19 booster and influenza vaccines is currently being developed. Splott and Bayside MVCs are due to close over the summer period; arrangements for a new Cardiff MVC on the Woodland House site will support delivery of the Autumn booster programme from September.

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.

Tobacco Control:

Smoking Cessation

Cardiff and Vale UHB achieved 2.1% (2021-2022) against a Welsh Government Tier 1 target of 5% (Figure 1). This represents a slight decline from 2020-2021 (2.2%). This may be explained by the impact of COVID reducing client engagement with NHS smoking cessation services, temporary ceasing of services due to capacity - such as those offered by Community Pharmacies – and by increased 'one-off' interaction (such as supply of Nicotine Replacement Therapy) instead of on-going support which is required for Tier 1 'Treated Smoker' data.

Despite this slight reduction, the rate remains broadly static after a particularly challenging year, with the Health Board previously achieving 1.8% (2019-2020 and 2018-2019) and 1.6% in 2017-2018. Data for Wales (2021-2022) has not been published to date.

The Health Board continues to achieve a high 4 week quit rate against the Tier 1 Welsh Government Target of 40% (Figure 2). The UHB achieved a 74% 4 week quit rate (self-reported), (2021-2022). This is a considerable increase from the previous year (66%, 2020-2021).

The Help Me Quit (HMQ) community-based smoking cessation service achieved a 74% 4 week quit rate (self- reported), the Hospital Smoking Cessation Service, 75%, and the Community Pharmacy Enhanced Level 3 Service, 68% for 2021-2022. Both the HMQ and hospital Smoking Cessation service achieved over 70% for all 4 quarters of 2021-2022.

Figure 1: Percentage of Treated Smokers, Cardiff and Vale UHB Smoking Cessation Services 2006-2022

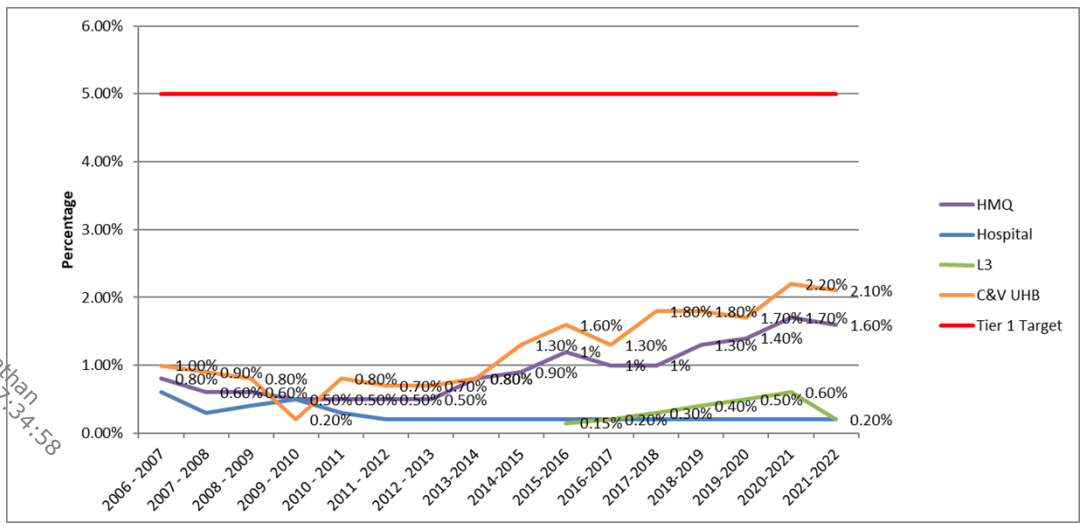

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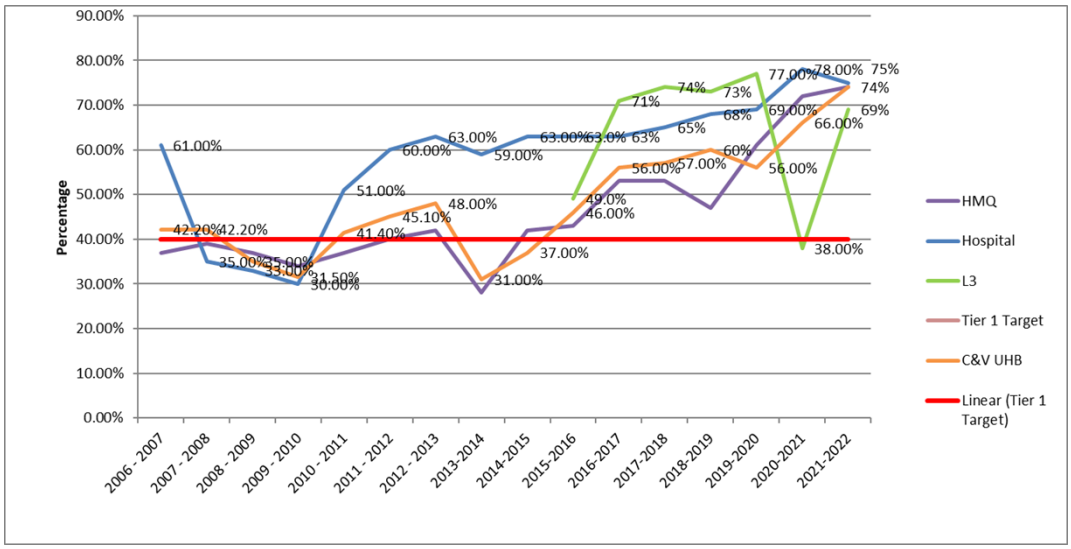
Figure 2: Percentage of 4 week quits (Self-reported), Cardiff and Vale UHB Smoking Cessation Services 2006- 2022



As part of Welsh Government Ministerial priorities for 2021-2022, the Hospital Smoking Cessation Service is working with all partners to implement the integrated 'Ottawa' model which includes routine identification of smokers with Brief Intervention advice, supply of NRT with smoking cessation support on admittance and continued engagement on discharge.

In Cardiff and Vale UHB, 9% of pregnant women smoke on booking (2020-2021), Wales 17%. The Health Board implements a Model for Access to Maternal Smoking Cessation Support (MAMSS) aiming to reduce smoking rates during pregnancy. For Quarter 3 2021-2022, (the latest available date), 64% of pregnant women who smoke accepted a referral the MAMSS Support Worker (representing an increase from 49% pre MAMSS intervention 2020-2021). for those engaging with smoking cessation support, 43% quit smoking at 4 weeks.

Smoking Prevalence

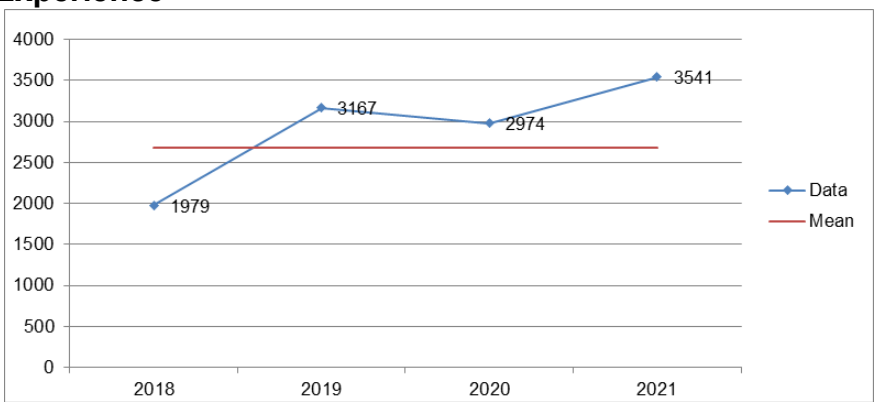
14% of adults smoke in Cardiff and Vale of Glamorgan (National Survey for Wales, 2019-2020) (a reduction from 17%, 2018-2019). Cardiff and Vale UHB has the lowest prevalence of smoking when compared to other health boards in Wales. Welsh Government has set a target of 5% by 2030 as part of their draft Tobacco Control Strategy 2022-2030 which is scheduled to be launched in July 2022.

Smoking Prevention

A dedicated Children and Young Peoples Tobacco Control Programme has been implemented to help reduce the uptake of tobacco (and e-cigarettes)

QUALITY AND SAFETY

Concerns –Patient Experience



Saunders,Nathan
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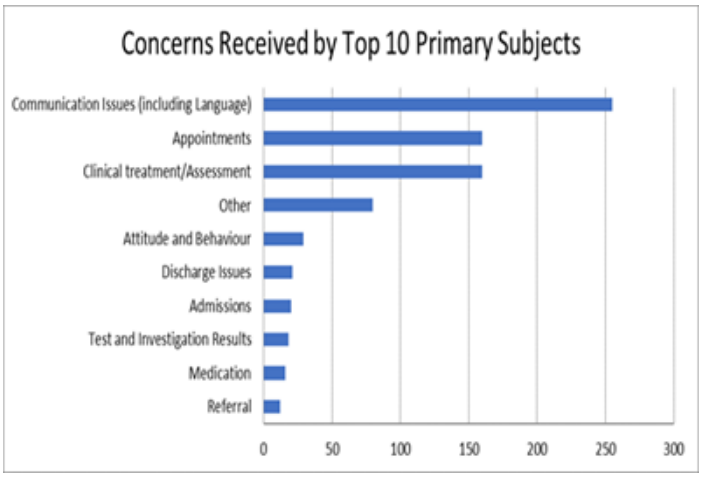
The main themes remain as: **Communication:**



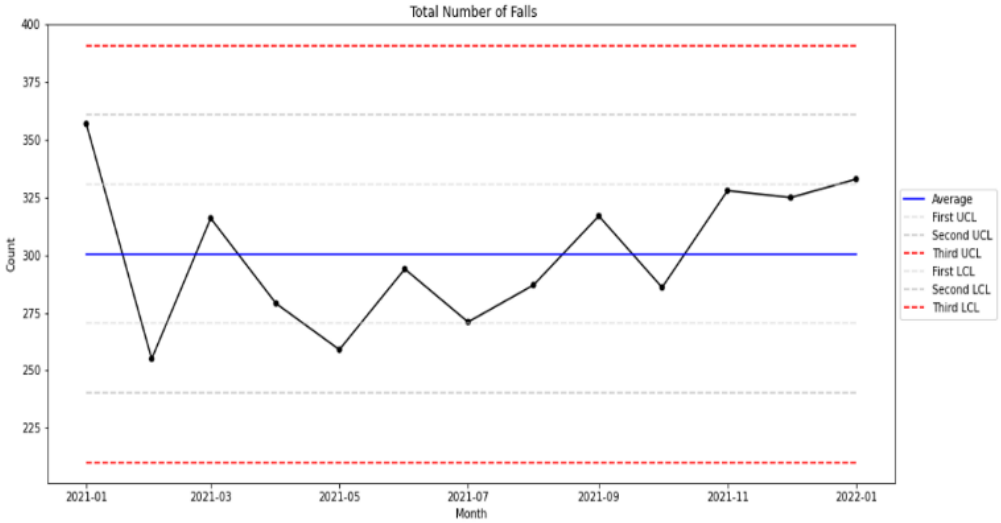
Falls

Slips, Trips and Falls continue to be the most commonly reported incident – 16% of all incidents reported since 1st March 2022. Of these, the majority have no or low harm (87% of falls). 11% were reported with moderate harm, 2% with severe harm and 0.001% with catastrophic harm. The latter relates to 2 deaths following a fall since 1st March 2022, both were externally reported to the Delivery Unit.

Learning from inpatient fall investigations has identified the following factors;
- Lack of knowledge of guidance
- Deviation from guidance
- Need for Training

Three main themes:
- Lack of Orthostatic Hypotension Assessment (L&S BP)
- MFRA not completed at correct times
- Lack of (evidence of) Medication Review
- Deviation from bed rails and enhanced supervision guidance

Fractured Neck of Femurs continue to be the most commonly reported injury post-fall.



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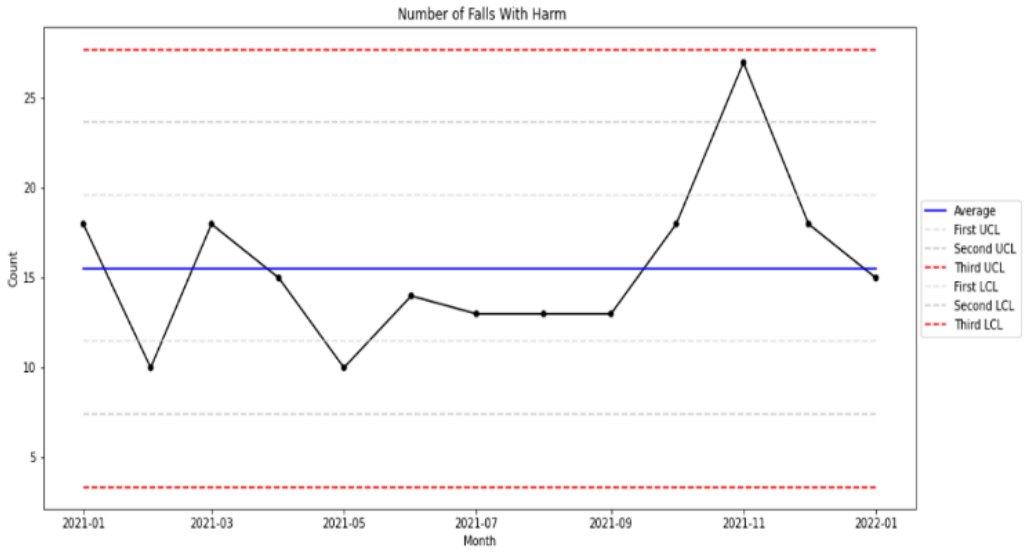
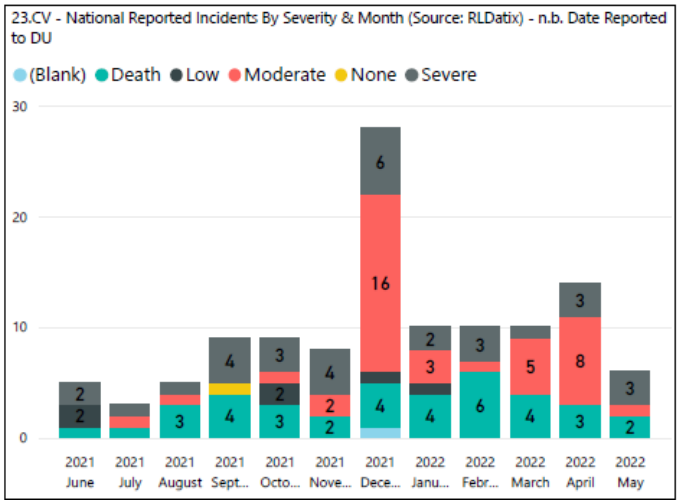
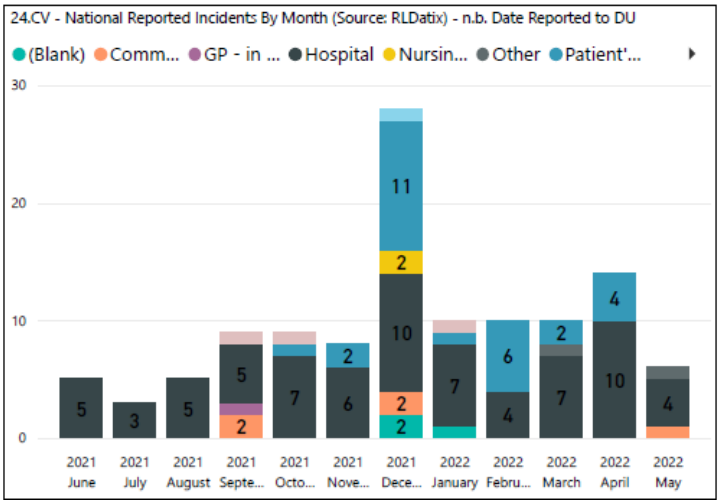
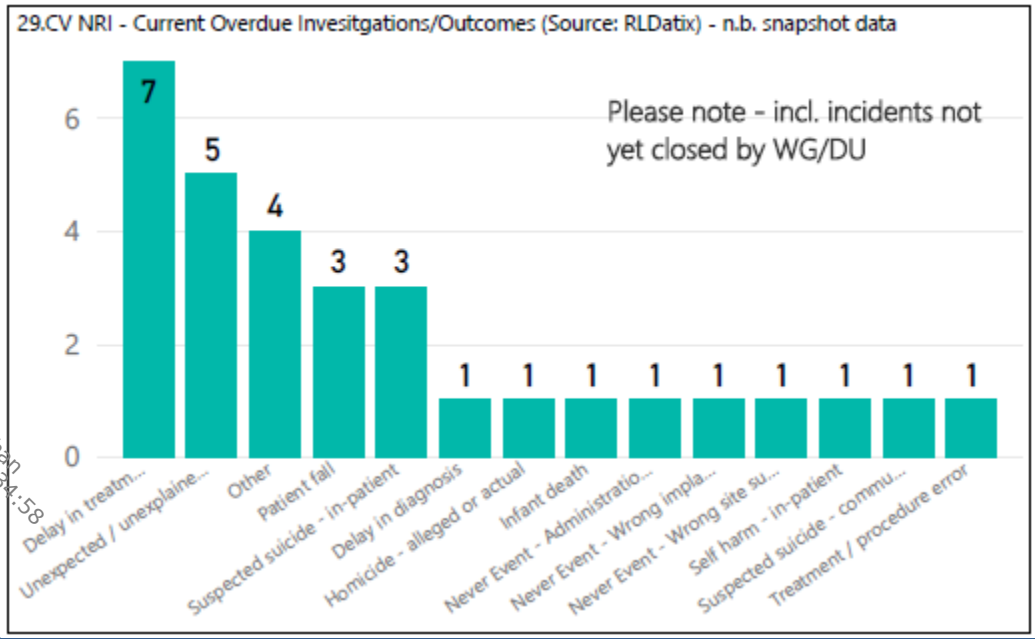


Nationally reportable incidents

There has been significant work undertaken by the Clinical Boards to close any NRIs. At the time of reporting there are a total of 79 open NRIs, of these, 41 are overdue for closure. Due to the efforts of the Clinical Board and corporate Team to actively close NRIs, 27 closure forms were submitted to DU during April and May 2022.







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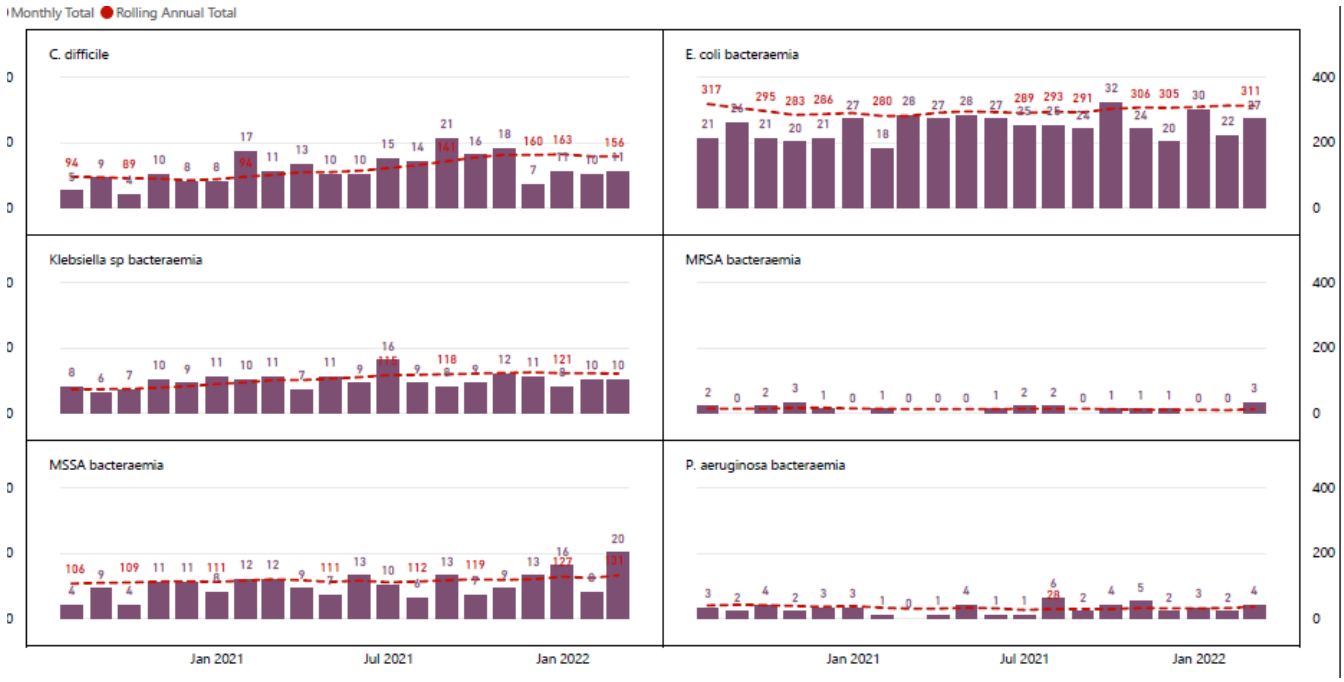
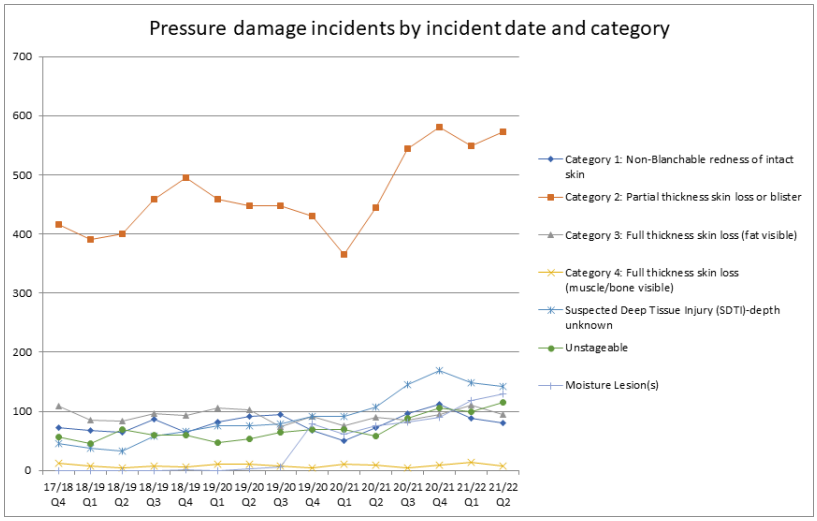
Hospital Infections – As at May 2022 the grouped total Cdiff, Ecoli, MRSA and MSSA infections is showing no in-year improvement against the 2018/19 baseline. However, MRSA and MSSA are demonstrating an in-year improvement.

Similarly, as at March 2022 Klebsiella in-year infections are above the baseline year whereas P. aeruginosa is running below the 2018/19 baseline average.



Pressure ulcers
Data per 1000 Bed days as per May 27th 2022

As previously discussed the goal of the pressure damage collaborative was to **reduce** the incidence of healthcare acquired pressure damage with the Health Board by **25% by July 2022**.The current data available to the pressure damage collaborative which can now for the first time can be presented per 1000 beds days shows that the pressure damage per 1000 bed days has reduced from 3.51 in May 2021 to 2.61 in March 2022 for inpatient areas which is a reduction of 24%, which at a very high simplistic level would indicate that the reduction goal has already been m



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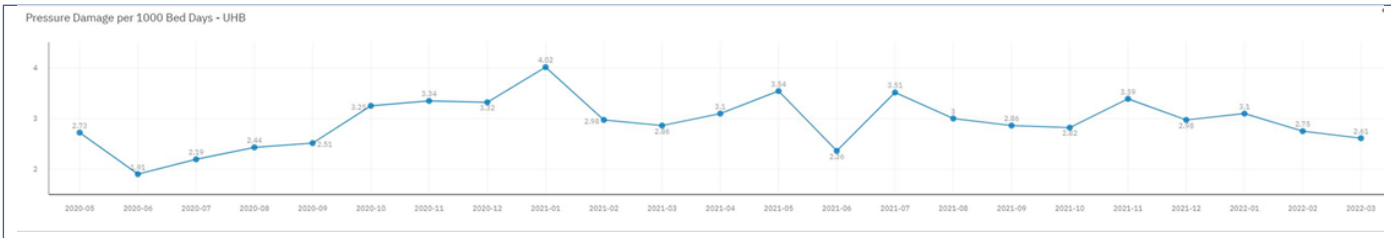
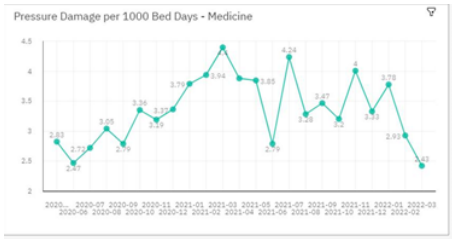
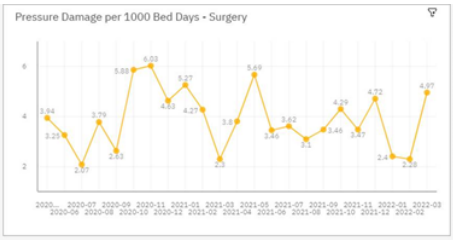
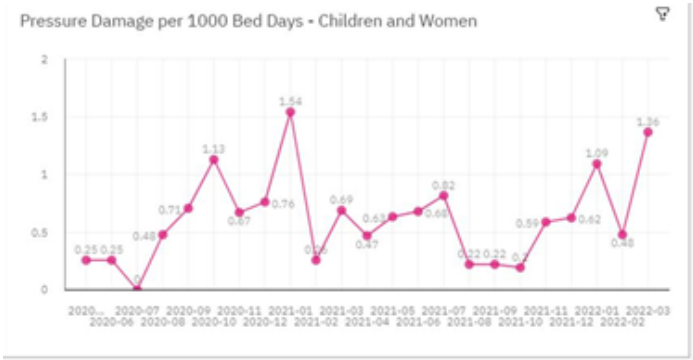












However, it must be noted that although there is an overall reduction in reported hospital acquired pressure damage from inpatient areas until March 2022 the initial data which has not yet been verified for April 2022 does show an increase back to 3.95. This data has yet to be cleaned and many have not yet been through the Health Board pressure damage investigation process so is not yet reliable or ready to be shared.

The collaborative are in the process of developing a QI dashboard for pressure damage which will triangulate data from both e-datix and our business intelligence system (BIS) to provide a more robust streamlined reliable data set and measurement. The 8 metrics will be

- Total number or pts with pressure damage
- Breakdown of stage (moisture lesion, 1,2,3.4 etc)
- Pressure damage that occurred in our care – Acute
- Pressure damage that occurred in our care - Community
- Percentage of patients whose pressure damage deteriorates
- What pressure damage is reported comes in on admission to organisation vs what develops in a clinical area
- Length of time taken for pressure damage to develop
- Number of days pressure damage free per clinical area

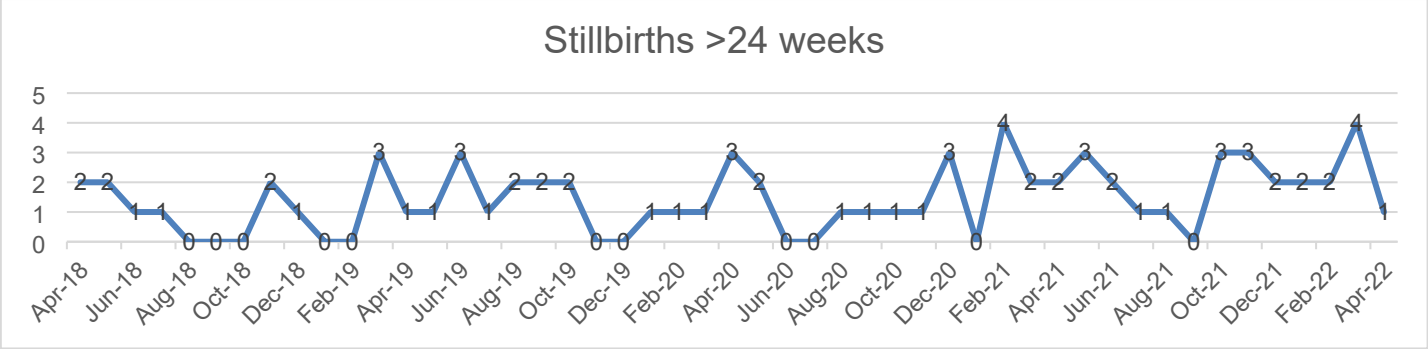
Saunders,Norma
27/04/2022 14:34:48

Mortality

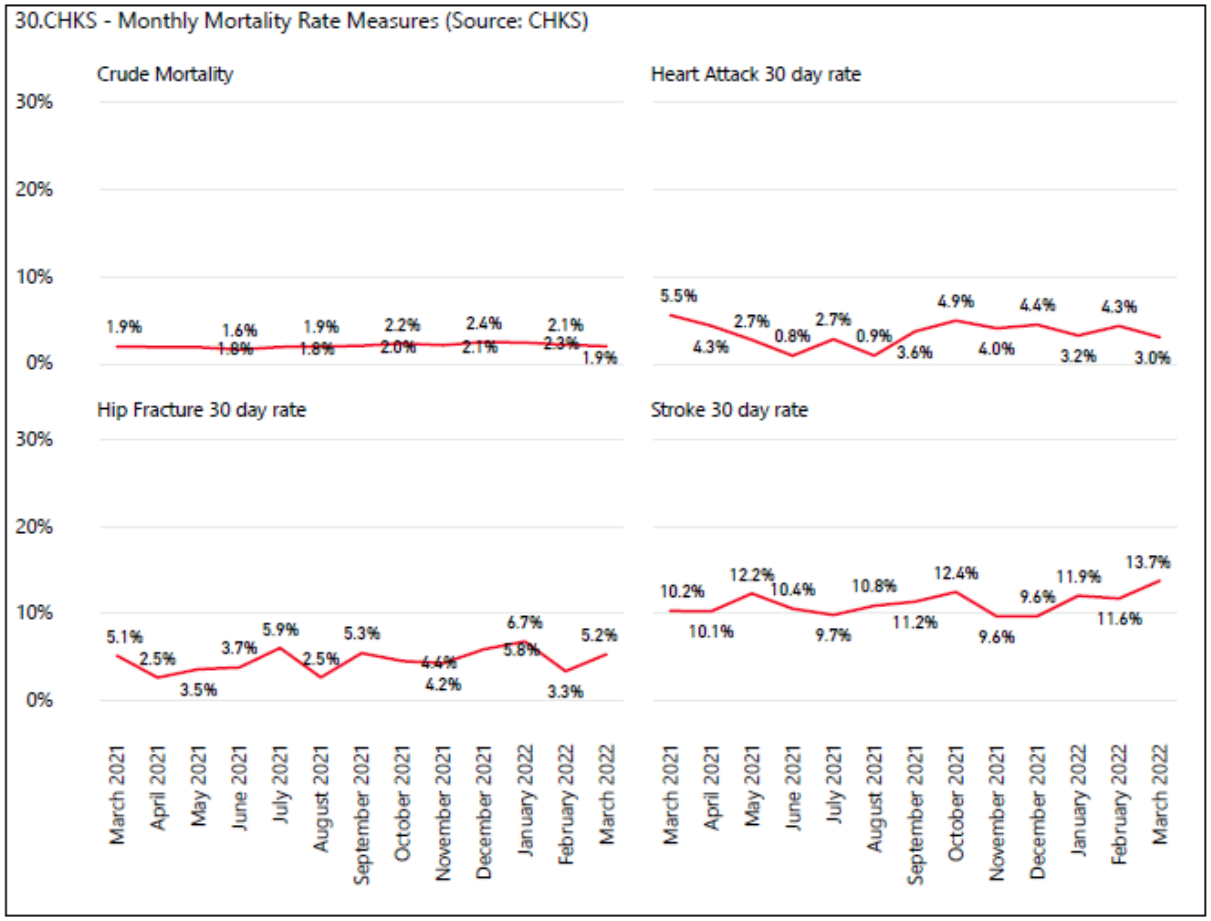
Different sources of mortality data are required to provide assurance on the quality of care we provide. Risk Adjusted Mortality Index is a complex algorithm which is affected by several factors including coding. It is an important signal but is not an indicator of quality. It should be used in conjunction with crude mortality, condition specific mortality and case note reviews in order to provide assurance.

The independent scrutiny of case notes by the Medical Examiner (ME) is supported by increasingly robust governance structures which are now established in the UHB. It is expected that the ME service will be fully implemented by September 2022

The graph below shows a stable number of stillbirths under 24 weeks gestation over the past 4 years.



According to ONS data, in 2021 the stillbirth rate in UK was to 4.2 stillbirths per 1,000 births. At Cardiff and Vale UHB the stillbirth rate was 2.4 (13 stillbirths for 5468 live births) for 2021.



CHKS mortality data from latest 3 months is provisional only

PEOPLE/WORKFORCE

Saunders Amanda 27/01/2022 11:04:58

The Executive Director of People and Culture provides regular workforce metrics updates to the Committee and going forward will periodically provide an overview report against the seven themes within the People & Culture Plan.

Workforce KPIs

- **Sickness Absence** rates remain high at 6.50% in May and are 0.60% higher than they were 12 months ago. The rate is however the lowest it's been since July 2021 which is promising.

  The cumulative rate continues to rise at 7.14%, this figure is derived from absence over the last 12 months.

  The top 5 reasons for absence for the past 12 months are; 'Anxiety/stress/depression/other psychiatric illnesses', 'Chest & respiratory problems', 'Cold, Cough, Flu – Influenza', 'Other musculoskeletal problems' and 'Other known causes - not elsewhere classified'

  The number of staff on long term sick leave suffering with 'Anxiety/stress/depression/other psychiatric illnesses' has reduced. On 31/03/22 there was 284 and as at 31/05/22 there was 252 (a reduction of 32 – 11.27%).

- The rate of compliance with **Values Based Appraisal** (VBA)remains very low; the compliance at May 2022 was 32.45%. The importance of having a meaningful appraisal have been highlighted throughout the organisation. It is likely that operational pressures continue to adversely affect compliance. VBA training and communication is continuing with focused and targeted support being offered to areas/managers to ensure pay progression is completed effectively.

- **Turnover** rates have increased month-on-month over the last year, and is now 13.65% UHB wide. An empirical analysis of the leavers indicates that approximately 1% of the turnover is due to the end of fixed-term contracts issued to staff to work in new teams created to respond to the COVID-19 pandemic (such as the Mass Immunisations team). There has been a 2.48% increase in turnover during the last 12 months, which equated roughly to an additional 388 WTE leavers. The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation - Work Life Balance' and 'End of Fixed Term Contract'.

- **Statutory and Mandatory training** compliance rate continues at just over 13% below the overall target. It is likely that operational pressures continue to adversely affect compliance.

- Compliance with **Fire training** is continuing to improve, although the rate of improvement has slowed. In May the compliance with Fire training was 64.91%.

Summarised below are a few examples of what the team have been working on since the previous report:

Improving the health & wellbeing of our staff

- Inner Wellness webinars for all staff arranged for July, August and September.
- Wellbeing retreats starting 1st July 2022 initially targeted at Medical Workforce.
- People Services Team have been providing specialist advice and support to managers and staff on matters relating to managing attendance. They have been collaborating with the People Health and Wellbeing Service to ensure our staff are supported in the most appropriate way.
- The number of staff on long term absence suffering with long Covid has reduced to 32 and as mentioned earlier in the report the number of staff on long term absence suffering with anxiety/depression has reduced.
- The number of formal disciplinary cases has reduced to 21, this reduction is a direct result of changing the People Services model and embedding the principles of 'Just Culture'. Staff who are affected are supported throughout the process.

Samantha Nathan 27/07/2022 17:14:58

Enhancing the way, we engage and listen to our teams

- Wellbeing survey for our Medical & Dental teams is now live and closes on 31st July 2022.
- Awareness sessions are taking place with Nursing teams on the new engagement tool 'Winning Temp' in readiness for the launch.

- NHS Pension Scheme awareness sessions have been organised, focusing initially on the changes that have been created by the McCloud judgement.
- Requests for team development and cultural assessments have increased.
- OD support conversations have taken place, linked to the strategic programmes.

Improving the way, we attract, recruit and retain

- Engaging in a rolling programme of Recruitment Events/Careers Fairs which is proving to be very successful.
- Increasing the number of Registered Nurses and HCSW's who are registered to work on our Bank.
- The Retention Plan has been finalised and will now be implemented across UHB.
- Online promotion of apprenticeships for new recruits took place during 'Learn at Work Week' 16th – 20th May 2022.
- A new Good Practice Guide for the Appointments of Consultants in NHS Wales has been issued. Work is currently being undertaken to review our current Training Guide / recruitment protocols to ensure they reflect the new guidance as well as building a greater emphasis on the principles of values-based recruitment.

Improving workforce efficiency through systems and workforce analytics

- The new e-rostering system (HealthRoster) has now been implemented in 50 ward areas. Both the new system and roster principles are being well received by our Nurse Managers.
- Job Planning compliance is 83%, focus now is on sign off and ensuring that job plans are reviewed on an annual basis.
- Nurse establishments have been agreed and are being updated in ESR to ensure that our workforce data is accurate.
- We are engaging with the NWSSP Recruitment and Payroll modernisation programme, with a view to streamlining processes for our managers and staff.

Offering excellent education, learning and leadership development

- First cohort of the RCN cadets' scheme will commence on 25th July 2022. There are 21 in the cohort with 20 being from BAME backgrounds from a local high school. All will be offered the opportunity to interview for a HCSW bank worker role.
- 289 Nurses that joined us via the International Nurse Recruitment campaign have now achieved registration.
- Flexible part-time undergraduate programmes are now available for Physiotherapy and Occupational therapy starting September 2022.
- Acceler8 Cohort 1; Module 4 completed at 4PI, positive feedback to date from participants. Cohort 2 nominations now open.
- Collabor8 programme is now in development and will be launched in September 2022.

PERFORMANCE

System wide operational pressures have continued and we are still seeing access or response delays at a number of points across the health and social care system. Updates with regards to specific service areas are contained within the relevant sections.

There has been no change to national requirements for performance and waiting list reporting and published information since the last Board meeting. It is anticipated that a revised NHS Performance Framework for 2022/23 will be issued in quarter 2, reflecting some of the Ministerial priorities outlined in national plans. July's Board report will be updated to include our position on two specific planned care ministerial ambitions – elimination of > 52 weeks new outpatients by the end of December 2022 and elimination of > 104 week waits for all stages of pathway by the end of March 2023.

Planned Care

Saunders, Nathan
21/07/2022 17:34:50

Whilst the operational pressures impacted on the delivery of planned care activity in quarter 1, implementation of new schemes and recommencement of elective activity in UHW and UHL resulted in an increase in activity as we moved through the quarter.

The total number of patients waiting for planned care and treatment, the ***Referral to Treatment (RTT)*** waiting list was 126,960 as at May 2022. The number of patients waiting for planned care and treatment ***over 36 weeks*** has increased to 44,830 at the end of May 2022. 54% of these are at New Outpatient stage.

The good progress made in increasing ***Diagnostic*** activity and reducing waits continues. The volume of greater than eight-week waits has reduced from its highest point of 7,808 in December 2021 to 3,940 at the end of May. The number patients waiting over 14 weeks for ***Therapy*** reduced to 2,567.

Referrals for patients with suspected ***Cancer*** have now exceeded pre-Covid levels. Performance against the Single Cancer Pathway has been maintained with 61.6% of patients 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 May 2022 was 176,446. 98.7% 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 increased to 42,558.

95.5% of patients waiting for ***eye care*** had an allocated health risk factor in May 2022. 69.4% of patients categorised as highest risk (R1) are under or within 25% of their target date.

Demand for adult and children's ***Mental Health*** services remains significantly above pre-Covid levels, with referrals for the Local Primary Mental Health Support Service (LPMHSS) at 1,319 referrals in May 2022. As highlighted at the previous Board meetings, this demand increase includes an increased presentation of patients with complex mental health and behavioural needs. Significant work has been undertaken to improve access times to adult primary mental health and CAMHS services. Part 1a: The overall percentage of Mental Health assessments undertaken within 28 days increased to 77.4% in May 2022, CAMHs performance was 78.2%. There were no patients waiting over 57 days in April or May 2022. Part 1b: 93.1% of therapeutic treatments started within 28 days following assessment at the end of May 2022.

Ministerial Measures:

Measure	WG Ambition	IMTP commitment	April	May
Number of patients waiting over 52 weeks for a ***new outpatient*** appointment	0 (end of December 2022)	20,235 (end of December 2022)	15,588	15,810
Number of patients waiting more than 104 weeks for ***treatment*** (all stages)	0 (end of March 2023)	750 (end of March 2023)	9,066	8,820

Unscheduled Care

Attendances at our Emergency Unit department have increased since the first Covid wave but remain lower than previous years. Performance against the 4 and 12 hour waiting time targets and ambulance handover >1 hour is shown in the balanced scorecard.

The challenging position across the urgent & emergency care system as verbally reported at previous Board meetings has continued. Two factors continue to combine to cause current difficulties – high occupancy, with a continued challenge in our ability to achieve timely discharge and sustained workforce challenges.

Saunders-Neman 27/10/2022 17:34:58

Covid admissions have reduced since the last Board meeting allowing us to further de-escalate some Covid capacity. At the time of writing, the UHB had 52 Covid positive inpatients across its two acute

hospital sites. The relaxation of IP&C measures in June 2022 have led to a reconfiguration of the EU and AU footprint and lowered the previous complexity of streaming patients requiring admission.

The Health Board, in conjunction with its Local Authority and WAST partners, continues to work hard to alleviate the pressures and improve the quality of care and patient experience through a range of actions agreed across a number of areas, including admission avoidance, enhanced escalation and more timely discharge. Whilst some of these actions are more short term to address the current challenges we are facing, the Health Board, in conjunction with its partners, has also developed a more sustainable and transformational plan, in line with the national six goals for urgent and emergency care. This will be covered in more detail at the S&D Committee on 12th July 2022.

Primary Care

The Health Board achieved 75% compliance in April 2022 for the proportion of GP OOH 'emergency' patients attending a primary care centre appointment, with 6 patients of 8 attending within 1 hour. The Health Board was 88% compliant against the target for emergency GP OOH patients requiring a home visit within one hour.

Pressure has continued within GMS, albeit with a reduction in the number of practices reporting high levels of escalation. There were 8 reporting either level 3 or 4 escalation at the time of writing the report. The 2 GMS contract resignations have been effectively managed by the primary care team. Dental services are operating at around 50% of pre-Covid activity but we expect to see an increase in activity as we move through Q1 into Q2 driven by new contractual arrangements and changed IP&C guidance. Optometry is operating at pre-Covid levels. Community pharmacy has remained open with no issues reported.

FINANCE

How are we doing?

The Health Board agreed and submitted a draft financial plan to Welsh Government at the end of March 2022. The draft plan is structured in three parts in line with Welsh Government guidance as follows:

- Core Financial Plan including recovery
- National inflationary pressures which are out of the direct control of individual Health Boards.
- Ongoing COVID response costs.

The UHB's core plan incorporated: -

- Brought forward underlying deficit of £29.7m
- Allocations and inflationary uplifts of £29.8m
- Capped cost pressures and investments of £36.9
- A £16m (2%) Savings programme

This results in a 2022-23 planning deficit of £20.8m.

At month 2, the UHB is reporting an in month overspend of £3.996m against its submitted draft plan. This is due to £0.529m of operational pressures and a planning deficit of £3.467m, which is two twelfths of the planned deficit of £20.8m identified in the draft 2022/23 financial plan.

Saunders,Nathan
20/07/2022 17:24:56

Delivery of the core financial plan includes a 2% (£16.0m) savings requirement. At month 2, the UHB has identified £14.805m of green and amber schemes to deliver against the £16.000m savings target leaving a further £1.195m schemes to identify. Whilst the UHB has made good progress against the overall £16m target, there is a gap of £4.858m against the £12m recurrent element of the target at month 2.

Reported month 2 position

The Welsh Government monthly financial monitoring returns capture and monitor costs due to COVID 19 and exceptional cost pressures that are over and above LHB core plans. The draft financial position reported to Welsh Government for month 2 is a deficit of £3.996m and this is summarised in Table 1.

Table 1 : Month 2 Financial Position

	Month 2	Forecast Year-End Position £m
COVID 19 Additional Expenditure	11.197	65.282
Exceptional Inflationary Pressures	3.081	24.800
Gross additional COVID and Exceptional Inflationary Pressures £m	14.278	90.082
Welsh Govt FUNDING for additional COVID and Exceptional Inflationary Pressures	(14.278)	(90.082)
Planned deficit	3.467	20.800
Operational position (Surplus) / Deficit	0.529	0.000
Financial Position £m (Surplus) / Deficit £m	**3.996**	**20.800**

The month 2 deficit of £3.996m comprised of the following:

- £3.467m planned deficit (2/12th of £20.800m);
- £0.529m adverse variance against plan.

The UHB plans to recover the adverse operational variance of £0.529m at month 2 as the year progresses and anticipates that it will deliver its planned deficit position of £20.8m.

In line with the draft financial plan, the UHB expects Welsh Government funding to provide full cover for additional costs in relation to the management of COVID and exceptional cost pressures. At month 2 the UHB is projecting additional expenditure due to COVID-19 to be £65.282m including local response and national programmes. The exceptional inflationary pressures in relation to Energy, the NI Levy and the Living Wage are forecast to be £24.8m.

Underlying deficit position

The UHB's accumulated underlying deficit brought forward into 2022/23 was £29.7m which reflects the £21.3m shortfall against the recurrent 2020/21 savings target due to the pandemic and the £4.4m shortfall against the 2021/22 recurrent savings target. Delivery of the UHB's draft financial plan will ensure that the underlying position does not deteriorate in 2022/23 and reduces to £23.7m.

Creditor payment compliance

The UHB's public sector payment compliance performance was 92.4% at the end of May, which is just below the target of 95%.

Remain within capital resource limit

The UHB's approved annual capital resource limit was £46.366m at the end of May 2022. Net expenditure to the end of May was 7.3% of the UHB's approved Capital Resource Limit and all schemes are currently in line with approved plans.

Saunders Norman
27/07/2022 17:34:28

What are the UHB's key areas of risk?

The key risk which feeds the UHB Corporate Risk Register is the failure of the UHB to deliver a breakeven position by 2022-23 year end with a current planned deficit of £20.8m

Recommendation:

The Board is requested to:

NOTE the contents of this report

Link to Strategic Objectives of Shaping our Future Wellbeing: *Please tick as relevant*			
1. Reduce health inequalities	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	
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

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

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

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

Powers,Nathan 27/07/2022 17:34:58

Report Title:	**2022-25 Integrated Medium Term Plan: *Quarter 1 Delivery Assurance***				Agenda Item no.	6.7	
Meeting:	**Board**		Public	x	Meeting Date:	**28.07.22**	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		
Lead Executive:	**Executive Director of Strategic Planning and Commissioning**						
Report Author (Title):	**Head of Strategic Planning**						

Main Report
Background and current situation:

On the 31st March 2022 Board approved a draft 2022-25 Cardiff and Vale UHB IMTP. On the 30th June Board subsequently approved a final version of 2023 plan for the UHB.

In parallel to the work which finalised the plan work also took place to ensure that appropriate mechanisms are in place to assure both Strategy and Delivery Committee and Board on 'in year' progress of plan delivery.

The robustness of current mechanisms has been the focus of both Audit Wales and Internal audit reports as well as conversations with Welsh Government (who are also required to see how the UHB is assuring Board on plan delivery). Audit reports and government feedback remarked that arrangements required strengthening.

Strategy and Delivery committee were engaged in the development of the revised approach that is shared here with Board.

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

The ability to effectively yet succinctly offer assurance on a plan which describes everything which a Health Board is doing (across Operations, the strategic agenda, workforce, finance and quality & patient safety) is an issue which all Health Boards have perennially grappled with. No one approach has emerged which auditors, government or other commentators have held up as a 'gold standard'. However, in beginning to develop our approach for 22-23 we have considered the aspects of what good likes in other organisations.

Annex 1 provides the UHB's position regarding 22-23 plan delivery as at quarter one.
Annex 2 provides a summary of the UHBs baseline position i.e. what the original plan stated would be achieved.

This report was provided to Strategy and Delivery Committee at its July meeting. It was highlighted that this remained a maturing process and very much the start of the journey regarding how the UHB even more effectively reports on plan delivery NOT the final product.

Board are asked to note the following as part of considering **annex 1**;

I. **The level of information**. Whilst this is a 'highlight' report it is recognised that this still contains a large amount of information to digest and understand.

Saunders,Nathan 27/07/2022 17:38:58

II. **Triangulation with wider organisational intelligence**. As the title of our plan suggests, it is an integrated finance, workforce, operational and quality plan. As such this assurance report should not be considered in isolation of wider finance and operational performance reports (for example) which will give important context and the wider holistic picture of the issues

which the organisation is facing. Issues which are highly likely to impact on the organisations ability to deliver its wider medium-term plan.

III. **Timing.** Whilst this is a quarter 1 update report the timing of when papers need to be finalised for Committees mean that that this update was produced shortly before the end of the quarter and prior to a number of data sources being updated and re-freshed. Consideration should be given to this when the position and progress of work is being scrutinised- this will be a 'moment in time' snapshot.

IV. **The outcomes framework.** The intention in future quarterly updates is to provide a 'heat map' of the UHB's outcomes framework. Alongside an update of all the activities that the organisation is progressing this will, at a high-level begin to address the 'so what' question by showing the impact that these activities are having (or not) of the organisations desired outcomes.

The development of this 'heat map' is however in the final stages of development and will likely not be ready until quarter 2.

Even when ready it will be important to note that progress against the outcomes will need to be taken in the context of *'the sum of the whole rather than the individual part'*. A level of sophistication will not yet exist to understand what proportion of impact any one individual intervention is contributing; although there is clearly an ambition to get to this point.

There will be some key inter-dependencies upon which this heat map will rely. A key one is the design architecture, capacity and capability pertaining to the UHB's ability to fully exploit the data and intelligence which is available from the *Signals from Noise (SfN)* system.

Recommendation:

The Board is requested to:

NOTE the status of plan implementation as at Quarter One.

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

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

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

Risk: Yes/**No**

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

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

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IMTP Background, Content and Baseline Information

Version 2.0



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INTRODUCTION: HOW TO READ THE IMTP QUARTERLY UPDATE

OUR PLAN

This background, context and baseline information booklet provides a reference point / overview of the following which were described in the UHBs 22-23 Integrated Medium Term Plan;

- Our operational performance ambitions
- The objectives / ambitions of our strategic programmes (Shaping our future clinical services, Shaping our future hospitals, Shaping our population health, @Home and Delivering Digital)
- Our people and culture ambitions
- Priority areas for the Minister of Health and Social Care

Each quarter an IMTP update report will be produced that sits alongside this booklet and will provide a moment in time summary of the progress.





The IMTP is of course a strategic level plan. Consequently the quarterly update report on implementation is also set at strategic level. Where additional information is required regarding the specifics of a particular project/programme further information can be found from other sources (which are signposted to).

Quarterly update reports should always be read in conjunction with other key papers which the UHB routinely produces for Board and its sub committee's. For example the Director of Finance Financial report.

These update reports merely provide progress against specific actions/ambitions/targets. The impact that these actions are having is however equally important. As such it is also recommended that the update report provided is also considered in the context of the UHBs outcomes framework *heatmap* which is shown at the front of the update report.

Whilst this delivery report is shaped around the UHBs 9 priorities for 22-25 it is important to recognise that these priorities are not mutually exclusive. Actions being progressed against one priority will often also be materially progressing another priority. On this basis in two cases it is not be possible to specifically report against the priority. Both *address the main burdens of disease in Wales* and *Our continued covid-19 response* can not be reported on in isolation as they inherently sit across all of our other priorities.

OUR PRIORITIES FOR 2022-2025

OUR PRIORITIES

PARTNER COLLABORATION

- Tertiary services with Swansea Bay UHB
- Cancer services with Velindre NHST
- South East Wales vascular services
- South East Wales eye care
- South East Wales Pathology and diagnostics
- Stroke and Thrombectomy

DIGITAL

- Electronic patient record
- A digital front door
- E-consent
- Patient facing content
- Digital communications- choose and book
- Shared health and care records
- Self directed enquiry management
- Outpatients transformation
- Digital dictation and transcription
- Clinical / speciality applications
- Interoperability
- Sac4Safety
- Use your own device
- Managed print / follow me print
- Community, MH and PCIC services

PHYSICAL INFASTRUCTURE

- Shaping our future wellbeing in the community plan
- Acute infrastructure plan
- Shaping our Future Hospitals programme



SHIFT TO PREVENTION

- Vaccination and Immunisation
- Systematically tackle health inequalities
- Healthy weight: Move more eat well
- Sustainable and healthy environment
- Kings Fund recommendations

COVID-19 RESPONSE

- Managing the five harms associated with Covid-19

ADDRESSING THE BURDENS OF DISEASE

- Cancer
- Cardiovascular

INTEGRATION WITH COMMUNITY SERVCES

@home programme

- Primary care infrastructure projects
- Intermediate care
- The Vale Alliance
- Accelerated MDT Cluster development
- Single Point of Access



WORKFORCE AND OD

- Seamless workforce models
- Engaged, motivated and healthy workforce
- Attract, recruit, retain
- A digitally ready workforce
- Excellent education and training
- Leadership and succession
- Workforce supply and shape

SYSTEM RENEWAL AND DESIGN

- Planned care
- Unscheduled Care
- Primary Care
- Diagnostics
- Mental Health
- Shaping our Future Clinical Services

THE GOLDEN THREAD: QUALITY, SAFETY & PATIENT EXPERIENCE

A BOLD APPROACH TO QUALITY, SAFETY AND PATIENT EXPERIENCE IS REQUIRED

Our IMTP puts quality, safety and patient experience at the heart of the plan when it described the UHBs five year QSE framework. The plan did not list QSE as a discrete priority recognising instead it was more fundamental than this. It is a golden thread which should sit across everything the UHB does. Eight key enablers in the revised QSE framework for the next five years were outlined:

- Safety Culture
- Leadership for QSE
- Patient Experience and Involvement
- Patient Safety learning and communication
- Staff engagement and Involvement
- Data and Insight
- Professionalism of QSE
- Quality Governance



TIMESCALE	AMBITION
22-23 Qtr 2	• Development of the support framework for staff involved in inquests • Implementation of the "What matters to me" conversations • Align some aspects of the QSE Framework all Wales experience self-assessment framework with Perfect Ward and the ward accreditation process (Gold, silver, bronze)
22-23 Qtr 3	• Agreement of a Humans Factor Framework and Implementation plan
22-23 Qtr 4	• Maximise the learning from near misses (to include the work currently being taken forward with Cardiff University to examine covid related incidents) • Establishment of the UHB stakeholder panel • Development of the organisational learning committee • Implement AMAT to strengthen governance in relation to National and Local audits, NICE Guidance and Patient Safety Solutions • Work with Welsh Government to implement the requirements of the Health and Social Care (quality and Engagement) (Wales) Act 2020 • Establish CAVQI as work stream to roll out of the current outputs from Health Foundation research project • Implement the CIVICCA - Once for Wales service user experience system • Complete the implementation Once for Wales Concerns Management System • Development of a QSE accreditation/ syllabus

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PRIORITY 1: RECOVERY AND REDESIGN

OUR PLAN

Recovery and redesign as a priority spans both the UHBs recovery and redesign and the strategic transformation portfolios.

The 22-25 IMTP set a number of delivery ambitions for the next year across five areas; Primary Care, Mental Health, Planned Care, Urgent and Emergency Care and Diagnostics).

Shaping our Future Clinical Services (SOCs) is a transformational programme of work which in turn takes a >3year view of our health system. Its objective put simply is to develop and deliver an overarching clinical services strategy, delivery plans and structure in order to transform the way our patients access our clinical services in their homes, communities and in hospital over the next ten years.

This section of the delivery report provides a 'moment in time' position for the UHB against the ambitions provided across these areas.
Further information regarding *how* progress is being made, *why* progress is on track (or off) can be found via the following documentation;

- The Director of Operations performance reports to Board
- The Shaping our Clinical Services programme reports given to the Strategic transformation portfolio board.
- The Operational plan and delivery group mechanisms.

Shaping our Future Clinical Services

Recovery & Redesign
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PRIORITY 1: RECOVERY AND DESIGN

ACROSS A SERIES OF SERVICES THE UHB SET A NUMBER OF AMBITIONS

SPECIALITY	Q1 – WHERE WE SAID WE WOULD BE	Q2 - WHERE WE SAID WE WOULD BE	Q3 - WHERE WE SAID WE WOULD BE	Q4 - WHERE WE SAID WE WOULD BE
Primary Care	Increased % of dental activity vs. pre-covid levels (subject to IPC guidance)	Increase in Eye Care Treatment by primary care Deliver option appraisal and develop plan for next UPCC centre	Reduction of emergency admissions for over 65s	Delivery of diabetes performance measures in line with WG targets
Unscheduled Care	Reduce ambulance lost hours by 25% above March '22 position 90% surgery patients via surgical SDEC	Reduce 21-day length of stay to pre-covid levels Medical SDEC at UHW open 7 days a week	Compliance with latest SNAPP targets	Eliminate 12 hour ED wait
Planned Care	• 100% of pre-covid levels for elective surgery • 100% of pre-covid activity levels for new OP	• 110% of pre-covid activity levels for new OP • Increase SOS / PIFU pathways	• 110% of pre-covid activity levels of elective activity • 110% of pre-covid activity levels for new OP • Achieve 33% of outpatients via virtual • Reduce volume of 104 week waits for treatment	• Eliminate 104 week waits for outpatients • Eliminate 104 week waits for treatment • 120% of pre-covid levels of elective activity • 120% of pre-covid levels for new OP • Achieve >65% Single Cancer Pathway target • Deliver 30% reduction in delayed follow ups (>100%)
Mental Health	• Deliver 80% compliance with Part 1a 28-day assessment target in CYP and Adults • Improvement in Eating Disorder access times	• Deliver NHS 111 (press 2) programme • Go live with sanctuary provision for crisis care in adults • Maintain Part 1a & 1b CYP and Adult targets • Improvement in Eating Disorder access times	• Maintain Part 1a & 1b CYP and Adult targets • Improvement in Eating Disorder access times • Deliver sustained improvement trajectory for neurodevelopment assessments	• Implement repatriation plan for delivery of trauma informed care services close to home • Maintain Part 1a & 1b CYP and Adult targets • Improvement in Eating Disorder access times • Deliver sustained improvement trajectory for neurodevelopment assessments
Diagnostics and Therapies	• Eliminate 8 week waits for all modalities excl. US, Echo and Endoscopy	• Eliminate > 8 week waits for US and Echo • Endoscopy activity to exceed 125% of pre-covid activity levels	• Endoscopy activity to exceed 130% of pre-covid activity levels	• 50% reduction of >8 week wait in endoscopy (aim to clear by March '24) • 50% reduction of >14 week wait in Therapies (aim to clear by March '24)

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PRIORITY 1: RECOVERY AND DESIGN

6 GOALS OF URGENT AND EMERGENCY CARE

PRIORITY MEASUREMENT	TARGET	BASELINE
Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPPC models)	Increase by April 2023	1 x UPCC in Vale
Percentage of total conveyances taken to a service other than a Type One Emergency Department	4 quarter improvement trend	Waiting for WAST who are in discussions with NCCU regarding performance reporting for this measure
Qualitative report detailing progress against the Health Boards' plans to deliver a Same Day Emergency Day Care Service (12 hours a day, 7 days a week) across all acute sites	7 day a week, 12 hours a day Same Day Emergency Care across 100% of acute sites by April 2025	MEACU – 5 days per week Surgical SDEC – TBC
Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission	4 quarter reduction trend	Jan 2022 – 808 NB. LHBs and DHCW currently resolving data issues regarding this measure.
Percentage of total emergency bed days accrued by people with a length of stay over 21 days	4 quarter reduction trend	Jan 2022 – 60.2% NB. LHBs and DHCW currently resolving data issues regarding this measure.

CARE CLOSER TO HOME

PRIORITY MEASUREMENT	TARGET	BASELINE
Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	4 quarter improvement trend, towards an annual increase of 10% from baseline data	2018-2019 – 41.58% (All Wales 43.02%)
Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months: • Blood pressure reading is 140/80 mmHg or less • Cholesterol values is less than 5 mmol/l (<5) • HbA1c equal or less than 58 mmol/mol or less	1% annual increase from baseline data	2018-2019 – 30.28% (All Wales 33.35%)

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PRIORITY 1: RECOVERY AND DESIGN

ACCESS TO TIMELY PLANNED CARE

PRIORITY MEASUREMENT	TARGET	BASELINE
Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national zero target by 2024	2002 (Dec 2021); March 2022 forecast – 2,722
Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national zero target by 2026	4330 (Dec 2021); March 2022 forecast – 6,263
Percentage of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a 95% national target by 2026	55% (Dec 2021) ; March 2022 forecast – 44.5%
Number of patients waiting over 104 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 104 week waits by July 2022	2199 (Dec 2021); March 2022 forecast – 4,646
Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by October 2022	12645 (Dec 2021); March 2022 forecast – 15,411
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	A reduction of 30% by March 2023 against a baseline of March 2021	March 2021 – 49,862; Target = 34,903; 42,720 (Dec 2021)
Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026	1982 (Dec 2021); *Reportable Endoscopies;* March 2022 forecast – 1413
Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 75%	March 2022 forecast – 65.8%

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INFECTION, PREVENTION, CONTROL

PRIORITY MEASUREMENT	TARGET	BASELINE
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Health Board specific targets	Target < 125 (2018/2019) Acc. Actual 119 (Dec 2021); 33% above
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E-coli; S.aureus bacteraemias (MRSA and MSSA) and; C.difficile	Health Board specific targets	Target < 618 (2018/2019) Acc. Actual 460 (Dec 2021); 4% above

PRIORITY 2: DIGITAL INFRASTRUCTURE

OUR PLAN

The UHBs digital infrastructure is set within the IMTP as being recognised as being a key enabler for the UHB.
The 22-25 IMTP set a number of delivery ambitions across a range of key areas which included;



FUNDED AND PRIORITY 1

- Patient facing content
- PROMs
- Digital dictation and transcription
- TR radiology & GPeTR
- Scan4Safety

UNFUNDED PRIORITY 1

- Electronic patient record
- Shared health and care records
- Signals from Noise and power BI

UNFUNDED PRIORITY 2

- Digital front door
- E-consent
- Digital communications – choose and book
- Self-directed enquiry management
- Outpatient transformation
- Community, Mental Health and PCIC services
- Clinical / speciality applications
- Interoperability

OUT OF CAV CONTROL

- DSPP
- Vein2Vein transfusion (all Wales)

DIGITAL AND TECHNOLOGY

PRIORITY MEASURE	TARGET	BASELINE
Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes	Evidence of activity undertaken to embed a Value Based Health Care approach (as described in the reporting template)	The UHB has established Innovation & Improvement teams supporting Clinical Boards with project management, pathway redesign and efficiency opportunities. The UHBs dedicated Costing, Benchmarking and Value finance team also supports the agenda, with business intelligence, analysis and evaluation work and they continue to support the UHB in finalising its baseline position.

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PRIORITY 3: INTEGRATION WITH COMMUNITY SERVICES

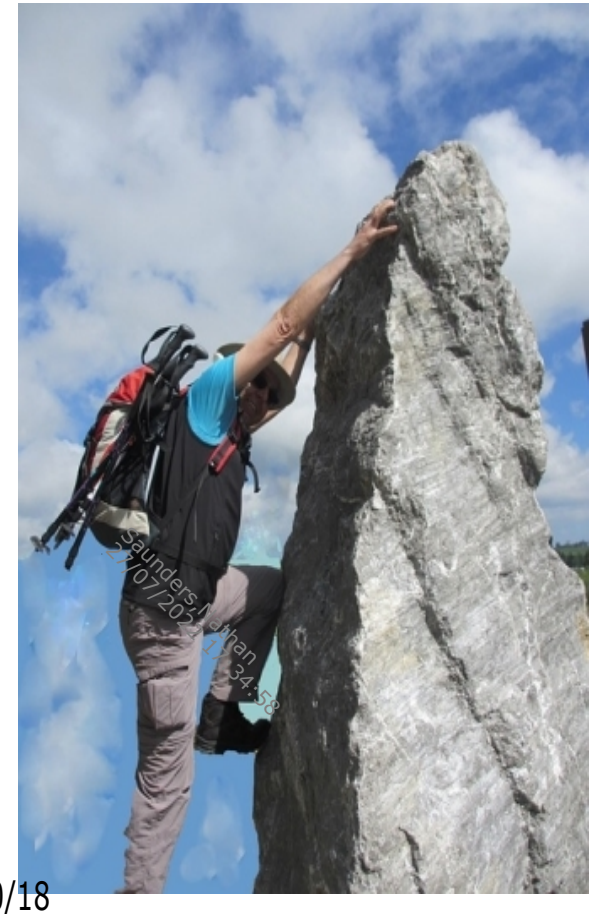
OUR PLAN

The @Home programme is a key plank of the UHBs *Integration with community services* priority.

@Home is a multi-partner programme of work that is driven through our RPB structures. It is through this programme we are driving forward the locality placed-based model for care, linked to our nine clusters, and the right sizing of our community services in order to implement the new models of care.

Across this programme of work the UHB set a number of ambitions. These are highlighted below.





PRIORITY	AMBITIONS
Progress key Primary Care infrastructure projects	**22/23 Qtr4** Development of an agreed service scope and finalising/submission of outline business cases for Barry Hospital and North & West Cardiff H&WBC **23/24 Qtr4>** Development of full business case and proceeding to build/delivery (subject to funding)
Intermediate Care	**22/23 Qtr4>** Development of a 24/7 crisis response service Alignment of services and development of a 'rightsized' IC service provision
Vale Alliance	**22/23 Qtr 2-** Finalise agreement from partners and development of the model **23/24 Qtr2-** Mobilised shadow arrangements **23/24 Qtr 3> -** Implementation and ongoing development of model
Accelerate MDT Cluster Development model	**By 22/23 Qtr 4 -** Rollout of the cluster model to two further clusters **By 23/24 Qtr 4 -** Rollout of the cluster model to remaining clusters
Single Point of Access	**22/23 Qtr 4** Development of both the Cardiff and VoG provision for accessing community services

PRIORITY 4: SHAPING OUR FUTURE WORKFORCE

OUR PLAN

To meet our population's health and care needs effectively and deliver upon our quality improvement, recovery and transformation agendas we are completely dependent on our workforce. We want to be a great place to train, work and live, with inclusion, wellbeing and development at the heart of everything we do.

A 3-year People and Culture Plan has been developed and is our opportunity to improve the experience of staff, ensure the improvements we have made over recent years continue, and confront the challenges which have arisen as a result of the pandemic and subsequent recovery period.

As part of the IMTP and supporting delivery of this people and culture plan the UHB set a number of ambitions. These are highlighted below.





AMBITIONS	TARGET
Improve retention across the UHB to a healthy level, i.e. between 7- 9% by 22-23.	Between 7-9% - by 202/23
Reduce vacancies across the UHB to be 5% or below.	5% or below
Reduce the bank and agency expenditure	
Increase the number of staff employed in integrated health and social care roles by end 22-23	By end 2022-23
Streamline current recruitment processes, improving the onboarding time Reduce absence to a more sustainable position	A reduction to 6% in 22-23 and 5.5% in 23-24
Reduce the number of staff on long term sick leave suffering with stress, anxiety, depression	10% in 22-23 and a further 10% in 23-24
Raise awareness of the importance of undertaking appraisals with staff and increase compliance Increase the number of staff who access learning, development and training opportunities	50% in 22-23 and 85% in 23-24
Staff undertake the Senior Leadership Programme and identify leadership pathways at every level.	50% by 23-24 36 members by 2022/23

PRIORITY 4: SHAPING OUR FUTURE WORKFORCE

OUR PLAN

Falling within the people and culture priority of the UHB are also three areas which the Minister for Health and Social Care directed Health Boards to make certain improvements. These are highlighted below.



ECONOMY AND ENVIRONMENT

PRIORITY MEASURE	TARGET	BASELINE
Agency spend as a percentage of the total pay bill	12 month reduction trend	YTD Feb 2020: 1.9%; YTD Feb 2021: 1.9%; YTD Feb 2022: 2.9%
Overall staff engagement score	Annual improvement	2016: 3.64; 2018: 3.83; 2020: 3.70
Percentage of staff who report that their line manager takes a positive interest in their health and well-being	Annual improvement	2018: 68%; 2020: 63%
Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%	2021 March: 71.07%; 2022 Jan: 72.43%
Percentage of sickness absence rate of staff	12 month reduction trend	Feb 2021: 5.79%; April 2021: 5.36%; Feb 2022: 7.12%
Percentage headcount by organisation who have had a Personal Appraisal and Development Review (in the previous 12 months (including doctors and dentists in training)	85%	Feb 2020: 50.07%; Feb 2021: 33.84%; Feb 2022: 31.53%

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PRIORITY 5: OUR PHYSICAL INFRASTRUCTURE

OUR PLAN

1. Community Infrastructure. To develop our community infrastructure on a locality and cluster basis with the development of integrated Locality Health & Wellbeing Centre for each of our 3 Localities and integrated wellbeing hubs on a cluster basis, in line with our Programme Business Case, Shaping our Future Wellbeing in the Community, endorsed by Welsh Government in 2019.

2. Hospital based infrastructure. To continue to develop UHL as a site for ambulatory, diagnostics and low-risk, routine surgical care as well as rehabilitation and mental health inpatient care.

3. UHW2. The replacement of UHW is critical to support our long-term strategy the existing infrastructure is failing and much of the current hospital accommodation and departments are no longer fit for purpose in terms of functional layout, environmental suitability or physical condition.

Across these three areas the UHB described a number of ambitions and/or schemes which would be progressed



ECONOMY AND ENVIRONMENT

PRIORITY MEASURE	TARGET	BASELINE
Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach Saunders,Nathan 27/07/2022 17:34:58 Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan	• 16% reduction in carbon emissions by 2025 against the 2018/19 NHS Wales baseline position Evidence of improvement	2023 – All NHS Decarbonisation due in 2023 actions showing compliance 2024 - >10% reduction in carbon emissions from a 2018 baseline (as per NHS Wales Decarbonisation strategy) 2025 - > 16% reduction in carbon emissions from a 2018 baseline (as per NHS Wales Decarbonisation strategy) Sustainability Action Plan provides detailed baseline position.

PRIORITY 5: OUR PHYSICAL INFRASTRUCTURE

MAJOR CAPITAL SCHEMES IN CONSTRUCTION: OUR ACUTE INFRASTRUCTURE PROGRAMME

SCHEME	BASELINE
Genomics – development of Phase One of Precision Medicine Institute for Wales. Joint infrastructure scheme with NPHS – critical enabler for national Genomics strategy at Coryton site. UHL Engineering Infrastructure to address single electrical point of failure and oxygen storage capacity UHL Endoscopy Expansion – expanding existing suite by 2 additional theatres to address capacity deficit	FBC approved by WG – Formal approval 07/09/2021; Commenced on site – 10/01/2022; Total scheme cost £15.2m Funding approved by WG 05/10/2021; Total scheme cost - £5.875m BJC approved by WG –18/01/2022 formal approval ; Revised capital cost of £6.688m



MAJOR CAPITAL BUSINESS CASES IN DEVELOPMENT: OUR ACUTE INFRASTRUCTURE PROGRAMME

SCHEME	BASELINE
Hybrid/Vascular & Major Trauma Theatre – UHW Scheme critical to support regional service collaboration for SW MTC and SE Wales Vascular surgical centralisation UHL – CAVOC theatres - 2 replacement day case Ortho theatres @ UHL – incl laminar flow & IP&C works for 2 theatres in main CAVOC – critical to increase planned capacity Dental Block Main Electrical Distribution Replacement – to address significant risk of potential electrical infrastructure failure UHW Tertiary Tower Electrical infrastructure – essential works UHW Lift Refurbishment Programme to address urgent replacement due to increasing breakdowns Mortuary Refurbishment – UHW- HTA essential statutory compliance only at UHW	OBC approved – 21/01/2022; FBC in development and submission to WG planned – Q3 2022; Total cost est: £33.5m SOC approved 25/03/2021 – approval of fees 16/12/2021; OBC in development and submission to WG planned – Q3 2022; Total cost est: £11.8m In house design progressing from Jan 2022 to inform BJC for submission in 2022 –23 Total cost est: £1.5m BJC due for submission to Board Q1 2022; Total cost est: £2.2m BJC due for submission to Board Q1 2022, Survey works commenced, Total Cost est: TBC Carried forward from 2021-22 , BJC in development, Total cost est: £2m

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PRIORITY 5: OUR PHYSICAL INFRASTRUCTURE

MAJOR CAPITAL SCHEMES IN CONSTRUCTION: IN OUR COMMUNITY

SCHEME	BASELINE
Interim SARC @ CRI to address immediate accreditation & accommodation issues £681k 2021-22 (plus £30k equipment) £340k 2022-23	Funding approved by WG 02/09/2021; Construction commencement Oct 2021 Contract completion March 2022
Maelfa Wellbeing Hub Development to support locality based services closer to home, support Cluster plans and essential to replace inadequate GP and Heath Centre facilities in line with RPB and UHB strategic priorities.	FBC approved by WG – 15/01/2021 Construction – completion scheduled Oct-22.



MAJOR CAPITAL BUSINESS CASES IN DEVELOPMENT: IN OUR COMMUNITY

SCHEME	BASELINE
Wellbeing Hub Penarth	Original scheme under review due to changing requirements of Local Authority
Wellbeing Hub Ely (Park View) - Essential scheme for providing alternative essential GP capacity to replace lost Health Cantre facilities and meet local primary care needs in line with RPB and UHB strategic priorities	OBC due for submission to Board Q2 2022; Est Cost £21.4m
SARC - Regional Hub – Modernised facilities to meet accreditation standards and support to the provision of transferred acute forensic SARC services from Risca and Merthyr SARCs as agreed through national programme. Scheme includes re-provision of Community Drug and Alcohol service & accommodation for Locality Mental Health Teams and services	SOC approved; OBC – submission to Board planned for May 2022. Total cost est: £45.8m
Health & Wellbeing Centre – CRI. The development of this facility is critical to the provision of an integrated Health and Wellbeing Centre for Cardiff South and East as endorsed in the PBC Shaping Our Future Wellbeing in Our Community	OBC (progressing at risk) – submission planned for May 2022; £133m (phased over 10 years)
CRI – Safeguarding Works (including MEP)	FBC (progressing at risk) – submission planned for November 2022

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PRIORITY 6: A SHIFT TO PREVENTION

OUR PLAN



If we are to move from a system currently focusing on, and dealing with, the huge backlog of existing conditions created by the pandemic to a system based on wellness and the future we describe in *Shaping of Future wellbeing,* then the need for bold public health actions are now clearer than ever. They will be a vital enabler in ensuring we successfully bridge the gap between today and tomorrow. The image describes the SOFPH programme and five composite system level projects that were described within the IMTP

Supplied by National Library of Wales

Vaccination and immunisation

Review governance and service delivery models for childhood and flu vaccinations

COVID-10 mass vaccination programme

Systematically tackle inequalities

Review of impact of COVID-19 on health inequalities, including alcohol use; development of engagement programme with ethnic minority communities; specific work on vulnerable groups including substance misuse and youth justice

Healthy weight: Move More Eat Well

Systems leadership to deliver behaviour change in our communities; to achieve vision for population to move more and eat well

Sustainable and healthy environment

Partnership working Council transport and planning teams to impact on air quality, active travel infrastructure, access to public services and green spaces; and healthy retail and growing environments

King's Fund recommended programmes

Work with service leads based on evidence to identify actions to maximise opportunities for prevention and early intervention in primary community settings

PRIORITY 6: A SHIFT TO PREVENTION

OUR PLAN

Falling within shift towards prevention priority of the UHB are also a series of measures which the Minister for Health and Social Care directed Health Boards to make certain improvements. These are highlighted below.



POPULATION AND HEALTH

PRIORITY MEASURE	TARGET	BASELINE
Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All Wales Weight Management Pathway	Annual improvement	Current systems don't enable this data collection as paper records to date. L2 and children - data collection systems available from April 2022; however, weight is not routinely collected in virtual clinics
Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway	Evidence of improvement	Report due for submission to WG at end of March 2022. Embedded slide shows service areas developed / in progress
Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally	A 5% prevalence rate by 2030	Baseline: 14% Cardiff and Vale of Glamorgan (National Survey for Wales 2019-2020) Trajectory: Reduction in Smoking Prevalence, 5% by 2030 2023 12%; 2024 11%; 2025 10%
Percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual target	Baseline: 2.2% Cardiff and Vale of Glamorgan (PHW/CVUHB/NWISS 2020-2021) Trajectory: Increase in the percentage of adult smokers making a quit attempt via smoking cessation services 2023 2.5% / 2024 3% / 2025 3.5%
Qualitative report detailing the progress of the delivery of inpatient smoking cessation services and the reduction of maternal smoking rates	Evidence of Improvement	10% of Pregnant Women smoking on booking; 25% of pregnant women on booking, accepting a referral to Smoking Cessation Services (CVUHB, 2020-2021) 2023 9% Smoking at Booking / 2024 8% Smoking at Booking / 2025 7% Smoking at Booking 35% of Pregnant Women who smoke accepting a referral to Smoking Cessation Services 2023 / 45%, 2024 / 50% 2025

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PRIORITY 7: COLLABORATION WITH OUR PARTNERS

OUR STRATEGY

We know success is not driven by individual organisations but how we collectively work as system. An important relationship exists across Health Boards and Trusts as we work together to deliver pathways of care and this was articulated in our plan across a range of areas.

Specialist Endocrinology (Adult) From Qtr 1 onwards work will continue in developing an integrated endocrine surgery service, which will improve resilience of service provision across South and West Wales.
Paediatric Orthopaedics From Qtr 1 onwards CAV/SBHB will work with the commissioners (Health Boards and WHSSC) to support the implementation of the service specifications to inform service delivery and commissioning.
Spinal Surgery: Operational Delivery Network (ODN) launches key deficits in the delivery and commissioning of these services. SBUHB will also act as the host of the ODN.
Hepato-Pancreato-Biliary Surgery: From Qtr 1 and over the course of 2022/23, work will be undertaken to address short and medium term actions to improve service provision across the whole patient pathway for patients, and to develop an integrated service model for South and West Wales in line with the All Wales Service Specification.
Oesphago-Gastric cancer surgery: From Qtr 1 onwards in 2022/23 the project will finalise and implement the clinical model for SBUHB and commence work to developing the clinical model for the other service spokes in South and West Wales.

OUR APPROACH

Cancer services partnership

Our plan described a collaboration between the UHB and VNHST to progress work across acute oncology, a research and development hub, haematology/oncology and unscheduled care pathways

South East Regional working

Our plan also described the wider South East Wales regional work which the UHB would progress with its local partners.

- ✓ Vascular services
- ✓ Stroke and Thrombectomy
- ✓ Regional eye care services
- ✓ Sexual Assault Referral Centre

Stroke
Orthopaedics
Robotics
Endoscopy



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2022-2025 Cardiff and Vaile Integrated Medium Term Plan

Update: Quarter One

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Cardiff and Vale University Health Board

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QUALITY, SAFETY AND PATIENT EXPERIENCE

TARGET FOR LAST QUARTER

- Quarter 1 to establish the governance structure to deliver, embed and monitor the framework
- Facilitation of Medical Examiners process and Level 2 Mortality reviews
- Development of Clinical Board QSE Metrics

ACHIEVED TARGETS

- Several of the groups have been established
- Clinical Effectiveness group
- NRI/ CONCERNS-QSE assurance weekly meetings
- Development of the dashboards progressing
- Clinical Board QSE metrics progressing
- Effective process for level 2 Mortality reviews

SEE SLIDE [4] IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

RISKS

MITIGATIONS

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TARGET FOR NEXT QUARTER

- Priorities for 22
- Establishment of the Organisational Learning Committee with themes identified and UHB wide improvements monitored
- Establishment of the Clinical Safety Group
- Psychological safety of staff
- Human Factors awareness/investigations
- What Matters to you questioning approach

FURTHER READING

[Insert any additional documents here]

PRIMARY CARE

TARGET FOR LAST QUARTER

- Increase activity in dental services
- Prepare for Dental contract reform
- Conduct evaluation of Vale UPCC model
- Planning for Accelerated Cluster model – Pan Cluster groups and Collaboratives

ACHIEVED TARGETS

- Progressed the preparation for the Accelerated Cluster model in terms of Pan Cluster Planning Groups, Clusters and Professional Collaboratives for pharmacy, optometry and dental collaboratives – wide engagement across GP practices and Cluster leads. Plans in place to host first PCPGS for Cardiff and Vale of Glamorgan.
- Progressed General Dental Contract negotiations and reform agenda with over 70% of practices opting for reformed contract as at mid June 2022
- Mobilised Multi Disciplinary Team meetings in the North Cluster
- Undertaken an evaluation of the Vale Urgent Primary Care Centre model
- Eye Care – continued transformation plan with optometrist being trained up in additional skills e.g. biometry for cataract listing.
- Interface GP for Respiratory progressing options to provide Primary Care access to Spirometry testing.
- CAVHIS continues to provide services in response to the Afghan resettlement scheme and is responding to the continuing situation in Ukraine.
- Initiating a response to the outbreak of Monkeypox in line with UKPH Guidance.
- Interface GP for Gynae has established Clinical Working Group (CWG) focusing on menopause service provision. Three streams of work emerging.

SEE SLIDE 5,6,7,8 IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

RISKS

- Funding to support 2nd UPCC in Cardiff
- Dental access

MITIGATIONS

- Review of Vale model to identify opportunities to consolidate across Vale and Cardiff
- Lever benefits of GDS contract reform to increase activity and improve access

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TARGET FOR NEXT QUARTER

- Further increase in dental activity in line with GDS contract reform opportunities
- Scope options for Cardiff Urgent Primary Care Centre (UPCC) model
- Based on Evaluation, review and consolidated the Vale UPCC model
- Review the capacity of CAV 247 following go live of 111 (Qt4 21/22), to inform further integration of the model in line with UPCC Models.
- Progressing the ACD Programme for CAV. First PCPGs for Cardiff and Vale of Glamorgan to have met.
- Further increase in dental activity in line with GDS contract reform opportunities
- Scope options for Cardiff Urgent Primary Care Centre (UPCC) model
- Based on Evaluation, review and consolidated the Vale UPCC model
- CWG Menopause to work through opportunities for Outpatient Transformation support to deliver service redesign.
- Spirometry service specification developed and delivery plan in place.

FURTHER READING

[Insert any additional documents here]

URGENT AND EMERGENCY CARE

TARGET FOR LAST QUARTER

- Review and reset our strategic and operational programme for Urgent and Emergency Care in line with 6 Goals policy direction
- Establish Same Day Emergency Care (SDEC) models in surgical pathways
- Recruitment to extend medical SDEC to 7 days a week
- Launch 111 in Cardiff and Vale

ACHIEVED TARGETS

- Established an Urgent and Emergency Care Operational Delivery Group with key deliverables
- Surgical SDEC phase 1 launched and recruitment to medical SDEC expansion
- Carried out a proof on concept for trauma SDEC in UHW
- Launched Virtual ward in UHW and undertaken evaluation – currently manged up to
- Reconfigured EU/AU footprint to collocate functions and improve efficiencies where able
- Developed Ambulance handover improvement plan which is showing early signs of traction
- Scheme to locate GP (CAV 247) at UHW front door to redirect urgent care cases away form EU as appropriate
- Recruitment to Acute Care Physician (ACP) workforce

SEE SLIDE [5,6,7] IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

RISKS

MITIGATIONS

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TARGET FOR NEXT QUARTER

- Establish system wide 6 Goals Transformation Board
- Open phase 2 of surgical SDEC model in UHW
- Extended opening of medical SDEC in 7 days a week
- Undertake a Proof of concept test of change for a diagnostic SDEC service in UHW
- Extend capacity in the Rapid Assessment Treatment Zone
- Planning for 111 Press 2 for Mental Health (Ambition to go live Q3)
- Work with partners on response to “1000 beds/bed equivalents challenge and align with 2022 Winter plan and emerging work on flow programme.
- Alignment of the ACP workforce to support 3 test of change workstreams – Acute Clinics within Virtual Ward, Ringfenced Short Stay Beds and GP Telephone Access to ACP

FURTHER READING

[Insert any additional documents here]

PLANNED CARE

TARGET FOR LAST QUARTER

- Increase planned care activity in outpatients and treatments to 100% as compared to pre-covid levels of activity
- Reopen elective (green) capacity post urgent and emergency care pressures and application of local choices framework in UHL and UHW
- Target cataract patients through mobile eye unit in UHW
- Open mobile endoscopy unit in UHW
- Developed focused plans for improving access and reducing wait times for paediatric surgery
- Engage in "Getting it Right First Time" (GIRFT) review into orthopaedics to identify opportunities for quality and process improvements.

ACHIEVED TARGETS

- Increased elective theatres activity to over 90% and outpatient activity to nearly 90%
- A focus on reducing long waiting patients across all stages
- Reduced numbers of patients waiting > 8 weeks for radiology tests from 3354 Nov 21 to 1450 In June 22
- Reopened elective capacity post unscheduled care pressures
- GIRFT review in orthopaedics undertaken with indication of areas for outcome and efficiency improvement
- Theatres Efficiency programme embedded with a focus on driving productivity through existing and new facilities
- Relocated and expanded Pre-assessment services from UHW outpatients into Lakeside wing, UHW
- Development and initial launch of an electronic Pre-op assessment (ePOAC) system to digitise and streamline the pre-operative assessment process.
- Successful uptake across specialties of Attend Anywhere digital technology to facilitate virtual and flexible outpatient attendances

SEE SLIDE [5,6,7] IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

RISKS

- Availability of workforce to run additional capacity
- Availability of capital to enable transformational change
- Ability to deliver national delivery ambitions in timescales

MITIGATIONS

- Reviewing skills mix in delivery of planned care, working with insourcing companies where appropriate
- Clear, prioritised and Exec supported site masterplan in place to support targeting of resources
- Determined specialties where 52 week Op wait can be achieved and improvement plans in high volume specialties

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TARGET FOR NEXT QUARTER

- Maintain pace and focus on reduction long waiting outpatient patients through increase in activity and validation of lists – focus on specialities where national performance ambition is deliverable by Dec and on improvement plans for high volume areas
- Sustain the increase in activity with Eye theatres and continue to explore short and medium term regional solutions for eye care.
- Commence activity through the mobile endoscopy unit in UHL and continue to engagement in the scoping of regional endoscopy and diagnostic opportunities.
- Commission the spinal facility in UHW to enable spinal outpatient and treatments to take place.
- Deliver key milestones in the orthopaedic recovery plan including GIRFT response, fracture clinical repatriation and scoping regional opportunities
- GIRFT reviews in gynaecology and general surgery
- Focus on our trajectories to improve paediatric surgery access times
- Launch of national "See on Symptoms" (SOS) and "Patient Initiated Follow Up (PIFU) website
- Full roll-out of ePOAC system across all specialties

FURTHER READING

[Insert any additional documents here]

MENTAL HEALTH

TARGET FOR LAST QUARTER

- Improve compliance with Part 1a 28 day assessment in child an young peoples services and adults
- Review approach to Eating disorders pathway and service model with intent to improving access and outcomes
- Scope out delivery plan for 111 press 2 for mental health

ACHIEVED TARGETS

- Delivered and sustained improvements in part 1a assessment
- Established all ages Eating Disorder working group (across clinical boards) and developed vision and priorities for Eating Disorder services.
- Improved access to Eating Disorder services (for example > 90 to 40 since Dec 21 for EDSOTT service)
- Established Project Board and team for 111 press 2. Working with national 111 team on scoping service model and options for delivery.
- Established Project Board for Inpatient Stability workstream.
- Established overarching Programme Board meeting.

SEE SLIDE [5,6,7] IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

RISKS

- Increasing demand into mental health services as compared to pre-covid and potential further impact of prevailing economic (cost of living) challenges across communities.
- Workforce recruitment and retention

MITIGATIONS

- Increase support into tier 0 (website) and recovery college to get upstream of ore urgent and acute demand
- Continue to develop innovate workforce solutions, for example peer support and work

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TARGET FOR NEXT QUARTER

- Sustain improvements in delivery against part 1a for all ages
- Complete scope and deliverables and critical path for all age Eating Disorders pathway and improvements
- Feasibility and critical path in place for “return to footprint” plan for adult services, including for example the repatriation of PICU service users form out of county
- Progress planning for 111 press 2 with initial Go Live of Q3
- Progress recruitment and preparation for combines assessment and intervention team for CAMHS with full implementation expected in Q3
- Progress plan for neuro developmental services in children’s services

FURTHER READING

[Insert any additional documents here]

SHAPING OUR FUTURE CLINICAL SERVICES

TARGET FOR LAST QUARTER

- Commence recruitment to programme team
- Further develop the programme governance, ensuring continued alignment with the National Clinical Framework, mapping of interdependencies and further building relationships with stakeholders.
- Develop communication and engagement plan in line with other SOF programmes.
- Undertake lessons learned from other similar programmes both from across the NHS and internationally
- Deliver a pilot for project 1 - 2 of 14 service lines. Product to include:
    - Demand and Capacity projections
    - Metrics and assurance process
    - A high-level implementation plan with interventions for Digital, Workforce, Pathways for the short, medium and long term
- Scope projects 2 & 3 – whole pathway redesign & 'cross cutting themes' to apply in the redesign of pathways.

ACHIEVED TARGETS

- Recruitment commenced for programme manager and programme support
- Programme Governance developed with Board in place and SRO confirmed as Medical Director.
- Interdependencies mapped with other strategic programmes
- Strategic comms and engagement group developed to oversee development of strategy and plan for effective continuous engagement
- Commenced lessons learned
- Pilot of 2 service lines almost completed (completion due mid-July)
- Stakeholder mapping and connections made with key partners

SEE SLIDE [4] IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

RISKS
- Organisational capacity for strategic development
- Programme capacity and resource is limited

MITIGATIONS
- Approach for pilot work adapted to maximise clinical teams time
- Lessons learned to support future approach to enable most efficient use of time with teams across the organisation & ensure protected time is allocated
- Grant Thornton currently procured to support programme capacity for service line work

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TARGET FOR NEXT QUARTER

- Further development of programme governance to include high level critical path in line with strategic programmes
- Completion of service line pilots
- Completion of a lessons learned report for project 1 to inform future approach to service line work
- Complete scoping for projects 2 & 3
- Development and approval of strategic communication and engagement strategy and plan with activities and timelines
- Development and approval of Programme Initiation Document at Programme Board
- Formal commencement of Projects 1,2 & 3

FURTHER READING

[Insert any additional documents here]

OUR CONTINUED COVID-19 RESPONSE

TARGET FOR LAST QUARTER

- Continue to deliver mass immunisation programme in line with WG guidance
- Continue to deliver Covid Operating Model to ensure responsive to covid related demands
- Balance the risk to essential services including urgent and emergency care and cancer and accelerate the recovery of non-covid services

ACHIEVED TARGETS

Spring vaccination programme
- Six months after last dose for adults aged 75+, care home residents and immunosuppressed individuals aged 12+
- Due to be completed by 30th June 2022

Covid Operating Model
- Step down of daily acute site reporting in line with national changes in testing and reporting. Continue monitoring of covid position through public health
- Implementation of new IP&C rules including move to "respiratory pathways" approach and move away from dedicated "covid streams"
- Continued response to increases in covid demand including recent increase in admissions, led through the Operations, Planning and Transformation Centre (OPAT)

Essential Services and Non-Covid Recovery
- Reconfigured Eu and AU footprint in UHW to improve flow in line with changes to IPC guidance
- Developed Ambulance handover improvement plan which is showing early signs of traction
- Increased elective theatres activity to over 90% and outpatient activity to nearly 90%
- Reopened elective capacity post unscheduled care pressures



RISKS AND MITIGATIONS

RISKS
- Future peaks of covid demand
- Impact of significant winter peak in respiratory demand due to reduced exposure and continued increased social interaction
- Ability to balance future demands with the continued recovery of services
- Reduced sensitivity of modelling and demand predictions (less testing)

MITIGATIONS
- Continue monitoring of covid demand through combination of public health and operational intelligence
- Develop winter plan to meet needs of covid and non-covid demand
- Continued partnership working to deliver improvement across unscheduled care

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TARGET FOR NEXT QUARTER

- Work ongoing to find alternative plan for MVC to deliver these – initial options considered at BCAG
- Next Booster likely in Autumn (six month intervals)
- Continue de-escalation of dedicated covid positive capacity in line with IP&C advice – covid positive patients to be managed on speciality wards (dependent on covid position).
- Develop essential urgent and planned care services as detailed in previous slides.

FURTHER READING

[Insert any additional documents here]

DIGITAL

TARGET FOR LAST QUARTER

The 22-23 IMTP outlines 39 key digital projects which are being progressed by the UHB.

17 shown as 'on track'
10 'off track'
1 complete
5 'going off track'

The remaining have no status.

The attached digital milestone progress report below provides a detailed summary of each of the above projects.

ACHIEVED TARGETS

- The attached digital milestone progress report below provides a detailed summary of each of the above projects and the progress made over the last quarter.

SEE SLIDE [9] IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

RISKS

- Lack of resource and funding continue to be the major causes for projects that are either off track or going off track.

MITIGATIONS

- attached digital milestone progress report below provides a summary of many of the mitigating actions being taken.

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TARGET FOR NEXT QUARTER

FURTHER READING

[Insert any additional documents here]

Q1 progress update spreadsheet can be found in **Supporting Documents** Folder

@HOME

TARGET FOR LAST QUARTER

- Re-energise the programme after winter pressures which saw project leads focussed on operational issues
- Establish programme overview milestones and deliverables
- Develop and submit funding proposals for continued funding through the Regional Integration Fund
- Create a programme prospectus which clearly outlines the scope and ambition of the programme both for the public and workforce
- Viewer to be developed by Lightfoot to identify nature of demand and opportunities for new models
- Create a Digital Care Region programme to address partnership digital and intelligence needs.

ACHIEVED TARGETS

- Project leads have regrouped and clear definition work emerging to be able to move projects into delivery
- Proposals submitted and agreed for funding over at least the next 2 years
- Draft prospectus delivered for review which will set out the agreed target operating model
- Viewer developed, with work ongoing to make this live and align with the Regional Outcomes Framework including data from across statutory organisations
- Clinical leadership capacity secured
- Digital Care Region funding not secured.
- PCPG footprints agreed for Cardiff and for Vale of Glamorgan
- Alignment of programme activity to support delivery of 6 Goals programme
- Alignment of programme activity to support delivery of +1000 beds national initiative

SEE SLIDE [10] IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

RISKS

1. Lose momentum as the programme shifts from scoping to delivery
2. Failure to align with other major programmes (SOCS, Primary care transformation, Recovery, CC Ageing Well Strategy) and risk of gaps/duplication
3. Digital capability and maturity to support multi-agency integrated care model
4. Operational leadership capacity compromised due to ongoing pressures
5. Not securing cross-partnership agreement of the future TOM
6. Not defining clear benefits/metrics and interdependencies
7. Not including tapering of RIF funding over lifetime of the 5yr programme into organisational financial planning and not securing local funding to replace it.
8. Ability to create investment and growth in community, primary and social care services to deliver more activity and impact in out of hospital settings

MITIGATIONS

1. Clearly defined programme scope and deliverables with clear governance
2a. Close liaison with PCIC leads and programme directors
2b. Interdependencies mapping across key programmes
3. RPB-wide digital maturity programme to be established
4. Provide direct support and ensure programme supports operational priorities
5. Co-production of future TOM with org leads and seek agreement of execs
6. Alignment of organisational metrics to programme
7 and 8. Work with DOFs and service leads. Establishment of robust business cases with evidence of impact

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TARGET FOR NEXT QUARTER

- To coproduce the target operating model fpr integrated locality delivery across health and social care, defining new ways of working including IT/systems, workforce and estates with a view to building detailed plans around each of these key areas moving forward
- To finalise programme and project deliverables, milestones and benefits for baselining and ongoing reporting
- To develop an engagement/consultation plan to begin workforce and public engagement, utilising the 'prospectus' as the basis for this.
- To work with Lightfoot to build a system-wide view of our data and to use this for tracking the impact of the programme
- To utilise the funding to begin recruitment to new posts identified and begin project delivery
- Inaugural PCPGs to meet and scope role/function
- Intermediate care delivery plan to feed into 6 Goals and +1000 beds.

FURTHER READING

- Programme board minutes from 6.6.22 are available via the programme manager, Chris Ball Christopher.ball@wales.nhs.uk
- Note that this programme is a partnership programme and as such is Regional Partnership Board-led, with the CVUHB as a major partner. It is also one of the CVUHB's strategic programmes

SHAPING OUR FUTURE WORKFORCE

TARGET FOR LAST QUARTER

- Focus on the health & wellbeing of our people..
- Improve the way we engage with and actively listen to our people.
- Develop a culture where everyone feels valued.
- Develop a learning culture.
- Improve the way we attract, recruit and retain.
- Invest in education and learning to deliver needed skills and capabilities
- Build a digitally ready workforce.
- Continue to encourage our staff to use their welsh language skills.
- Improve compliance with the Welsh Language standards.
- Increase the diversity of our people
- Increase management & leadership development offerings.
- Develop a coaching network.
- Implement workforce systems that improve efficiency
- Improve accuracy & accessibility of workforce data.
- Introduce new role/extended roles

ACHIEVED TARGETS

Please refer to the detailed Flash Reports and papers attached.

A few examples of what has been achieved:

- To improve the wellbeing of our staff, additional investment was secured: 30 staff room refurbishments agreed, 13 hydration stations procured and schwartz rounds are in the planning stage.
- The number of staff on long term absence suffering with long Covid has reduced to 32 and long term cases of anxiety or depression have reduced.
- HealthRoster has been implemented in 50 Nursing ward areas.
- Workforce data has been made accessible through the development of a Sharepoint site.
- Wellbeing survey for our Medical & Dental teams is now live and closes on 31st July 2022.
- 'Winning Temp' engagement tool has been procured.
- NHS Pension Scheme awareness sessions have been organised, focusing initially on the McCloud judgement.
- Rolling programme of Recruitment Events/Careers Fairs which is proving to be very successful. Retention Plan agreed.
- Leadership programme (Acceler8) Cohort 1 delivered.

SEE SLIDE [11,12] IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

RISKS

- Whole system pressures and COVID uncertainty, lack of development for staff.
- Staff wellbeing - Absence may rise again as we move into Winter, burnout,
- Turnover is extremely high.
- Quality of patient care/service may be impacted by turnover, absence, vacancies
- Ongoing funding for International Nurse Recruitment campaign.
- Extension of Medacs contract – Medical & Dental staff bank.

MITIGATIONS

- WOD alignment to strategic programmes.
- Effective partnership working with TU representatives.
- Quarterly meetings to discuss progress against P&C Plan.
- Clinical Board Performance Reviews.

Saunders, Nathan
28/07/2022 17:34:58

TARGET FOR NEXT QUARTER

- Focus on staff health & wellbeing, reduce sickness absence %.
- Focus on actions within the Retention Plan to move towards a more sustainable turnover %.
- Prioritise appraisals to ensure our staff feel valued
- Advertise and appoint to vacancies in a timely manner, reduction in vacancies.
- Increase the capture of EDI data in ESR %.
- Complete the implementation of HealthRoster to all 12.5hour ward areas.
- Start to build internal workforce planning capabilities.
- Increase the number of apprenticeships.
- Introduce bitesize leadership & development opportunities.
- Continue to improve the way we engage and listen to staff.
- Revisit talent management programme.

FURTHER READING

Further reading documents can be found in **Supporting Documents** Folder

SHAPING OUR FUTURE HOSPITALS

TARGET FOR LAST QUARTER

- Progress programme of work following endorsement of the PBC
- Facilitate a ministerial visit to UHW
- Progress, where appropriate, stakeholder management work

ACHIEVED TARGETS

- WG still inform that the SOFH business case is scheduled to be considered by Cabinet on 11/7. Risk that if this slips, consideration will not happen until autumn after recess.
- SPADs reviewed and interrogated a paper on 22/6. Will go to Minister on 23/6 and First Minister on 27/6. The ask of the paper is whether Ministers wish Officials to continue working with C&V (and HD) on next stage of business case. If affirmative, Officials will then deliver formal advice to Minister to endorse.
- Successful visit to UHW by Minister showing EU, Cardiology and ICU. A roundtable held also where key messages from C&V were put across regarding SOFH. Actions being followed up including a request for further visits focussing on research and other functions of C&V. Officials fed back that it was a good visit and no negative feedback received from Minister.
- Life sciences vision work being shared with colleagues.
- Push on stakeholder management underway.

SEE SLIDE [13] IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

RISKS
- Lost momentum after PBC not being endorsed
- PBC endorsement doesn't happen in July

MITIGATIONS
- Understand current landscape and plan response and consequences
- Stakeholder influencing prior to 11/7

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17/07/2022 17:34:58

TARGET FOR NEXT QUARTER

- Keep close to WG to receive any intelligence around 11/7 Cabinet considerations.
- Follow up on actions agreed at Minister visit.
- Holding special programme board on 24/6 to reflect on lessons from recent work and plan the management of scenarios resulting from the range of decisions Cabinet could make.
- Continue to socialise Life Sciences vision with colleagues.
- Meet with Cardiff University Med School Dean regarding Heath Park West plans
- Reference discussions with Leeds, Whipps Cross, Toronto,

FURTHER READING

[Insert any additional documents here]

SHAPING OUR FUTURE POPULATION HEALTH

TARGET FOR LAST QUARTER

Vaccination and immunisation

- Review 2021-22 flu vaccine programme and start planning for flu vaccine programme delivery for 2022/23
- Deliver Spring booster programme to eligible groups according to JCVI guidance
- Deliver Covid-19 vaccination offer to all 5-11 year olds
- Establish new governance arrangements for future immunisation model
- Undertake Stakeholder Experience Review in relation to childhood immunisations

Healthy weight: move more eat well

- Implementation plan to improve food and physical activity offer in school settings commenced
- Action against the roadmap for healthy workplace principles taken forward by PSB organisations
- Food Vale Sustainable Food Places Bronze Award achieved
- Delivery of pilot for children and families age 3-7 from ethnic minority communities commenced
- Cardiff Physical Activity and Sport Strategy(2022-2027) launched and framework established
- Edible Cardiff to host second annual festival of food growing
- Key actions for a partnership approach to restricting junk food advertising locally agreed

ACHIEVED TARGETS

Vaccination and immunisation

- Planning commenced for flu programme delivery in 2022/23 following CMO letter.
- Covid-19 spring booster vaccination programme completed by end June 2022. Over 40,000 spring boosters delivered across eligible groups.
- 26% of 5-11 year olds vaccinated against Covid-19
- New Governance arrangements to support future service model implemented.
- Establishment of Immunisation Operational Group led by Clinical Boards.
- New Immunisation Coordinators in post
- Stakeholder engagement review underway

Healthy weight: move more eat well

- Implementation plan to improve food and physical activity offer in schools commenced
- Action against the roadmap for healthy workplace principles taken forward by PSB orgs
- Food Vale Sustainable Food Places Bronze Award achieved
- Delivery of pilot for children and families age 3-7 from ethnic minority communities commenced
- Cardiff Physical Activity and Sport Strategy(2022-2027) launched
- Edible Cardiff to host second annual festival of food growing
- Key actions for a partnership approach to restricting junk food advertising locally agreed

SEE SLIDE [16/17] IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

RISKS

- Vaccination – pending final JCVI announcement on Covid-19 autumn booster programme
- Vaccination – closure of two Cardiff MVCs
- Vaccination – childhood immunisation uptake (latest quarterly data Jan-Mar 2022)
- MMEW - Availability of future data to track overarching project outcomes

MITIGATIONS

- Vaccination – planning on basis of interim JCVI advice and Welsh Govt letter for most likely and surge scenarios in relation to Covid-19 vaccination
- Vaccination – opening of new MVC for Cardiff
- Vaccination – establishment of new operational board to include childhood imms, recruitment of new ICs and targeted work with clusters / practices to address low uptake
- MMEW – improving surveillance for Healthy Weight - HWHW priority /concerns raised with PH Observatory/HWHW Surveillance Group

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TARGET FOR NEXT QUARTER

Vaccination and immunisation

- Completion of outstanding Covid-19 Spring boosters (e.g. for people too unwell to receive it prior to July 2022)
- Increase vaccination of 5-11 year olds to c.30%
- Closure of Splott and Bayside MVCs and opening of new MVC for Cardiff
- Planning for flu and covid-19 autumn booster for autumn/winter 2022/23
- Commence and implement 'Amplifying Prevention' actions agreed jointly with Cardiff and Vale Councils
- Final report following Stakeholder Engagement Review for childhood imms.
- Commence bespoke communications / PR work to address low childhood immunisation uptake over summer holiday period
- Targeted work with GP practices and Primary Care Clusters where uptake is low
- Targeted work with GP practices and schools to address low MMR uptake at school level

Healthy weight: move more eat well

- Action to restrict junk food advertising across Cardiff and Vale progressed
- Delivery of Cardiff Physical Activity and Sport Strategy Year 1 implementation plan commenced (Active Environments, Active Societies, Active Systems and Active People)
- 40+ schools in Cardiff running the School Holiday Enrichment Programme, (Food and Fun)
- Peas Please Veg Advocates delivering community action projects
- Food Related Benefits digital package agreed with partners and launched
- Engagement underway with retailers to accept Healthy Start cards
- Process development for UHB response to planning applications from a health and healthcare perspective

FURTHER READING

[Insert any additional documents here]

SHAPING OUR FUTURE POPULATION HEALTH

TARGET FOR LAST QUARTER

Systematically tackle inequalities

- 2021/22 Action plan for engagement coordinator role delivered and plan for 2022/23 in development;
- Ethnic Minority Subgroup development to focus on promoting bowel screening and childhood immunisations
- Meet local authorities to learn lessons from COVID-19 and transfer to other work with a focus on addressing inequity linked to childhood immunisation, bowel screening and MMEW

Sustainable and healthy environment

- Level 2 Healthy Travel Charter finalised
- Healthy travel comms toolkit final draft complete - to finalise, translate and publish
- Restarted regular liaison with Cardiff and Vale LA transport teams, to provide health lens on transport developments, and link with wider public sector
- Active shaping of national transport policy to support healthy and sustainable travel via Transport Performance Board
- Comments provided on health and well-being section of the Integrated Sustainability Assessment for Vale

ACHIEVED TARGETS

Systematically tackle inequalities

- 2021/22 Action plan for engagement coordinator role delivered and plan for 2022/23 in completed; Network of stakeholders expanded; Survey on barriers to bowel screening completed; Bowel Screening engagement month promotional activities delivered.
- Ethnic Minority Subgroup – membership expanded; agreement to focus on promoting bowel screening and childhood immunisations; actions identified to in support bowel screening
- SMTs of both local authorities have agreed a joint approach to amplifying prevention, with a focus on addressing inequity linked to childhood immunisation, bowel screening and MMEW

Sustainable and healthy environment

- All planned actions completed

SEE SLIDE [16/17] IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

RISKS

MITIGATIONS

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TARGET FOR NEXT QUARTER

Systematically tackle inequalities

- Further expand stakeholder engagement and networking opportunities
- Begin to address barriers to bowel screening identified by the survey
- Co-produce an approach to promotion of bowel screening with the Ethnic Minority Subgroup, and begin to address childhood immunisation
- Convene an operational workshop with LA partners and begin implementation of a partnership approach to amplifying prevention
- Initiate the development of a strategic framework for tackling inequalities

Sustainable and healthy environment

- Completion of Cardiff Healthy Travel Charter in commitments, with
- Confirmation of organisations signing up as initial cohort for Level 2 Charter (target >5 organisations by end of 22/23, including UHB)
- Updated healthy travel implementation toolkit published
- Successful second Healthy Travel Wales day run
- Respond to consultation on Vale of Glamorgan Replacement Local Development Plan (RLDP) vision and objectives, and provide candidate sites

FURTHER READING

- Shaping our Future Population Health plan 22-25
- Shaping our Future Population Health flash reports to Strategy and Delivery Committee

The Shaping Our Future Population Health Plan 22-25 can be found in **Supporting Documents** Folder

SHAPING OUR FUTURE POPULATION HEALTH

TARGET FOR LAST QUARTER

King's Fund recommended programmes
- King's Fund – Stakeholder interviews to take place in April/May 2022. Report in June 2022
- AWDPP in Primary Care Clusters:
  - Implementation to commence across remaining two Clusters

Tobacco
- Reduce the percentage of adults (aged 16+) reporting that they smoke either daily or occasionally by:
- Increasing the percentage of smokers who make a quit attempt via smoking cessation services (Welsh Government target 5%) by:
  - a. offering flexible tailored support, including face-to-face group or 1:1, telephone or online services targeting areas of higher deprivation in community and hospital settings
  - b. implementing a smoking and pregnancy programme (Model for Access of Maternal Smoking Services) to reduce smoking in pregnancy (MAMSS Programme)
  - c. Progress the delivery of an inpatient smoking cessation service based on the 'Ottawa' model
- Reducing the number of children and young people taking up smoking as part of targeted prevention programme
- Implementing the Smoke-Free (Wales) Regulations by offering 'enhanced enforcement' on hospital sites

ACHIEVED TARGETS

King's Fund recommended programmes
- Revised project plan agreed with King's Fund, with phased delivery over Q4 (2021/22) and Q1 (2022/23). Interviews and literature review well advanced. Regular meetings between UHB leads and King's Fund project team
- All Wales Diabetes Prevention Programme (AWDPP) clinics commenced in South East Primary Care Cluster. Health Care Support worker recruited in Central Vale. Recruitment of support workers underway in City & Cardiff South Cluster.
- 364 patients identified with pre-diabetes in South East Cluster.
- Bids submitted to Primary Care Strategic Programme and value-based healthcare programmes to expand AWDPP to additional Primary Care Cluster(s)

Tobacco (data for 2022-2023 not available currently)
- The smoking prevalence rate for Cardiff and Vale of Glamorgan is 14% (NSW, 2019-2020) - the lowest rate in Wales
- 2.1% of smokers made a quit attempt 2021-2022 which reflects a static position when compared to 2020-2021 (2.2%)
- 74% of 'Treated smokers' quit smoking at 4 weeks (self-reported) which is an increase from 66% the previous year
- Hospital and community smoking cessation services achieved over 70% 4 week quit rates for all quarters of 2021-2022
- A MAMSS Programme was implemented in April 2021. 64% (Qtr 3, 2021-2022, last available data) of pregnant smokers accepted a referral for smoking cessation advice – an increase from 38%, pre-MAMSS implementation.
- The hospital smoking cessation service achieved a 75% 4 week quit rate 2021-2022
- Children and Young People's Prevention Programme established with a Steering Group formed and Action Plan agreed.
- A No Smoking Enforcement Officer, (managed by UHB Security Services) challenges smokers on UHW site (to be extended to UHL). 423 smokers have been challenged from February 2022- 16 June 2022, 53% visitors, 23% staff

SEE SLIDE [16/17] IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

RISKS
- King's Fund – initial delay in delivery confirmed by King's Fund, but project now well underway. Minor further delay to production of report, but first drafts expected July 2022

MITIGATIONS
- King's Fund – revised, phased plan will see full delivery by early Q2 2022/23

Saunders, Nathan 27/07/2022 17:34:58

TARGET FOR NEXT QUARTER

King's Fund recommended programmes
- King's Fund – Report expected July 2022. Results to inform future work programme.
- Commencement of AWDPP clinics across all three Clusters

Tobacco
- Smoking cessation services will increase face-to-face consultations in all settings to increase the number of smokers quitting smoking
- Working with key stakeholders, further implementation of measures needed to implement an integrated 'Ottawa' model for hospital smoking cessation will commence to include routine NRT prescribing for all admissions
- Increased referrals to MAMSS by ensuring smokers are targeted by specific scan clinics where the MAMSS Worker is present and routine NRT provision is offered
- Smoking cessation support to children and young people in areas of high deprivation and need (such as those in Pupil Referral Units)
- Working with Regulatory services, formal patrols (as part of 'enhanced enforcement' will take place to issue Fixed Penalty Notices to smokers on hospital grounds from 1 August 2022

FURTHER READING

[Insert any additional documents here]

OUR TERTIARY SERVICES STRATEGY

TARGET FOR LAST QUARTER

- Continue to develop an integrated endocrine surgery service, which will improve resilience of service provision across South and West Wales.
- Work with the commissioners (Health Boards and WHSSC) to support the implementation of the service specifications (specialised and non-specialised) to inform service delivery and commissioning.
- South Wales Spinal Network launch, and address key deficits in the delivery and commissioning of these services. SBUHB will also act as the host of the ODN.
- Address short and medium term actions to improve service provision across the whole patient pathway for patients, and to develop an integrated service model for South and West Wales in line with the All Wales Service Specification.
- Finalise and implement the clinical model for SBUHB and commence work to developing the clinical model for the other service spokes in South and West Wales.

ACHIEVED TARGETS

- SLA in place with SBUHB to support delivery of specialised endocrinology surgery
- Draft service specification developed with task and finish group – currently out for consultation.
- Non-specialised service specification approved in principle by the NHS Wales Health Collaborative Executive.
- ODN implementation board established. Supported WHSSC in developing the ODN service specification – document now approved and published. Review of business case for ODN with the SWTN.
- Clinical guideline groups established for Cauda Equina, MSCC, and Spinal Trauma.
- Project established for HPB surgery service model.
- First meeting of Project Board
- Draft service model developed for SBUHB

SEE SLIDE [18] IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

RISKS

- South Wales Spinal Network – Delay with funding release, as recurrent cost of revised business case subject to further discussion with WHSSC.
- Delay in agreement of definitive OG cancer service model for SBUHB

MITIGATIONS

- Contingency plan in development to establish Network within agreed financial envelope.
- Continue to support SBUHB OG cancer service through outreach surgeon

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TARGET FOR NEXT QUARTER

- Review consultation responses, finalise service specification and EQIA, and identify implications for implementation, and submit to the NHS Wales Health Collaborative Executive for approval in principle.
- Work with Welsh Government to support the development of the Welsh Health Circular on Paediatric Orthopaedic Surgery.
- Work with WHSSC on development of the resource transfer approach to support transfer of commissioning responsibility.
- Submit revised funding release to establish South Wales Spinal Network.
- Finalise clinical guidelines for Cauda Equina, MSCC and Spinal Trauma
- Finalise acceptance and repatriation policies
- Prioritise and implement short term actions, prioritise medium term actions to inform CVUHB plan for 23/24
- Agree short list of options and benefit criteria – based upon agreed success measures with stakeholders
- Agree draft service model, engage with patients, carers and staff.

FURTHER READING

[Insert any additional documents here]

WIDER REGIONAL WORKING WITH SOUTH EAST WALES PARTNERS

TARGET FOR LAST QUARTER

Vascular
- South East Wales vascular network goes live.

Formalised arrangement for a South East Wales collaboration
- Formalised arrangement for a South East Wales collaboration across Ophthalmology, Diagnostics and Orthopaedics.

CAVUHB / VNSHT partnership
- Agree the research and development hub proposal for progression
- Continued implementation of AOS at UHW following business case approval.
- identify 3 tumour sites; develop and end-to-end pathway improvement approach at a SE Wales system level

ACHIEVED TARGETS

Vascular
- Delayed Go live following final few clinical arrangements had to be worked through

Formalised arrangement for a South East Wales collaboration
- CEOs across CAV,CTM,AB have agreed a comprehensive collaborative arrangement which will see appointment of dedicated programme director, programme leads and clinical leads (see documents attached).
- CAVUHB leading Orthopaedics, ABHB Ophthalmology, CTM Diagnostics
- Ophthalmology the most progressed area as it builds on existing regional working arrangements.
- Consultation currently taking place on a regional eye care strategy
- Work to explore the potential for regional working arrangements regarding Cataract services

CAVUHB / VNSHT partnership
- research and development hub proposal agreed by Board earlier in Q1
- implementation of AOS progress inline with plan
- Successful workshop lead the regions cancer care leadership group to support identification of 3 tumour sites

SEE SLIDE [17] IN BASELINE DOCUMENT



RISKS AND MITIGATIONS

RISKS
- Capacity is a significant barrier to swift progress

MITIGATIONS
- Increasing number of dedicated posts due to on-board through Qtr 2

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TARGET FOR NEXT QUARTER

Vascular
- Go live now taking place in Qtr 2

Formalised arrangement for a South East Wales collaboration
- Recruitment of dedicated programme director, programme leads and clinical leads.
- Formal scope for the Orthopaedics and Diagnostics programmes

Ophthalmology
- Finalise regional eye care strategy
- Options appraisal completed re: regional working arrangements regarding Cataract services

CAVUHB / VNSHT partnership
- Dedicated strategic planning manager (joint appointment between CAV&VCC) starts. Immediate priorities will be;
- Review governance arrangements
- Provide resources to Haematology/Oncology workstream where minimal progress has yet to be made.
- Formalise arrangements for the progression of the three tumour site work.

FURTHER READING

[Insert any additional documents here]

Microsoft Word Document

Report Title:	Health and Safety Annual Report				Agenda Item no.	7.1	
Meeting:	Board		Public	X	Meeting Date:	28/07/2022	
			Private				
Status *(please tick one only):*	Assurance	X	Approval	X	Information		X
Lead Executive:	Executive Director of People and Culture						
Report Author (Title):	Head of Health and Safety						

Main Report
Background and current situation:

Health and Safety Annual Report 2021/2022

OVERVIEW

A Health and Safety annual report has been produced to provide an overview of the breadth of work undertaken by the health and safety team. It offers assurance that areas of high priority were identified and managed during a particularly challenging time for all UK Health Boards given the COVID-19 global pandemic. Risk assessed operational changes were introduced, maintained or where appropriate removed in order to best support the organisation throughout this period, such as varied specific COVID-19 operational controls and compliance extensions for policies and training. Further support was provided in the field of PPE, particularly respiratory. As with other functions, a large degree of flexibility was demonstrated by the health and safety team to ensure safe, day to day operations continued.

SIGNIFICANT CHANGES

- New lead Executive for Health and Safety and Fire Safety
- Restructure of Fire Safety Management
- Health and Safety Department restructure
- Change of incident reporting system from E-DATIX to DATIXCYMRU

Executive Summary

2021-2022 continued to be a challenging year for the department, in large partly due to the COVID-19 pandemic. Modest increases in departmental hours have been made and further increases are anticipated in 2022-2023.

An external review was conducted during the reporting period which has reaffirmed the strategy of the Head of Health and Safety and has provided Management Executives with an informed datum point with regards to health and safety at CAVUHB. The recommendations have been captured in the 2022-2025 Health and Safety Culture Plan and will form the foundation for change and improvement over the next three years.

The Executive Director of People and Culture has been appointed as the lead executive for health and safety. This is a good fit in terms of health and safety which was reaffirmed by the external review carried out in 2021.

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As part of the review recommendations the Fire Safety Team have now transitioned to the health and safety department. This has created the necessary independence between fire regulatory requirements and the clinical/service boards, along with unambiguous responsibilities and accountability with clear reporting lines for fire safety management. The Head of Health and Safety is the Fire Safety Manager for the UHB and the Executive Director for People and Culture is the lead executive.

Two Assistant Heads of Health and Safety have been appointed from within the department which has provided a more tiered structure in line with the review recommendations. Two members of staff left the department during the reporting period and this has presented the Head of Health and Safety with an opportunity to restructure the team further with slight changes in the roles that have been vacated. It is anticipated that these new positions will be filled in 2022/23.

The E-Datix incident reporting system changed in March 2022 for a new cloud-based system and the department continue to assist patient safety supporting the clinical/service boards.

ASSESSMENT

The 2021-22 Annual Report considers trends in incidents, training and management processes and progress in 6 strategic areas. It concludes that the trends of incidents and management processes continue to show progress in improving staff health and safety risks. The Health and Safety Team continued to flex in their roles and working practices in order to best serve the UHB operations.

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   - 1.2. Health and Safety Culture Plan
   - 1.3. Health and Safety Related Policies
   - 1.4. Enforcement Actions
   - 1.5. Incident Reporting
   - 1.6. Training Data
2. Personal Safety, Violence and Aggression, Case Management
3. Manual Handling
4. Environmental
5. Patient Environment
6. Fire Safety

1. Health and Safety Management

1.1 Health and Safety Management Structure

The management of health and safety has taken significant steps forward in 2021/2022. A new departmental management system is in place which will be rolled out across the UHB in 2022/2023. It contains 22 elements and provides the necessary assurance that a robust process is in place to ensure all health and safety elements have been identified and systems are in place to manage them.

The Operational Health and Safety Group continued to meet quarterly and provided the platform to cascade relevant information to and from the Health and Safety Committee and to ensure the necessary assurance that health and safety is being suitably and sufficiently managed.

Table 1.1.1 H&S Clinical Board Meetings

Health & Safety Group	Agreed Frequency	Meeting per year	Actual	Deficiency
All Wales Medical Genetics	2 monthly	6	3	-3
Capital, Estates & Facilities	3 monthly	4	4	0
Medicine	3 monthly	4	0	-4
Specialists	3 monthly	4	2*	-2
Surgery	3 monthly	4	3	-1
C&W	3 monthly	4	4	0
PCIC	3 monthly	4	2	-2
CD&T	3 monthly	4	5*	0
Mental Health	3 monthly	4	4	0

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*As part of their Q&S meetings

Most clinical/service boards have continued to conduct health and safety meetings, for the coming year. Updated terms of reference, structured templates and more accountability into the Operational Health and Safety Group will be introduced during the next reporting period.

Table 1.1.2 H&S WTE Posts

Position	WTE In-post
Head of Health and Safety	1
Assistant Head of Health and Safety	2
Health & Safety Advisors	1.7
Manual Handling Advisors	1
Personal Safety/Case Management	2.2
Health & Safety Trainers	5.1
Fire Safety Officers	4
Total	17

*In real terms throughout the reporting period there has been an increase of 1.82 WTE across health and safety, manual handling, training and case management however, two positions are currently vacant so the benefit has yet to be fully realised.

1.2 Health and Safety Culture Plan

The department has formulated a three-year Health and Safety Culture Plan which is set to supersede the Priority Improvement Plan from 2022 through to 2025. The external health and safety review conducted in May 2021 provided verification on a number of opportunities which, if adopted would provide the foundation for leading health and safety culture and performance within the organisation.

The Health and Safety Culture Plan 2022-2025 incorporates these recommendations and has been developed to provide a structured, prioritised approach to underpin the Health Board's health and safety aims and objectives. It commits the UHB to continually improve the health and safety of its staff and other persons affected by its activities.

The document sets out the actions to be taken over the next three years, with a clear focus on improving the health and safety culture within the organisation and is built around 6 themes which were agreed at the departmental workshop:

- Achieving Training and Competence Excellence
- Achieving Health and Safety Risk & Incident Management Excellence
- Achieving Communication Excellence
- Measuring Performance
- Audit and Review
- Achieving Fire Safety Excellence

The department were audited against the recommendations in the external health and safety review by NWSSP in March 2022 and the actions recorded in the Culture Plan provided the Audit Team with substantial assurance.

1.3 Health and Safety Related Policies

The policies that have passed review date have been moved to the time bound corporate action plan. These policies will be actively pursued during the coming year to ensure they are reviewed and subsequently approved.

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Table 1.3.1 Health and Safety Related Policies

POLICY	UHB REF NO	LEAD RESPONSIBLE OFFICER	APPROVAL DATE	REVIEW DATE
Safe Working with Electricity	UHB 208	Director of Capital, Estates and Facilities	September 2019 (Version 2)	April 2021
Waste Management Policy	UHB 038	Waste and Compliance Manager	April 2017 (Version 3)	April 2021

Water Safety Policy	UHB 369	Estate Asset Manager	April 2017 (Version 1)	April 2021
First Aid at Work Policy	UHB 093	Head of Health and Safety	July 2017 (Version 3)	July 2021
Incident, Hazard and Near Miss Reporting	UHB 138	Head of Health & Safety/Head of Patient Safety	September 2018 (Version 3)	July 2021
Management of Asbestos Policy	UHB 072	Director of Capital, Estates and Facilities	July 2018 (Version 3)	July 2021
Fire Safety Policy	UHB 022	Director of Capital, Estates and Facilities	July 2018 (Version 4)	July 2021
Environmental Policy	UHB 143	Director of Capital, Estates and Facilities	January 2019 (Version 3)	January 2022
Closed Circuit Television (CCTV) Policy	UHB 303	Director of Capital, Estates and Facilities	January 2019 (version 2)	January 2022

1.4 Enforcement Agencies actioned during the period

The Health Board was contacted by the Health and Safety Executive and South Wales Fire and Rescue Service throughout the reporting period as detailed in Table 1.4.1.

Table 1.4.1

Date	Description	Type	Status
Health and Safety Executive			
24th of May 2021	Ventilation in Clinics	HSE contacted the Health Board in regard to a raised concern: specifically, the ventilation for clinical areas and theatres being provided by air conditioning and the suitability of air filtration with regards to COVID, including inspection and maintenance. The HSE were provided with a response by Capital, Estates and Facilities detailing the inspection, maintenance and validation process used. The HSE informed the Health Board they would be taking no further action	Closed
2nd Sept 2021	RIDDOR Reporting of COVID Cases	HSE contacted the Health Board over a concern it received from an employee relating to non-reporting of Covid-19 under RIDDOR by Cardiff & Vale University Health Board (C&VUHB). The HSE were provided with a response by the Head of Health and Safety detailing the process in place to facilitate this work. The HSE duly informed the Health Board that they were satisfied that a system to was in place.	Closed
18th Nov 2021	Employee Workplace Concerns	HSE contacted the Health Board over a concern it received from an employee relating an on-site tug that had been repaired with a hard hat and other concerns that included apparent incorrect disposal of vials of blood, loose wires, lack of first aid kit and eyewash station. The HSE were provided with a response by the Head of Health and Safety with input from Capital Estates and Facilities and following receipt of this the HSE informed that Health Board that enough information had been provided to close out the concern.	Closed
27th Jan 2022	Local Exhaust Ventilation	Request for information from the HSE in relation to the maintenance and testing of local exhaust ventilation systems in tower block 2, floors 2 and 3 at University Hospital Wales. Detailed response sent to the HSE in February and as yet the health board have not received a reply to formally close.	Open
21st Mar 2022	Manual handling of theatre trolleys	Request from the HSE to review the manual handling systems in place for pushing and pulling theatre trolleys at UHW. Response sent to the HSE from the head of health and safety which included relevant risk assessments, operating procedures and training documents. As yet the health board have not received a reply to formally close.	Open
South Wales Fire and Rescue Service			
21st Mar 2021	EN03/21	Enforcement notice issued for failing to adequately control ignition sources in Hafan Y Coed (HYC). This has been raised to the SWFRS compliance team and both the fire safety manager and lead executive for of fire are working closely with SWFRS to provide them with the necessary assurance on this matter.	Open

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21st Mar 2021	EN04/21	Enforcement notice issued for HYC against; Article 8 Duty to take fire precautions Article 14 Emergency routes and exits Article 17 Maintenance Control measures in place at the time were reviewed, updated, improved where necessary and reaffirmed with both staff and patients. Notice has been formally closed by SWFRS.	Closed
6th Oct 2021	EN56/21	Enforcement notice issued for HYC as a result of a deliberate fire setting: Failure to control ignition sources. On site meeting held with SWFRS and demonstration of control measures in place provided. Notice formally closed by SWFRS.	Closed
8th Oct 2021	EN59/21	Issued against Ward A4 at UHW in relation to physical fire controls such as fire dampers, fire and smoke resisting doors and staff training requirements. All reasonably practicable work in the timeframe provided by SWFRS has been completed and agreed. To complete all required enforcement actions, it is necessary to remove the ward from service. A compliance extension has been formally agreed with SWFRS to complete remaining work and a demonstration of the mitigation currently in place has allowed this. The ward is due to be removed from service in the summer of 2022 Compliance is due 31st March 2023.	Open

1.5 Incident Reporting

1.5.1 Incident data

On 1st March 2022 the Health Boards incident reporting system, eDatix, was replaced by the Once for Wales Concerns Management System, Datix Cymru, and operates using a cloud-based platform that is accessible throughout NHS Wales - it has been rolled out in all Health Boards across Wales. The health and safety team have supported the Datix administration team, within the Patient Safety department, with the implementation of this system. Incident data for 2021/2022 has been extracted from the eDatix system with March 2022 being taken from Datix Cymru. The coding of incidents differs between the systems so it is difficult to compare some data, for example some of the categories for violence and aggression towards staff can be coded under patient incidents rather than staff so may not accurately reflect who the incident has affected.

Table 1.5.1.1 shows the total number of incidents reported over the last 3 years.

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Table 1.5.1.1 Total Incidents

Incidents reported by date reported, excluding rejected	19/20	20/21	01/04/2021 – 28/02/2022	(Datix Cymru) 01/03/2022 – 31/03/2022
Patient	19171	18671	16751	1295
Staff	3525	3361	3551	234
Organisation	2013	1513	1912	124
Public/Visitor	121	81	63	5
Totals:	**24830**	**23626**	**22277**	**1568**
			23845	

Tables 1.5.1.2 and 1.5.1.3 show staff health and safety incidents reported by incident type. Violence and aggression incidents are the highest reported staff incident.

eDatix 01.04.21 to 28.02.22

Table 1.5.1.2 eDatix incident Tier 1 codes

Staff incidents, reported date, Tier 1	Total
Behaviour (Including Violence and Aggression)	1931
Accidents/Falls	871
Property	28
Exposure to Environmental Hazards	721
Total	**3551**

Datix Cymru 01.03.2022 to 31.03.2022

Table 1.5.1.3 Datix Cymru Incident Types

Staff incidents, reported date, Incident type	Total
Behaviour (including violence and aggression)	112
Accident, Injury	52
Infrastructure (including staffing, facilities, environment)	53
Communication	6
Equipment, Devices	5
Monitoring, Observations	2
Ill health (work related)	1
Infection Prevention and Control	1
Information Governance, Confidentiality	1
Treatment, Procedure	1
Total	**234**

1.5.2 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

During 2021/2022 there were 102 incidents reported to the Health and Safety Executive under RIDDOR, an increase on the previous 2-year period but similar to 2018/2019 when 100 incidents were reported. Table 1.5.2.1 shows the number of staff RIDDORs reported by type – in 2018/19 there was one patient incident reported as RIDDOR.

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Table 1.5.2.1 RIDDOR Incidents by Tier 1 code/Type

Staff RIDDOR incidents by date of incident, Tier 1	2018/19	2019/20	2020/21	01/04/2021 – 28/02/2022	(Datix Cymru) 01/03/2022 – 31/03/2022
Accidents/Falls	67	68	60	68	7
Behaviour (Including Violence and Aggression)	30	16	22	22	4
Exposure to Environmental Hazards	2	0	0	1	0
Total	**99**	**84**	**82**	**91**	**11**
				102	

Chart 1.5.2.1 RIDDOR 4-year Trend

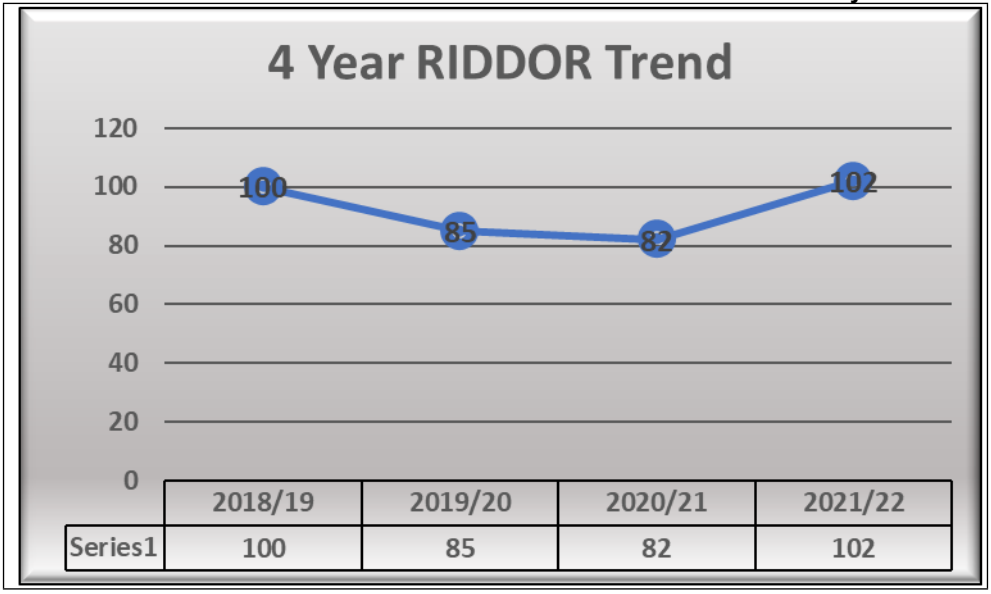

Table 1.5.2.2 provides further detail of the type of staff incident that was reported.

Table 1.5.2.2 Staff RIDDORs By Subtype

Staff RIDDOR Incidents 2021/2022	Accidents/Falls	Behaviour (Including V&A)	Exposure to Environmental Hazards	Total
Contact with Sharps	2	0	0	**2**
Contact/Collision with Objects/Animals (not sharps)	12	0	0	**12**
Exposure to Unsafe Environmental Conditions / Lack of PPE	0	0	1	**1**
Inappropriate/Aggressive Behaviour towards Staff by a Patient	0	24	0	**24**
Lifting/Manual handling	28	0	0	**28**
Injured during restraint	6	0	0	**6**
Slip/Trip or Fall	29	0	0	**29**
Total	**77**	**24**	**1**	**102**

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1.6 Health and Safety Training

Table 1.6.1 Health and Safety Training Compliance 31st March 2022

Org L4	Manual Handling E learning	Manual Handling Inanimate	Manual handling Patient	V&A Module A - E Learning	V&A Module B - E Learning	V&A Module C - Breakaway techniques	Fire Safety Training
All Wales Genomics Service	94.16%	66.67%		90.38%	88.71%	9.09%	83.51%
Capital, Estates & Facilities	89.06%	19.15%		86.52%	78.48%	20.00%	70.80%
Central & Reserves	100.00%			100.00%			100.00%
Children & Women Clinical Board	89.84%	39.59%	11.33%	87.47%	77.01%	11.79%	66.31%
CD&T Clinical Board	91.11%	19.13%	33.73%	90.46%	77.16%	21.12%	73.66%
Corporate Executives	83.70%	26.09%	29.82%	80.34%	76.01%	16.11%	63.14%
Medicine Clinical Board	80.27%	0.00%	27.89%	74.07%	58.64%	11.24%	52.24%
Mental Health Clinical Board	86.85%	0.00%	16.51%	90.71%	66.54%	20.41%	65.63%
PCIC Clinical Board	86.81%	15.00%	17.91%	81.32%	76.74%	17.16%	69.15%
Specialist Services Clinical Board	84.25%	12.50%	22.15%	78.96%	64.91%	13.43%	60.42%
Surge Hospitals	20.00%			10.00%			40.00%
Surgical Services Clinical Board	76.96%	15.97%	24.77%	71.75%	64.11%	9.44%	57.10%
Trust	83.33%		0.00%	33.33%	33.33%		66.67%

Table 1.6.1 shows total compliance percentage against currently identified training needs for each Clinical/Service Board @ 31st March 2022 with grey cells indicating no training of that type being identified by LED.

The health and safety department aim to have a workforce that are informed, suitably trained and competent to improve the health and safety culture across the UHB. The Health and Safety Culture Plan 2022 - 2025 includes a training theme with 8 specific objectives. The overall aim of this theme is to ensure we provide a programme of health and safety courses and interventions to improve the health and safety for all staff working within the UHB and that this training is accessible, relevant and appropriate. Achieving this aim will provide assurance that the UHB are fulfilling its legal responsibilities in relation to health and safety legislation, ensure we have a skilled workforce and result in a reduction of health and safety incidents across the UHB.

1.6.1 Training Compliance

The health and safety team have continued to build on the training compliance work detailed in the last annual report. Improved methods of communication have been implemented such as information on rolling screen savers, detailed course descriptions on ESR and instructions for staff on how to book and withdraw places directly on ESR.
It has been agreed that the frequency of manual handling and violence and aggression refresher/update training is extended from 2 years to 3 years - work is progressing on ESR to implement these changes and update staff records so that an accurate compliance status is recorded. These changes do not apply to the SIMA training delivered by the Mental Health Clinical Board who continue with an annual refresher.This will help towards easing the burden on staffing levels.

In addition, a Manual Handling Workplace Competency Assessor (MHWCA) training course has been implemented and the first course was delivered in June 2021. This will enable staff to complete a manual handling competency assessment in the workplace with their local MHWCA 3 years after their last foundation or update training negating the need for them to return to the classroom for face to face update training if it is not necessary. During 2021/2022, 47 patient handling workplace assessors were trained with a further 18 patient handling assessors and 2 inanimate object handling assessors trained in Quarter 1 2022. During 2021/2022 there were 119 workplace competency assessments successfully undertaken, potentially negating the need for 119 staff to attend a 1 day update people handler course. The programme continues to be positively evaluated.

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Tables 1.6.1.1 and 1.6.1.2 demonstrate the number of training places that were available on health and safety courses during 2021/2022, the number of staff that attended and the number of unfilled places. Unfilled places were mainly due to staff not attending and not withdrawing their place or staff withdrawing and the place not being refilled. On occasion, places were not booked at all.

Manual Handling and Violence & Aggression Training

Table 1.6.1.1

Training course offered	No. of places offered on courses delivered	No. of places filled/staff trained	No. of unfilled/unused places
Inanimate Object Handling	666	455	211
Patient Handling foundation	1061	769	292
Patient Handling Update	1011	741	270
Manual Handling Workplace Competency Assessors	70	47	23
V&A Module C	1236	934	302
V&A Care Control Foundation	131	89	42
V&A Care Control Update	156	79	77
V&A Paediatric Care Control Foundation	64	41	23
V&A Paediatric Care Control Update	5	5	0
TOTAL	4400	3160	1240

Other Health and Safety Training

Table 1.6.1.2

Training course offered	No. of places offered on courses delivered	No. of places filled/staff trained	No. of unfilled/unused places
Managing Safely	36	28	8
Working Safely/Risk Assessment	49	31	18
First Aid at Work	21	12	9
First Aid at Work Requalification	18	13	5
Fit Tester training*	104	74	30

*the figure for Fit tester training includes 4 staff from dental practices and care homes

Fire Safety Training

Table 1.6.1.3

Training course offered	Internal Delegates	All Delegates
Fire Safety – Cascade trainers	15	28
Classroom Based	5065	5130
Fire Warden	20	20
Fire Warden	19	19
MH ALBAC Awareness	20	20

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2. Personal Safety/Violence and Aggression/Case management

The Case Management Team have continued to focus on reducing violence and aggression within the Health Board, providing practical support and sign posting to formal support services; with a

target of meeting with members of staff within 48 hours of an incident report. The team has continued to assist individuals investigating violence and aggression incidents.

Case management has continued to improve ties with Occupational Health and the Wellbeing Services leading to uptake of counselling by colleagues; and Occupational Health has continued assisting in the support given to colleagues involved in violent incidents. The feedback from staff supported by the case management team has been positive, with increased feelings of support being specifically noted. The case management team have also noted a positive reaction from staff who have been involved in domestic abuse with the support provided by the case management team.

2.1 Datix

The case management team continue to respond to all incidents of violence and aggression reported offering support and advice to Managers. The new section for case management within Datix Cymru has assisted with the reporting mechanism and will further enhance reporting going forward.

Table 2.5.1 External Sanctions

Year	No. referred to Police- verbal warnings or no further action	Number of Convictions	Other Sanction ASBO (Police National Computer)
2018/19	150	81	2
2019/20	183	58	16
2020/21	213	77	65
2021/22	152	47	27

2.2 Escalations

The case management team continue to progress the Assault against Emergency Workers Act 2019 with the Crown Prosecution Service to ensure it is applied when staff are physically assaulted. During this reporting period there have been 14 custodial sentences with 8 of these suspended, and details of these are shared via the health and safety monthly dashboard.

2.3 Promoting the Obligatory Responses to Violence in Healthcare (ORV)

The 2018 Obligatory Responses to Violence are at the core of the Welsh Governments approach to reducing violence across healthcare services. The case management team continue to promote the ORV by delivering presentations across the health board which are positively received by staff and collaborating with the Communications Team to increase awareness through social media, posters and the press.

2.4 Welsh Health Circular

The Welsh Health Circular was issued in April 2021 and provides direction on the agreed approach to preventing violence and aggression towards NHS staff in Wales.

The purpose of the circular is to set out plans and a timeline to fully embed the requirements to implement and report upon violent incidents as set out in the NHS Anti Violence Collaborative's Obligatory Responses to Violence in Healthcare within all NHS organisations. It acknowledges and respects the commitment to the initiative made by the Police, CPS and Partner agencies by elevating its status.

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2.5 Criminal/External Sanctions

The changes adopted by the courts over the course of the pandemic led to fewer cases being heard and many postponed. This has directly impacted the cases that remain open to the case management team.

2.6 Crown Prosecution Service

The case management team continues its strong working links with the Crown Prosecution Service through open communication and regular dialog on cases.

2.7 Police

The case management team continue to strengthen links with the local single points of contact within the police sectors who provide a positive on-site presence at the University Hospital of Wales and University Hospital Llandough.

2.8 Internal Sanctions – Violent Warning Markers

The case management team continues to administer the violent warning marker system reviewing alerts, placing and removing violent markers. These markers warn staff of potential violent risk and covers both intentional and unintentional violence, they do not imply criminal responsibility.

2.9 All Wales Case Managers Forum

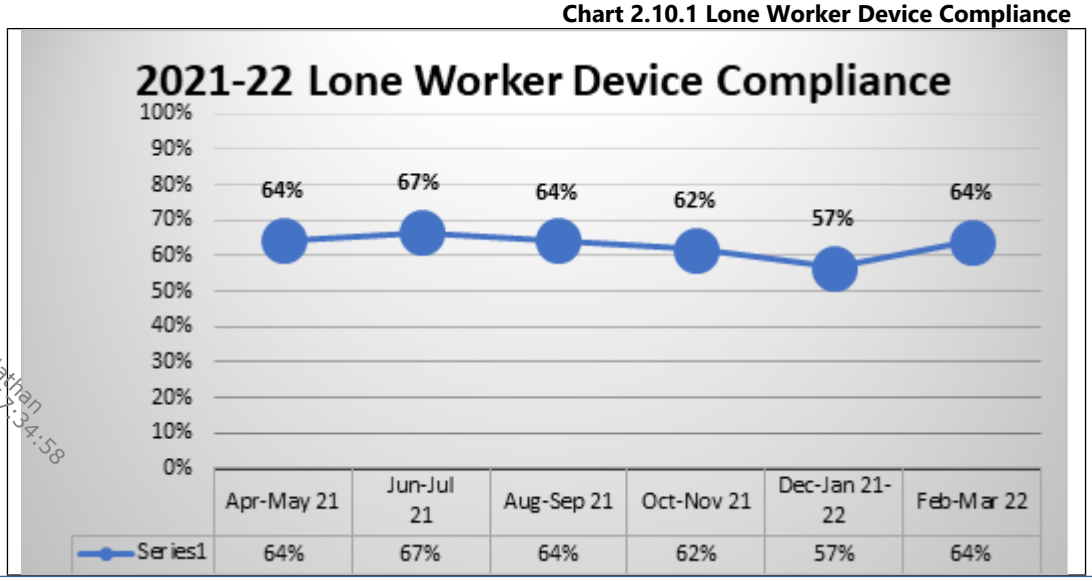
The above meeting has relaunched after Covid 19, the group will meet quarterly to carry forward the directives set in the Welsh Health Circular and the Obligatory Responses to Violence in Health Care. The C&V Health Board Case Manager has been asked to chair the group for a year.

2.10 Lone Worker Devices

Table 2.8.1 Internal Sanctions

Year	Alerts	No Marker	Violent Marker Placed	Safe Haven Markers	Violent Markers Removed
2018/19	126	74	52	6	84
2019/20	112	88	24	10	77
2020/21	157	91	66	7	115
2021/22	242	141	101	7	77

Chart 2.10.1 Lone Worker Device Compliance



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Compliance dropped by 21% over the course of the pandemic however, device usage has returned to pre-pandemic levels and remained consistent during the period averaging at 63%, this is measured against device activity and movement. The case management team have worked alongside managers to promote compliance as an element to the violence and aggression risk management and control process. A number of factors have contributed to the usage improvement including:

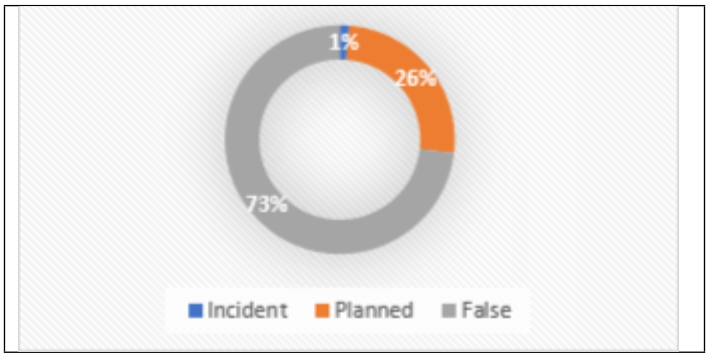
- The introduction of an online bespoke training package with scheduled monitoring of compliance and user competency.
- Increased engagement with managers and circulation of bi-monthly usage reports by named user.
- Departmental usage compliance reported on the health and safety dashboard.
- Portal training for managers which enables them to administer their devices in real-time.
- Renewed commitment from users.

As previously reported the 10 devices acquired through the Health Charity are available for colleagues suffering from stalking or domestic violence risks and have seen consistent usage throughout 2021-22, with at least 5 units being utilised at any time.

During the period 3 genuine incidents were raised. The users found comfort in having the device at hand and incidents were de-escalated without summoning the emergency services within five minutes of alarm activation.

2.10.1 Lone Worker Device Activations:

Chart 2.10.1 Lone Worker Device Activations



3. Manual Handling

3.1 Advisors Report

Despite a depleted manual handling team, the department have continued to support all aspects of the wider UHB throughout the reporting period. A strategic plan is in place to strengthen this speciality within the department, which will ensure the UHB is provided with a robust, sustainable manual handling support mechanism for 2022/23 and beyond.

In addition to the specialist support and advice, notable points during the reporting period are;

- Implementation of the Manual Handling Workplace Competency Assessors programme. This was a collaborative project with the training team.
- Identified the need to replace 40 patient transfer devices (Stedy's) that were found to be obsolete or beyond the manufacturers recommended working life. Successful capital funded project implemented to replace.

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- ProAct equipment audit undertaken in June 2021, this audit provides a necessary update to the UHB asset list of patient handling lifting equipment. It ensures statutory compliance and enables planning for future replacement. The Audit also provides a breakdown of patient mobility levels across the UHB, thus ensuring the UHB plans to have the right equipment, techniques and staff numbers to address the patients handling needs.
- Expansion of pilot project on a spinal ward at UHL in the use of patient specific slings for bathing. Work is underway to roll out to other wards and sites across the UHB.
- Continued project work with procurement to look at ease of accessibility for manual handling equipment for ward staff in particular patient specific slings and slide sheets

3.2 Manual Handling Incidents

The data for lifting and manual handling incidents covers only April 2021-February 2022 due to the switch over to Datix Cymru and the incompatibility of data.

Chart 3.2.1

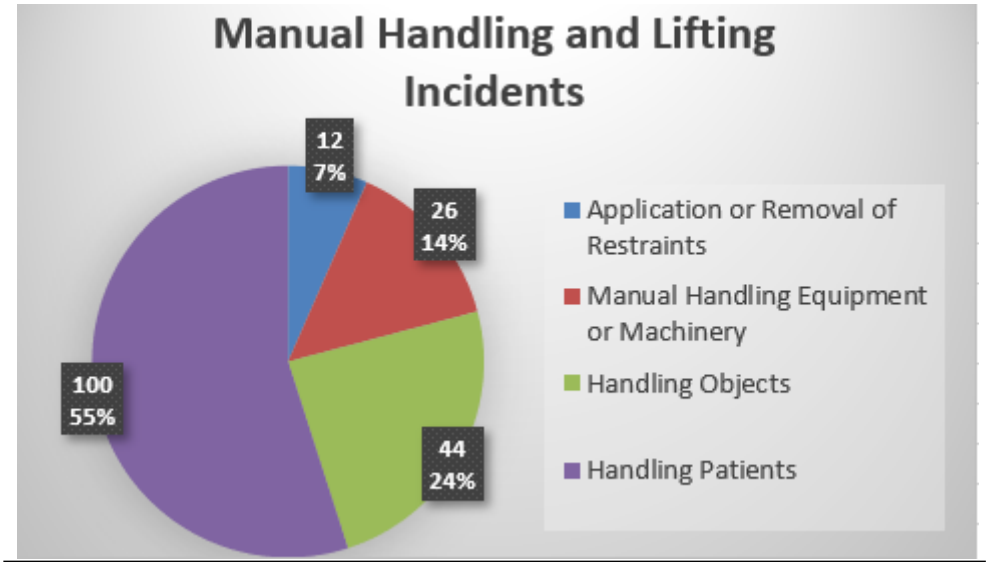
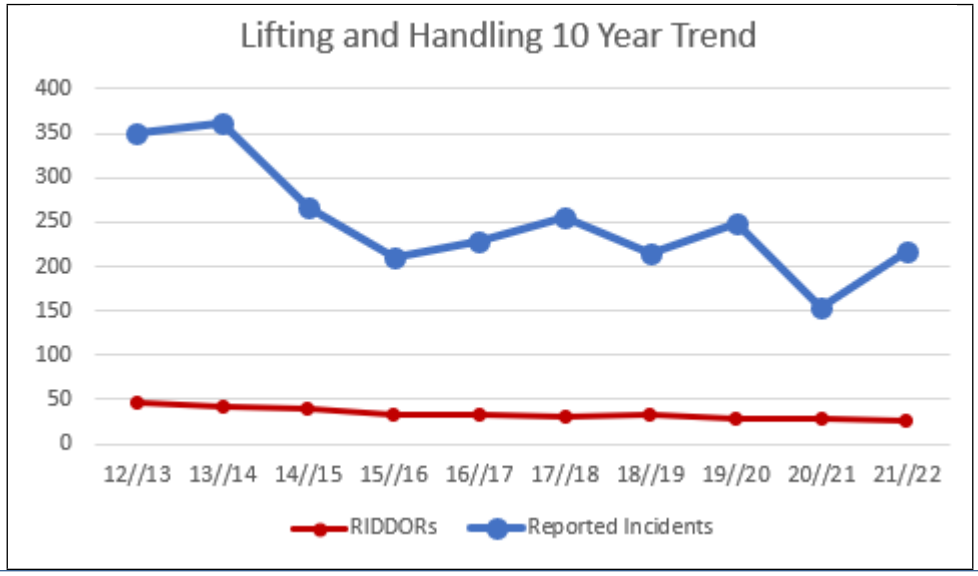


Chart 3.2.2



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Incident data shows a downward trend in reported lifting and handling incidents. The sharp reduction in 2020/2021 is attributed to the COVID pandemic and a corresponding reduction in the number of manual handling events across the UHB.

4.0 Environmental

4.1 Control of Substances Hazardous to Health (COSHH)

The Health Board is required to complete risk assessments for all hazardous substances in use to ensure reasonable precautions are taken to prevent ill health. Progress has been made in meeting this requirement; there are currently 3716 materials with 10241 COSHH assessments on the SYPOL database.

There are approximately 259 work areas identified within the UHB and 251 COSHH coordinators in place. As you can see in Table 4.1.1 86 % compliance has been maintained in 2021/22 despite a very challenging year for all with the COVID pandemic.

Safety Advisors will continue to take this information to the clinical/service board health and safety meetings to monitor compliance levels.

Table 4.1.1 Substance Compliance

Clinical Board	No. COSHH Co-ordinators	Approx No. Identified Areas	No. of Areas Compliant/ in date	Compliance 17/18	Compliance 18/19	Compliance 19/20	Compliance 20/21	Compliance 21/22	Change since last year
Children and Women	36	37	31	89%	92%	92%	92%	84%	↓
Clinical Diagnostics & Therapies	43	43	32	55%	67%	83%	87%	74%	↓
Medicine	35	39	31	60%	76%	81%	83%	79%	↓
Mental Health	48	48	46	81%	92%	94%	96%	96%	↔
PCIC	10	10	6	29%	88%	91%	82%	60%	↓
Specialist Services	28	28	23	59%	91%	88%	86%	82%	↓
Surgical Services	38	40	34	33%	83%	88%	83%	85%	↑
Other (Exec, CEF)	13	14	7	40%	50%	58%	60%	50%	↓
Total	251	259	210	62%	82%	86%	86%	81%	↓

4.2 Environmental Monitoring

4.2.1 Monitoring and Occupational Hygiene

The department continues to respond to the needs of the organisation in providing suitable and sufficient monitoring to cover a varied spectrum of environmental and occupational health related risks.

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4.2.2 Face Fitting and RPE

The department have continued to fit test staff in the wider UHB and its associated partners both in using RPE and also training them to fit test other staff. This has provided a robust and efficient model to ensure staff have the correct RPE competence on the frontline.

The department continued to support and play an active role in the PPE Cell;

- Sourced and trialed alternative respiratory protective equipment, driven by supply and obsolescence
- Worked with clinical engineering to set up ongoing maintenance regime for PAPR units
- Updated SOP's and training information

5.0 Patient Environment

5.1 Ligature Assessments in Mental Health

Annual ligature reviews were completed for all mental health inpatient settings during the period. The terminology has been changed from ligature audits to ligature reviews as audits measure current practice against a defined standard and the purpose of these reviews are to identify environmental ligature points and assess the risk of them being used.

The UHB Health and Safety lead for ligature reviews continues to work with an All Wales task and finish group, being facilitated by the Delivery Unit in Welsh Government, in developing key principles and a consistent approach for ligature risk assessments in line with guidance and best practice.

6.0 Fire Safety

Fire Safety Management is a key priority for C&V UHB both in terms of achieving statutory compliance and also ensuring the safety of staff patients and all other stakeholders. It is widely recognised that fire safety management in healthcare is a complex and challenging discipline with risks being identified, prioritised and mitigated.

6.1 Welsh Assembly Government Annual Fire Safety Audits

The annual fire safety audit carried out by the Senior Fire Safety Officer on behalf of the Welsh Government (WG) has been completed and submitted in September 2021 using the on-line web-based reporting system administered by NHS Wales Shared Services Partnership - Specialist Estates Services who prepare an All Wales UHB report submitted to the WG.

6.2 Fire Risk Assessments

The principle fire safety legislation applicable to all Health Board premises is the Regulatory Reform (Fire Safety) Order 2005 (FSO) enforced by the Local Fire Authority. To be compliant with this legislation a fire risk assessment must be completed for every building or ward or department, currently there are 450 risk assessment reports that are being regularly assessed and reviewed by members of the fire safety management team either annually, bi or tri-annually or they may be amended whenever material alterations or significant changes in use take place in terms or service or staff.

The findings of the risk assessments are divided into three areas of responsibility: estates and compliance findings are managed and resolved by each of these teams with management findings monitored and resolved predominantly by the manager responsible for the assessment area.

The 4 most common management failings relate to:

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I. Training compliance,
II. Fire resisting doors being wedged open or propped open,
III. Illicit storage in corridors, plant rooms and risers,
IV. Obstructions to fire escape routes.

The 4 most common estates failings relate to:

I. Fire door defects, seals, gaps, door signage, self-closing devices defective and damage,
II. A range of fire signage, FAN, directional and hazard signage,
III. Manual call points,
IV. Emergency door release protective covers.

The 6 most common compliance failings relate to:

I. Fire alarm deficiencies, alarm addressing, cause and effect confirmation and panel faults,
II. Emergency lighting testing and maintenance confirmation,
III. Fire damper type, testing and maintenance,
IV. Cavity barrier installations and fire stopping deficiencies,
V. Portable appliance testing,
VI. Up to date fire strategy drawings.

A meeting of the Deputy Fire Safety Managers is held quarterly to monitor and progress all managerial actions. However due to the retirement of the Head of Health and Safety in September 2020 no further meetings were held in year 2021-22. However, it is the intention to relaunch this group in year 2022/2023.

6.3 Enforcing Authority Audits and Notices

Regular fire safety audits are carried out under current legislation by South Wales Fire and Rescue Service (SWFRS). However due to the COVID-19 pandemic SWFRS suspended all audits in April 2020 and were not re-instated until April 2021. During this reporting period three Enforcement Notices (EN) were served.

EN 3/21 issued on 21st April 2021

EN 4/21 issued on 21st April 2021

EN 56/21 issued on 6th October 2021

EN 59/21 issued on 8th October 2021

6.4 Fires and Unwanted Fire Signals

Fire Incidents for the period – 1st April 2021 to 31st March 2022

Table 6.4.1

No.	Date	Fire Incident Location	Cause	How Extinguished
1	29/04/2021	UHW – Facilities external laundry room	Fluff overheated	CO2 by staff member
2	01/07/2021	UHW – Plant room	Electrical motor	45 mm water jet by South Wales Fire Service
3	20/08/2021	UHW – Clinical photography	Electrical camera bulb overheated	Self-extinguished
4	29/09/2022	UHL - HYC	Malicious ignition	Water extinguisher by staff and 45 mm water jet by South Wales Fire Service

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5	03/12/2021	UHW – A&E Department	Malicious ignition	Self-extinguished
6	08/12/2021	UHL – Out Patients Department	Ceiling mounted electrical light overheated	Self-extinguished
7	23/01/2022	UHL - HYC	Malicious ignition	Water extinguisher by staff

Performance Indicators for Cardiff & Vale UHB for UwFS's between 1st April 2021 to 31st March 2022 (attendance by Fire Brigade)

Table 6.4.2

Hospital	UwFS's only	Actuation devices	Grade
Barry Hospital	11	562	Performance level 1
Cardiff Royal Infirmary	8	2000	Performance level 1
Hafan Y Coed	22	1274	Performance level 1
Llandough Hospital	71	5843	Performance level 1
Rookwood Hospital	6	425	Performance level 1
St David's Hospital (Cardiff)	2	600	Performance level 1
University Hospital of Wales	165	20000	Performance level 1
Total	285	33200	

The occurrence of unwanted fire signal's (UwFS's) is detrimental to the operation of any healthcare establishment. Such instances lead to disruption of service and patient care, increased costs and unnecessary risk to those required to respond to the alarm raised. The fire safety management team (FSMT) work closely with SWFRS to implement best practice to enable further reductions in UwFS's wherever possible. WG has tasked SWFRS with reducing false alarms, in turn SWFRS monitor the number of alarms generated by all UHB's in their service area.

Due to limited resources and other demands placed on SWFRS they have reduced the pre-determined attendance (PDA) to all fire alarm activations PAN estate between the hours of 08.00 and 18.00 from three fire emergency appliances to one for investigation purposes only, unless it is confirmed there is a fire. On receipt of this message SWFRS will mobilise the full PDA which is three emergency appliances. The FSMT investigates every false alarm in order to prevent similar occurrences being repeated. Across the healthcare sector it is a statistical fact that the majority of false fire alarms and unwanted fire signals are caused as the result of human activity. It is widely recognised that false fire alarm activations are extremely challenging to prevent at UHW and UHL due to the size and complexity of the fire alarm and detection system, the presence of large numbers of visitors who are unfamiliar with our premises and many patients and visitors who are mobility-impaired, vulnerable with a wide range of abilities.

Fires and UwFS's by site from 1st April 2020 to 31st March 2021

Table 6.4.3

Site	UwFS's	Fires
Barry Hospital	11	
Cardiff Royal Infirmary	8	
Hafan Y Coed	22	2
Llandough Hospital	71	1
Rookwood Hospital	6	
St David's Hospital	2	
University Hospital of Wales	165	4
Total	**285**	**7**

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6.5 Tutor Led Fire Safety Training

Data supplied by Workforce Information for 1st April 2021 to 31st March 2022

Table 6.5.1

Clinical Board	Directorate	Assignment Count	Achieved	Compliance %
All Wales Genomics Service	AWG Directorate	294	243	82.65%
All Wales Genomics Service Total		**294**	**243**	**82.65%**
Capital, Estates & Facilities Total		**1295**	**919**	**70.97%**
Children & Women Total		**2303**	**1516**	**65.83%**
Clinical Diagnostics & Therapeutics Total		**2501**	**1812**	**72.45%**
Corporate Executives Total		**1032**	**650**	**62.98%**
Medicine Total		**1933**	**1001**	**51.78%**
Mental Health Total		**1512**	**991**	**65.54%**
Primary, Community Intermediate Care Total		**1323**	**908**	**68.63%**
Specialist Services Total		**1983**	**1196**	**60.31%**
Surge Hospitals	Lakeside Wing	7	3	42.86%
Surge Hospitals Total		**7**	**3**	**42.86%**
Surgical Services Total		**2510**	**1435**	**57.17%**
Grand Total		**16693**	**10674**	**63.94%**

The compliance figures achieved in table 6.5.1 relate to a rolling 12-month period for the fire safety e-learning package, classroom, locality based and fire warden training. It can be seen that 63.94% of staff received some form of fire safety training in the previous 12-month period ending 31st March 2022.

Whilst it is acknowledged that the training figures declined due to covid, further initiatives to try to increase numbers were introduced. To meet the demand a Fire Safety Training Week was held from the 27th September to the 1st October 2021. Seven tutor led drop in sessions were held each day at UHW and UHL and open to all staff groups. This initiative was very successful and saw 2995 staff attend during the week. Plans to run a similar event in the near future are being considered.

6.6 Emergency Evacuation Exercises

Fire evacuation exercises were suspended on 1st April 2020 due to the National Emergency and continued throughout this reporting period. However due to enforcement action a successful covid safe ward evacuation exercise witnessed by inspecting officers of SWFRS was carried out on 23rd March 2022 at UHW. The learning from this exercise has been cascaded to other similar areas.

6.7 Vertical Evacuation

To ensure the competence of staff conducting vertical evacuations, it was agreed by the Director of Capital Estates and Facilities and the Head of Health and Safety that evacuations of this type would be led by the helideck firefighter porter team with assistance from the clinical teams. Outsourced training was provided for this team in 2021.

6.8 Compartmentation and Fire Stopping

The fundamental fire strategy in all healthcare premises involves restricting the growth of fire within the compartment of origin by the use of materials that achieve a minimum fire resisting standard. This enables patients and clinical staff to move progressively horizontally to a place of relative safety inside the building to allow care and treatment to continue. Over many years the structural fire compartmentation of our buildings has been compromised by the installation and removal of redundant services that include cables, pipes, ducting work that breach compartment walls, ceilings and floors. This has led to omission of essential fire stopping installations that are required to resist the passage of smoke and flame from fire.

As a consequence, the health board now have a rolling program of remedial work which is being carried out on a risk priority basis. Works have been completed at Barry Community Hospital, St David's Hospital and Woodland House. Currently the appointed 3rd party accredited fire stopping company is carrying out extensive intrusive works at UHW and UHL. It is estimated that this work will take two to three years to complete.

6.9 Fire Policy, Procedures and Permits

C&V UHB Fire Safety Policy and Procedures have been updated, approved in July 2018 and are available to view on the health board's intranet.

There are a number of safe systems of work in place to reduce the risk of fire including:

- Fire Safety Authorisation to Proceed Permit
- Fire Compartmentation Integrity Assurance Permit
- Hot Works Permit
- Fire Alarm System Isolation and Re-instatement Permit

6.10 Provision of Fire Safety Advice on Capital Projects

During the preceding 12 months the fire safety management team have completed technical reviews and reports for all major capitals and minor discretionary capital projects undertaken PAN Estate. These include:

- Major Trauma and Vascular Hybrid Theatres
- 350 Bed Nightingale Design
- 50 Bed Code Compliant Lakeside Wing and major ward refurbishments at UHW
- Rookwood development
- CAVOC and Cystic Fibrosis at UHL
- Radio pharmacy at Llanishen
- Genomics Partnership Wales at Coryton
- Maelfa Wellbeing Centre at Llanedeyrn
- Ongoing refurbishments at Cardiff Royal Infirmary.

6.11 Capital Investment in Fire Safety Precautions and Services

The UHB continues to invest in its fire safety infrastructure including the following:

- Fire stopping project PAN Estate
- Surveying, validation and swop out of mechanical fire dampers that are being replaced by electronic fire and smoke dampers PAN Estate
- Fire alarm and detection system upgrade project at UHW, UHL and Barry Community Hospital (BCH)
- Swop out end of life detectors and carryout a whole site cause and effect review at UHL
- Fire risk assessment actins using the IPR 3.5 MICAD helpdesk system

6.12 Fire Safety Management Restructuring

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Following an external review of health and safety and fire safety conducted in 2021 a recommendation to restructure fire safety management was agreed by the management executives and as from 1st November 2021 the fire safety team moved from the Capital, Estates and Facilities Service Board to the Executive Health and Safety Team. The fire safety team now reports directly to the Head of Health and Safety.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:
Assurance is provided by: Health and Safety aspects continue to be monitored and progressed as detailed within the report. The Head of Health and Safety works closely with the Executive Director of People and Culture in order to successfully implement improvements.

Recommendation:
The Board is requested to: a) **Approve** the Health and Safety Annual Report 2021-2022.

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

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

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

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Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Health and Safety Committee	19th July 2022
Board Committee Meeting	28th July 2022

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Theme Lead:	Samantha Skelton	Theme 1 – Achieving Training and Competence Excellence

Objective	Specific Actions	How will we know the objective has been achieved?	Who will lead this objective?	predicted completion date
Improve accessibility of courses and training through ESR	Review with LED the administration of ESR -Links and access to ESR systems -Removal of dead links -Access for external health boards to ensure they are able to enrol on suitable courses	Reduction in staff booking on incorrect courses. Reduction in monthly issues entries for ESR Training compliance improvement Conduct general questionnaire on ease of using ESR as a booking tool. Review of results to determine positive outcome	Catherine Salter	Q3 2022
	Use of Monthly ESR meeting with LED to progress issues	Meetings in place and time bound actions being completed	Catherine Salter	Ongoing
Action plan to influence UHB wide mandatory training is up to date and completed as planned	H&S contribution to LED mandatory training action plan	Improvement in training compliance Reduction in incidents	Rebecca Corbin (LED) Catherine Salter (H&S)	Ongoing – This is owned by LED with H&S contribution
	Provide provision for departments, directorates and clinical boards to review their overall H&S training compliance easily -Dashboard -Report by request	Clinical board / Directorate feedback. Improved training compliance >85% for each clinical/service board. Reduction in incidents	Robert Warren	Ongoing
	Add mandatory training requirement to the standard PADR template and instigation of training KPI's both individual and departmentally	Improved compliance with KPIs >85% for each clinical/service board.	Robert Warren	Q3 2023
	Consider the requirement for protected study time by role to enable staff to fulfil mandatory training requirements	Improved training compliance >85% for each clinical/service board. Reduction in incidents	Robert Warren / Sam Skelton	Q4 2023
Review of statutory and mandatory requirements to ensure requisite competencies identified, delivered and maintained to include all aspects i.e. manual handling, V&A and fire	Alongside workforce develop training criteria for new position numbers	Improvement in training compliance. Improvement in competency Reduction in incidents	Catherine salter	Q4 2022
	Promotion of TNAs for specific job roles -Linked in with LED -Develop line management process to get managers to assess training needs and update LED.	Improvement in training compliance >85% for each clinical/service board. Reduction in incidents	Catherine Salter	Q3 2023

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	Initiate specific recruitment spaces, and pre-booking for new colleagues during recruitment process	Improvement in training compliance Reduction in incidents	Elinor Thorne	Q4 2022
	Review the requirement for protected time for new starters to undertake training	Improvement in training compliance Reduction in incidents	Sam Skelton	Q4 2022
	Alongside LED implement enhanced mandatory training requirement -Managing safely or similar training	Improved organisational culture Reduction in incidents Increased UHB H&S risk assurance	Jonathan Davies	Q3 2024
Increase the utilisation of digital technology for training processes	Review feasibility, cost, and requirements for reduced training paperwork Review the merits with -LED -IT Security	Reduced usage and storage of physical media	Robert Warren	Q2 2023
Full implementation of Manual Handling Workplace Competency Assessment course	Review and roll out MHWCA system	Fully integrated course	Samantha Skelton	Q4 2021
	Audit and expand MHWCA system	Reviewed findings fed back into course content. Consistent high-quality assessor reports submitted	Samantha Skelton	Q2 2022
Integrate training requirements on the use of the H&S management system	Construction of self-explanatory slide pack on the use of the management system and filing process for specific documents.	Roll out of training package Improved organisational culture	Caroline Murch	Q2 2022
Review of H&S Induction Training and Mandatory Training	Review process of new starter induction training to improve quality. Review content of 3 yearly mandatory H&S training packages – Online and face to face Seek support from LED	Improved induction process	Robert Warren	Q1 2023
Review of technology-based fire training delivery for all staff	Review approaches to training,	Improved compliance records for fire safety	M Perrett	Q4 2024
	To include consideration of digital fire safety training and response systems e.g. Teams			
	Appropriate delivery			

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Theme Lead:	Risk – Rachael Daniel Incident – Rachael Sykes	Theme 2 -Achieving H&S Risk & Incident Management Excellence

Objective	Specific Actions	How will we know the objective has been achieved?	Who will lead this objective?	predicted completion date
Embedding new H&S policy statement	Influencing management executives - Link to fire safety policy	Management executive commitment. Signed copy of Statement of Intent widely on display throughout UHB Commitment to achieve KPIs agreed	Robert Warren	Q2 2022
Relaunch Risk Register and Priority Improvement Plan system	Clear definitions of Risk Register and PIP -collaborate with corporate governance team	Updated Risk Register and PIP for Clinical Boards and Directorates	Rachael Daniel	Q3 2023
	Communication pack with support available to clinical boards and directorates	Updated Risk Register and PIP for Clinical Boards and Directorates	Rachael Daniel	Q3 2023
	Identify the accountability path to confirm Risk Register and PIP is complete	Updated Risk Register and PIP for Clinical Boards and Directorates	Robert Warren	Q3 2023
	Update general risk assessment and task specific templates aligning with risk register scoring process	Updated templates in use and training incorporated into the managing safely and working safely courses Reduction in incident rates	Rachael Daniel	Q3 2023
Management of High-Risk Work	Contractor Management Policy: Review of Contractor Management arrangements	-Policy brought across to H&S ownership	Jonathan Davies	Q3 2022
	Ensure communication and implementation of policies more widely	-Gaps closed on Risk Registers -Contractor management to be implemented as a line on clinical board risk registers	Jonathan Davies	Q4 2022
	Extend contractor monitoring -improve procurement H&S process -ongoing monitoring of established contractors -extend contractor inductions to all contractors	Implement H&S element into a procurement process Report into operational H&S meeting.	Jonathan Davies	Q4 2022
	Permit to Work Policy (PTW). Review of Safe systems of Work including Permit to Work arrangements and fire authorisation to proceed permit.	-Policy brought across to H&S ownership	Jonathan Davies	Q3 2022
		-Gaps closed on Risk Registers	Jonathan Davies	Q4 2022

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Review departmental risk management activities to ensure risks are identified, recorded and tracked	Review and update/transfer actions from previous priority improvement plan to include fire safety element	New PIP created and signed off	Robert Warren	Q3 2022
Review incident investigation process	Review the monitoring of follow-up actions from RIDDOR incidents -Monthly Senior line management meetings	RIDDOR incident actions closed in timely manner, inline with current standard Learnings shared and mitigating actions implemented	Clinical Board Advisors	Q4 2022
	Create and distribute investigation templates	Updated forms in use	Rachael Sykes	Q2 2022
Improve Datix Utilisation	Assisting in the implementation and training of Datix Cymru system. Patient Safety Department lead on this and are the UHB administrators	Sampling of incident forms as selective audit. System embedded and in wide use across the UHB	Rachael Sykes	Q4 2022
Identify trends in losses to inform proactive interventions	Review for UHB and clinical board meetings	Reports presented at operational meetings	Rachael Sykes	Q4 2022
Streamline reporting mechanisms for unsafe conditions	Implementation of behavioural safety programme. Identify type of behavioural safety programme required. Include elements in existing training programmes	Evidence of Near miss reporting. Proactive culture towards H&S move towards an interdependent culture	Carl Ball	Q4 2024

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Theme Lead:	Carl Ball	Theme 3 -Achieving Communication Excellence

Objective	Specific Actions	How will we know the objective has been achieved?	Who will lead this objective?	predicted completion date
Develop H&S communications strategy (in line with management system)	Further dashboard roll out - Management executives down to all levels -Consider adding to CEO staff connect	Feedback from Senior management Discussion in Clinical Board Meetings	Robert Warren	Q2 2022
	Communication of H&S Management system -mentioned in induction / Mandatory training	Management system in wide use throughout the HB Audit compliance	Robert Warren	Q1 2023
	Improve intranet web-site design/navigation	Tracked page listings.	Robert Warren	Q3 2022
	Create COMPT (Communication Order – Members, Purpose, Times) plan for communications outward.	Plan in place and being worked through	Caroline Murch	Q4 2022
Develop a Service level style agreement with clinical boards	Develop in line with RACI requirements	Services Agreed with Clinical Boards in a formal format	Robert Warren	Q3 2023
Review and redefine Terms of Reference for Current H&S meetings at all levels	H&S committee structure review	TORs comply with minimum template standards	Robert Warren	Q3 2022
	Sub Committee Structure/TOR review	TORs comply with minimum template standards	Rachael Daniel	Q3 2022
Develop H&S Calendar of Subjects and drop in advice sessions on all H&S issues	Look at creation of calendar and how to implement interactions	Calendar implemented and in circulation.	Rachael Daniel	Q2 2023
	Review resourcing needs and potential usage/process -Via teams/face-to-face/phone call -Subject specific	Advice process in operation.	Rachael Daniel	Q1 2023
	Run pilot sessions	Pilot being run	Rachael Daniel	Q1 2023
	Consider guidance documents, and content	Review conducted	Rachael Daniel	Q1 2023

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Theme Lead:	Caroline Murch	Theme 4 – Measuring Performance

Objective	Specific Actions	How will we know the objective has been achieved?	Who will lead this objective?	predicted completion date
Implement H&S Management System	Create Project plan to implement H&S management system (guiding documents) *HSMS*	Document review Clinical boards implement management system	Caroline Murch	Q3 2022
	Create H&S Information Management System (IMS) structure and roll out to wider organisation	S-drive system to be in place locally S-drive system in place UHB wide	Caroline Murch	Q2 2022
	Include process for outputs from HSMS to be reviewed by Senior management teams.	Management review process in place.	Caroline Murch / Robert Warren	Q4 2022
	SMART H&S objectives to cascade out to health board.	Objectives in place, tracked and reviewed	Caroline Murch	Q3 2022
Key H&S Policies (management system)	Review Policy management and review schedule	Policy management process reviewed and any necessary improvements implemented.	Caroline Murch	Q3 2022
	Conduct Policy and Procedures Gap Analysis	Gaps identified and time bound action plan in place to address any short falls.	Caroline Murch	Q4 2022
RACI Matrix	Identify those individuals with Responsibility, Accountability, Consulted and Informed duties across the UHB in terms of H&S.	Roles and responsibilities clearly identified and communicated	Robert Warren	Q3 2022
	Get confirmed commitment from delegated responsible persons	Through Operational H&S meeting, agreement	Robert Warren	Q4 2022
Include personal H&S deliverables in KPIs and PADRs	Discuss with HR including H&S deliverables in KPIs/PADRs (linked to training)	PADR update includes a H&S element.	Robert Warren	Q1 2023
Include Clinical Board/Directorate KPI's	Identify Key H&S KPI's for implementation to Clinical Boards/Directorates	Specific targets implemented, worked to and achieved.	Caroline Murch	Q3 2022
Drive exec board engagement with H&S topics	Executive management H&S training around responsibilities	Exec board compliance to training, course completed	Robert Warren	Q4 2022
	Staff stories/focussed H&S initiative taken to H&S committee level meetings	Evidenced in meeting minutes	Robert Warren	Q3 2022

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Theme Lead:	Jonathan Davies	Theme 5 – Audit & Review

Objective	Specific Actions	How will we know the objective has been achieved?	Who will lead this objective?	predicted completion date
Create Sustainable Audit System	Audit against H&S Management System -create audit question sets -collaborate with NWSSP to prevent duplication and resource	Audits developed and conducted Audit follow up documented	Robert Warren	Q4 2024
	Create schedule for full audit suite Including: Statutory compliance Compliance with internal policies and procedures Best practice	Audit Schedule in place capturing all groups	Robert Warren	Q4 2024
	Creation of competent departmental lead auditors	Trained competent auditors available.	Jonathan Davies	Q2 2023
	Define Audit procedure. Consistent scoring system	UHB wide auditing process implemented	Jonathan Davies	Q4 2024
	Capture and analysis of audit action completion status	Feedback to clinical boards/directorates. Data used to set KPI's.	Jonathan Davies	Q4 2024
Investigate and where needed address the specific actions and clarity of information in policy and procedure documents in response to feedback from review	-Updated/Review and distribute managers handbook	Updated handbook in place	Jonathan Davies	Q4 2022

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Theme Lead:	Mal Perret	Theme 6 - Fire Safety

Objective	Specific Actions	How will we know the objective has been achieved?	Who will lead this objective?	predicted completion date
Review and update the current Fire Safety Procedures	Conduct a procedures gap analysis Provide a list of unambiguous fire safety procedures applicable to the UHB	Gap analysis conducted and procedures in place.	Mal Perrett/Caroline Murch	Q4 2022
Integrate a Fire Safety Management System (FSMS) into the H&S Management System	Formulate and implement a FSMS to best ensure a holistic approach for fire risk reduction for the UHB	When the following operational management procedures are fully embedded including • Fire Safety Protocols • Bespoke Emergency Action Plans • Fire Safety Training • Fire Safety Audits • Bespoke exercises and drills	Caroline Murch / Mal Perrett	Q3 2023
Review current Fire Safety Management Organisational Structure (FSMST)	Roles and responsibilities *-link to RACI* Direct accountability for fire safety *-link to RACI*	When review complete and any necessary actions implemented.	Robert Warren	Q3 2022
Review the requirement for a recognised Fire Safety Audit System	Recognised healthcare specific audit system is PAS7	If deemed necessary audit system in place. Following the first successful 3rd party audit	Robert Warren / Mal Perrett	Q4 2023
Major Capital Planning Project System	Draft a Fire Safety Project process service level agreement/RACI Present to CEF Management Agree approval	When process is operational with improved service delivery	Mal Perrett/T Ward	Q3 2023
Introduce a Call Delay Procedure at UHW and UHL	Conduct a procedure gap analysis Review Fire stopping programme Create and implement enhanced Fire response team training Smart objective – implementation of segregated programme I.E non-sleeping patient areas	When there is significant measurable reduction in SWFRS emergency response attendance	Mal Perrett	Q4 2023
Emergency evacuation equipment training	Conduct a procedure gap analysis Engage porter Management Agree a workable procedure for deployment	Post training and establishment of a robust procedure is implemented	M Perrett / Catherine salter	Q3 2022

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Review the Health Boards Major Incident Plan and How Fire Safety Contributes to Robust Arrangements.	Work in conjunction with strategic planning and security to adopt a robust plan in line with health board requirements. Maintain and Improve the plan, extend information to external emergency services to run regular desktop and practical exercises to improve our incident handling procedures.	We have a better understanding of specific key contacts within our health board and external emergency services to build better relationships and remove barriers. More robust emergency incident arrangements	Robert Warren / Mal Perrett / A Stephenson	Q3 2022.
Review the requirement for an alternative recognised Fire Risk Assessment Audit System	Influence and promote within shared services a more robust easier system for recording and reviewing risk assessment action and response.	When the system is purchased and fully adopted by Shared Services, Compliance and Estates and The Board	Mal Perrett	Q3 2024
	Conduct a system gap analysis			
	Research alternative methods and systems			
	Benchmark systems and cost analysis			
	Produce a business case for change and approval			
Review use of disposable/one use (p50) fire extinguishers with remote sites	Look into current legal standards of P50s in healthcare properties and shared services rules.	Understanding of legal standards established	Mal Perrett	Q2 2022
	Roll out process		Mal Perrett	Q1 2023

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Report Title:	Health and Safety Culture Plan				Agenda Item no.	7.2
Meeting:	Board		Public	x	Meeting Date:	28/07/2022
			Private			
Status *(please tick one only):*	Assurance	x	Approval	X	Information	X
Lead Executive:	Executive Director People and Culture					
Report Author (Title):	Head of Health and Safety					

Main Report
Background and current situation:

Background
The Health and Safety Culture Plan 2022-2025 has been developed to provide a structured, prioritised approach to underpin Cardiff and Vale University Health Board's H&S aims and objectives. It has been established from the findings of the independent external review conducted in 2021 and a full department workshop session conducted in October 2021.

Situation

The Health and Safety Culture Plan sets out the actions we will take over the next three years, with a clear focus on improving the H&S culture within the organisation. It is built around 6 themes each with a competent departmental lead:

1. **Achieving Training and Competence Excellence** – to develop H&S education which inspires and empowers people to work safely within their capabilities. To create a workforce that is competent in everything they do.
2. **Achieving Health and Safety Risk & Incident Management Excellence** – to embed a process for identifying and mitigating risk at all levels. To develop a suite of lagging and leading performance indicators. To introduce a robust system for investigating incidents at a proportional level with a feedback mechanism to review and share the relevant findings.
3. **Achieving Communication Excellence** – to create an environment to enable collaboration and open discussion ensuring clear, consistent communications utilising a range of channels to reach all stakeholders both internal and external.
4. **Measuring Performance** – to create a stakeholder adopted management system and ensure it is consistently applied throughout the UHB
5. **Audit & Review** – to create a leading audit process by which we identify non-conformances, rectify in an appropriate time bound fashion, and share these improvements with Clinical and Service Boards
6. **Achieving Fire Safety Excellence** – to develop leading fire safety preventative and protective measures that provide a robust, compliant, and resilient approach to fire safety management

Within each theme are a number of SMART objectives and agreed actions, with identified owners.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:
The plan commits the Health Board to continually improve the health and safety of its staff and other persons affected by its activities and will evidence a step change in H&S culture at CAVUHB. Assurance is provided by demonstrating progress through the 2022 Health and Safety Culture Plan which will be monitored at the Operational Health and Safety Group meeting and progress reported at each Health and Safety Committee meeting.

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Recommendation:

The Board are requested to:

Approve the draft Health and Safety Culture Plan 2022-2025, as attached to the report.

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

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

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

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

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Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Board Committee Meeting	28/07/2022
Health and Safety Committee Meeting	19/04/2022

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

Health and Safety Culture Plan 2022-2025



Llunio ein Gweithlu i'r Dyfodol

Shaping Our Future Workforce

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Welcome

From the Executive Director of People and Culture



Health and Safety Culture is an important topic, but not an easy one to tackle. You may have seen me write previously about culture in general and its relationship with our strategy, as I believe that aligning the two together is key. A strategy in which a healthy, vibrant, inclusive and compassionate culture is a key part is more likely to succeed than a strategy in which culture is ignored in the hope that it will follow suit.

An organisation's culture can be a big influence on its health and safety outcomes. By this, I am not referring to compliance rates and conforming to a set of rules. As employees, we all have a personal responsibility to ensure that our working environment and working practices are safe: for ourselves; our colleagues; and our patients. In a positive culture, conversations about health and safety should be an everyday occurrence and as managers, we should actively listen to what our employees are telling us, and take it seriously. Engaging our workforce in safety is important, as no-one knows their work and work environment better than they.

Safety culture has been described as an organisation's personality, or 'the way things are done around here'. A great organisation is one where everyone works together to achieve the organisational objectives, gives their personal best, and where we can work together as a team in an environment of trust. There is no doubt in my mind that we have achieved this over the past two years in response to the Covid-19 pandemic and the subsequent recovery period. However, we know that our staff are tired, that many are suffering from work-related stress and burnout and we need to tackle this.

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A safer workplace is a happier workplace. Through our Health and Safety Culture Plan we will protect our people, ensuring that health and safety is an integral part of our business. We will improve understanding, reduce risks and learn from our mistakes to help ensure that we will Care for People, Keep People Well.

Introduction



At Cardiff and Vale University Health Board (UHB) we pride ourselves on being a safe place to learn, work and live, with inclusion, wellbeing, and development at the heart of everything we do.

An independent external review of H&S arrangements within the UHB was conducted in May 2021. The Health and Safety Culture Plan 2022-2025 has been developed in line with this review to provide a structured, prioritised approach to underpin the UHB's H&S aims and objectives. It commits the Health Board to continually improve the health and safety of its staff and other persons affected by its activities.

As stipulated by the Health and Safety Executive (HSE), the Board should set the direction for effective H&S management. This starts with the H&S policy which should be an integral part of the organisations culture, values and performance standards. The Health and Safety Culture Plan builds on this policy foundation, existing systems and the strong Health and Safety departmental competence. It strengthens what we already do and introduces new key systems and processes that are fundamental to managing H&S. It introduces forward thinking, providing a proactive approach which will further embed H&S into the operations of the UHB, leading to an improved culture from top to bottom.

The HSE lay out a four-part approach for the management of H&S based on a Plan, Do, Check, Act principle –this helps us achieve a balance between the systems and behavioural aspects of management. It also treats H&S management as an integral part of good management, rather than as a stand-alone system. This principle has been incorporated into the plan and is covered within the proposed management system which incorporates all the departmental elements of Health and Safety, Personal Safety/Case Management, Manual Handling, Fire Safety and Health and Safety Training.

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To truly change the culture of the organisation this plan requires the full 'Buy in' from everyone at all levels of the organisation. It is very difficult for a single site or department to be on a lone journey to 'World Class H&S Performance'. All parts of the organisation need to be aligned, including supporting systems and processes and it requires a consistency of continued effort and focus by all. Whilst this plan is led by the H&S department everyone in the organisation must play their part in it's successful implementation. We are all leaders in terms of H&S and only by working together can we fully realise our potential in driving the necessary change at CAVUHB.

Graphic required – Working together/inclusion/collaboration

At its most effective, full involvement of our workforce creates a culture where relationships are based on collaboration, trust and joint problem solving. All UHB staff should be involved in assessing workplace risks and the development and review of workplace H&S policies in partnership working.

"I find it hard to imagine how one could ever put in place an effective workplace health and safety system that did not include real participation and engagement of the workforce."

Judith Hackitt, Chair of the HSE

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About This Plan

The Health and Safety Culture Plan sets out the actions we will take over the next three years, with a clear focus on improving the H&S culture within the organisation. The Health and Safety Culture Plan is built around 6 themes:

Achieving Training and Competence Excellence – to develop H&S education which inspires and empowers people to work safely within their capabilities. To create a workforce that is competent in everything they do.

Achieving Health and Safety Risk & Incident Management Excellence – to embed a process for identifying and mitigating risk at all levels. To develop a suite of lagging and leading performance indicators. To introduce a robust system for investigating incidents at a proportional level with a feedback mechanism to review and share the relevant findings.

Achieving Communication Excellence – to create an environment to enable collaboration and open discussion ensuring clear, consistent communications utilising a range of channels to reach all stakeholders both internal and external.

Measuring Performance – to create a stakeholder adopted management system and ensure it is consistently applied throughout the UHB

Audit & Review – to create a leading audit process by which we identify non-conformances, rectify in an appropriate time bound fashion, and share these improvements with Clinical and Service Boards

Achieving Fire Safety Excellence – to develop leading fire safety preventative and protective measures that provide a robust, compliant, and resilient approach to fire safety management

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Within each theme are a number of objectives and agreed actions, with identified leads and this plan describes these.



The Health and Safety Culture Plan can only be delivered through engagement and partnership working with our staff



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Theme 1: Achieving Training and Competence Excellence

The Health and Safety Department aim to have a workforce that are informed, suitably trained and competent to improve the H&S culture across the UHB.

The overall aim of this theme is to ensure we provide a programme of H&S courses and interventions to improve the health & safety for all staff working within the UHB and that this training is accessible, relevant and appropriate.

Achieving this aim will provide assurance that the UHB is fulfilling its legal responsibilities in relation to H&S Legislation, ensuring that there is a skilled workforce, resulting in a reduction of H&S incidents across the UHB.

The challenges we face under this theme include:

- A number of the actions require joint working with other stakeholders across the UHB
- Staffing numbers in wards/departments allowing staff time to be released to complete mandatory training requirements
- Training team establishment – having adequate resource to be able to deliver to Training Needs Analysis (TNA)
- Training venues – limitation on numbers due to number and size of training venues under control of the Health and Safety department
- Staff not having allocated time to meet their training needs
- Developing effective, inclusive and accessible ways of enabling employees to meet their training needs

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How we will overcome these challenges:

- Create a training strategy and action plan that has measurable outcomes
- Review and enhance the booking process to ensure access to training is easier for staff
- Explore alternative avenues for staff to meet their training needs, to include wider use of Workplace Assessors, expand online and face to face training provisions and explore more flexible ways of delivery
- Explore 'protected time' for staff to be able to meet their H&S mandatory training needs
- Identify those staff most 'at risk' and offer training in a timely manner to address this risk
- Continue to support our employees to improve their own H&S, ensuring that they have access to the right information, services and activities
- Provide departments with up-to-date training compliance data for monitoring and improvement purposes

Character image to show training link

Improve accessibility of courses and training through ESR

The current ESR system is not easy for staff to navigate when booking onto training courses. This objective hopes to address this issue by ensuring the process is as clear and easy as possible. To achieve this, work is ongoing with LED to ensure that there are clear links and access to the ESR system for all UHB staff. Monthly meetings are in place to address concerns raised and progress issues. The objective should lead to an increase in training compliance and a general reduction in errors with staff booking on inappropriate training courses.

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Action plan to influence UHB wide mandatory training is up to date and completed as planned

LED lead on the UHB's mandatory training action plan. A number of the training courses included within this action plan are owned by the Health and Safety department. The purpose of this objective is to influence and contribute to the corporate action plan by enabling departments to monitor their training compliance via the monthly H&S training dashboards and by providing reports on request. This will highlight areas that are failing to meet their mandatory training targets and allow managers within the Clinical and Service Boards to take more ownership/responsibility to improve the situation.

In addition to managers having more responsibility for ensuring their staff are compliant there is an aim to have mandatory training requirements reintroduced to the standard Values Based Appraisals (VBA) template to ensure that everyone within the UHB has an identified responsibility to attend identified training and that this training is linked to their KPIs.

Whilst each member of staff has an identified number of mandatory training requirements that are linked to their role and recorded on ESR, there is currently no 'protected time' to enable this to be completed. The H&S Team aim to explore the possibility of each staff member being allocated (pro rata) specific protected time to achieve compliance .

Review of statutory and mandatory requirements to ensure requisite competencies identified, delivered and maintained to include all aspects i.e. manual handling, V&A and fire

Currently, the way in which mandatory training requirements are allocated may result in some staff undertaking training that is not relevant/needed and others not completing training that is. This objective aims to rectify this, to try to ensure staff have training that is identified by individual roles to ensure training is relevant.

A review of training requirements at point of recruitment/application will be undertaken and consideration for specific courses for new starters will explored to ensure all relevant mandatory training is undertaken as soon after appointment as possible, with protected/allocated time to do so.

A review of all existing H&S training will be undertaken to identify any gaps and training requirements.

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Increase the utilisation of digital technology for training purposes

At present the majority of training materials/resources used for H&S training are paper based. Digital technology will be explored to reduce training paperwork. This will ensure training records are more accurate, less likely to be misplaced, and able to be held for longer periods of time as evidence of training for potential personal injury claims against the UHB.

Having a more digital approach will modernise the way training is delivered/managed and enable delegates to have a digital record of evidence for training rather than paper copies which often get lost. This will enable staff to provide evidence more easily when changing roles in the future.



Full implementation of Manual Handling Workplace Competency Assessment course

The Health and Safety department reintroduced a training programme for manual handling workplace competency assessors (MHWCA) in September 2021 for patient handling staff. This was a pilot scheme for 6 months which has now been rolled out across the UHB. The aim of the MHWCA is to reduce the frequency of classroom manual handling training by undertaking a workplace competency assessment at specified intervals. The MHWCA can carry out competency assessments at any time during the working day/night thus affording much more flexibility for staff to achieve their competence for manual handling without needing to be released from the clinical area for a whole shift at a time. The assessments take approx. 40 mins thus each assessment is saving precious time away from the workplace. The goal is to expand the number of patient handling MHWCA across the UHB and a similar programme for inanimate handling staff will be implemented across the UHB.

The project will be constantly monitored to ensure standardised assessments are completed and submitted. There is a quality assurance process in place for the MHWCA to resolve concerns raised by the MHWCAs

Saunders, Nathan
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Integrate training requirements on the use of the H&S management system



The Health and Safety department are implementing a H&S management system to be rolled out across the organisation. A comprehensive training programme will be developed to support Clinical and Service boards for this project.

Review H&S induction training and mandatory training

At present a number of H&S topics are included in the induction and mandatory training programmes.
A review will be undertaken to identify any gaps in delivered information. This review will ensure relevant H&S subjects are included and determine if this is the most appropriate way to cascade this training

Review of technology-based training delivery

H&S E-learning mandatory training programmes are available for all staff to complete on ESR. A review of the content will be undertaken to ensure relevance and accuracy.

Measures of success for this theme include:

- Improvement in training compliance
- A reduction in reported H&S incidents
- Improved organisational H&S culture
- Positive impact on patient experience
- Provide compliance with H&S legislation for the UHB

Saunders,Nathan
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Theme 2: Achieving Health and Safety Risk & Incident Management Excellence

To embed a process for identifying and mitigating risk at all levels. To develop a suite of lagging and leading performance indicators. To introduce a robust system for investigating incidents at a proportional level with a feedback mechanism to review and share the relevant findings.

This theme contains two key elements – incident management and risk management. These components will be addressed separately.

Incident Management

The challenges we face for incident management under this theme include:

- Implementation of Datix Cymru
- Maintaining a good reporting culture
- Competence in undertaking an appropriate and thorough investigation
- Monitoring and follow up of investigation findings and recommendations
- Support from management and workforce towards behavioural safety

Saunders,Nathan
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The UHB is committed to the health, safety and welfare of our staff, patients, visitors and all users of our premises and services, and our impact on the environment by being proactive in our approach to reduce the number of untoward incidents.

An Adverse Incident is defined as

"Any unplanned event that resulted in, or had the potential to result in, an injury or the ill health of any person, or the loss of, or damage to, property"

Every year staff are injured at work. In our UHB, between 1st April 2021 and 31st January 2022 there were 11,155 working days lost due to work related incidents reported during this period. Adverse events have many causes and what may appear to be bad luck (being in the wrong place at the wrong time) can, on analysis, be seen as a chain of failures and errors that lead inevitably to the adverse event - this is often known as the Domino effect. Clearly, there are good financial reasons for reducing accidents and ill health but the safety of our staff must be at the heart of everything that we do.

How the challenges will be overcome

- Close working with the Patient Safety Team to provide support and guidance for staff in the use of Datix Cymru
- Implementation of incident investigation tools
- Incident investigation training including appropriate levels of investigation
- Arrangements to ensure action plans are implemented and progress monitored
- A structure to share lessons learned
- Implementation of a behavioural safety programme
- Review incident investigation process
  - Incident investigation flowcharts and templates will be developed and rolled out across the organisation. Training programmes will be enhanced to provide managers with the necessary skills.
  - Identification of clear roles and responsibilities for incident management will be established.
  - A process will be developed and implemented to review and monitor actions from RIDDORs and incident investigations. This will be rolled out across the Clinical and Service Boards to ensure a consistent and clear approach. Monthly meetings will be established with senior managers to review the status of serious incident investigations and monitor outstanding agreed actions.

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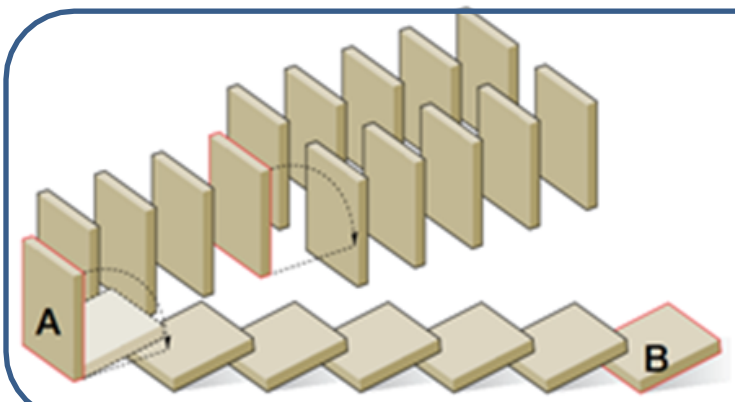


Each domino represents a failing or error which can combine with other failings and errors to cause an adverse event. Dealing with the immediate cause (B) will only prevent this sequence. Dealing with all causes especially root causes (A) can prevent a whole series of events.

There are hazards in all workplaces; risk control measures are put in place to reduce the risks to an acceptable level to prevent accidents and cases of ill health. To prevent adverse incidents, we need to provide effective risk control measures which address the immediate, underlying and root causes. The fact that an adverse incident has occurred suggests that the existing risk control measures were inadequate. Learning lessons from near misses can prevent costly accidents and improve employee morale and attitude towards H&S.

It is essential that all incidents, near misses and hazards are reported so that appropriate action can be taken to try to prevent their reoccurrence, improve the environment, patient experience and services where appropriate. The Health Board utilises an electronic reporting system, Datix, and encourages a fair and open culture where there is willingness to report so that lessons can be learned, and risks reduced as far as is reasonably practicable. The E-Datix system was replaced with a new reporting system from 1st March 2022 – Datix Cymru.

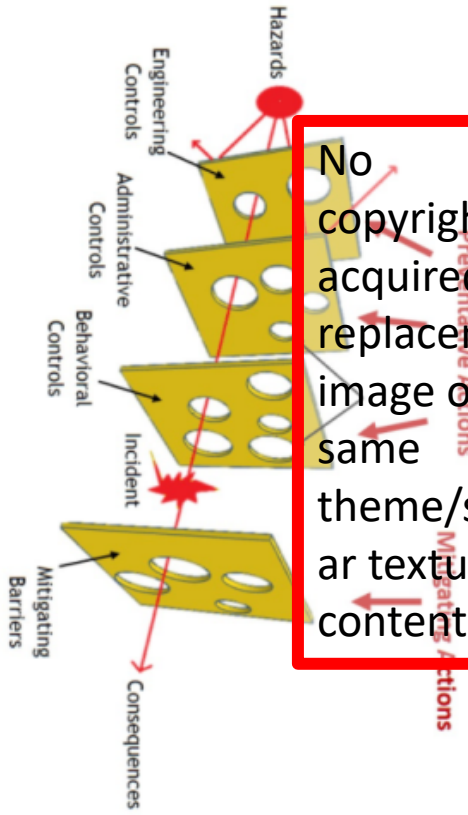


Saunders-Jonathan
27/07/2022 17:34:58

DatixCymru

Adverse incidents should be investigated to ensure that corrective action is taken, learning is shared, and any necessary improvements are put in place. The objective is to establish not only how the adverse event happened, but more importantly, what allowed it to happen. An investigation is not an end, but the first step in preventing future adverse incidents and establishing a deeper understanding of the risks associated with work activities. Investigations will help us to:

- identify why existing control measures failed and what improvements or additional measures are needed
- plan to prevent the incident from happening again
- point to areas where risk assessment needs reviewing
- improve risk control in our workplace in the future



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Improve Datix Utilisation

The implementation of Datix Cymru is being led by the Patient Safety Team with close working and support from the Health and Safety Team. Advice and guidance will be provided to staff where required and selective audits will be undertaken to ensure the system is being used effectively

Proactive interventions will be explored where there has been an identified trends in losses

Incident data will be reviewed to formulate specific stretching KPIs for individual Clinical and Service Boards and channels of communication will be explored to ensure lessons learned from incidents are shared across the UHB where appropriate.

Saunders,Nathan
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Streamline Reporting Mechanisms for Unsafe Conditions

Behavioural safety is a key part of the UHBs journey to ensuring excellence in workplace safety and health. Behavioural safety programmes can help to prevent work related accidents and diseases and is about identifying bad habits that could cause accidents or lead to ill health and reinforcing good habits. Over the next 3 years the Health and Safety Department will implement a behavioural safety programme and this will be communicated across the organisation with support and training available.

Measures of success

- Reduction in incident rates
- Reduction in days lost because of adverse incidents at work
- A systematic approach to effective incident investigation with a methodical, structured approach to information gathering, collation and analysis.
- Evidence of near miss reporting.
- Proactive approach towards an interdependent H&S culture
- Shared learning from incidents and mitigating actions implemented
- Clear guidance for determining the level of investigation which is appropriate for the adverse incident

Risk Management

H&S risk management is a process where we do what we can to minimise the risks associated with health and safety hazards within our workplace. The aim is to ensure that no one is injured or hurt by a hazard at work.

The challenges we face for Risk management under this theme include:

- Different versions of risk assessment forms in circulation
- Competence in undertaking suitable and sufficient risk assessments
- Monitoring and follow up of actions
- Support from management and workforce towards behavioural safety

To address these challenges, we will:

- Provide a suite of risk assessment forms
- Provide appropriate training and support in completing risk assessments
- Arrangements to ensure action plans are implemented and progress monitored
- Implementation of a behavioural safety programme

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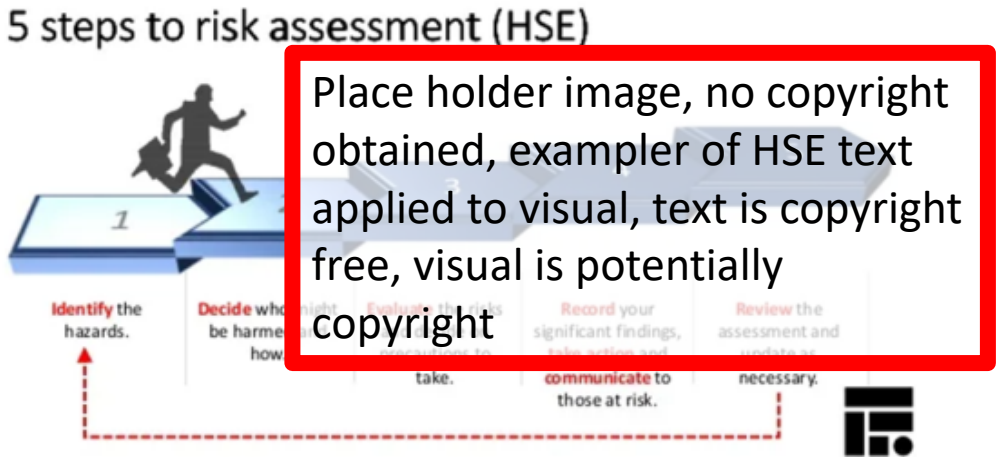
Objectives of risk assessment

Risk assessments are conducted across the organisation to facilitate the identification and management of risk. In simple terms, the objectives of a risk assessment are:

- Identify the hazards associated with an activity.
- Assess the risks posed by those hazards.
- Eliminate the hazards (design out), or manage the hazards (incorporate safety systems, control measures etc) to reduce the risk to an acceptable level; and
- Monitor the risks to ensure controls are working and feedback lessons to ensure continual risk reduction.

Risk management is a systematic process that involves the following five steps:



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There are many instances when a risk assessment should be undertaken. These being, when:

- a new hazard has been introduced
- an incident (including a near miss) has occurred
- when a new activity involving significant risk is planned.

We are required to make a 'suitable and sufficient' assessment of risks to our employees and others not in our employment that are created out of our work. Risk assessments are led by competent persons who have appropriate skills, knowledge, and experience with input from individuals with practical knowledge of the work activities being assessed. They include both activities undertaken at our own premises and risks associated with offsite activities such as work at the premises of others, travel, and driving.

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Assessing risk is just one part of the overall process used to control risks in our workplace. Risks can often change and be unpredictable and therefore it is essential that we can demonstrate flexibility in our responses and processes to manage our risks.

Risk Scoring = Consequence x Likelihood (C x L)

Consequence Score	Likelihood Score				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 - Catastrophic	5	10	15	20	25
4 - Major	4	8	12	16	20
3 - Moderate	3	6	9	12	15
2 - Minor	2	4	6	8	10
1 - Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

1 - 3 = Low Risk	**Quick, easy measures implemented immediately, and further action planned for when resources permit**
4 -10 = Moderate Risk	**Actions implemented as soon as possible but no later than a year**
12 -16 = High Risk	**Actions implemented as soon as possible but no later than six months**
20 - 25 = Extreme Risk	**Requires urgent action. The UHB Board is made aware, and it implements immediate corrective action**

Embedding new Health and Safety policy statement

H&S must be embedded in the culture of the organisation. The UHB's Statement of Intent has been signed by the Chief Executive and displayed at key points throughout the organisation - this demonstrates visible leadership across the UHB.



The Statement of Intent is the Board's commitment to provide a safe and healthy workplace for all and is the responsibility of the Clinical and Service Boards to ensure it is widely communicated within their areas.

Saunders Nathan 27/01/2022 17:34:58

Relaunch Risk Register and Priority Improvement Plan System

The H&S Risk Register and Priority Improvement Plan (PIP) are key documents for recording risks, controls, mitigation and actions. These are live documents which require regular review - the Clinical and Service Boards will be supported to produce their PIP.

The Health and Safety Department will work closely with the Corporate Governance Department to ensure the consistency of advice and information to the Clinical and Service Boards.

The general risk assessment and task specific templates will be reviewed so that they are aligned with the risk register scoring process. The templates will be incorporated to all relevant H&S training.

Management of High-Risk Work

The UHB has policies and procedures in place for the safe management and control of high-risk work to minimise risks to all personnel on the premises. This applies to staff, contractors, and partners.

There will be a review of all associated H&S policies and procedures to ensure correct ownership

There will be a review of the contractor management process to ensure a standardised and uniform approach with key stakeholders.

Review departmental risk management activities to ensure risks are identified, recorded, and tracked

The Priority Improvement Plan will be reviewed and updated and actions from the previous PIP will be transferred and will include fire safety. The PIP will also be cross referenced with the departmental risk register to ensure all is captured and progressed.

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Measures of success for this theme include:

- Signed copy of Statement of Intent widely on display throughout the UHB
- New Priority Improvement Plan (PIP) created and signed off
- Updated Risk Register and PIP for Clinical and Service Boards & Directorates/Departments
- Updated templates in use and incorporated into the managing safely and working safely courses
- Reduction in incident rates

Theme 3: Achieving Communication Excellence

Communication is a critical component of successful leadership. Whether you're the manager of a small team or leading a large network of workers, vital information will be ignored or misunderstood if you don't have the correct skills and tools to effectively communicate.

This is especially true when promoting workplace H&S, as methods of communication can be 'make or break' in terms of safety. An incorrect strategy can lead to disengaged and uninformed employees.

Communication should be two-way and not only take place with internal stakeholders, but will also need to consider external parties - these could include third party sectors, voluntary sectors or enforcing authorities.

Effective communication supports the development of positive relationships and can influence attitudes and behaviours in relation to H&S.

The challenges we face under this theme include:

- Integrity of information.
- Stakeholder engagement and collaboration
- Behaviours and attitudes
- Developing effective and inclusive ways of enabling employee involvement

How the challenges will be overcome

- Competent H&S advice based on legislation and guidance
- Clear procedures and guidance on key H&S processes e.g. incident investigation
- Implementation of a behavioural safety programme
- Communication platforms to be maintained to ensure a steady flow of relevant, factual and timely information to key stakeholders
- Implementation of the H&S management system will allow a review and feedback mechanism

Saunders,Nathan
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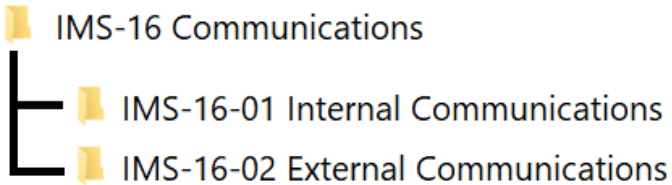
The fundamental goal of good communication is to provide meaningful, relevant and accurate information, in clear, concise and understandable terms. This in turn can:

- Promote awareness and understanding of the management of H&S as well as specific risk issues
- Promote consistency and transparency in arriving at and implementing H&S risk management decisions
- Provide a sound basis for understanding the management of H&S within the organisation
- Improve the overall effectiveness and efficiency of the implementation of the management system
- Contribute to the development and delivery of effective information, instruction and learning opportunities
- Strengthen the working relationships and mutual respect among all participants in H&S
- Exchange information on the knowledge, attitudes, values, practices and perceptions concerning H&S.
- Enhance two-way communication as an effective feedback mechanism to the Health and Safety Team

Develop a Communication H&S Plan

Communication is a key element of the H&S Information Management System (IMS) and is a specific component of the hierarchy. IMS-16 will detail the specific processes and procedures necessary for the consistent storage and management of communications, both internal and external.



We will review and improve existing communication platforms including the H&S intranet pages, Terms of References and dashboard.

Saundersathan
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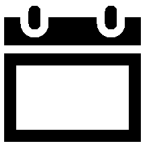
Review and Redefine Terms of Reference for Current H&S Meetings at all levels

The structure of the UHB Operational H&S meeting will be reviewed to ensure it is fit for purpose and provides the UHB with the necessary assurance that H&S is effectively managed at all levels. The relevant findings from this review will be used to inform and improve the Clinical and Service Board H&S meetings to ensure a consistent approach across the UHB.



Temporary image
Colleagues sat around a table,
For a meeting

Develop H&S Calendar of Subjects



Potential image spot
Calendar wearing a hard hat? Or HiVis?

An annual programme of regular themed H&S topics will be developed and implemented to provide advice, information and reassurance across the UHB. This could be achieved in a variety of formats including dial in/drop-in sessions and website content.

Measures of success for this theme include:

Regular relevant and up to date information posted throughout the UHB utilising various platforms
Implementation of standardised Terms of Reference for Clinical and Service Board H&S meetings
Developed and implemented annual programme of themed H&S topics
Intuitive departmental intranet webpages in line with the H&S management system

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Theme 4: Measuring Performance

To create a stakeholder adopted management system and ensure it is consistently applied throughout the UHB.

The primary purpose of measuring H&S performance is to provide information on the progress and status of the strategies, processes and activities used by the UHB to control risks to H&S. Measurement information sustains the operation and development of the H&S management system by:

Potential location for image
Suggestion:
Upward trending
charting maybe?

- providing information on how the system operates in practice.
- identifying areas where remedial action is required.
- providing a basis for continual improvement.
- providing feedback and motivation.

The challenges we face under this theme include:

- Embedding the culture into every day working practices
- Encouraging managers to embrace new ways of working
- Developing effective and inclusive ways of enabling employee involvement
- Lack of engagement and collaboration
- Providing information at all levels in relation to roles and responsibilities

To address these challenges, we will:

- Implement an organisational wide H&S Management System that will influence a positive safety culture.
- Support managers and provide information, instruction, and training
- Roles and responsibilities will be clearly identified and communicated

Saunders, Jonathan
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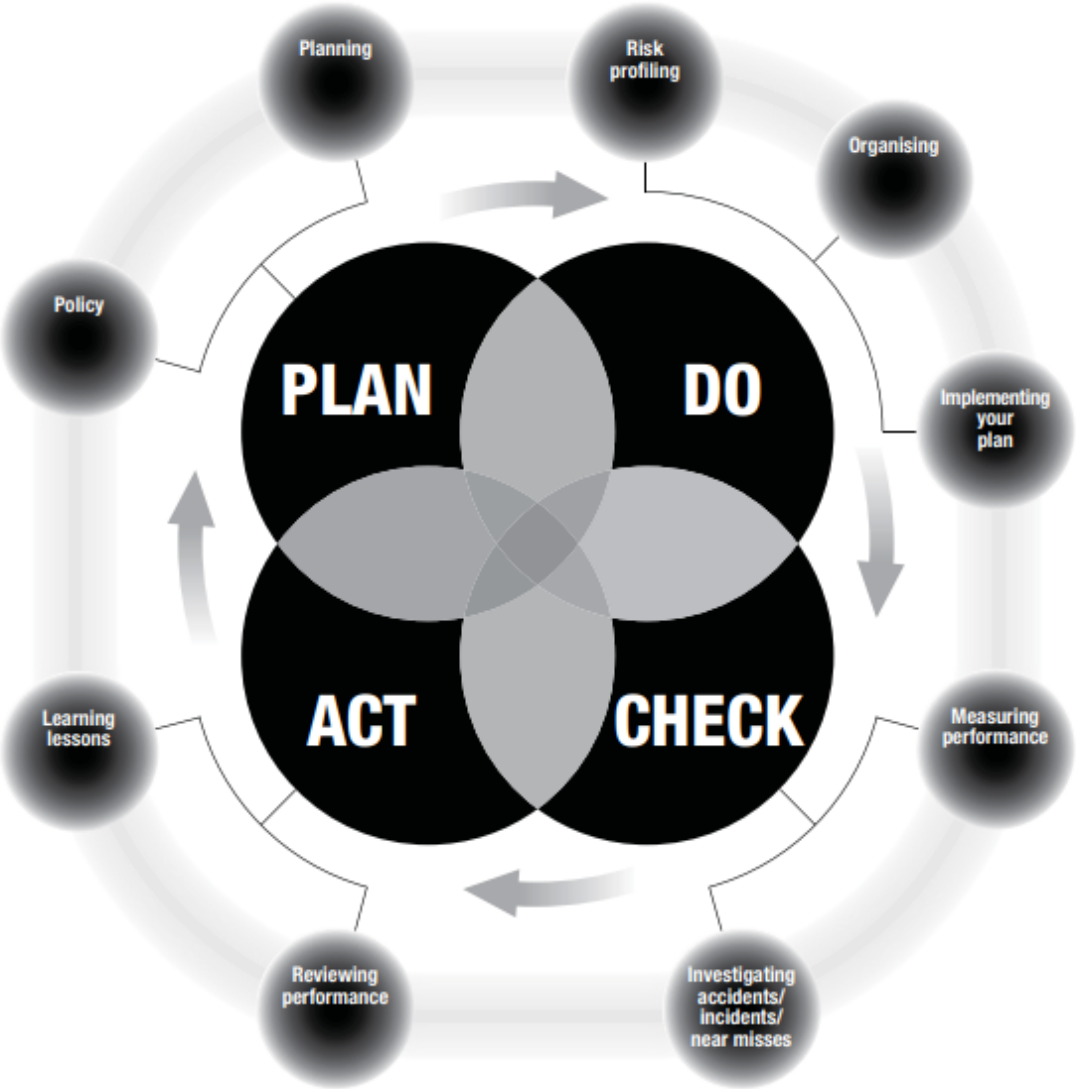
Measurement is a key step in any management process and forms the basis of continual improvement. If measurement is not carried out correctly, the effectiveness of the H&S management system is undermined and there is no reliable information to inform managers how well the H&S risks are controlled.

Measurement is an accepted part of the 'plan-do-check-act' management process.



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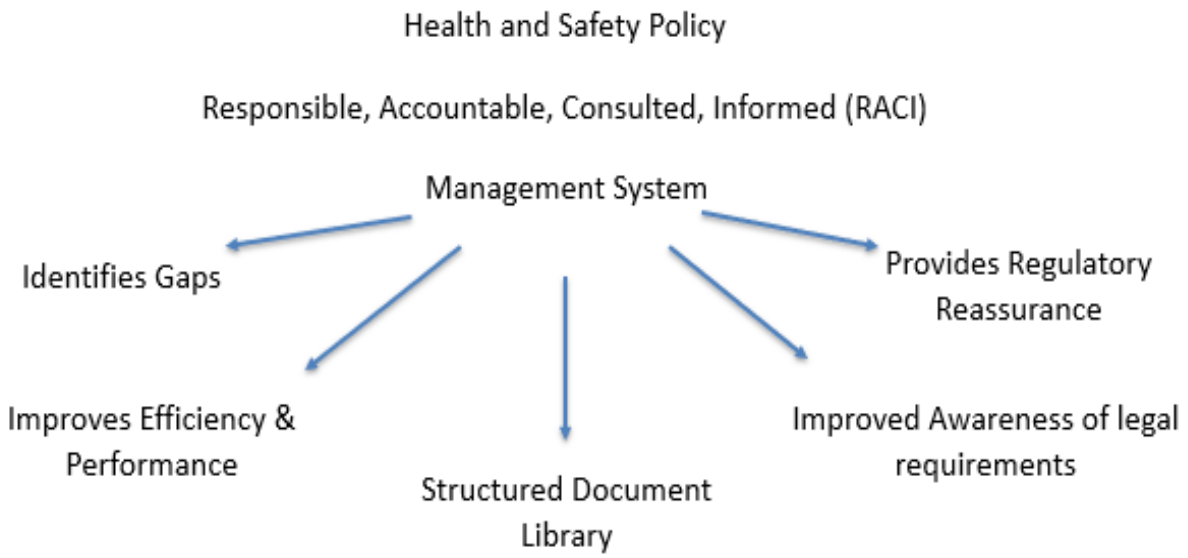
A key aspect in the management of H&S is to perform regular management reviews to assess the suitability, adequacy and effectiveness of the information management system for H&S to meet the present and anticipated future needs of the organisation. Input to the review could include:

- Operations, engineering and organisational changes since the last review.
- Review of actions from previous review minutes
- Common trends and themes from incident analysis data
- Results of internal and external audits or assessments

Outputs from the reviews should include:

- Decisions and actions (if appropriate) regarding improving the effectiveness of the H&S information management system and its processes.
- Resource requirements for future continual improvements of the H&S IMS
- Actions to improve staff health, safety and wellbeing.

Implement Health and Safety Management System



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Key Health and Safety Policies

Under section 2.3 of the Health and Safety at Work Act the UHB has a duty to prepare and review a written statement of a general H&S policy; this includes the organisation and arrangements, as well as a written statement of intent. The Act requires all employers to prepare a written statement of their H&S policy and to bring that policy to the attention of all employees. As legislation is continuously under review, so too must the H&S Policy be continually reviewed. The UHB's Statement of Intent has been signed by the Chief Executive and displayed at key points throughout the organisation.

Health and Safety POLICY STATEMENT

Our Goal

At Cardiff & Vale University Health Board we are committed to developing, embedding and maintaining the highest occupational Health and Safety management standards to ensure no harm comes from our actions to people, the environment or the communities in which we operate.

Our Values & Commitments; are based on the principles of:

- strong visible leadership and the promotion of a positive Health and Safety Culture;
- preventing injury and ill-health, and promoting employee well-being;
- identifying and complying with corporate, voluntary, and legal requirements;
- improving performance through the promotion of positive safety values and behaviors;
- providing a safe and healthy working environment;
- providing safe systems of work and associated equipment;
- identifying and maintaining employee competence;
- monitoring and reviewing our arrangements to ensure they remain effective;
- applying sufficient expertise and resource to implement this policy.

Our Safety Principles; These principles are for all – Safety is a key component of quality healthcare as well as an essential enabler to a high quality workplace and team experience.

We are aligned in the assessment that;

1. All incidents and injuries are preventable.
2. Health and Safety is a line management accountability.
3. We are responsible for our own safety and that of others around us.
4. Our employees and contractors are obliged to stop a job or refuse to conduct it, if it cannot be performed safely.
5. All H&S incidents must be reported and learnings taken from them.
6. Our commitment to and efforts in safety will yield results.
7. Acting safely is a condition of employment and supplier contracts.

We expect our employees, contractors and partners to embrace these principles and reflect them in every aspect of work they perform.

This policy is integral to the Cardiff and Vale Health and Safety strategy, the Health and Safety committee, and Management Executive's leadership is committed to the full implementation of this policy.

Signed:

S Rankin: Chief Executive Officer Date: 16-6-22

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CARING FOR PEOPLE
KEEPING PEOPLE WELL

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

Although the main responsibility for compliance with the Act rests with the employer, every employee also has a responsibility to ensure that no one is harmed as a result of their acts or omissions during the course of their work.

In addition to its legal obligations the UHB has a moral, economic and reputational reasons for managing H&S.



- H&S Policy **approval** and **commitment to its full implementation**.
- **H&S Policy review** every three years.
- Should demonstrate the importance of the H&S Policy by ensuring that their own behaviours actively promote and **serve as a role-model for the desired H&S values and principles**.
- Must **ensure that their employees and contractors understand the requirements** of the H&S Policy.
- Must ensure that **they understand the policy and its implications** for them.
- Must **ensure that the H&S Policy is communicated to our organisational partners** and that they actively cooperate with us to achieve compliance with the policy.

The H&S Policy is the overarching document with a number of key H&S polices emanating from this, including:

- Minimal Manual Handling
- Management of Violence and Aggression
- Incident, Hazard, and Near Miss Reporting
- Fire Safety
- Contractor Control

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RACI Matrix

Fundamental to H&S management is a delegated authority structure that clearly defines the responsibility of individual roles for H&S within the organisation. Failure to do this can lead to a perceived lack of accountability and leadership in addressing H&S issues and can lead to misalignment between departments and personnel.

The accepted way of best achieving this is through a grid of organisational roles set against objectives, commonly known as a RACI Matrix.

Responsible - Does the work (Knowledgeable/Competent)

Accountable - Ensures work is done (Line / Duty Holder)

Consulted - Technical or expert support or authorisation

Informed - An interested party

Formulating a comprehensive RACI informs the organisation of;

- **Gaps -** ensures each specific area/task/ policy has an accountable role assigned to it
- **Removal of Ambiguity -** defines clear unambiguous accountability and responsibilities for H&S within an organisation.
- **Employee Workload -** It clearly shows which functional roles are assigned to each person and can help determine whether one individual has a responsibility level that could be detrimental to their overall performance.
- **Increases productivity - r**emoves all doubt as to whom to speak to. You can have the right conversation with the right person quickly.

Health and Safety Key Performance Indicators

KPI's are a valuable way of monitoring lagging or leading performance. A good performance indicator is part of the 'SMART' tool and to make sure goals are clear and reachable, each one should be:

- Specific – it should be clear what is being measured
- Measurable – it should be measurable against set standards
- Achievable – target a realistic/achievable goal
- Relevant – it should offer insight into overall safety performance
- Timely – KPI's should follow a set timeframe.

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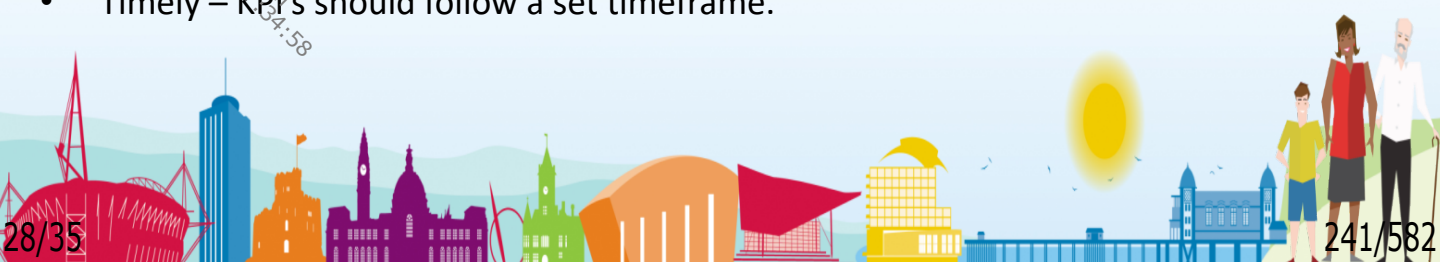

H&S KPI's will be set by the Health and Safety department for implementation across the UHB aimed at driving continued improvement. These will be aimed at embedding H&S and giving equal priority and prominence to the safety, health, and wellbeing of staff to that of clinical and patient safety. KPI's will be reported on at the Clinical and Service Board H&S meetings and exception reports taken to the UHB Operational H&S Group. To continually improve the H&S of our staff, our aim is to incorporate individual KPI's into Values Based Appraisals.

Executive Board Engagement with H&S

Protecting the H&S of employees or members of the public who may be affected by our activities is an essential part of risk management and must be led by the board. The board sets the direction for effective H&S management. A H&S policy has been established and signed off by the board and this is an integral part of our organisation's culture, values, and performance standards. Good H&S will result in a healthier, happier, and motivated workforce.

It is important for the UHB that staff H&S has the same acceptance as patient safety throughout the organisation. This is led by the Executive Director for People and Culture who champions H&S at Board level.

Measures of success for this theme include:

- H&S management system implemented across the organisation.
- Management review system in place
- SMART Objectives in place, tracked and reviewed
- Individual VBAs include an element of H&S
- H&S policies and procedures reviewed and in date

Saunders Nathan
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Theme 5: Audit & Review

The primary purpose of measuring H&S performance is to provide information on the progress and current status of the strategies, processes and activities used by an organisation to control risks to H&S. It is an accepted part of the 'plan-do-check-act' management process and is as much part of a H&S management system as financial or service delivery management.

Would like to have an image like the one below with 'Review and Audit' in the middle circle – unable to edit this one found on the internet but believe it may be copyrighted



The challenges we face under this theme include:

- There is a perception that the UHB H&S resource is disproportionately utilised in a reactive manner.
- Implementation of a proactive H&S management programme.
- Competence of wider UHB staff to undertake H&S safety audits.
- Communication and engagement

To address these challenges:

- Engagement and communication programme to be developed and implemented.
- Development and establishment of a competent H&S audit team
- Appropriate audit tools and question sets to be established.
- Implementation of an effective and meaningful audit schedule.

Saunders, Nathan
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Create Sustainable Audit System

A structured audit programme, based on the H&S Management System, will be implemented that is achievable and not onerous for the Clinical and Service Boards. This will be in collaboration with NWSSP (internal audit department) to prevent duplication and will be scored and prioritised based on risk. Information from audit actions will be reviewed and fed back and can be used as an indicator of the maturity of the organisation towards H&S. A timebound approach will be applied to rectify non-conformances and mitigation implemented.

Investigate and where needed address the specific actions and clarity of information in policy and procedure documents in response to feedback from review.

The implementation of the management system will identify gaps due to the nature of the structured document library. In addition to this, the RACI matrix will identify those with responsibility and accountability for policy and procedural ownership. Policies and procedures identified in the external review will be updated as part of this process.

Measures of success for this theme include:

- An Audit Schedule in place capturing all groups
- Audits developed and conducted
- Audit follow up is documented and recommended actions are planned/completed
- Trained competent auditor teams are available
- Feedback provided to Clinical and Service boards
- Data sets established and utilised to set KPI's.
- Reduction in incidents, injuries and ill-health

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Theme 6: Achieving Fire Safety Excellence

Fire Safety must be embedded in the safety culture of any organisation and in order to achieve and maintain the highest standards of assurance it should be fully integrated with the H&S management system. This theme details how fire safety will be driven in line with the overarching fire safety policy.

Fire is a major workplace hazard that can lead to injury and in some cases death. Similarly to the management of H&S there are sound reasons for maintaining good standards of fire safety:

- Moral: Fires result in a great deal of suffering for those affected, the loss of personal items and the shock.
- Legal: It is a legal requirement to prevent fire and protect employees and other relevant persons from the effects of fire.
- Financial: The associated costs of a fire are substantial, especially when the consequential losses such as interruption to business and the physical and or uninsured losses are taken into account.

Challenges faced under this theme:
Many of the challenges for fire safety overlap with other themes and are covered there.

- Embedding a safety culture into every day working practices
- Undefined roles and responsibilities with regards to fire safety
- Inadequate management system tools
- Lack of engagement and collaboration
- A number of the actions require joint working with other stakeholders across the UHB

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To address these challenges we will:

- Integration of fire safety in the organisational wide H&S Management System
- Support managers and provide information, instruction and training
- Roles and responsibilities will be clearly identified and communicated
- Developing effective and inclusive ways of enabling employee involvement
- Fire Safety Policy and procedures reviewed and updated



All fires have a root cause and as such can be deemed as being preventable. The UHB has responsibility for workplaces and other buildings to which the public have access. Fires can be avoided by individuals taking responsibility in adopting the right behaviours and procedures.

The promotion of fire safety throughout the UHB is a priority and can be achieved by implementing a concise plan to develop, embed, maintain and achieve the highest Fire Safety standards. In doing this we will ensure no harm comes as a result of our actions to people, the environment or the communities in which we operate.

Review and update the current Fire Safety Procedures

All UHB fire procedures will be reviewed and a gap analysis conducted to identify shortcomings

A comprehensive suite of fire procedures to be communicated and made readily available for premises across the UHB.

Implement a Fire Safety Management System

Fire management system will be fully integrated into the H&S management system and audits created in line with the wider audit and review theme to provide a holistic approach to evaluating the management of H&S

Review current Fire Safety Management Organisational Structure

The fire safety team sit within the Health and Safety department. Roles, responsibility and accountabilities for the wider UHB will be established in the wider management system RACI

Review the requirement for a recognised Fire Safety Audit System

To implement a system in line with the national healthcare recognised standard PAS7.

The system will assist the UHB in implementing a clear, formally documented system to reduce fire risk. This can help to safeguard employees, contractors, patients and the general public as well as property, and assets. It can also minimise the impact of fire on business continuity.

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Major Capital Planning Project System

Fire safety is incorporated into all major capital plans and refurbishments - processes and arrangements will be reviewed, gaps identified, and any necessary enhancements implemented. Close working relationships with the Capital Estates and Facilities department will continue and will be underpinned with the RACI matrix.

Introduce a Call Delay Procedure at UHW and UHL

The UHB are duty bound to reduce the number of unwanted fire signals that occur annually, this subsequently results in a number of unnecessary attendance events by South Wales Fire and Rescue Service (SWFRS). The UHB are working closely with SWFRS to explore effective ways in which this can be achieved.

Emergency evacuation equipment training

A review of the procedures for emergency evacuation will be conducted to ensure that clear instruction, competence and responsibilities are established.

Review the UHBs Major Incident Plan

Stakeholder engagement and partnership working will be maintained with strategic planning and security to formulate and adopt a common robust plan in line with UHB requirements.
Regular desktop and live exercises will continue to be run, a review will be conducted in line with management system requirements and any necessary improvements implemented and cascaded to all relevant interested parties.

Review the requirement for an alternative recognised Fire Risk Assessment Audit System

The fire safety team will work closely with NWSSP to review the process of recording fire risk assessments, including tracking, monitoring and review of completed inspections and the compilation of reports.

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Review use of disposable/one use (p50) fire extinguishers with remote sites

The UHB are continually investigating cost reduction opportunities and in line with this a review is to be conducted on the types of extinguisher in place across the wider organisation. Technological advances have been made in recent years and these will be explored to ensure the best use of resource is being utilised in terms of cost and time.

Review implementation of bespoke evacuation exercise/procedures to localised areas

As part of the wider management system and emergency planning review, a series of bespoke evacuation exercise/procedures to localised areas will be considered. The aim would be the promotion and engagement of all staff to be confident in implementing their local emergency evacuation plans.

Measures of success for this theme include:

- Clear fire safety policies and procedures established and implemented across the UHB
- Fire safety culture embedded into the behaviours and values of all UHB staff
- Clearly defined roles, responsibility and accountability for all staff across the organisation with regards to fire safety
- An integrated fire safety management system within the UHB H&S management system
- A concise plan implemented that is monitored and reviewed on a regular basis with a audit trail to maintain standards and achieve improvements
- A reduction in unwanted fire signals and fire incidents.
- Implementation of clear and meaningful KPI's for Clinical and Service boards
- Recognised programme of live training exercises established

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Equality & Health Impact Assessment for

CVUHB Health and Safety Culture Plan 2022 - 2025

Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment

Please note:

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

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	No service change.
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Robert Warren, Head of Health and Safety. Executive/People and Culture/Health and Safety
3.	Objectives of plan	The Health and Safety Culture Plan 2022-2025 has been developed to provide a structured, prioritised approach to underpin Cardiff and Vale University Health Board's H&S aims and objectives.
4.	Evidence and background information considered. For example • population data • staff and service users data, as applicable • needs assessment	The plan has been developed following the findings of an external review conducted in 2021 and has been established from drawing on the experience of the Head of Health and Safety and a full department workshop session conducted in October 2021. The Health and Safety Culture Plan sets out the actions the H&S department

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

	• engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages Population pyramids are available from Public Health Wales Observatory[2] and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need[3].	take over the next three years, with a clear focus on improving the H&S culture within the organisation.
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	The plan will benefit all staff, patients, visitors, contractors and stakeholders by setting out the commitment of the UHB to high standards of health, safety and welfare.

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[2] http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf
[3] http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate.** Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	The objectives of the plan aim to improve H&S for all employees and organisational partners (e.g. our contractors, suppliers and joint venture partners etc)		The plan will be launched and Clinical Boards will be supported in developing their own objectives in line with the corporate objectives
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	The objectives of the plan aim to improve H&S for all employees and organisational partners (e.g. our contractors, suppliers and joint venture partners etc)		
6.3 People of different genders: Consider men, women, people undergoing gender reassignment **NB** Gender-reassignment is	The objectives of the plan aim to improve H&S for all employees and organisational partners (e.g. our contractors, suppliers and joint venture partners etc)		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender			
6.4 People who are married or who have a civil partner.	The objectives of the plan aim to improve H&S for all employees and organisational partners (e.g. our contractors, suppliers and joint venture partners etc) irrespective of whether individuals are married, in a civil partnership or not.		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	The objectives of the plan aim to improve H&S for all employees and organisational partners (e.g. our contractors, suppliers and joint venture partners etc) irrespective of whether individuals are on maternity leave or have recently had a baby.		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	The objectives of the plan aim to improve H&S for all employees and organisational partners (e.g. our contractors, suppliers and joint venture partners etc)		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	The objectives of the plan aim to improve H&S for all employees and organisational partners (e.g. our contractors, suppliers and joint venture partners etc)		
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	The objectives of the plan aim to improve H&S for all employees and organisational partners (e.g. our contractors, suppliers and joint venture partners etc) irrespective of sexual orientation.		The UHB is committed to equal opportunities and is ranked on the Stonewall Index which indicates that the UHB is committed to making the workplace LGBT+ friendly in all its practices
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	The objectives of the plan aim to improve H&S for all employees and organisational partners (e.g. our contractors, suppliers and joint venture partners etc) irrespective of whether staff are Welsh speakers.	Copies of the plan are available in Welsh.	
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to	The objectives of the plan aim to improve H&S for all employees and organisational partners (e.g. our contractors, suppliers and joint venture partners etc) irrespective of		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
ill-health	of the income of the individual concerned.		
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	The objectives of the plan aim to improve H&S for all employees and organisational partners (e.g. our contractors, suppliers and joint venture partners etc) irrespective of where the individual concerned lives.		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	No evidence was found to suggest that any other groups or risk factors relevant to this plan have a negative impact. The plan has a positive impact with a clear focus on improving the H&S culture within the organisation.		

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts and any particular groups affected**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate** Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales	The plan will have a positive impact by improving H&S irrespective of access to services offered.		
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination,	No negative impact		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales			
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales	The plan will have a positive impact by improving H&S irrespective of the individual's income and employment status.		
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment	No negative impact.		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces Well-being Goal – A resilient Wales			
7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos Well-being Goal – A Wales of cohesive communities	No negative impact		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate Well-being Goal – A globally responsible Wales	The plan will have a positive impact by improving H&S irrespective of macro-economic, environmental or sustainability factors		

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

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	The Health and Safety Culture Plan sets out the actions we will take over the next three years, with a clear focus on improving the H&S culture within the organisation. The Health and Safety Culture Plan is built around 6 themes: 1. Achieving Training and Competence Excellence – to develop H&S education which inspires and empowers people to work safely within their capabilities. To create a workforce that is competent in everything they do. 2. Achieving Health and Safety Risk & Incident Management Excellence – to embed a process for identifying and mitigating risk at all levels. To develop a suite of lagging and leading performance indicators. To introduce a robust system for investigating incidents at a proportional level with a feedback mechanism to review and share the relevant findings. 3. Achieving Communication Excellence – to create an environment to enable collaboration and open discussion ensuring clear, consistent communications utilising a range of channels to reach all stakeholders both internal and external. 4. Measuring Performance – to create a stakeholder adopted management system and ensure it is consistently applied throughout the UHB 5. Audit & Review – to create a leading audit process by which we identify non-conformances, rectify in an appropriate time bound fashion, and share these improvements with Clinical and Service Boards 6. Achieving Fire Safety Excellence – to develop leading fire safety preventative and protective measures that provide a robust, compliant, and resilient approach to fire safety management Impact is expected to be positive. The Health and Safety Culture Plan affirms the commitment to provide a safe place to learn, work and live, with inclusion, wellbeing, and development at the heart of everything we do. It is assessed that the impact of this Plan will be overwhelmingly positive for all employees, contractors and volunteers and those who may be affected by the Health Board's activities such as patients, carers, service users, visitors, and members of the public

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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	Copies of the plan can be made available in alternative formats (e.g. large print) on request.	Head of Health & Safety	Ongoing	Action to be taken as and when required
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	No, as the overall impact is positive.			

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.4 What are the next steps? Some suggestions:- • Decide whether the strategy, policy, plan, procedure and/or service proposal: ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review	The Plan and EHIA has been agreed at the Health and Safety Committee meeting requires approval from the Board of Directors. The Plan will be published on the UHB internet and intranet sites. On publication, the plan will be communicated via Clinical and Service Board meetings. This will be communicated via the Health and Safety internet pages and the monthly H&S Dashboard.			

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Report Title:	Redevelopment of Cardiff Royal Infirmary to provide a Locality Health and Wellbeing Centre - OBC			Agenda Item no.	7.3
Meeting:	Public Board Meeting			Meeting Date:	28 July 2022
Status *(please tick one only):*	Assurance		Approval	X	Information
Lead Executive:	Executive Director of Strategy and Planning				
Report Author (Title):	Service Planning Project Lead				

Main Report
Background and current situation:

The Outline Business Case (OBC) Executive Summary sets out the rationale and plans for:-

- The continued restoration and redevelopment of Cardiff Royal Infirmary (CRI) to create a Health and Wellbeing Centre (H&WC) to serve the residents of the wider Cardiff South and East Locality.
- It will also maintain a focus for the continued delivery of primary and community services for the more local population within the South East Cluster.

A copy of the Executive Summary is attached. The full OBC document is available for viewing should this be required.

The development supports the Cardiff and Vale University Health Board's (UHB) long term vision to bring the CRI site back into full use for primary care and community services as outlined within the *Shaping Our Future Wellbeing Strategy* (SOFW) and will be progressed as one of the first tranche of projects described in the *Shaping Our Future Wellbeing: In Our Community Strategy* (SOFW:IOC) Programme Business Case (PBC).

This project will also support the implementation of the Health Board's plan *Shaping our Future Clinical Services* to shift delivery of services, where appropriate, from acute hospitals into the community and act as a key enabler for *Shaping Our Future Communities*, delivering the community infrastructure to support the delivery of integrated services across partner organisations whilst closer to people's homes.

Due to the size and complexity of the project, the construction will be phased over a 6-7 year period and focusses on two strands of work:

- Capital safeguarding works to areas of the building that are either unoccupied or a small number of occupied areas that were not included within the Phase 1 projects;
- Fit out of above areas to provide flexible, shared, multi-functional facilities to deliver a range of collaborative services delivered by the Health Board and partner organisations to meet the identified health and wellbeing needs of residents in the Cardiff South and East Locality but that can also be adapted as needs change.

The Outline Business Case (OBC) appraises the options in relation to investment for the overarching programme of works as described above in order to develop the required facilities for the future.

A series of further Full Business Cases (FBCs) will be developed in support of this OBC to describe the individual projects that will form the Locality Health and Wellbeing Centre with the first FBC detailing the necessary capital safeguarding works to areas of the CRI site that have not yet been undertaken and development of an Energy Centre to support the entire site moving into the future.
It is important to note that there is a separate Outline Business Case for a new Sexual Assault Referral Centre (SARC) at 54 – 56 Newport Road and a Substance Misuse and Community Mental Health Centre at the Orbit Street end of the CRI site. A high-level phasing plan has been developed to

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coordinate both these OBCs as they are intrinsically linked with more information to be found later in this document

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

Option Appraisal - Short Listed Options
A number of options were short listed for consideration: -

Option No:	Description of option:
Option 1 – Do Minimum	**Services:** Existing services only (subject to exclusions already outlined such as the redevelopment of specialist provision to the rear of the CRI site) **Works:** Minimal capital safeguarding works where necessary to occupied areas (excluding those areas that have already been addressed previously) Backlog maintenance to occupied areas Backlog maintenance for Roath clinic to enable continued service provision Other Implications: No capital safeguarding works to unoccupied areas No energy centre works
Option 2a	**Services:** Existing CRI services and other priority 1 services within the main building at CRI and priority 2 services located elsewhere **Works:** ▪ Capital safeguarding works to sufficient areas to accommodate existing and priority 1 services where required ▪ Safeguarding works to remaining unoccupied areas to support integrity of building ▪ Backlog maintenance to occupied areas ▪ Development of an energy centre to support the site ▪ Fit out of proportion of unoccupied areas to accommodate the required service scope Other Implications: ▪ Construction or sourcing of alternative accommodation required for priority 2 services to enable the required out of hospital shift in services to community care
Option 2b	**Services:** All services (existing services plus the other priority 1, 2a and 2b services) within the main building at CRI **Works:** ▪ Capital safeguarding works to all areas of the main building (excluding those areas that have already been addressed previously) ▪ Backlog maintenance to occupied areas ▪ Development of an energy centre to support the site ▪ Fit out of all unoccupied areas to accommodate full required service scope

Economic Appraisal

A summary of the capital and revenue costs for each of the options is shown below.

Capital Costs – OB Forms	Option 1	Option 2a	Option 2b
Total Capital Costs (incl. VAT)	£2.410m	£140.947m	£130.251m
Total Revenue Costs (£'000)	40,348	43,421	42,154

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The financial analysis undertaken has then been linked to the non-financial analysis and a calculation undertaken on the benefit points per equivalent annual cost (EAC). **Option 2b** is preferred on both financial and non-financial assessments. When combined this shows that option 2b is 37% better than option 2a.

Combined Appraisal	Option 1	Option 2a	Option 2b
Weighted Non-Financial Scores	258	586	897
Margin Preferred		-34.7%	
NON-FINANCIAL RANKING OF DEVELOPMENT OPTIONS	3	2	1
EAC Impact of Option (£'000)	40,275.6	47,519.6	45,290.8
ECONOMIC RANKING OF DEVELOPMENT OPTIONS	0	2	1
Benefit Points per EAC (£'000)	0.006	0.012	0.020
COMBINED RANKING OF DEVELOPMENT OPTIONS		2	1
DIFFERENCE (% below Preferred Option on Combined Score Basis)		-37.7%	0.0%

Capital Costs of Preferred Option

The capital sum to be sought from the All Wales Capital Programme will be **£130.251m** including VAT.

Revenue Implications

Revenue costs for the preferred option against the current costs are shown below, and indicate that there will be a recurring increase of £3.739m:

Revenue Costs £million	Baseline	Addition	Total
Service	36.585	1.933	38.518
Facilities	0.575	1.080	1.655
Utilities and Rates	1.255	0.726	1.981
Total Revenue Costs	38.415	3.739	42.154

The majority (51%) of the increase relates to costs of the approximately 40 current and new services impacted by the OBC.

Overall affordability

Total direct revenue cost to Cardiff and Vale Health Board (excluding capital charges and depreciation) is £3.739m.

A review of costs has been provided by clinical and non-clinical managers through submission of detailed clinical service specifications. It is recognised that some service models are yet to developed and agreed and work to transform service delivery and release efficiency savings is still ongoing.

H&WC@CRI & Regional SARC Hub Context

In agreement with WG, plans for the project have been developed within the context of the whole CRI site, This OBC sets out the rationale for the development of the CRI as a Health & Wellbeing Centre (H&WC) for residents of the South & East Cardiff Locality as per the SOFW: In Our Community Programme Business Case endorsed by Welsh Government in 2019.

The redesign of the CRI site will see the main entrance repositioned to the rear of the site to reflect patient flow from public transport stops on Newport Road and the main car/bicycle park, and also the development of the 'heart' of the H&WC. The development of the regional SARC Hub and replacement

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of the Links building to accommodate substance misuse and mental health services are part of a separate OBC. They will be key features in the redesign of the rear of the CRI site and positively contribute to future plans for the site.

Benefits

Key benefits will include:-

- Residents have better access to local health and wellbeing group sessions through improved availability of appropriate facilities;
- Residents have better access to information about appropriate community groups and activities leading to increased uptake of social prescribing;
- Residents have more co-ordinated access to health and wellbeing information, advice and education via development of services and links to new Capel I Bawb resources.
- Patients in S&E Cardiff Locality are able to access services more locally, avoiding the need to travel to hospital;
- Capacity of facilities which support the increased demand /new models of service delivery.;
- Residents have improved access to an increased range of multi-agency integrated services;
- Collaborative services focusing on particular conditions and priority needs as identified within the Locality.Efficient use of bookable clinic facilities;
- IT/digital technology supports improved working practices and sharing of information;
- Conservation of the CRI site consistent with the requirements imposed by its Grade II listing, while delivering modern fit for purpose facilities.

Risks

A Risk Potential Assessment has been undertaken and will be an Appendix of the OBC document.

Equality Health Impact Assessment (EHIA)

An EHIA has been undertaken for the H&WC@CRI proposals and approved by the Project Team in March 2022. Both positive and negative impacts have been identified and recommended actions noted where appropriate.

Governance

The OBC is being approved for submission to the Board by:

- Capital Management Group (CMG) – will consider the capital case on 18 July
- Business Case Approval Group (BCAG) – approved the facilities' revenue consequences of the capital case on 02 June on the basis of service revenue neutrality and also on the basis that we will endeavour to off-set additional facilities costs as far as possible with the rationalising of estate across the UHB footprint. Any additional service costs will only be supported in the event that a) revenue from another service area is transferred to cover cost or b)specific funding is allocated through future recovery or other hypothecated allocation

Recommendation:

The Board is requested to:

- **NOTE** and **SUPPORT** the Outline Business Case for the redevelopment of Cardiff Royal Infirmary to provide a Locality Health and Wellbeing Centre as set out in the attached document, which includes the associated capital and revenue costs, and assessed risks and benefits;
- **NOTE** that CMG and BCAG will have approved the OBC to progress to Full Business Case (FBC); and
- **APPROVE the submission of** the OBC to Welsh Government for scrutiny and approval to proceed to Full Business Case stage.

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Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

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

Risk: Yes.

Risk Potential Assessment has been undertaken, which considered the project risk in relation to strategic alignment, finance/funding, stakeholder engagement, governance, project dependencies, and concluded that the overall risk is medium

Safety: Yes

The capital design incorporates statutory health and safety requirements

Financial: Yes.

Associated facilities revenue impact identified and included in the financial case of the OBC

Workforce: Yes.

The key impact will involve a change in location for some staff as their services are transferred into the H&WC@CRI as the FBC phases are developed.

Legal: No

Reputational: No

Socio Economic: Yes

Socio-economic assessment undertaken as part of the EHIA

Equality and Health: Yes

EHIA undertaken and mitigation actions identified to be implemented throughout the duration of the project

Decarbonisation: Yes

The capital design incorporates required decarbonisation measures

Approval/Scrutiny Route:

Committee/Group/Exec:	**Date:**
Project Team	*25 May 2022*
SOFW: IOC Delivery Group/Project Board	*16 June 2022*
Business Case Approval Group	*02 June 2022*
Capital Management Group	18 July 2022
Management Executive Team	25 July 2022

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CAV Board	28 July 2022
Regional Partnership Board	29 July 2022
Submission to Welsh Government for scrutiny and approval	29 July 2022

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Redevelopment of Cardiff Royal Infirmary to provide a Locality Health and Wellbeing Centre



Executive Summary

May 2022 – Final Draft v8.1

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CARING FOR PEOPLE
KEEPING PEOPLE WELL

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Draft v3	June 2021	Updates to business strategies, options development and management case	Alex Evans
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GLOSSARY OF ACRONYMS AND ABBREIVIATIONS

AAA	Abdominal Aortic Aneurysm
ADL	Activities of Daily Living
AGP	Aerosol Generated Procedures
AI	Artificial Intelligence
AIP	Agreement in Principle
AME	Annually Managed Expenditure
BAU	Business As Usual
BCG	Bacillus Calmette-Guérin
BJC	Business Justification Case
BIM	Building Information Modelling
C3SC	Cardiff Third Sector Council
CA	Cost Advisor
CAMHS	Child and Adolescent Mental Health Services
CAU	Community Addictions Team
CAV	Cardiff and Vale
CB	Clinical Board
CCS	Consideration Construction Strategy
CDS	Community Dental Service
CD&T	Clinical Diagnostics and Therapeutics
CHAP	Cardiff Health Access Practice
CHC	Community Health Council
CMATS	Clinical Musculoskeletal Assessment and Treatment Service
CMHT	Community Mental Health Team
CRB	Cash Releasing Benefits
CRI	Cardiff Royal Infirmary
CRL	Capital Resource Limit
CSCS	Construction Skills Certification Scheme

CSF	Critical Success Factors
CV	Curriculum Vitae
CVUHB	Cardiff and Vale University Health Board
DATT	Dispensing and Treatment Team
DEL	Departmental Expenditure Limit
DGH	District General Hospital
DOSH	Department of Sexual Health
DS	Dental Services
DTC	Design Team Consultants
EAC	Equivalent Annual Cost
EAP	Economic Action Plan
ECG	Electrocardiogram
EFPMS	Estates and Facilities Performance Management System
EHIA	Equality and Health Impact Assessment
FBC	Full Business Case
FM	Facilities Management
GDS	General Dental Services
GMS	General Medical Services
GP	General Practitioner
H&WC	Health and Wellbeing Centre
HEART	Health Enterprise Alliance for Regional Transformation
HM	Her Majesty's
HR	Human Resources
IM&T	Information Management & Technology
IMTP	Integrated Medium-Term Plan
IT	Information Technology

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LA	Local Authority
LDP	Local Development Plan
LSOA	Lower Super Output Areas
MECC	Making Every Contact Count
MEP	Mechanical, Electrical and Plumbing
MH	Mental Health
MSK	Musculoskeletal
MS	Multiple Sclerosis
MSM	Men's Clinic
MTT	Musculoskeletal Triage & Treatment
NDF	National Development Framework
NEC	New Engineering Contract
NEX	Needle Exchange Service
NHS	National Health Service
NPC	Net Present Cost
NWSSP-SES	NHS Wales Shared Services Partnership – Specialist Estates Services
OBC	Outline Business Case
OECD	Organisation for Economic Co-operation and Development
OOH	Out of Hours
PBA	Project Bank Account
PBC	Programme Business Case
PCIC	Primary, Community and Intermediate Care
PER	Project Evaluation Reviews
PHW	Public Health Wales
PIR	Post Implementation Review
PM	Project Manager
PPE	Post Project Evaluation
PPW	Planning Policy Wales
PRINCE	PRojects IN Controlled Environments
PSB	Public Services Board
PSC	Professional Services Contract
QB	Quantifiable Benefits
R&D	Research and Development
RDS	Room Data Sheets
RPA	Risk Potential Assessment
RPB	Regional Partnership Board
S&E	South & East
SARC	Sexual Assault Referral Centre
SCP	Supply Chain Partner
SOC	Strategic Outline Case
SOFW	Shaping Our Future Wellbeing
SOW:IOC	Shaping Our Future Wellbeing: In Our Community Programme
SRO	Senior Responsible Owner
TBC	Tuberculosis
TUPE	Transfer of Undertakings (Protection of Employment)
UHB	University Health Board
UK	United Kingdom
VFM	Value for Money
WAO	Welsh Audit Office
WFG	Wellbeing for Future Generations (Wales) Act
WG	Welsh Government
WHC	Welsh Health Circular
WHTM	Welsh Health Technical Memorandum
WIMD	Welsh Index of Multiple Deprivation
WODT	Workforce and Organisational Development Team
WTE	Whole Time Equivalent
WWIC	Welsh Wound Innovation Centre

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1.0 OVERVIEW AND INTRODUCTION

This business case seeks the approval for a capital investment of £130.251m to enable the continued restoration and redevelopment of Cardiff Royal Infirmary (CRI) to create a Health and Wellbeing Centre (H&WC) that will provide a greater range of integrated and collaborative services within sustainable and fit for purpose facilities to serve the residents of the wider Cardiff South and East Locality, but also maintain a focus for the continued delivery of primary and community services for the more local population within the South East Cluster.

The Cardiff Royal Infirmary is an iconic and historic building within Cardiff and much loved by the local community providing crucial healthcare services within the heart of the city with the proposed restoration seeing a unique facility, provided by CVHUB in conjunction with key stakeholders and local authority (LA) partners providing a greater range of integrated and collaborative services to meet the needs of the local community for the future whilst preserving and utilising a local landmark building to create a community centred approach to health and wellbeing.

This development supports the Cardiff and Vale University Health Board's (CVUHB) long term vision to bring the site back into full use for primary care and community services as outlined within the *Shaping Our Future Wellbeing Strategy* (SOFW) and will be progressed as one of the first tranche of projects described in the *Shaping Our Future Wellbeing: In Our Community Strategy* (SOFW:IOC) Programme Business Case (PBC).

This project will support the implementation of the Health Board's plan *Shaping our Future Clinical Services* to shift delivery of services, where appropriate, from acute hospitals into the community and act as a key enabler for *Shaping Our Future Communities*, delivering the community infrastructure to support the delivery of integrated services across partner organisations whilst closer to people's homes.

Due to the size and complexity of the project, the development will be phased over a 6-7 year construction period and focusses on two strands of work:

- Capital safeguarding works to areas of the building that are either unoccupied or a small number of occupied areas that were not included within the Phase 1 projects;
- Fit out of above areas to provide flexible, shared, multi-functional facilities to deliver a range of collaborative services delivered by the Health Board and partner organisations to meet the identified health and wellbeing needs of residents in the Cardiff South and East Locality but that can also be adapted as needs change.

A series of further Full Business Cases (FBCs) will be developed in support of this OBC to describe the individual projects that will form the Locality Health and Wellbeing Centre with the first FBC detailing the necessary capital safeguarding works to areas of the CRI site that have not yet been undertaken and development of an Energy Centre to support the entire site moving into the future.

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It is also important to note that there is a separate Outline Business Case for a new Sexual Assault Referral Centre (SARC) at 54 – 56 Newport Road and a Substance Misuse and Community Mental Health Centre at the Orbit Street end of the CRI site. A high-level phasing plan has been developed to coordinate both these OBCs as they are intrinsically linked.

2.0 THE STRATEGIC CASE

2.1 The Strategic Context

Cardiff and Vale University Health Board is responsible for planning and delivering health services for people in Cardiff and the Vale of Glamorgan, a population of around 502,000 and is the main provider of specialist services for the people of South Wales – and for some services, the whole of Wales and the wider UK. This includes health promotion and public health functions as well as the provision of local primary care services (GP practices, dentists, optometrists and community pharmacies) and the running of hospitals, health centres, community health teams and mental health services. The Health Board employs approximately 15,000 staff and has an annual budget of £1.6 billion.

The population served by the Health Board is growing rapidly in size with the latest Welsh Government projections estimating an increase from 502,000 in 2021 to 521,000 in 2031, around 4%. In contrast to the previous projections published 4 years ago, the rate of growth in the Vale is predicted to exceed that of Cardiff, with growth in the Vale of 5.3% over 10 years compared with 3.4% in Cardiff. Actual population growth, particularly in Cardiff, will be highly dependent on progress with large housing developments.

Health Equity and Inequalities

There is considerable variation in healthy behaviours and health outcomes in the area, with variation in smoking rates, physical activity, diet and rates of overweight and obesity. Uptake of childhood vaccinations is also lower in more disadvantaged areas, and people are more likely to experience poor air quality. Life expectancy is around ten years lower in the most deprived areas compared with the least deprived, and for healthy life expectancy the gap is more than double this.

Deprivation is higher in neighbourhoods in South Cardiff, and in the Central Vale.

The COVID-19 pandemic exposed these deep-seated inequalities, with impacts seen more heavily in the more deprived areas, and amongst Black, Asian and minority ethnic communities.

There are also an increasing number of people in across the patch with diabetes, as well as more people with dementia as the population ages. The number of people with more than one long-term illness is increasing.

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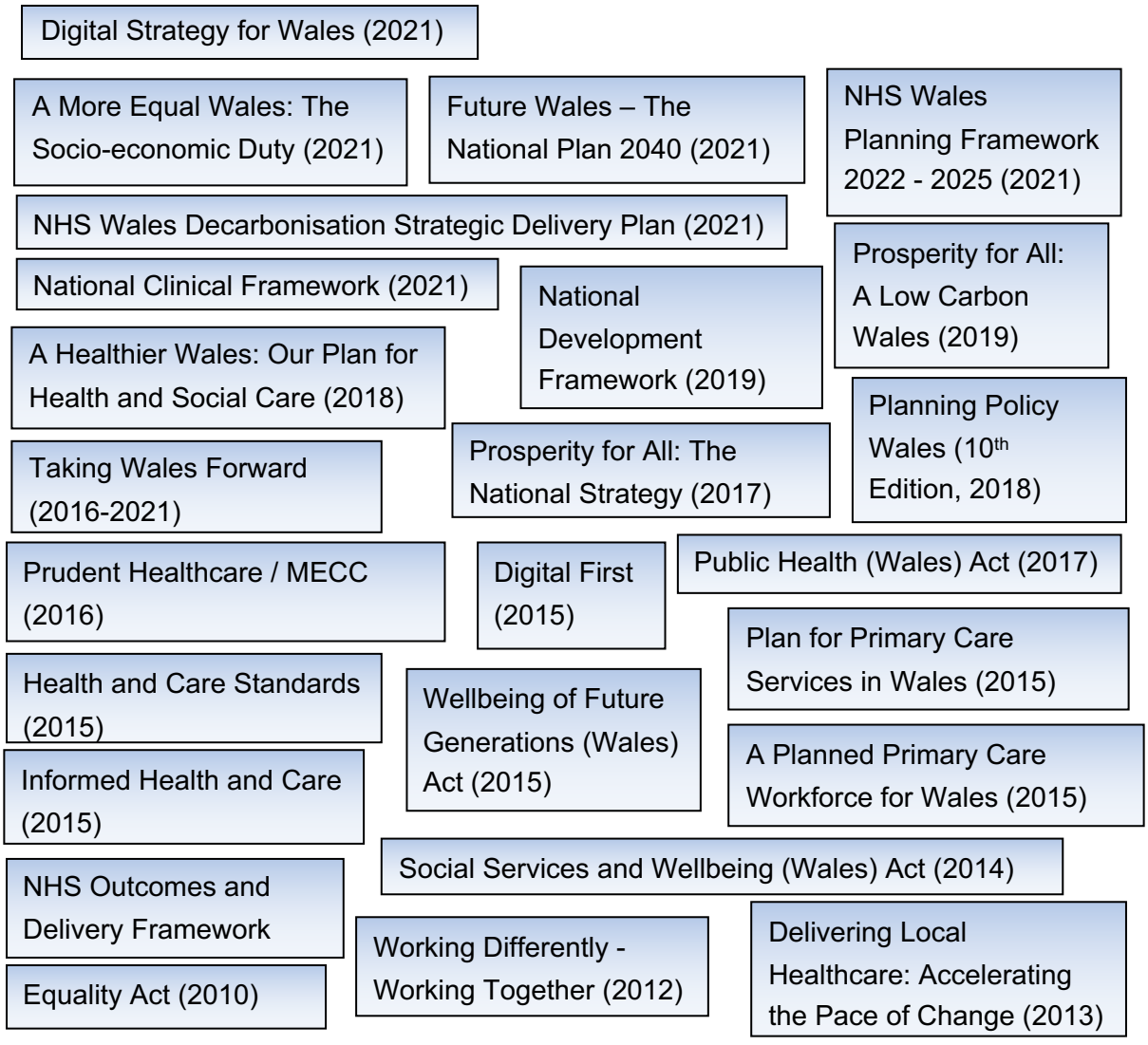
Business Strategies

Throughout the development of the Outline Business Case (OBC), the Health Board has been mindful to ensure it continues to consider and take account of local and national drivers for the health and wellbeing of the community. The Health Board is confident that the strategic drivers for this investment and associated strategies, programmes and plans are therefore consistent with national, regional and local strategy and policy documents which underpin the ambition to progress the integrated health and social care programme to achieve joined up care based on home first, avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them.

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



Executive Summary Figure 1: Overarching National Policies

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The above policies have a number of common themes for action, while acknowledging the need to be achieved in an environment of real term reductions in public sector funding, both revenue and capital with the more key recent publications outlined in the diagram above confirming and strengthening the future direction for health and social services.

Key regional strategies taken into consideration within the OBC include work with partnerships such as:

- NHS Wales Health Collaborative
- Regional Partnership Board/ Integrated Health & Social Care Partnership
- Health Enterprise Alliance for Regional Transformation (HEART)

Alongside these national and regional policies, relevant local strategies such as the *Shaping Our Future Clinical Services, Shaping Our Future Communities* and the *Shaping Our Future Wellbeing Strategy* have been a constant focus continuing to promote the Health Boards vision of *"Caring for People; Keeping People Well, a person's chance of leading a healthy life is the same wherever they live and whoever they are"*.

The Shaping our Future Wellbeing Strategic Programme Portfolio is underpinned by four key design principles:

- Home first;
- Empower the person;
- Outcomes that matter;
- Avoiding harm waste and variation.

To achieve a greater focus on developing integrated services aimed at improving health and wellbeing outcomes for each locality and cluster population, a transformation to a 'social model of health' is required.

Transforming services through redesigned clinical pathways and service models, to enable traditional hospital based services to be delivered in the community, close to where people live is paramount and there is a focus on those conditions where change will have the biggest impact in shaping the future health and wellbeing of the population. Through developing more community-based facilities, patients will benefit from improved access to important services, with the ability to access both health, care, and other community services with activity and resource focused at where the need is highest across Cardiff and the Vale of Glamorgan.

It will also be far easier for people from the most deprived areas to access the health and wellbeing services that are most in need, with a range of services to be delivered through effective partnership between the Health Board, local authorities, and voluntary sector.

To satisfy the requisites of the SOFW strategy, many improvements are required to increase the effectiveness and capacity of the community-based infrastructure to provide the network of flexible multi-functional accommodation solutions required across Cardiff and the Vale of Glamorgan. The network will focus on the delivery of Locality Health and Wellbeing Centres (H&WC) along with smaller Cluster based Wellbeing Hubs.

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It is proposed that one Local Health & Wellbeing Centre will be located in each of the 3 localities of the Health Board's geographical area supported by a more local network of Cluster based Wellbeing Hubs, which will where possible be developed alongside Local Authority Community Hubs and other appropriate facilities.

In identifying the best locations for these facilities, the Health Board used a simple algorithm to apply to each Cluster and the results of this assessment suggested that due to the health and wellbeing needs of the South and East Cardiff Locality along with the previous works undertaken over many years regarding the continued development of CRI to provide modern, accessible, integrated healthcare services for people in the heart of the city, Cardiff Royal Infirmary has been chosen to be developed into a Local Health and Wellbeing Centre for residents of the wider Cardiff South and East Locality, whilst maintaining a focus for the delivery of community services for the more local population within the South-East Cluster.

The proposed development also takes account of the Key Population Needs identified in the Cardiff and Vale of Glamorgan Area Plan for Care and Support Needs 2018-2023 (Me, My Home, My Community) and Cardiff Wellbeing Assessment along with the strategic priorities developed by the Cardiff and Vale of Glamorgan Regional Partnership Board/ Integrated Health & Social Care Partnership.

Other key local strategies underpinning the OBC include:

- Integrated Medium Term Plan 2022 – 2025;
- Cardiff and Vale People and Culture Plan 2022 – 2025;
- Cardiff and Vale UHB Estates Strategy 2018 - 2028;
- Cardiff and Vale UHB Delivering Digital: a Five Year Strategy - Building a learning health and care system 2020.



Executive Summary Figure 2: CVUHB Priorities

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2.2 The Case for Change

This Outline Business Case serves as a catalyst for the Cardiff South and East Locality however it also focusses on the population of the Cardiff South East Integrated Cluster Hub which is comprised of the local communities of Adamsdown, Gabalfa, Plasnewydd, Splott and part of Cathays (the remainder of Cathays is currently part of the Cardiff City and South Cluster Hub) and the need to provide modern, accessible, integrated health and wellbeing services for residents across neighbourhoods.

In 2019 the cluster had a GP practice population of 62,782 people with 8 GP practices, 5 Dental practices, 6 Optometrist's and 16 Pharmacies.

The demography of Cardiff South East is complex and includes areas of the highest rates of unemployment, social deprivation, a high population of university students and one of the six UK immigration centres. The latest population estimation suggests approximately 19% of Cardiff's total population live within the cluster.

In Cardiff, 9.5% of its total population live in the 10% most health deprived Lower Super Output Areas (LSOA's) in Wales (i.e. those ranked 1-190). This proportion varies greatly across the neighbourhood areas. Cardiff South East has 14.6% of its population living in these most deprived areas.

Community Estate

Cardiff Royal Infirmary (CRI) is a major landmark in Cardiff situated within the cluster and represents a huge historical and heritage significance within the local community and beyond. The hospital opened in 1883 and is Grade II listed having ceased to function as a District General Hospital (DGH) in 1999. The facility then became a community resource, delivering health services to meet the particular needs of the local community, with the ongoing future of CRI being debated over many years.

In later years successive planning exercises, health needs assessments and public consultations all established a vision for a complete phased re-development of CRI. The vision was for the CRI to be developed as a centre of excellence for the delivery of integrated health and social care to meet the needs of a complex and growing population working as part of a network of primary and community services. It would provide a wider resource for the community with opportunities for collaborative joint working with the third sector being at the core of the development.

Since 2009, a number of Business Justification Cases (BJCs) for the conservation and heritage works along with 'Phase 1' of the CRI redevelopment have been submitted to Welsh Government with the works being completed in 2014. The works included conservation to safeguard and prolong the life of the building consistent with its grade II listed building status, along with remodelling and the refurbishment of accommodation for any existing services delivered from CRI thus allowing provision of fit for purpose accommodation for patients and staff.

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Figure 1: External photograph of the entrance to Cardiff Royal Infirmary

Subsequent works have also included the refurbishment of Block 14 for Therapies, emergency interim works to accommodate the Community Mental Health Teams (CMHT), interim Dispensing and Treatment Team/ Needle Exchange (DATT/NEX) modular build and the recently opened Capel I Bawb (Chapel).

The CRI site itself consists of three physical buildings, all in very close proximity to each other, namely the main building, the Links Building, including Angove Unit and Houses 54/56. However, over the last few years, the Links Building and Angove Unit have suffered extreme deterioration with major storm damage suffered in 2018 resulting in the accommodation being no longer fit for purpose, therefore services have temporarily moved into other areas of the site to enable continued service delivery as identified in the emergency interim works above.

Proposals are currently ongoing with regards to the development of the rear of the CRI site including the potential for a replacement Links Building and refurbishment of the Houses to each accommodate of number of specialist services such as SARC, CAU, DaTT/NEX and mental health facilities. This work is being developed separate to this OBC but is a major part of the overarching CRI masterplanning and phasing exercise that is being undertaken for the site and therefore the output of the work is very closely aligned with this project.

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Existing Issues

Although the current role of CRI is focussed on delivering a number of community based services to the local population, in undertaking the original works for Phase 1 of CRI, the Health Board identified issues with asbestos, rot and damp across the building and a significant amount of the current building (save for the completed Phase 1 works) is currently in a poor state of repair and unoccupied.

A 2019 summary of the current refurbishment status of CRI showed that:

- 27% of the building has been refurbished;
- 73% of the building requires significant safeguarding works to prevent further deterioration and refurbishment to provide accommodation that is fit for purpose for healthcare delivery in the future.

Roath Clinic is another local facility that operates as a community clinic for the Cardiff South East cluster and has a significant number of estates issues associated with the fabric of the building. A condition survey was undertaken in 2017 and found numerous estates risks/ issues impacting on service delivery across clinics.

Therefore, as the needs and demands of the local population change, the way the Health Board currently provide services in the area is no longer sustainable. To sustain safe and high-quality services in the future the Health Board are looking to re-organise and redevelop much of the routine care provided across all sectors whilst taking opportunities to rationalise or improve current poor community estate within the locality where possible.

Community Infrastructure Development

Services have changed beyond recognition since the start of the NHS and a need to place a greater emphasis on mental health, preventative care and managing the long-term conditions of an ageing population is required. Pressures on GPs, secondary care together with growing patient list sizes and life expectancy rates means that community accommodation needs to be able to adapt and modernise to meet rising demand and although the current condition of a large proportion of CRI is poor and unsafe and requires significant remedial and refurbishment works, it has been established, through numerous years of service planning works, that the CRI can provide the development capacity to extend the current range of services provided and enable the further transfer of activity from hospital settings into the community where required.

Opportunities for new models of care for local primary, community, mental health and adult social care services that are currently fragmented across different locations within the locality can also be established by providing services in one location.

The Cardiff Royal Infirmary is an iconic, much loved building within the community, already providing a number of much needed healthcare services within the heart of the city to those that need and rely on it daily but, by further investing in the future sustainability of the site and the health and social care of the local community, by restoring the CRI to its full capacity

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it will provide the exciting opportunity to further enhance service delivery, look at new models of collaborative working across partner organisations, provide greater use of the physical estate available whilst also preserving a piece of Cardiff's heritage for the good of the community.

It is well known that building health into the high street has multiple socio-economic benefits. It can play an important role in addressing health inequalities, offer much-needed additional capacity for health service delivery and attract more people into their local high street, while encouraging healthier lifestyles but fundamentally, a new accessible health and wellbeing facility at CRI will provide excellent health and wellbeing services to meet the needs of the locality both now and in the future across healthcare specialities.

Therfore a separate Full Business Case will be developed in support of this OBC to detail the requirements of the necessary capital safeguarding works to the remainder of the CRI (73%) to support the proposed scheme in its entirety including the provision of an energy centre to support the future sustainability of the site.

Scope, Objectives and Benefits

The proposed scope of the project is for the continued future of the CRI which will see the entire facility restored and redeveloped into a Health and Wellbeing Centre for residents of the wider Cardiff South and East Locality, while maintaining a focus for the delivery of community services for the more local population within the South East cluster. The CRI can provide the necessary infrastructure and diagnostic facilities to support the major redesign and shift of healthcare services closer to people's homes and support delivery of an increased range of integrated and collaborative services with other statutory and third sector services promoting a community-centred approach which would:

- Focus on promoting health and wellbeing in community settings, rather than service settings;
- Recognise and seek to mobilise assets within communities;
- Promote equity in health and healthcare by working with and alongside individuals and groups who face barriers to achieving good health;
- Seek to increase people's control over their health and lives;
- Use participatory methods to facilitate the active involvement of members of the public.

The proposal for a Health and Wellbeing Centre at CRI has been the subject of significant service planning and engagement work with partner organisations such as Cardiff Council, third sector groups and the local community over many years and will look to provide shared, flexible and multi-functional accommodation that can be adapted as services develop to not only improve capacity to meet increasing and changing demand for services from a rapidly growing population but also deliver a community based facility that supports sustainability for services that have been 'prioritised' by the Health Board to provide the most appropriate configuration of services to deliver the SOFW objectives for the local population whilst also

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taking into careful consideration service sustainability for the locality and those services in poor accommodation currently.

Minimum	Intermediate	Maximum
A community based facility at CRI that supports health service sustainability, meets statutory requirements, best practice models and addresses service model and known capacity issues for services within priority 1	A community based facility at CRI that supports health service sustainability, meets statutory requirements, best practice models and addresses service model and known capacity issues for services within priority 1 and 2a	A community based facility at CRI that supports health service sustainability, meets statutory requirements, best practice models and addresses service model known capacity issues whilst improving clinical pathways across all services within priorities 1, 2a and 2b. In doing this, the facility will deliver a greater range of physical and mental health services, together with improved integration of wellbeing and social care services.
Sized to meet current and future demand	Sized to meet current and projected future demand	Sized to meet current and projected future demand

Executive Summary Table 1: Potential scope by service

This business case aims to take forward the maximum scope which is to provide a fit for purpose community based facility over time that supports health service sustainability, meets all statutory requirements and best practice models but will also support greater access to a range of integrated services therefore delivering an improved social model of care focused on the physical, mental and social wellbeing of people in the community and wider cluster.

However, it must be recognised that due to the length of the overarching programme required to develop and restore the CRI to its full capacity, there will inevitably be changes in service provision and needs may change over time. This will be monitored closely as the scheme progresses and therefore a series of further Full Business Cases (FBCs) will be developed in support of this OBC to further describe the individual projects and services that will form the Locality Health and Wellbeing Centre in the future. Opportunities for any further inclusion in the scheme for services will also be reviewed at key stages during the programme of works with re-affirmation of service priorities considered at each stage, if necessary, in relation to the ever changing needs of the healthcare environment.

The scope of this business case excludes:

- Areas which have been refurbished through other business cases approved by Welsh Government, i.e. 1st phase projects, Rookwood FBC, Block 14a works/domestic abuse one stop shop;
- Other proposed development of services to the rear of the CRI site which are the subject of an ongoing separate business case including:
  - Development of the Regional Sexual Assault Referral Centre (SARC) hub;
  - Development of a replacement Links Building to provide consolidated accommodation for the Community Addictions Unit (CAU), Needle Exchange

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(NEX) and Dispensing and Treatment Team (DaTT) and centralisation of the Community Mental Health Teams to support a Locality Model for South East Cardiff plus integration with other MH Services.

Generally the project seeks to generate real and significant beneficial synergies for all those involved and is a fundamental part of delivering the benefits of the overarching SOFW programme however the table below shows the high-level strategic and operational benefits associated with the implementation of the potential scope in relation to business needs as outlined by the wider locality supported by this project.

Spending Objective	Main Benefits
1. (Empower the Person): To deliver relevant health and wellbeing information, advice and education to support residents within the South and East Cardiff Locality to choose healthy behaviours and encourage self-management of conditions	▪ Residents have better access to local health and wellbeing group sessions through improved availability of appropriate facilities; ▪ Residents have better access to information about appropriate community groups and activities leading to increased uptake of social prescribing; ▪ Residents have more co-ordinated access to health and wellbeing information, advice and education via development of services and links to new Capel I Bawb resources.
2. (Home First): Strengthen the Health Board's ability to support the shift in service delivery from hospital to community and deliver further integrated services, through the creation of a Health and Wellbeing Centre at CRI (H&WC@CRI) within the South and East Cardiff Locality.	▪ Patients in S&E Cardiff Locality are able to access services more locally, avoiding the need to travel to hospital; ▪ Capacity of facilities which support the increased demand /new models of service delivery.
3. (Outcomes that matter to people / Reducing Health Inequalities): To develop an environment within the Locality / Cluster which promotes an integrated social model of care, focusing on conditions where prevention will have the greatest impact and identified Locality/ Cluster priorities	▪ Residents have improved access to an increased range of multi-agency integrated services; ▪ Collaborative services focusing on particular conditions and priority needs as identified within the Locality.
4. (Avoid harm, waste and variation): To improve facilities and the capacity of services to meet increasing and changing demand for services.	▪ Efficient use of bookable clinic facilities; ▪ IT/digital technology supports improved working practices and sharing of information; ▪ Conservation of the CRI site consistent with the requirements imposed by its Grade II listing, while delivering modern fit for purpose facilities

Executive Summary Table 2: Spending Objectives and Main Benefits

In aiming to deliver these broader benefits, the redevelopment at CRI will look provide modern, accessible, integrated and collaborative healthcare services in one location, not only for residents of the South East Cluster but also the wider Cardiff South and East Locality and support the alignment with the Health Board's *Shaping Our Future Clinical*

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Services strategy, which includes the transformation of service delivery, rebalanced to community delivery of services, where appropriate. Patients will benefit from improved access to important services, with the ability to access services closer to home, with activity and resource focused at where the need is highest across Cardiff and the Vale of Glamorgan leading to improved population health outcomes and reductions in health inequalities.

The project will also look to provide a conducive working environment for staff and will support additional workforce benefits in relation to *The People and Culture Plan* by providing first class facilities with new technologies and promote seamless workforce models that will not only attract and recruit but also retain the right people with the right skills for the Health Board to deliver an increased range of health and wellbeing services at CRI supporting patients, their families, visitors and the local community alike.

The main benefits will support the Health Board's vision to transform the CRI site into a community centre of excellence with patients being supported to make the right choices about the best places to receive care and advice. A primary aim of this development is to increase the integration of multidisciplinary teams and services so that patients are more likely to access all components of their care under one roof. This could mean that one patient is seen by several health and care professionals during a single visit and therefore does not need to travel to different locations for relevant services. The vision is that quality of care will improve and therefore non-attendance would reduce, resulting in positive outcomes for patients being maximised. For example, it's expected that the project will lead to the reduction in the number and rate of emergency hospital admissions for chronic conditions, which will improve the ability of hospital sites in the area to be better able to respond to increasing demand

This project will also demonstrate to the local community that the Health Board are making real progress with plans for this historic and important site, which has been the subject of extensive engagement for some years and allow the Health Board to build on its approach to the foundational economy of Wales by not only seeking re-investment in the local area as it moves through the development process but also, as an employer, to ensure that local people have opportunities to train and find work in NHS Wales and social care at all levels, benefitting communities further.

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3.0 THE ECONOMIC CASE

3.1 The Long List

The core principles and Critical Success Factors (CSFs) for the project were agreed by the Project Board and against which all service requests were assessed to determine priority within the service scope for the scheme. These CSFs have been used alongside the spending objectives for the project to evaluate a list of possible options in accordance with best practice contained in the Infrastructure Investment Guidance.

An options framework to generate the long list of options was utilised by systematically working through the available choices for what, how, who, delivery timescale and funding. Some options were discounted, others carried forward as possible to then provide the recommended approach to identify the preferred way forward.

The table below provides a summary of the findings of the long list option appraisal:

Option	Finding
1.0 Scope	
1.1 – Business as usual: Maintain current range of services at CRI with other services remaining within their current locations	Discounted but taken forward for comparative purposes
1.2 - Minimum Scope (to include existing and priority 1 services only): A community based facility that supports health service sustainability, meets minimum statutory requirements and is sized to meet current and future demand	Discounted
1.3 – Intermediate Scope (to include existing, priority 1 and 2a services. Other priority 2 services to be located elsewhere): Community based facility that supports health service sustainability, meets statutory requirements, best practice models and addresses service model and known capacity issues and sized to meet current and projected future demand	Possible
1.4 – Maximum Scope (to include existing, priority 1, 2a and 2b services): A community based facility that supports health service sustainability, meets statutory requirements, best practice models and addresses service model known capacity issues whilst improving clinical pathways. This scope will provide and deliver a greater range of physical and mental health services, together with improved integration of wellbeing and social care services and will be sized to meet current and projected future demand.	Preferred
2.0 Service Solutions	
Due to the nature and complexity of the project and the level of engagement already undertaken during the PBC, the only service solution option for consideration will be to undertake the redevelopment of CRI in some capacity. There are several ways in which this can be achieved and these have all been carried forward for greater review as part of the short-listed option appraisal.	
3.0 Service Delivery	
3.1 In House	Preferred
3.2 Partial Outsource	Discounted
3.3 Strategic Partnership	Discounted

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Option	Finding
4.0 Implementation	
Due to the nature of the project the implementation will be phased as agreed with Welsh Government	
5.0 Funding	
Only public funding has been considered as it has been agreed with Welsh Government that this project will be supported	

Executive Summary Table 3: List of Inclusions and Exclusions at Long List

NB: The range of service solution options usually considered are at a strategic level and would include a do nothing or do minimum option, options that utilise the existing estate (i.e. refurbishment) and options that may require disposal and replacement with a new build development. This project, however, in line with the extensive engagement work previously undertaken and demonstrated within the PBC is solely focused on the continued redevelopment of the CRI site and therefore any previous long listing options undertaken in 2013 which included the disposal of CRI in its entirety have been discounted.

3.2 The Short List

There are several ways in which the existing estate at CRI could be remodelled to deliver the project objectives and critical success factors and required service scope of the project with their own individual advantages and disadvantages. The Health Board has, therefore, undertaken an exercise during development of this OBC (taking into consideration the overarching masterplan works and associated other schemes taking place on site) to discount options that are impracticable at this stage and shortlist only those more realistic options for the CRI that fit strategically with the rest of the site, and can assist in producing the future requirement in a manner that would suit service delivery for a locality Health and Wellbeing Centre. A Do Minimum option is included for comparative purposes.

Option No:	Description of option:
Option 1 – Do Minimum	**Services:** Existing services (subject to exclusions already outlined such as the redevelopment of specialist provision to the rear of the CRI site) **Works:** ▪ Minimal capital safeguarding works where necessary to occupied areas (excluding those areas that have already been addressed previously) ▪ Backlog maintenance to occupied areas ▪ Backlog maintenance for Roath clinic to enable continued service provision Other Implications: ▪ No capital safeguarding works to unoccupied areas ▪ No energy centre works
Option 2a	**Services:** Existing CRI services and other priority 1 services within the main building at CRI and priority 2 services located elsewhere **Works:**

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Option No:	Description of option:
	▪ Capital safeguarding works to sufficient areas to accommodate existing and priority 1 services where required ▪ Safeguarding works to remaining unoccupied areas to support integrity of building ▪ Backlog maintenance to occupied areas ▪ Development of an energy centre to support the site ▪ Fit out of proportion of unoccupied areas to accommodate the required service scope Other Implications: ▪ Construction or sourcing of alternative accommodation required for priority 2 services to enable the required out of hospital shift in services to community care
Option 2b	**Services:** All services (existing services plus the other priority 1, 2a and 2b services) within the main building at CRI **Works:** ▪ Capital safeguarding works to all areas of the main building (excluding those areas that have already been addressed previously) ▪ Backlog maintenance to occupied areas ▪ Development of an energy centre to support the site ▪ Fit out of all unoccupied areas to accommodate full required service scope

Executive Summary Table 4: Short Listed Options

3.3 Qualitative Benefits Appraisal Key Findings

The evaluation of the qualitative benefits associated with each of the shortlisted options was undertaken by the Project Team on 22nd September 2021. Benefit scores were allocated on a range of 1-10 (rising scale) for each option and agreed through rigorous discussion by the workshop participants to confirm that the scores were agreed as fair and reasonable. The summary results of this exercise were as follows:

Benefit Criteria	Weighted Scores		
	Option 1	Option 2a	Option 2b
1. Does the option promote a social model of health and wellbeing from the patients' perspective?	90	180	300
2. How well does the option contribute to the delivery of key strategic ambitions?	40	120	200
3. Does the option provide potential for flexible, multi-functional facilities, to deliver services in response to future need?	36	108	144
4. Does the solution make the optimum use of human, capital and estates resources?	50	150	225
5. Can the option be implemented in a timely fashion, with minimal disruption to services and staff?	42	28	28
TOTALS	**258**	**586**	**897**
RANK (weighted)	**3**	**2**	**1**

Executive Summary Table 5: Non-Financial Option Appraisal Results

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Key considerations that influenced the scores achieved by the various options were as follows:

- Option 1: Do minimum – Ranked 3rd. This option retains existing services only and therefore would not meet the needs of the local population/ aspiration for the cluster in relation to providing a social model of health for patients in the long term. The option does not respond to the strategic objectives both nationally or locally and would not promote access to community based services that are currently delivered in an acute based environment. This option will not allow the Health Board to make better use of, or improve their current community estate by providing the essential maintenance works required.
- Option 2a – Ranked 2nd. This option would provide a sustainable longer term estate and service solution for existing and priority 1 services however, any later introduction of priority 2 services to the main building at CRI may result in suboptimal relationships and create some inherent inefficiencies. Sourcing or constructing alternative accommodation for any priority 2 services may also prove difficult within the local area. Whilst patients would be offered a wider range of collaboration and additional support in relation to their physical, mental and social wellbeing, this option will not offer complete integration and services may remain dis-jointed across the community with collaborative opportunities not utilised in full. Completion of all essential safeguarding works would still need to be undertaken to protect the integrity of the building to mitigate any further potential deterioration and their associated health and safety risks.
- Option 2b – Ranked 1st. This option provides the ability to offer the full range of services prioritised for the locality /cluster and correct co-location and integration of services. It will, therefore, offer the patient complete support in relation to their physical, mental and social wellbeing. Efficiencies will be improved across services for both patients and staff. This option has the ability to provide flexible, multi-functional accommodation that can be adapted as services develop and respond to the required increase in capacity thus assisting with the shift in hospital care to the community. However, there may be spatial constraints with regards to the refurbishment of a Grade II listed building for multiple services plus access issues with the CRI overall due to complete redevelopment of the site in its entirety. A phased solution will be required to limit disruption wherever necessary. The Health Board's current poor community estate will have the potential to be rationalised or improved in the future if required and the CRI maximised as a healthcare asset within this option.

Sensitivity analysis was undertaken by changing the ranking of the benefit criteria to evaluate the impact on the overall score for each option. The analysis included applying reverse, high, low and no weightings to the criteria.

The results indicated that even if the weighting of the benefit criteria were to be changed there is no scenario in which Option 2b is not the preferred option although there are changes amongst the rankings of the other options.

NB: Design and master planning works undertaken across the entire site during 2021 has since demonstrated that the whole scope of services (priority 1 and 2) can be accommodated within the footprint of the CRI site if a suitable replacement of the Links

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Building at the rear of the CRI site is developed and agreed with the planning authorities (this work is subject to a separate business case and is currently in development).

3.4 Economic Appraisal Key Findings

The economic appraisal incorporates the following cost inputs and assumptions:

- The model has been run for 60 years with a 3.5% interest rate;
- Capital costs have been included on current funding levels at MIPS 269;
- Lifecycle costs have been included based on cost advisor assumptions;
- Revenue costs have been based on growth assumptions;
- At this stage no transition costs or land sales have been assumed;
- Risk relates to the planning contingency. No further financial risks have been included at this stage.

3.4.1 Capital Inputs

The capital costs as included in the economic analysis are highlighted in the table below. There is no allowance built in for optimism bias at this stage.

Capital Costs – OB Forms (£'000)	Option 1	Option 2a	Option 2b
Works Costs	1,668.4	75,773.3	79,868.2
Fees	292.0	13,002.4	12,085.5
Non-Works	0.0	15,881.2	3,344.8
Equipment	0.0	4,975.0	4,975.0
Planning Contingency	196.0	13,704.0	12,534.2
Total Capital Costs at approval PUBSEC	**2,156.5**	**123,336.0**	**112,807.7**
VAT	254.0	17,611.4	17,443.2
Total Capital Costs	**2,410.5**	**140,947.4**	**130,250.9**
PUBSEC	**269**	**269**	**269**

Executive Summary Table 6: Capital Costs for all Options based upon OB forms

3.4.2 Economic Analysis

The economic analysis has been undertaken and the outputs are outlined below. Option 2b is the preferred option from the development options over the 60 year lifecycle reviewed.

Economic Impact £'000	Option 1	Option 2a	Option 2b
Costs (Net Present Costs)	1,830	138,929	112,208
Capital Costs incl Lifecycle	0	0	0
Residual Value	1,097,281	1,157,869	1,123,766
Revenue Costs	0	0	0
Transitional Costs	0	0	0
Externality Costs	0	0	0
Net Contribution (Benefit)	1,099,111	1,296,798	1,235,974

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Economic Impact £'000	Option 1	Option 2a	Option 2b
Total NPC excluding Risk	189	12,375	11,132
NPC Risk	1,099,301	1,309,173	1,247,105
Total NPC including Risk	**40,276**	**47,520**	**45,291**
EAC	**1**	**3**	**3**
RANK all options		**2**	**1**
RANK development options	**11.1%**	**-4.9%**	**0.0%**
Margin all options	**147,805**	**(62,068)**	**62,068**
NPC Switch Value	**1,830**	**138,929**	**112,208**

Executive Summary Table 7: Economic Analysis

3.4.3 Sensitivity Analysis

A sensitivity has been undertaken which identifies the changes required to change the preferred option on a financial basis. A movement of £62,068 is required to change the preferred option and second ranked option and this is expressed below in terms of the shift.

Economic Sensitivity	Option 1	Option 2a	Option 2b
Capital Costs	8076.4%	-44.7%	55.3%
Residual Value	0.0%		
Revenue Costs	13.5%	-5.4%	5.5%
NPC Change Needed	**147,805**	**(62,068)**	**62,068**

Executive Summary Table 8: Economic Sensitivity Analysis

3.5 Overall Findings – Conclusion

The financial analysis undertaken has then been linked to the non-financial analysis and a calculation undertaken on the benefit points per equivalent annual cost (EAC). Option 2b is preferred on both financial and non-financial assessments. When combined this shows that option 2b is 37% better than option 2a.

Combined Appraisal	Option 1	Option 2a	Option 2b
Weighted Non-Financial Scores	258	586	897
Margin Preferred		-34.7%	
NON-FINANCIAL RANKING OF DEVELOPMENT OPTIONS	**3**	**2**	**1**
EAC Impact of Option (£'000)	40,275.6	47,519.6	45,290.8
ECONOMIC RANKING OF DEVELOPMENT OPTIONS	**0**	**2**	**1**
Benefit Points per EAC (£000)	0.006	0.012	0.020
COMBINED RANKING OF DEVELOPMENT OPTIONS		**2**	**1**
DIFFERENCE (% below Preferred Option on Combined Score Basis)		**-37.7%**	**0.0%**

Executive Summary Table 9: Combined Economic and Non-Financial Appraisal Scoring

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Option 2b is therefore confirmed as the preferred option overall.

3.6 The Preferred Option

Having undertaken the qualitative benefits (non-financial) and economic (financial) appraisals of the shortlisted options, the preferred option is Option 2b as it fully meets the project objectives and critical success factors of the project.

The continued restoration and redevelopment of CRI as a Health and Wellbeing Centre (H&WC@CRI) will provide a key component of the Health Board's vision for creating a modern and fit for purpose community infrastructure to support the transfer of activity from hospital settings and closer to people's homes whilst providing valuable enhanced healthcare delivery for the rapidly growing population that is supported by this historic and important building.

For the local community and wider South and East Cardiff Locality, it will:

- Provide the right environment to accelerate and enhance the integration of the planning and provision of integrated health and social care across a wider range of partner providers and create a community centred approach;
- Provide the physical capacity and functional capability to provide more services for local residents which promote and support their physical, mental and social wellbeing;
- Address the critical infrastructure deterioration of the building and provide a unique opportunity to preserve a major architectural landmark which represents a huge history and heritage within the local community and beyond; and
- Build on strong local support for the building as a community asset, promoting co-production, co-design and co-ownership to nurture the development of a strong community spirit and consequent positive outcomes such as improved public health and social resilience;
- Continue to build health into the high street, producing additional benefits for the surrounding area and the local population. The facility will play an important role in addressing health inequalities, offer much-needed additional capacity for health service delivery and attract more people into their local high street, while encouraging healthier lifestyles. In doing this, the project will also promote the Health Board's approach to the foundational economy of Wales by:
  - Increasing footfall to the site – this will impact on local businesses such as shops, food outlets etc;
  - Generating opportunities for local people to train and find work in NHS Wales and social care;
  - Placing services together making them more accessible, more resilient to global changes and therefore more environmentally sustainable.

The capital safeguarding works and fit out of the H&WC@CRI will be developed as a single rolling project, phased over a six to seven year construction period. It will be based on delivering the full required service scope developed as part of the extensive service planning work undertaken to date and applied as a series of individual projects at FBC stage that support this OBC with any changes in service provision or priority being reviewed at key stages during the process to maintain the appropriate service delivery as required by the local community and wider locality in an ever changing healthcare environment.

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Good progress has been made on the capital proposals to date to restore the CRI. These have been developed in full collaboration with NHS Wales Shared Services Partnership, clinical service leads, local authorities, third sector organisations and the local community in an effort to bring back into use the entire site in a sustainable, efficient and effective way. However, grade II listed buildings are also subject to regulations which protect their historical and architectural significance. These buildings are of special interest, meaning alterations and building work can't be carried out without written consent from the relevant authorities, and given the current condition of the CRI there has inevitably been some considerable complexities with the approach to the design of any refurbishments, new buildings, interventions and landscaping on the site, all of which have been taken into careful consideration during the masterplanning exercise and fully align with CADW guidance for working with Listed Buildings.

Facilities

An outline of the proposed facilities that the future Locality Health and Wellbeing Centre at CRI will deliver are shown below:

Health Zone
▪ GMS facilities ▪ Clinical accommodation for specialist services and outpatient appointments such as Ophthalmology, Podiatry, Audiology, Therapies and Rehabilitation, Dental, Diagnostics, Community and Acute Child Health, Sexual Health and Psychological therapies ▪ Flexible/ bookable clinical accommodation to support a wide range of clinical and community services such as Maternity, District Nurses, Diabetic Eye Screening, Dietetics, Gerontology, Pain Management and other traditionally acute based outpatient facilities
Wellbeing Zone
▪ Entrance and reception area ▪ Patient welfare facilities ▪ Group/community rooms: group health services, third sector social/activity groups ▪ Information / advice centre ▪ ADL kitchen: teaching/ dietetics
Team and Support Zone
▪ Office and zonal administration accommodation ▪ Seminar and group/ meeting facilities ▪ Staff library and training facilities ▪ Staff welfare facilities

Executive Summary Table 10: Outline of facilities within the preferred option

Activity

The facilities outlined above are taken from a schedule of accommodation which has been developed and refined over a number of years. This takes into consideration the extensive engagement between individual services and the service planning team with regards to the most appropriate configuration of services to deliver the SOFW objectives for the local population.

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The facilities take into account the principles of flexible shared use of space, i.e. generic clinical space where possible, shared office space and hot-desking. These principles (both in terms of size and equipment) allows multiple uses for room functionality and adaptability across specialties or patient groups. By establishing the strategic future demand, activity and capacity requirements for each service and translating these into detailed functional requirements it has allowed the masterplan for CRI to increase the number of services it can provide in the future and define clear zones of shared or specialist care.

The number of new or improved services to be provided within the main building at CRI at the end of the construction period is 40 plus services (as demonstrated by the service scope). This number takes into consideration either new services that were previously provided elsewhere in the community or 'improvements to existing' services that will have access to enhanced accommodation by being moved into refurbished accommodation to suit future clinical need. Any exclusions from the service scope have not been included in the facilities, such as areas which have already been refurbished through other business cases approved by Welsh Government, i.e. 1st phase projects, Rookwood FBC, Block 14a works/domestic abuse one stop shop or the ongoing proposed development of services to the rear of the CRI site such as SARC, substance misuse and co-located mental health services. However, as highlighted above, the priority and clinical needs for each service requirement will continue to be reviewed during the FBC stage and as demands for healthcare services change.

Collaborative Working and Workforce within Design Development

A collaborative approach can improve communication, save time, reduce duplication of effort, improve working relationships and provide a better experience for people who use health and social care services.

The significant increase in the number of services across the site in the future will inevitably increase the way services work together and support connectivity and communication between professional staff thus supporting efficient working practices and streamline patient care.

By integrating intelligent building practices and digital technology via the NHS Wales Shared Services Partnership's implemented Building Information Modelling (BIM) strategy throughout the design development, the CRI will provide first class community facilities and promote seamless workforce models from inception to handover thus providing excellent patient care in a supportive work environment, this will not only attract and recruit staff but also retain the right people with the right skill mix to support patients, their families, visitors and the local community to become more engaged and informed that they are active partners in monitoring their own health and wellbeing whilst supporting staff welfare and engagement at each stage of the development.

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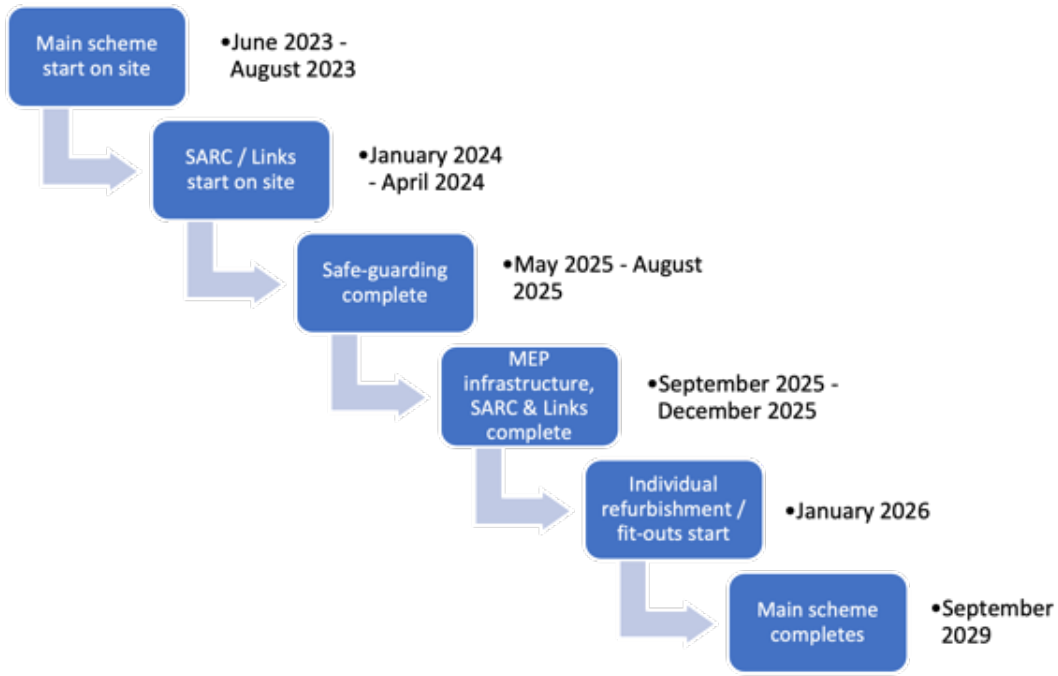
Prioritised Plan of Phasing

The site-wide masterplan works highighted throughout this document aims to integrate the requirements of the various project investments into a holistic overarching strategy which enables different elements of the scheme to be delivered to different timelines without negatively impacting each other. As such, in order to provide construction costs and timescales for inclusion within the OBC, a construction phasing and strategy options appraisal was undertaken for the whole site. Following consultation, Phasing Option 5A was selected as the preferred solution, with the costs for this option reflected in the OBC Cost Forms appended to this business case. This option was assessed against other proposals with the relative benefits being that the construction period is comparatively short and the retention of staff and public car parking is maximised.

This phasing plan also takes account of the separate OBC for the new Sexual Assault Referral Centre (SARC) and Links Building at the rear of the CRI site however it has identified that in order to achieve a significant programme benefit, some enabling type works for the SARC project should be carried out earlier than programmed which could only be done by including within the early phases of the CRI Health & Wellbeing project.

Specifically, these early activities relate to existing buildings 54/56 within the CRI site demise which are part of the SARC project and are currently occupied. By decanting these current users into Block 10 level 1 of the CRI building during the SARC project works this offers time and cost efficiencies.



Executive Summary Figure 3: Preferred phasing solution

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Decarbonisation and Sustainability

The scheme will look to reduce carbon emissions wherever possible and a decarbonisation strategy has been put in place in line with Welsh Governments overarching Decarbonisation Programme (*Prosperity for All: A Low Carbon Wales: 2019*) and more recently the *NHS Wales Decarbonisation Strategic Delivery Plan (2021).*

Whilst decarbonisation will be difficult in a grade II listed building, the project will provide a strategy from the perspective of the whole CRI site and measures from the proposed new build facility for the Links Building replacement at the rear of the site will be used to partially offset limitations of the main building.

4.0 COMMERCIAL CASE

4.1 Procurement Strategy

The construction of these premises will be procured through the NHS Wales Shared Services Partnership – Specialist Estates Services (NWSSP-SES) established NHS 'Building for Wales' Framework. The Supply Chain Partner (SCP) Willmott Dixon Construction Limited has been appointed under the framework to develop both the design and construction of the proposed facility.

Contractual Arrangements have been entered into with all parties for the OBC stage using the NEC contract as prescribed under the Framework. For the Project Manager and Cost Advisor, the NEC 3 Professional Services Contract has been used, and for the SCP, the NEC Option C (Target Cost) contract has been used.

4.2 Required Services

The scope of services required is for the project management, cost advice and the design and construction of a Locality Health and Wellbeing Centre at Cardiff Royal Infirmary, comprised of GMS services, bookable outpatient and community clinical accommodation, a wellbeing zone including patient group and education facilities, staff team bases and welfare accommodation.

Partner collaboration and integration are key enablers for the scheme and there are a wide range of key stakeholders involved in the project from clinicians, citizens, local authorities and third sector organisations. Excellent communication links have been established and engagement for the project and overarching programme with these stakeholders has been extensive since 1999 with ongoing proposals and service developments for the site agreed in collaboration with both Cadw, NWSSP-SES and the Council also. Previous work on the site such as the Phase 1 works in 2014 and the recent redevelopment of the Chapel into a Health Information Centre demonstrate this.

Planning Consent

Cardiff Royal Infirmary is a major landmark in Cardiff and a Grade II Listed Heritage asset, therefore Outline Planning Approval cannot be obtained, as such the approach to the design

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of any refurbishments, new buildings, interventions and landscaping on the site must take due consideration of this and align with Cadw guidance for working with Listed Buildings.

It has been agreed that the Masterplan Strategy for the site in its entirety would be prepared which sets out the design and conservation principles for the overall project and includes an overall heritage assessment which would then be used to secure an Agreement in Principle (AiP) from Cardiff Council, thereby giving sufficient confidence to allow WG to determine approval of this OBC. Any subsequent project FBCs will then apply for any Listed Building Consent individually in line with the requirements established in the AIP.

4.3 Potential for Risk Transfer & Potential Payment Mechanisms

The Health Board have indicated that it will apportion risk in the design and build phase as per the following table, however this will be appraised and reviewed at subsequent stages to ensure there is an appropriate allocation of risk:

Risk Category	Potential Allocation		
	Public	Supply Chain Partner	Shared
Design Risk			✓
Construction & Development Risk			✓
Transition & Implementation Risk			✓
Availability and Performance Risk			✓
Operating risk	✓		
Variability of Revenue Risks	✓		
Termination Risks	✓		
Technology & Obsolescence Risks			✓
Control Risks	✓		
Residual Value Risks	✓		
Financing Risks	✓		
Legislative Risks			✓
Other Project Risks			✓

Executive Summary Table 11: Potential Risk Transfer

Recipients of the health services associated with the project will be local residents and as such services will be commissioned by the Health Board. The majority of services will be delivered by the Health Board and GP Practice, although the local authority and third sector partners may deliver provide wellbeing services, as appropriate.

For shared assets, there needs to be a mechanism to share costs fairly. The proposal for shared facilities is that:

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- The costs of energy and utilities designed for sole use by partner organisations will be measured and reimbursed to the Health Board;
- The costs associated with the running and maintenance of the shared areas of the premises will be subject to negotiation.

It is anticipated that the phased construction duration of the project will run for 6-7 years (including all safeguarding works) although the start date for this is dependent on the approvals process.

5.0 FINANCIAL CASE

5.1 Capital Financial Expenditure

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

Capital Costs	£m
Building/Engineering	127.292
Equipment costs	2.959
Total Capital Cost/ Cost Forms	**130.251**

Executive Summary Table 12: Capital Costs for the Preferred Option

	£m
Impairment	96.879
Depreciation – Building/Engineering	0.469
Depreciation – Equipment	0.427
Accelerated Depreciation	0.00
Total Capital Charges/Depreciation	**97.775**

Executive Summary Table 13: Summary of Impairment and Depreciation

Impairment is calculated based on advice from the District Valuer. The asset value post impairment has been depreciated over the estimated useful economic life provided by the District Valuer.

The following is a summary of the total impact of impairment and depreciation by year until the planned opening of the facilities:

	2029/30 £m	2030/31 £m	2031/32 £m	2032/33 £m	2033/34 £m
DEL Impairment	0	0	0	0	0
AME Impairment	96.879	0	0	0	0
Total Impairment	**96.879**	**0**	**0**	**0**	**0**
Depreciation – Build	0.012	0.469	0.469	0.469	0.469
Depreciation - Equipment	0.107	0.427	0.427	0.427	0.427
Total Depreciation	**0.119**	**0.896**	**0.896**	**0.896**	**0.896**

Executive Summary Table 14: Summary of Total Impact of Impairment / Depreciation Year on Year

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This OBC assumes all capital charges and depreciation will be funded by Welsh Government in each of the years provided in the table above.

5.2 Revenue Costs

This cost assessment relates to those services currently delivered by Cardiff and Vale UHB and excludes services to be provided by the Local Authority, GPs, Public Health and the Third Sector. This is based on current plans included in Clinical Service Specifications and based on 2021-22 outturn.

The summary of revenue costs is as follows:

Costs	Baseline £m	Additional £m	Total £m
Service	36.585	1.933	38.518
Facilities	0.575	1.080	1.655
Utilities	1.255	0.726	1.981
Total	**38.415**	**3.739**	**42.154**

Executive Summary Table 15: Summary of Revenue Costs

5.2.1 Service Costs

A vast number of services are impacted by this OBC, the cost of the current and new services within the preferred option, along with the cost increase can be summarised below:

Description	Current Cost £'000	Proposed Cost £'000	Increased Cost £'000
Pay			
1 - Neuro Rehab	169	169	0
3 - Podiatry	1,650	1,650	0
4 - Dental Service - CDS/GDS	54	598	544
5 - Dietetics/teaching kitchen	134	134	0
7 - Children & Young People's Hub	2,922	2,922	0
9a - Phlebotomy (Adults)	25	74	49
9b - Phlebotomy (Paeds)	25	25	0
9 - Gerontology (Integrated Med/ Bone Clinic)	70	70	0
10 - BCG (TB clinic) - Respiratory (integrated medicine)	168	168	0
12 - Wound healing(Surgery CB)	6	6	0
14 - MTT Physio Orthopaedics	1,766	1,766	0
17 - MS – Neurology	1,352	1,352	0
18 - AAA (PHW)	79	79	0

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Description	Current Cost £'000	Proposed Cost £'000	Increased Cost £'000
20 - Audiology service (adults and paeds)	189	189	0
21 - Maternal health/ midwifery hub	2,292	2,292	0
22 - Memory clinic	584	584	0
24 - Cardiology clinics	298	409	111
25 - Cardiac rehab gym	225	225	0
26 - Pulmonary rehab gym	106	106	0
27 - Ophthalmology	415	415	0
28 - DOSH – young person's clinic/MSM	50	50	0
31 - Smoking cessation (Public Health Team)	147	147	0
33 - Imaging Centre	64	723	658
38 - Information and Advice Centre (Patient Experience Team)	128	128	0
42 - Community Nursing Hub and S&E Cardiff Locality Team	573	573	0
51 - Acute child health	92	92	0
54 - Pain management service	183	183	0
55a - Global Link (psychological therapies/counselling team)	3,007	3,007	0
58 - Primary Care MH Counselling clinical space (MH CB)	1,120	1,120	0
59 - Urgent PC/OOH (incl. CAV 24/7) (PCIC CB)	7,002	7,002	0
60 - Lymphoedema (CD&T)	105	105	0
61 - Other CD&T Services	406	426	20
Pay Total	**25,406**	**26,789**	**1,382**
Non-Pay			
2 - Roathwell GP Practice	39	0	(39)
4 - Dental Service - CDS/GDS	9	437	428
12 - Wound healing (Surgery CB)	1	1	0
17 - MS – Neurology	5,419	5,419	0
20 - Audiology service (adults and paeds)	46	46	0
24 - Cardiology clinics	6	15	9
25 - Cardiac rehab gym	8	8	0
27 - Ophthalmology	4,115	4,115	0
31 - Smoking cessation (Public Health Team)	0	0	0
33 - Imaging Centre	0	124	124

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Description	Current Cost £'000	Proposed Cost £'000	Increased Cost £'000
40 - Operational Services (commercial)	49	49	0
42 - Community Nursing Hub and S&E Cardiff Locality Team	230	230	0
50 - IT server room	20	20	0
54 - Pain management service	3	3	0
55a - Global Link (psychological therapies/counselling team)	563	563	0
58 - Primary Care MH Counselling clinical space (MH CB)	274	274	0
59 - Urgent PC/OOH (incl. CAV 24/7) (PCIC CB)	355	355	0
61 - Other CD&T Services	41	71	30
Non-Pay Total	**11,178**	**11,729**	**551**
Grand Total	**36,585**	**38,518**	**1,933**

Executive Summary Table 16: Summary of Revenue Cost by Service

Notes and Assumptions:

- Staffing costs have been costed at 22/23 rates excluding any 22/23 wage award
- Non Pay costs have predominately been taken at 21/22 outturn
- A saving of (£39k) is being realised by transferring Roathwell GP Practice into CRI
- Dental Service CDS/GDS includes additional 4 community / emergency dental service chairs partly replacing currently closed facilities, and to meet the needs of vulnerable groups. Additional 2 GDS chairs to support population needs
- An increased cost of £49k has been included for Phlebotomy (Adults) due to outpatient clinics moving to CRI and Phlebotomy unable to use existing staff based at UHW
- Costs have been included for Gerontology and Memory clinics however this is understood to be OPD space requested for these clinics
- Assumption is that Welsh Wound Innovation Centre (WWIC) employ research nurses who lead the outpatient clinic and the clinic is supported by a member of the Cardiff & Vale Tissue Viability team (Wound Healing)
- RMTT Rheumatology were delivering 1 clinic from CRI however this was suspended and plans to return will need further investigation during the FBC to determine service requirement if required
- Diabetic Eye Screening Wales service requirements need further investigation during FBC as service needs have changed since clinical specification undertaken
- Within the staffing costs for MS Neurology is 2 WTE linked to an ongoing business case, Frampadine (MS drug) of which drug savings are being reinvested. It is assumed the business case will be approved by multiple health boards and therefore will fund the 2 WTE and no increased costs are required

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- The AAA screening service is part of Public Health Wales. It has been assumed a band 7 and band 3 will be required for the service and funding will flow from PHW therefore no additional costs to be included
- Assuming the Audiology service will use CRI's reception rather than a specific reception for Audiology and small equipment required will transfer with the service
- Cardiology clinics for Heart Failure include a cost pressure of £119k relating to an additional 5 clinics per week
- Assuming the Ophthalmology service will use CRI's reception rather than a specific reception for Ophthalmology and equipment will transfer with the service
- ART/parenteral antimicrobial service requirements need further investigation during FBC as service needs have changed since clinical specification undertaken
- Within the Imaging Centre it has been assumed to be a community diagnostic centre and funding to flow through this OBC
- Operational Services (commercial) assumes an Aroma at CRI will run at the same loss as Aroma in Woodland House
- IT server room has been assumed as no increased costs
- The Pain Management Service is currently run and funded by Velindre NHS Trust. When the service transfers to CRI, it is assumed funding will transfer from Velindre to cover all costs
- Following a review of CD&T services impacted by the services transferring to CRI, 0.5 WTE band 5 has been included for Point of Care Testing. In addition to this £30k has been included for transporting of specimens and records.

5.2.2 Facilities Costs

The indicative estates and facilities costs for the preferred option across all services within the scope are summarised below:

Estates and Facilities	Current Cost £'000	Proposed Cost £'000	Increased Cost £'000
Area (square metres)	**4,105**	**13,866**	**9,761**
Ward Based Catering	0	0	0
Catering Provisions	0	0	0
Domestics staff	170	575	405
Domestics consumables	9	40	32
Waste	15	52	36
Estates	128	432	304
Portering	42	84	42
Security (Inc CCTV & TDSi)	157	315	157
Post	0	0	0
Reception Cover	43	87	43
Patient Transport Service	0	0	0
Linen	10	21	10

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Estates and Facilities	Current Cost £'000	Proposed Cost £'000	Increased Cost £'000
Maintenance of Energy Centre	0	50	50
Total	**575**	**1,655**	**1,080**
Utilities	1,207	1,860	653
Rates	48	121	73
Grand Total	**1,830**	**3,637**	**1,806**

Executive Summary Table 17: Summary of Revenue Cost by Estates and Facilities

Notes and Assumptions:

- Facilities costs included in the SARC OBC have been removed from the current and proposed costs in the table above. Aroma has been included under service costs
- Costs have been taken from 20/21 Estates and Facilities Performance Management System (EFPMS) and inflated to 22/23
- Costs have been taken from 20/21 EFMPS and inflated for a year at 2.8% and 22/23 10% to cover large inflationary increases for waste and estates
- EFPMS costs have by multiplied by the current occupied space of 11,789 m2 to establish the current costs and proposed costs by the total building space of 22,160 m2
- Domestic consumables increased from 5% to 7% due to new cleaning standards
- Reception staff, Portering, Security and Linen has been costed from hours supplied by the department and 27% relief has been added to the 22/23 hourly rate
- Utilities has been costed by the energy team and are very volatile therefore consideration should be given for a +/- 30% tolerance
- Rates have been calculated based on the current CRI rates invoices to establish a unit price

5.3 Overall Affordability & Balance Sheet Treatment

The anticipated capital spend, capital charges and depreciation profile for the extent of the project is as follows:

	2021/22 £'000	2022/23 £'000	2023/24 £'000	2024/25 £'000	2025/26 £'000	2026/27 £'000	2027/28 £'000	2028/29 £'000	2029/30 £'000	2030/31 £'000
Capital (excl. VAT) - DEL	1.995	4.374	16.127	25.387	19.467	14.638	15.677	9.972	4.995	0.176
Deprec-iation									0.119	0.896
Total	**1.995**	**4.374**	**16.127**	**25.387**	**19.467**	**14.638**	**15.677**	**9.972**	**5.114**	**1.072**

Executive Summary Table 18: Impact on Income, Expenditure Account and Balance Sheet

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All assets will be shown on the Health Board's balance sheet. The asset will be valued on completion and recorded on the balance sheet at that value. Subsequently it will be treated as per the Health Board's capital accounting policy.

The assumption in this Outline Business Case is that there will be no VAT recovery for the mechanical, electrical and plumbing (MEP) infrastructure elements of the project and circa 20% recovery as a basis for the refurbishment and safeguarding works, however, further discussions regarding the finalisation of management and equipment arrangements for the project will be worked upon during the development of each further Full Business Case with the Health Board advisors to ensure that any opportunities for VAT recovery is conducted as efficiently as possible.

As highlighted above, it is assumed the impairment and recurrent charges for depreciation will be funded by Welsh Government.

Total direct revenue cost to Cardiff and Vale University Health Board (excluding capital charges and depreciation) is £3.739m.

A review of costs has been provided by clinical and non-clinical managers through submission of detailed clinical service specifications. It must however be recognised that some service models are yet to be fully developed and agreed with work to transform service delivery and release efficiency savings still ongoing. This will be reviewed at key stages during the development process in line with the phased Full Business Cases.

	£m
WG Impairment funding	96.879
WG Depreciation funding	0.896
Revenue (to be managed by the Health Board)	3.739

Executive Summary Table 19: Overall Affordability

Site Masterplan Phasing Implications

Whilst developing the phasing programme for the CRI Health & Wellbeing Centre and the SARC/ Links projects it was identified that in order to achieve a significant programme benefit, some enabling type works for the SARC project should be carried out earlier than programmed which could only be done by including within the early phases of the CRI Health & Wellbeing project.

Specifically, these early activities relate to existing buildings 54/56 within the CRI site demise which are part of the SARC project and are currently occupied. By decanting these current users into Block 10 level 1 of the CRI building during the SARC project works this offers time and cost efficiencies.

Therefore, Block 10 level 1 needs to be refurbished prior to the decant of the users from 54/56. The costs for refurbishment of level 1 building 10 are included in the SARC OBC however, to provide cost and programme savings, the enabling works which are needed to make level 1 building 10 usable which include delivery of a new fire escape, upgrading of existing escape stairs, including extension of the stairs to an additional storey and roof remedial works are in this OBC. This is because the works will form part of the Advanced

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MEP & Safeguarding FBC and are planned to be submitted to Welsh Government well before the SARC FBC.

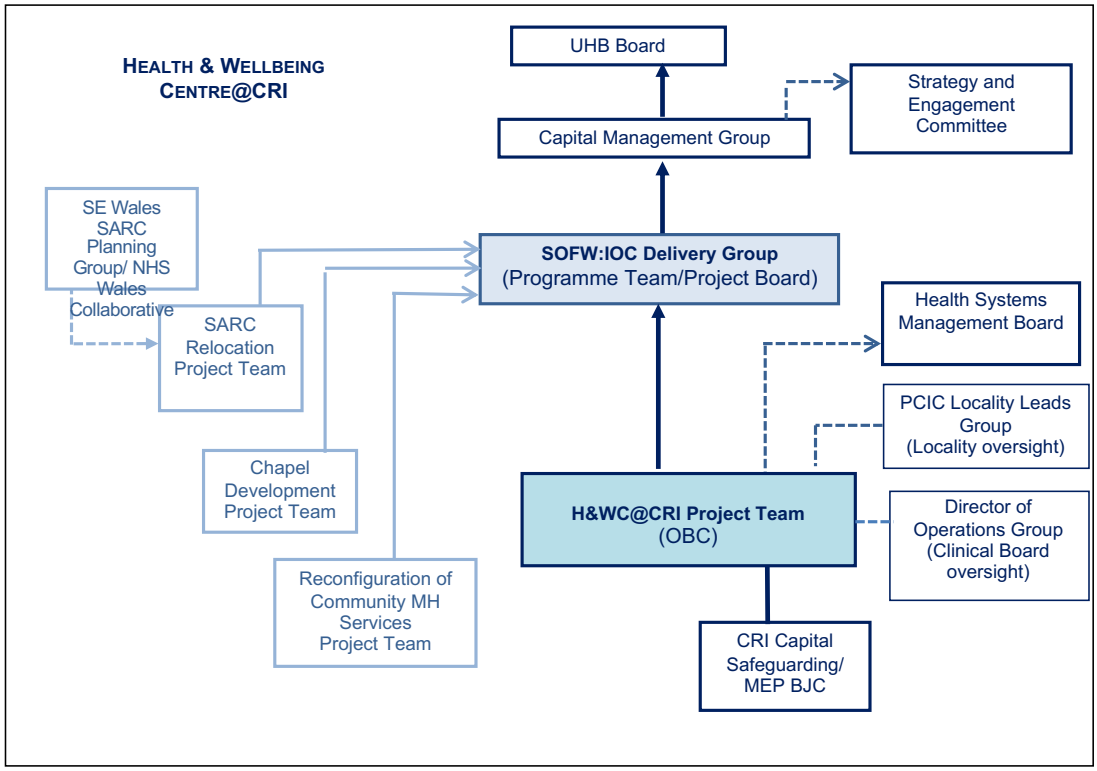
It should be noted that if the approval of this Health and Wellbeing Centre OBC is delayed, it will have an impact on the SARC project. Therefore, the budget cost of £1.25m identified within this OBC will be omitted and will need to be included within the SARC project costs. This phasing implication has also been included within the narrative of the SARC OBC.

6.0 MANAGEMENT CASE

6.1 Project Management Arrangements

The project is an integral part of the Health Board's overarching Programme Business Case (PBC) which comprises a portfolio of projects for the delivery of the *'Shaping Our Future Wellbeing: In Our Community*' strategy. However, the Health Board recognises that individual robust project management arrangements for each project are vital to ensure the implementation of the project and that effective control is maintained over each capital scheme.

The reporting organisation and the reporting structure for the whole of the project is shown as follows:



Executive Summary Figure 4: Project Reporting Structure

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

Milestone Activity	Date
OBC submission to WG	July 2022
First FBC submission to WG (Safeguarding and Energy Centre)	October 2022
FBC for refurbishment works submission to WG	June 2023
Start on site for first works	March 2023
Handover	September 2029
Facility operational (all areas)	October 2029

Executive Summary Table 20: Key Milestones

This Outline Business Case includes all works associated with the provision of the new Health & Wellbeing Centre at CRI, however going forward, there will be separate business cases submitted for different elements of the works to support the phased manner of the development.

In order to ensure the new Cardiff Royal Infirmary Health and Wellbeing Centre development is completed in the optimum timeline, the first Full Business Case (FBC) will be for the capital safeguarding and energy centre works.

However, it is important to note that the programme and phasing plan makes the assumption that FBCs will be approved within the normal Building for Wales Framework timeframes. Due to the complexity of the project and its association with the adjacent SARC and new Links project, there are dependencies and enablers which may be affected if there are significant delays to future FBCs.

6.2 Change Management

The reconfiguration of the CRI will be implemented in a systematic way that causes the least disruption to existing services on site. The programme and project structures have been established to implement the necessary changes and ensure clinical leadership remains central to this.

Working groups have not been formally established as yet by the Project Team however anticipated future workstreams during development of each phased project FBC will include a number led by clinical directors, or their delegated leads, to lead the change management processes required to plan and deliver the organisational development implications of the transition.

The agenda will also be supported by the overarching transformation change programme of the Health Board, ensuring a robust framework for change is adopted across the scope of the project. The Health Board recognises the enormous challenge that is required to transform services over the coming years to deliver sustainable and prudent services for a growing population with changing demands and in line with this more integrated models for service change are required.

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Building strong relationships across the workforce is fundamental to the CRI Health and Wellbeing Centre and developing a shared understanding and principles of working together are also essential to its success and therefore the Health Board are investing in the workforce and developing strong, compassionate and collective leadership, underpinned by values and behaviours and a flexible and agile workforce to meet current and future demands.

The change management arrangements and transformation strategies will be reviewed and subjected to more investigation where necessary during each stage of the phased project FBCs moving forward. This will be supported by an iterative workforce design and development plan which can be adapted to accommodate changes to services and demands so that the Health Board ensure there is a workforce that is fit for purpose to deliver the ambitions to improve the health and wellbeing aligned to cluster IMTPs for the local population.

6.3 Communication and Engagement

An interim stakeholder engagement and communication timeline has been developed during this OBC stage which summarises the engagement activities undertaken to date and demonstrates engagement since 1999 when the site closed as a district general hospital, the results of which all inform or influence the development of the facility as far as possible.

The recent opening of Capel I Bawb also provided an opportunity to discuss the future plans for the CRI with various community groups via presentation material and open conversation, however, full communication and engagement will be continued throughout the phased development of CRI with work detailed within the individual project FBCs.

6.4 Benefits Realisation & Risk Management

A benefits realisation plan has been developed that outlines the key objectives, benefits and measures, which will be used to evaluate the project, it also shows who has the accountability for its realisation and although the project will play a fundamental part in delivering the benefits of the overarching SOFW programme, the plan purposely identifies the realistic operational benefits associated with the business needs outlined by the locality. This plan will be revisited during each Full Business Case supporting this project to confirm the data related to the cluster having taken into consideration the effects of the COVID-19 pandemic and current transformation work. Further consideration of how the Health Board can support the concepts of the Foundational Economy will also continue through each phase with concentrated reviews of local community and wider health community opportunities offered by the development.

The Health Board's risk management strategy has been integrated into the project management procedures, with responsibility for implementation of the strategy resting with the Project Director. The key risks of the preferred option have been assessed and strategies for managing them outlined. An initial risk register has been developed for the

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preferred option which includes all risks identified to date. This work will again continue and be monitored through each FBC phase as the developmet progresses.

6.5 Post Project Evaluation Arrangements

The Health Board is committed to ensuring that positive lessons are learned through full and effective evaluation of key stages of the project. This learning will be of benefit to the Health Board in undertaking future projects, and potentially to other stakeholders and the wider NHS. The Health Board has therefore identified a robust plan for undertaking PPE in line with current guidance, which is fully embedded in the project management arrangements of the project.

7.0 RECOMMENDATION

It is recommended that approval be given for the Cardiff and Vale University Health Board to develop the preferred option of this crucial project to progress to a series of Full Business Cases that support the development over the anticpated programme construction period.

The preferred option for approval is the continued restoration and re-development of the historic and important Cardiff Royal Infirmary to create a Locality Health & Wellbeing Centre via a phased solution.

This project is a fundamental priority for the Health Board, by delivering modern, fit for purpose and clinically safe accommodation, this iconic and much loved building would be brought back into efficient and effective use thus providing a range of valuable local health and wellbeing services closer to people's homes as well as produce wider economic benefits to the local population and residents of the Cardiff South and East Locality via delivery of the *Shaping Our Future Communities* programme and related *Shaping Our Future Clinical Services* strategy, in turn fully complying with Welsh Government strategies such as *Wellbeing for Future Generations Act*, *Taking Wales Forward*, *Prosperity for All* and *A Healthier Wales*.

Patients and their carers will benefit from improved access to important services, with the ability to access both health, care, and other community services under one roof, with activity and resource focused at where the need is highest across Cardiff and the Vale of Glamorgan.

The project will support the Health Board's vision to transform the CRI site into a community centre of excellence with patients being supported to make the right choices about the best places to receive care and advice but will also provide a conducive environment for staff, and will support additional workforce benefits by providing first class facilities with new technologies to promote seamless workforce models that will not only attract and recruit but also retain the right people with the right skills for the Health Board to deliver an increased range of health and wellbeing services supporting patients, their families, visitors and the local community alike. The plans will also demonstrate to the Cardiff population that the Health Board are making real progress with plans for this important site, which has been the

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subject of extensive engagement for some years and begin to see the real opportunity to deliver the widespread benefits anticipated for the population, staff, and the organisations within the Regional Partnership.

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Report Title:	Risk Management Strategy				Agenda Item no.	7.4
Meeting:	Audit and Assurance Committee	Public	x		Meeting Date:	28/07/2022
		Private				
Status *(please tick one only):*	Assurance		Approval	x	Information	
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Head of Risk and Regulation					

Main Report
Background and current situation:

Internal Audit undertook an Audit of the Health Board's Risk Management processed and procedures in March 2021 and issued an overall Reasonable Assurance rating (a copy of the Audit Report was shared at the April 2021 Audit and Assurance Committee ("the Committee") meeting).

As part of the Health Board's response to that Audit a revised Risk Management and Board Assurance Framework Strategy and Risk Management Procedure (with supporting Risk Assessment and Risk Register) were prepared and subsequently approved at the Health Board's July 2021 Board meeting. The changes to the documents did not represent a substantial re-write of the content, instead they were included to bolster the original documentation and provide evidence of the Health Board's compliance with examples of best practice such as the ISO 31000 standards relating to risk management.

Since July 2021 Risk Management processes have continued to develop within the Health Board as processes and procedures have become more embedded within the Clinical Boards and Corporate Directorates.

Internal Audit completed a further review of the Health Board's Risk Management processes in June 2022 (A copy of the Report was shared at the July Committee meeting and is attached as Appendix 1). That review found that *'The Health Board has progressed with the implementation of the recommendations raised in the 2020/21 audit of risk management, improvements are noted throughout this report.'*

Whilst progress has been made against the recommendations raised in the 2020/21 review, there is scope to improve the Health Board's processes and the following additional recommendations have been made:

1) Consideration should be given to the roles and responsibilities associated with the 'check and challenge' process of proposed corporate risks, beyond the Risk and Regulation Team, and whether there would be value in holding a risk management steering group **(Priority – Low)**

2) Risk owners should be reminded of their roles and responsibilities to ensure that the risk management information held within the risk registers is complete and regularly reviewed and updated **(Priority – Medium)**.

3) Continued efforts should be made to provide risk management training to risk owners, to maintain momentum of risk management maturity within the Health Board **(Priority – Low)**.

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

Whilst efforts to continually improve the Health Board's Risk Management processes will continue to be made, including putting in place arrangements to adequately respond to the above recommendations, it is not thought necessary to amend the Health Board's existing Risk Management and Board Assurance Framework Strategy and Risk Management Procedure (with supporting Risk Assessment and Risk Register).

During 2022/23 it is hoped that an All Wales Datix digital risk management software solution will be agreed which should help to strengthen the Health Board's Risk Management processes.

Recommendation:

The Board are requested to:

1) Note the contents of this Risk Management Strategy update;
2) Receive assurance that the Health Board's Risk Management processes and procedures have received Reasonable Assurance from Internal Audit.
3) Agree that the Health Board's Risk Management and Board Assurance Framework Strategy and Risk Management Procedure (with supporting Risk Assessment and Risk Register) do not, at the time of the Board meeting, require updating.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term		Integration		Collaboration	x	Involvement	

Impact Assessment:

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

Risk: Yes

The management and maintenance of the Health Board's Risk Management and Board Assurance Framework Strategy is the key driver in the Health Board's risk management and assessment processes.

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Safety: No

Financial: No

Workforce: No

Legal: /No	
Reputational: No	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Audit and Assurance Committee	05.07.2022

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Report Title:	Committees of the Board - Membership			Agenda Item no.	7.5
Meeting:	Board	Public	x	Meeting Date:	28th July 2022
		Private			
Status *(please tick one only):*	Assurance		Approval	x	Information
Lead Executive:	Chair				
Report Author (Title):	Director of Corporate Governance				

Main Report
Background and current situation:

The Membership of the Committees of the Board was last reviewed in August 2021 and since that time there has been a number of changes in Executive Directors.

It is important that the Committees of the Board are properly constituted to ensure the right number of Members are appointed to the Committee, that meetings are quorate and that Members with the right specialisms/ experience/interests are also on the right Committee.

Under Standing Orders 3.4.5 Membership of Committees including the designation of Chair will be determined by the Board on the recommendation of the Chair of the Board and subject to specific requirements, directions and regulations made by the Welsh Ministers.

The attached changes are purely as result of changes in the Executive Directors and therefore require approval of the Board for the Executive Leads of the various Committees as highlighted in red.

It should also be noted that the Committees of the Board are going to be reviewed during the year to ensure they are more appropriately aligned to the Strategic Objectives (once agreed). Alongside this piece of work a further review of Membership will take place.

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

Attached at Appendix 1 is the recommended Membership for the Executive Leads as highlighted in red. The Executive Leads have been agreed by the Chair and Chief Executive.

Recommendation:

The Board are requested to:

(a) Approve the Executive Leads of the Committees of the Board and specifically approve the changes detailed within the last column of appendix 1 with effect from 1st August 2022.
(b) Note that there are no other changes to the Membership required at this time.

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

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	x
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care	x

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		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	x

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

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

Risk: Yes/~~No~~

It is important that Committees of the Board are properly constituted with an Executive Lead identified for each and that the Independent Members membership allows for a quorum to be present at each meeting.

Safety: ~~Yes~~/No

Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Financial: ~~Yes~~/No

Are there any Financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Workforce: ~~Yes~~/No

Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Legal: Yes/~~No~~

Ensuring Committees of the Board are properly constituted ensures compliance with the Health Board's Standing Orders.

Reputational: ~~Yes~~/No

Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Socio Economic: ~~Yes~~/No

The Socio-Economic Duty is to designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail.

Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance | GOV.WALES
(If this has been addressed in the main body of the report, please confirm)

Equality and Health: ~~Yes~~/No

Equality Health Impact Assessments (EHIA) are typically undertaking when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so.
Useful guidance on the completion of an EHIA can be found at the following link: EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales)
(If this has been addressed in the main body of the report, please confirm)

Decarbonisation: Yes/No

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If appropriate, has consideration been given to the delivery of proposals in accordance with NHS Wales Decarbonisation Plans. If so, please confirm the detail of issues considered and plans made. (If this has been addressed in the main body of the report, please confirm)	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date: N/A

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COMMITTEE MEMBERSHIP **With effect From 1st August 2022**

	Committee	Members	Chair	Vice Chair	Exec Lead	Quorum	Actions to approve at Board
1.	Audit & Assurance (3 Independent Members)	John Union Ceri Phillips Mike Jones David Edwards	John Union	David Edwards	Catherine Phillips	2 members (one must be Chair or Vice Chair)	No action required
2.	Quality, Safety and Experience (4 Independent Members)	Susan Elsmore Gary Baxter Mike Jones Akmal Hanuk Ceri Phillips	Susan Elsmore	Ceri Phillips	Jason Roberts Meriel Jenney	3 Members (one must be Chair or Vice Chair)	Approve Jason Roberts, Executive Nurse Director and Meriel Jenney, Interim Medical Director as joint Executive Leads
3.	Strategy and Delivery (3 Independent Members)	Michael Imperato Sara Mosely Gary Baxter Rhian Thomas Ceri Phillips	Michael Imperato	Sara Mosely	Abigail Harris	2 Members (one must be Chair or Vice Chair)	No action required
4.	Finance (3 Independent Members)	Rhian Thomas John Union David Edwards	Rhian Thomas	John Union	Catherine Phillips	2 Members (one must be Chair or Vice Chair)	No action required
5.	Mental Health and Capacity Legislation (4 Independent Members)	Ceri Phillips Sara Mosely Akmal Hanuk	Ceri Phillips	Sara Moseley	Managing Director (Non-Acute Services) until 5th September. Chief Operating Officer, Paul Bostock from 5th September 2022	2 Members (one must be Chair of Vice Chair)	Approve Paul Bostock as Executive Lead of the Committee from 5th September.

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6.	Digital Health Intelligence (4 Independent Members)	David Edwards Michael Imperato Gary Baxter Sara Moseley	David Edwards	Michael Imperato	David Thomas	2 Members (one must be Chair or Vice Chair)	Approve David Thomas, Director of Digital Health Intelligence as Executive Lead of the Committee
7.	Charitable Funds (6, 3 Independent Members and 3 Executive Director Members)	Akmal Hanuk Sara Mosely Fiona Jenkins Catherine Phillips Rachel Gidman Susan Elsmore Mike Jones	Akmal Hanuk	Mike Jones	Catherine Phillips	3 members (one must be Chair of Vice Chair)	Approve Catherine Phillips as Executive Lead for Charitable Funds Committee
8.	Health and Safety (3 Independent Members)	Mike Jones Michael Imperato Akmal Hanuk Ceri Phillips	Mike Jones	Akmal Hanuk	Rachel Gidman	2 Members (one must be Chair or Vice Chair)	No action required
9.	Future Hospitals (UHW2) – Committee currently suspended	Rhian Thomas John Union David Edwards Gary Baxter	Rhian Thomas	John Union	Abigail Harris	3 Members (one must be Chair or Vice Chair)	No action required
10.	Remuneration and Terms of Service (4 Independent Members)	Jan Janczewski Ceri Phillips Susan Elsmore John Union Michael Imperato Rhian Thomas (Co-opt as necessary)	Jan Janczewski	Ceri Phillips	Suzanne Rankin	3 members (one must be Chair of Vice Chair)	Approve Suzanne Rankin, CEO as Executive Lead.

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GIG CYMRU NHS WALES | Pwyllgor Gwasanaethau Ambiwlans Brys | Emergency Ambulance Services Committee

EMERGENCY AMBULANCE SERVICES JOINT COMMITTEE MEETING

'CONFIRMED' MINUTES OF THE MEETING HELD ON 10 MAY 2022 AT 13:30HOURS VIRTUALLY BY MICROSOFT TEAMS

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner
Glyn Jones	Interim Chief Executive, Aneurin Bevan ABUHB
Suzanne Rankin	Chief Executive, Cardiff and Vale CVUHB
Steve Moore	Chief Executive, Hywel Dda HDdUHB
Carol Shillabeer	Chief Executive, Powys PTHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB
Associate Members:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Steve Ham	Chief Executive, Velindre University NHS Trust
In Attendance:	
Jeremy Griffith	Director of Operations NHS Wales Health and Social Services Group Welsh Government
Claire Nelson	Assistant Director of Planning, Cwm Taf Morgannwg UHB
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Gwenan Roberts	Committee Secretary
Ricky Thomas	Head of Informatics, National Collaborative Commissioning Unit (NCCU)
Julian Baker	Director of National Collaborative Commissioning, NCCU
Matthew Edwards	Head of Commissioning & Performance, EASC Team, NCCU

Part 1. PRELIMINARY MATTERS		**ACTION**
EASC 22/52	**WELCOME AND INTRODUCTIONS** Chris Turner (Chair), welcomed Members to the virtual meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting.	Chair

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	The Chair welcomed Claire Nelson representing Cwm Taf Morgannwg UHB.	
EASC 22/53	**APOLOGIES FOR ABSENCE** Apologies for absence were received from Mark Hackett, Paul Mears, Linda Prosser, Ross Whitehead and Stuart Davies.	Chair
EASC 22/54	**DECLARATIONS OF INTERESTS** There were none.	Chair
EASC 22/55	**MINUTES OF THE MEETING HELD ON 18 JANUARY 2022** The minutes were **confirmed** as an accurate record of the Joint Committee meeting held on 15 March 2022 with the exception of the need to include Carol Shillabeer's apologies for the meeting. Members **RESOLVED** to: • **APPROVE** the minutes of the meeting held 15 March 2022 subject to the one amendment noted above.	Chair
EASC 22/56	**ACTION LOG** Members **RECEIVED** the action log and **NOTED**: **EASC 22/20 Performance Report** It was noted that work on patient outcomes data was ongoing with Digital Health and Care Wales and that a report would be presented to a future Committee meeting. **EASC 22/21 WAST Deep Dive into Red Performance** Jason Killens suggested that the detailed report focussing on red performance would be presented at an upcoming meeting of the EASC Management Group. **EASC 22/21 Requirements for WAST** In addition to the WAST Update provided against agenda item 2.3, it was noted that: • trajectories had been set to achieve pre-pandemic sickness rates, these were included in a detailed action plan that had been reported to WAST Executives and would be included in the next WAST update report • positive discussions had recently been held with Trades Union representatives and further updates would be provided as the work continued • work was continuing to reduce variation across the service	WAST WAST WAST WAST WAST

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	• new rosters were on track for implementation in Quarter 3, and Members were aware of political and public interest in the work. **EASC 22/22 Handover Improvement Plans** Due to the variation in the status and development of plans, Members noted that not all health boards had found it helpful to use a template; however, there was a degree of consistency in terms of the actions being undertaken. The action regarding the use of a template was closed. **EASC 22/10 Key Reports and Updates** Further work would be required for WAST to report on episodes where ambulance resources had not been able to be deployed and patients had found their own way to hospital. This would remain on the action log. **EASC 21/65 Focus on session – Update on Demand and Capacity and modelling assumptions** The link to the Final Emergency Medical Services Demand and Capacity Report was shared during the meeting by Jason Killens. Action completed. **EASC 21-26 Committee Effectiveness – patient voice** Discussions ongoing with an update to be provided as soon as possible. Remain on Action Log. **EASC 20/74, 21/22 Serious Adverse Incidents (SAIs)** Members had already noted that it was difficult to realistically benchmark the different ambulance services across the UK due to differing reporting arrangements that exist. Members noted that the EASC Management Group had agreed to establish a Task and Finish Group to consider the NHS Wales Delivery Unit's Review of Appendix B Serious Adverse Incidents. It was agreed that this work would provide some indications of comparative performance as well as ensuring that appropriate processes were in place. Action to be removed from the Action Log. Members **RESOLVED** to: **NOTE** the Action Log.	WAST WAST Chair / Ctte Sec EASC Management Group
EASC 22/57	**MATTERS ARISING** There were no matters arising.	Chair
EASC 22/58	**CHAIR'S REPORT** The Chair's report was received, Members noted the recent meetings attended by the Chair and that the end of year assessment with the Minister would take place on 30 May 2022.	Chair

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	Members also noted recent conversations with the All Wales Chairs' Group relating to the EASC agreed 'red lines' for ambulance handover delays (November 2021). Members were aware that the Chair's Summary was prepared as soon as possible following each Committee meeting and circulated to Members, along with the draft minutes. A further conversation had been held with the Chair of the All Wales Chairs' Group regarding this matter and it was agreed that the Chair's Summary would also be sent directly to the Chairs. Members **RESOLVED** to: • **NOTE** the Chair's report and the wider circulation to the Chairs.	
Part 2. ITEMS FOR DISCUSSION AND APPROVAL		**ACTION**
EASC 22/59	**AMBULANCE HANDOVER DELAYS** The report on Ambulance Handover Delays was received. Stephen Harrhy used presentation slides to inform discussion of the key areas. Members noted that the slides contained (currently) unverified data used as day-to-day management information, in addition to the verified data within the performance report. Members noted: • the current unsustainable levels of ambulance handover delay and the inability to deliver safe and effective ambulance responses • the need for handover improvement plans that concentrated on the pre-front door and front door • a summary of the position (January-April 2022) in terms of delivering safe and effective ambulance response including red 8-minute performance, Clinical Safety Plan (CSP) levels, numbers of 'no send', units of hours produced (UHP), lost hours and post-production hours lost (PPHL) • the work undertaken by the EASC team to produce a first draft 'patient conditions' analysis (including breathing problems, cardiac arrest, chest pain, falls, heart problems and stroke) • concerns regarding HM Coroner's Regulation 28 Report to Prevent Future Deaths • the NHS Wales Delivery Unit's Review of Appendix B serious adverse incidents that are passed to health boards by WAST for investigation • additional data to March 2022 for "hear and treat" services, sickness and post-production lost hours • actions already being undertaken, including: – Fortnightly tripartite meetings (HBs, WAST & CASC) – Evolving handover improvement plans	

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	– NHS Leadership Board 'System Wide Review' – WAST Integrated Medium Term Plan (IMTP) commitments – All-Wales Escalation Framework – Welsh Government Integrated Quality Performance and Delivery (IQPD) meetings – Commissioning Framework. Carol Shillabeer updated Members in relation to the progress made at the NHS Wales Leadership Board in response to the sustained pressure across the health and social care system and increasing risk of harm to patients and staff. Members noted that the NHS Leadership Board had recognised the need for a different approach across the system involving defined deliverables, a key one being to increase the community care capacity across the system by an equivalent of 1,000 beds by October 2022. Members also noted: • The high level of patients within hospital system who are awaiting care support within the community • While the number of plans in the medium term and policy intent had been noted, the Leadership Board had expressed the urgent need for short term action • Positive discussions had taken place with local government colleagues in this regard to ensure the required whole system approach, at the same time ensuring the required political support and also the involvement and support of core enabling functions such as NHS Wales Shared Services Partnership Committee and Health Education Improvement Wales (HEIW). • A task team had been established to progress the approach and plan with the required momentum, ensuring appropriate governance and the necessary collaborative approach. • This work would not solve all of the issues across the system and that there was a need to look across the system and not just at community 'care capacity'. • The cautious approach to the focus on the defined number of beds and that work would continue with organisations across health and social care to deliver the maximum number possible. • The links to the Six Goals for Urgent and Emergency Care Programme, Regional Investment Funds via the Regional Partnership Boards (community care capacity) and the Strategic Programme for Primary Care (community infrastructure elements). Members commented that there was a significant energy in relation to this work currently but also a recognition that this work would not in itself solve all of the current issues.	

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	Members noted that Hywel Dda UHB had commenced engagement with WAST staff in relation to direct paramedic referral into the Same Day Emergency Care (SDEC) service at Withybush hospital as an alternative to the Emergency Department and the positive response of staff to this development. Jeremy Griffith highlighted the significant risk implications that existed for patients in relation to ambulance handover delays and their continued pattern of deterioration. Members noted that the recalibrated Welsh Government Integrated Quality Planning and Delivery (IQPD) meetings would test the progress and impact made by organisations as part of the handover improvement plans. The key focus would be to assess the appropriate level of attention and urgency given to this issue to ensure the required wider system change. Members noted that the IQPD agenda would take a risk-based approach during the May round of meetings, while 3 health boards had shown signs of improvement some organisations were showing no improvement, and that this would require appropriate escalation going forward. Members also discussed: • the need to understand the increase in red call demand (approximately 70% in the last two years), although it was noted that there had been an agreed system change in the application of the triage tool which had led to a slight increase in red demand together with an underlying increase in terms of patient acuity. It was agreed that the analysis that had been undertaken would be shared with Members and considered in more detail at the EASC Management Group • the consistent use of statistical analysis in order to understand the impact of actions taken across the system in order to prioritise future actions • the requirement to better understand the demographic data and the need for improved data linkages – the introduction of the electronic patient clinical record and improved information relating to patient outcomes would help in this regard • the link to the Six Goals for Urgent and Emergency Care programme, particularly Goal 1 • adhering to the existing targets rather than agreeing further 'red lines' with a focus on service improvement and quality and enhanced patient experience • the ongoing unacceptable risk in the community as a result of the unprecedented levels of ambulance handover delays	WAST

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	• the need to re-consider and agree a system-wide position for 'red-release requests' from the ambulance service with release refusal to be considered a 'never event' • collective discussions among HM Coroners regarding their concerns and Regulation 28 Prevent Future Deaths Report. In addition to the existing actions being taken, there was also a need to develop a 'Plan B' via the EASC Management Group in order to address the current position and patient safety risks across the system, this would be presented to the EASC Committee for approval. Members noted the ongoing work in relation to Handover Improvement Plans and the need to analyse the impact on the patient experience and the requirement that actions must lead to improved outcomes for patients. Members **RESOLVED** to: • **NOTE** the content of the report • **NOTE** the ongoing work in relation to handover improvement plans.	All CEO WAST / CASC EASC Management Group
EASC 22/60	**PERFORMANCE REPORT INCLUDING THE ANNUAL QUALITY INDICATORS (JANUARY-MARCH 2022)** The Performance Report was received. Members noted the information contained within the Ambulance Quality Indicators (January to March 2022), including the: • reduction in the volume of 999 calls relating to breathing difficulties • number of re-contacts into the system within the following 24 hours • impact of Community First Responders (CFR), particularly in rural areas and the ongoing discussions regarding the role of CFRs as part of the emergency ambulance services provision. In addition, Members noted a reduction in both conveyance volume and percentage within the Performance Report (Chart 7), though it was noted that the impact needed to be considered in light of the information provided which showed the reduction in attendance in response to escalation decisions relating to the impact of the Clinical Safety Plan. Members were reminded that optimising appropriate conveyance was a key aim of the Six Goals for Urgent and Emergency Care programme within Goal 4. Following discussion, Members **RESOLVED** to: • **NOTE** the content of the report and the published Ambulance Quality Indicators.	

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EASC 22/61	**WELSH AMBULANCE SERVICES NHS TRUST (WAST) UPDATE** The Welsh Ambulance Services NHS Trust update report was received. In presenting the report Jason Killens highlighted: • Key challenges in relation to handover delays and current positon in terms of red and amber performance • Table (paragraph 2.8) illustrating the number of patients waiting more than 12 hours in the community, noting over 800 patients in March 2022 with some patients not receiving a same day service. Members noted that these numbers would be higher in April • Items relating to Non-Emergency Patient Transport Services (NEPTS) would be discussed in the 'Focus On' session • Electronic Patient Clinical Record (ePCR) was live nationally, phase 2 would include connecting to the Welsh Clinical Portal and access to patient records for WAST clinicians in the community to support decision-making in terms of non-conveyance, see and treat and see, treat and refer in the community • The implementation of the Emergency Communication Nurse System (ECNS - software to support and enhance 999 clinical triage) for 'consult and close' on track for planned implementation • The offers made by WAST in relation to the Six Goals for Urgent and Emergency Care Programme, particularly for Goals 2, 3 and 4. Members noted that no specific resource had been made available to WAST to establish a dedicated team to progress the work in this area. Members were asked to confirm their health board leads for this work in order that the WAST team could make contact as a minimum to contribute to the work to deliver the Six Goals. The CASC noted that no resource allocation had been made for WAST from the £25m earmarked for urgent and emergency care and that WAST were bidding for resources following allocations made to health boards. Members noted that the CASC report included a bid for ECNS to ensure that urgent and emergency care services in Wales received an allocation from the Six Goals for Urgent and Emergency Care programme funding. Members **RESOLVED** to: **NOTE** the report.	
EASC 22/62	**CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT** The Chief Ambulance Services Commissioner's report was received. Stephen Harrhy presented the report and highlighted the following:	

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	• The £1.8m temporary funding agreed at the last meeting was being utilised to continue services such as cohorting in order to support patients within the system • System-wide Escalation Framework agreed by the NHS Wales Leadership Board; the proposed next steps were noted • A proposal to create a new Commissioning Framework to be presented to the EASC Management Group for development and to be received at the next EAS Joint Committee meeting for approval • A bid for funding had been made to the Six Goals for Urgent and Emergency Care Programme relating to the Emergency Communication Nurse System (ECNS), this would ensure the ability to clinically assess, advise and re-direct patients within the system. Members noted this would provide a key element of patient safety during the current and ongoing pressures • NHS Wales Delivery Unit (DU) Review of Serious Adverse Incidents (SAI) in relation to Appendix B (transferred from WAST to health boards). Members noted that the DU had undertaken a review and that there appeared to be a mismatch between the incidents referred for further investigation in health boards and the subsequent assessment and reporting of those incidents formally to Welsh Government as SAIs. Members approved the recommendation of the EASC Management Group to establish a task and finish group that would review the Appendix B process and agree a way forward. Members **RESOLVED** to: **NOTE** the report.	CASC CASC DCASC
EASC 22/63	**CHAIR'S SUMMARY EASC MANAGEMENT GROUP – 21 APRIL 2022** The Chair reminded Members that the Committee currently received the minutes of EASCs sub-groups for approval once they had been confirmed at the subsequent sub-group meeting. Members noted that the time delay in receiving confirmed minutes could be as much as six months when a quarterly meeting had been cancelled. Therefore, it was proposed that a Chair's Summary is produced after each sub-group meeting to mirror the arrangements of the EAS Joint Committee. For illustrative purposes, the Chair's Summary for the EASC Management Group meeting held on 21 April 2022 was presented in order to ensure that Committee Members were fully updated on the discussions held and progress made at this recent meeting.	

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	Members **RESOLVED** to: • **APPROVE** the preparation of a Chair's Summary following each sub-group meeting.	DCASC
EASC 22/64	**EASC COMMISSIONING UPDATE** Members noted that there were a number of operational and commissioning documents that had been prepared and updated for the EASC Committee. The EASC Commissioning Update had been prepared to provide Members with an overview of the progress being made against the key elements of the collaborative commissioning approach including: • Commissioning Frameworks • EASC Integrated Medium Term Plan (IMTP) • Commissioning Intentions • EASC Action Plan. Members noted that the EMS Commissioning Framework was currently being refined to reflect recent discussions at EASC Management Group and would be presented at the next meeting of the Committee. This included utilising data relating to the front door (this had already been shared with Chief Operating Officers and Directors of Planning) and the development of local commissioning plans. Members noted that further discussion would take place at the next meeting of the EASC Management Group. Presentation slides had been developed to share with Members in relation to plans for the work to develop the new Commissioning Framework. Julian Baker agreed to share the slides with Members and key contacts within health boards to include those leading on the work to implement the Six Goals for Urgent and Emergency Care. Members noted the aim of the work was to improve the patient experience in both emergency ambulance services and emergency departments; this would include linking the patient clinical outcome data utilising a statistical analysis approach. Members noted that the EASC Team would continue to progress the work and would engage further with the WAST team for presentation at the next EASC Management Group. It was noted that the EASC IMTP had been included for information and that a quarterly update with regard progress made against the IMTP would be provided going forward. Members **RESOLVED** to: • **NOTE** the collaborative commissioning approach • **NOTE** the aims of the approach	CASC CASC DCASC DCASC

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	• **RECEIVE** the EASC IMTP, Commissioning Intentions Update (2021-22), the EASC Commissioning Intentions for 2022-23 and the EASC Action Plan • **NOTE** the proposal to develop the EASC Commissioning Update to provide Members with an overview of the progress being made against the key elements of the collaborative commissioning approach.	
EASC 22/65	**FOCUS ON SESSION: NON-EMERGENCY PATIENT TRANSPORT SERVICES (NEPTS)** The presentation on NEPTS was received. Members noted that Mark Harris (Assistant Director of Operations and lead for NEPTS) was unable to join the meeting and Rachel Marsh gave the presentation on the NEPTS service including the scope and scale of the service, managing demand and also the development of transfer and discharge services. Areas highlighted included: • The differences with the Emergency Medical Services (EMS) including higher daily patient volumes and differing mobility requirements • In addition to WAST, the different transport providers of NEPTS as part of the plurality model • It was a predominantly daytime weekday service with a small volume of activity at weekends • Patient journey types, mainly for outpatient or enhanced care appointments • The impact of the pandemic on core outpatient demand and also the effects of social distancing regulations (relaxed in recent weeks) – with additional resources provided in 2021-2022 in order to engage private sector capacity to meet service demand • The requirement to understand health board plans for reset and recovery • Performance metrics centred around timeliness; Members noted a need for improvement particularly in relation to oncology patient journeys arriving within 30 minutes of appointment time and lost hours on transfers and discharges in order to meet the target • Eligibility criteria and suggested that an indicative 30% of NEPTS transport provided to patients that were not eligible and WASTs intention to work with commissioners and health boards towards a position where non-eligible patients were steered towards alternative providers • NEPTS Demand and Capacity Review; identification of a range of efficiencies to be worked towards and the predicted impact on performance • The agreed commissioning intentions for NEPTS	

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	• Map of key strategic changes being undertaken across health boards and the modelling undertaken in order to understand the impact on patient transport • Ambitions for the NEPTS service within the WAST IMTP. The Chair thanked Rachel Marsh for the very helpful presentation and a detailed discussion was held on a number of matters, which included: • the current weekday nature of the service, it was confirmed that there could be flexibility to provide patient transport for services being delivered at weekends subject to the required activity profiles, workforce discussions and changes to roster patterns • that patient demand was at approximately 90% of the pre-pandemic levels including the sharp increase experienced in March and that work would be undertaken to understand this in light of the reduction in outpatient activities and increase use of digital technology • in terms of eligibility criteria, the likely political and public interest in relation to any proposal for changes to patient transport provision and the need to collectively undertake a robust equality impact assessment to progress this work • the need to agree the scope of the work to deliver a National Transfer and Discharge Service and sign off the sequencing of the implementation at a future meeting • the need for WAST to provide assurance regarding the efficiencies and additional investment intended for renal and oncology services that were included in the original case for transforming NEPTS services • the need to consider the challenges and complexities regarding the cross-border activity and nature of Powys THB and the associated procurement routes • the fragmented NEPTS services that exist in England, with many small providers under differing contractual arrangements were noted in comparison. Members stated that the specific need for performance improvement for oncology patients and it was agreed that this would be provided to Members. Members **RESOLVED** to: • **NOTE** the key discussion points and agreed actions.	
EASC 22/66	**FINANCE REPORT MONTH 12** The Month 12 Finance Report was received. The Month 12 outturn showed an underspend of £347k. Members **RESOLVED** to: **NOTE** the report.	

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EASC 22/67	**EASC SUB-GROUPS CONFIRMED MINUTES** The confirmed minutes from the following EASC sub-groups were received: • EASC Management Group – 24 February 2022 • NEPTS Delivery Assurance Group – 3 February 2022 • EMRTS Delivery Assurance Group – 28 September 2021. Members **RESOLVED** to: • **APPROVE** the confirmed minutes.	
EASC 22/68	**EASC GOVERNANCE** The report on EASC Governance was received. Gwenan Roberts, Committee Secretary presented the report and highlighted a number of items for approval, including: • The EASC Risk Register included 3 red risks relating to items already discussed at the meeting, these would continue to be reported to the CTMUHB Audit and Risk Committee • The EASC did not have a statutory duty to produce an Annual Governance Statement (AGS) but did so, as a matter of good governance, to provide assurance to the LHBs and, in particular, to CTMUHB, as its host organisation. The AGS would be forwarded to the CTMUHB Audit and Risk Committee and would inform the CTMUHB's Annual Governance Statement • The Annual Audit Enquiries Letter 2021-2022 • The draft EASC Annual Report that provided an overview of the business undertaken by the EASC as well as providing an opportunity to assess the effectiveness of the Committee in achieving its stated purpose. • Progress made against the EASC Audit Recommendations Tracker • Annual Reports for the EASC Sub-Groups Annual Reports for 2021-2022, including the EASC Management Group and Non-Emergency Patient Transport Services Delivery Assurance Group Annual Report. The Annual Report for the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) Delivery Assurance Group would be considered at the next meeting in June 2022 for endorsement, prior to submission to EASC for approval in July 2022 • That plans were in place to deliver the requirements of the Standing Orders by July 22. Members **RESOLVED** to: • **APPROVE** the risk register and **NOTE** the updates relating to red performance • **APPROVE** the EASC Annual Governance Statement 2021-2022	

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	• **APPROVE** the EASC Response to the Annual Audit Enquiries Letter 2021-2022. • **APPROVE** the EASC Annual Report 2021-2022 • **APPROVE** the EASC Audit Recommendations Tracker • **APPROVE** the EASC Sub-Groups Annual Reports 2021-2022 for EASC Management Group and the NEPTS DAG • **NOTE** the EMRTS DAG Annual Report for 2021-2022 will be presented at the next Committee meeting.	
EASC 22/69	**FORWARD LOOK AND ANNUAL BUSINESS PLAN** The Forward Look and Annual Business Plan was received. Members **RESOLVED** to: • **NOTE** the report.	
Part 3. OTHER MATTERS		**ACTION**
EASC 22/50	**ANY OTHER BUSINESS** The Chair closed the meeting by thanking Members for their contribution to the discussion particularly regarding ambulance handover delays and the key challenges for NEPTS.	

DATE AND TIME OF NEXT MEETING		
EASC 22/51	The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 12 July 2022 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.	Committee Secretary

Signed ……
Christopher Turner (Chair)

Date ……

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Confirmed Minutes of the Charitable Funds Committee
1 March 2022 9:00am – 11:00am
Via Microsoft Teams

Present:		
Akmal Hanuk	AH	Committee Chair / Independent Member - Community
Mike Jones	MJ	Vice Chair / Independent Member – Trade Union
Sara Moseley	SM	Independent Member – Third Sector
In Attendance:		
Joanne Brandon	JB	Director of Communications
Nicola Foreman	NF	Director of Corporate Governance
Mathew King	MK	Head of Podiatry
Hywel Pullen	HP	Assistant Director of Finance
Ruth Walker	RW	Executive Nurse Director
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Observers:		
Hannah Stevenson	HS	Graduate Trainee Manager
Apologies:		
Susan Elsmore	SE	Independent Member – Local Council
Rachel Gidman	RG	Executive Director of People and Culture
Fiona Jenkins	FJ	Executive Director of Therapies and Health Science
Christopher Lewis	CL	Deputy Director of Finance

CFC22/03/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting.	**Action**
CFC22/03/002	**Apologies for Absence** Apologies for Absence were noted.	
CFC22/03/003	**Declarations of Interests** The Independent Member – Third Sector (IMTS) declared that she was an elected member of the General Medical Council (GMC). **The Committee resolved that:** a) Save for the above declaration, no further Declarations of Interest were noted.	

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CFC22/03/004	**Minutes of the Committee Meeting held on 7 December 2021** The Committee reviewed the minutes of the meeting held on 7 December 2021. **The Committee resolved that:** a) The minutes of the meeting held on 7 December 2021 were approved as a true and accurate record.	
CFC22/03/005	**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 Committee resolved that:** a) The Action Log was noted.	
CFC22/03/006	**Chairs Action** The CC advised the Committee that 2 Chair's Actions had been approved offline which included: • £79,800 approved for expenditure of NHSCT Covid Recovery grant - Outdoor Staff Havens • £37,500 approved for expenditure for ECMO machine from Nephrology and Transplant Endowment funds **The Committee resolved that:** a) The Chair's Actions were noted	
CFC22/03/007	**Health Charity Financial Position & Investment Update** The Health Charity Financial Position Update was received. The Assistant Director of Finance (ADF) advised the Committee that the report provided information on the year to date financial performance of the Charity to the period 31st January 2022 and assessed the forecast financial position of the Charity against commitments already made. It was noted that there were 3 key issues to report to the Committee which included: • The Charity's financial position decreased by £0.179 million for the period ending 31st January 2022. • The stock market had experienced a volatile period in January which had resulted in a minor fall in cumulative gains for the period ending 31st January 2022. • The value of general reserves was only just adequate to meet financial commitments.	

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	The ADF advised the Committee that the Health Charity had started the financial year with £9.147 million, that during the period reported, the income resources had been close to £1.4 million and the resources expended had been £1.950 million which had resulted in next expenditure of £0.569 million. It was noted that during the period there had been gains on the investment assets of £0.390 million and that in overall terms there had been a net movement in the funds of £0.179 million. The Committee received an analysis of the income that had been received by the Charity for the first ten months of the year. It was noted that there had been a reduction in the donations received in comparison to the previous year. It was further noted that the closing balance of the Charity had reduced by £0.179 million which had taken the balance to £8.968 million. The Committee was presented with the investment portfolio's performance from September 2020 to January 2022. It was noted that against the general reserves the Charity had approved a number of bids. That had resulted in significant financial commitments which were assessed at being circa £0.401 million. The ADF summarised that value of the Charitable Funds had decreased by £0.179 million in the current year. He added that the key financial risk to the Charity was the performance of the investment portfolio which was underpinning the year to date financial position and general reserves balance. A discussion took place and the Committee Members noted the advice given by the ADF. The Director of Communications added that the "reserves policy "stated that it had to remain within £1 million. The END suggested that the Charity's reserves, in line with its reserves policies, was included as part of the work plan and was regularly reviewed by the Committee. The CC advised the Committee that the Committee should be provided with up to date information regarding the investment portfolio. The DC responded that the previous financial managers, Cazenove Capital, had provided the Committee with 6 monthly presentations regarding the investment portfolio. The ADF agreed to ask the new financial managers, Rathbone, to do the same.	**HP**

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	The Committee resolved that: a) The financial position of the Charity was noted b) The performance of the investment portfolio was noted c) The commitments against general reserve was noted.	
CFC22/03/008	**Charitable Funds Internal Costs** The Charitable Funds Internal Costs report was received. The DC advised the Committee that the report had also been received by the Management Executives and noted that the request for internal costs had been raised by some of the Independent Members. It was noted that there were 4 elements covered in the report which included: • Return on investment of staffing resource, primarily the fundraising team. • Overview of roles and responsibilities. • Feedback on the current direction of travel of Cardiff & Vale Health Charity. • Ensuring links to the Health Charity Strategy 2019-2025 The Committee was advised that the Health Charity had expanded the team and developed the support provided, not just to the Health Charity, but to the Cardiff and Vale University Health Board (the Health Board) as well. It was noted that the work of the Health Charity team was not purely based on fundraising but had been agreed with the CFC and the Board of Trustees to encompass the following: • To be an integral part of the Health Board, tangibly improving Cardiff and Vale services over and above what the NHS could fund. • To improve the Health and Wellbeing of staff and services users and the communities of Cardiff and Vale University Health Board. The DC advised the Committee that those objectives did not always necessarily generate income but noted they added value in a number of different ways. It was noted that key income comparison between 2019/20 and 2020/21 showed an increase from £1.36 million to £2.199 million. The Committee was advised that a large proportion of Health Charity work was centred on the mission and objectives of the Health Board and added value in terms of staff benefits, engagement, improving the patient experience and the general wellbeing and morale of patients, staff and the wider community.	

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	The DC added that the Health Charity's engagement and promotion of business partnerships, staff discounts, and membership offers was of significant benefit to all staff across the Health Board and included areas such as: • Silver Privilege Card – Nathaniel Cars (discounted MOT and free courtesy car). • Blue Light Scheme and other Health Service discount providers. The DC presented the Committee with the feedback on the current direction of travel for the Health Charity. She noted that the global pandemic had changed the way in which many charities operated and highlighted that the mainstream donations had started to decline. She added that the Charity had increased its online presence and had started to table events for the forthcoming year in order to generate interest in health related charitable events. It was noted that one of the key areas in which the Health Charity had invested was the Staff Lottery, which had resulted in continuous growth in income. The Committee was advised that the Health Charity had invested in contactless donation devices to maximise opportunities to receive electronic payments and noted that the charitable funds sector was a very competitive market, which was why improvement in contactless donation was required. The IMTS noted that some thought was required regarding what the Health Charity was trying to achieve in financial and growth terms. and noted that the investment plan would be a part of that. The CC advised the Committee that the report received had opened up a good area for development and, thought around what the Health Charity wanted to achieve could be further considered with some costs added into future reports. He added that the strategy would need to be reviewed again and that could be done via an away day for Independent Members and relevant Health Charity team members. The END noted that the point raised by the IMTS was important and reiterated that "what the ask of the Health Charity team" needed to be identified. The END advised the Committee that the strategy would be reviewed in light of where the economy currently stood and to make it clear what the Committee was expecting the Health Charity to do. The DC responded that if the CFC wanted to increase the fundraising capacity and capability, the other areas of the strategy would need to be considered and hence a half-day away day session would be set up to review the strategy.	**JB**

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	The Committee resolved that: • The Charitable Funds Internal Costs paper was reviewed and assurance was provided in relation to the ongoing team management and development, and increased activity leading to fundraising and income generational opportunities. • The Health Charity Team's hard work and diligence in supporting patients and staff across the UHB during a particularly challenging period, was noted.	
CFC22/03/009	**Pennies from Heaven** The Pennies from Heaven report was received. The DC advised the Committee the Chief Executive Officer of Pennies from Heaven had contacted the Health Charity in December 2021 expressing concern in relation to the Health Charity's 'In For A Penny' fundraising scheme which had come to her attention via the Health Board's website. It was noted that Pennies from Heaven had liaised with the Health Board in 2012 to set up a scheme, of the same name, with donations benefiting four charities chosen by the Health Board. The CEO of Pennies from Heaven had explained that since October 2017, they had not received donations and alleged that the Health Board had potentially breached its contract. It was noted that upon completion of further investigation, a discussion took place on 08.02.22 between the Health Charity and the CEO for Pennies in Heaven which had included the proposal of a goodwill payment of £500 being given to Pennies in Heaven. The proposed payment of £500 was accepted. **The Committee resolved that:** a) The contents of the report and the formal cancellation of the written agreement with Pennies from Heaven was noted.	
CFC22/03/010	**Over £25k bids for approval** The over 25K bids for approval were received. The DC advised the Committee that the Solace Service, Mental Health Services for Older People had submitted a bid for funding of £12,500 for the following: • Forget-me-not Family Choir: A Choir for Bereaved Dementia Carers (who were caring for someone with dementia now deceased) - 12 Month Pilot Project.	

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	It was noted that although the bid was for less than £25k, the CFC Committee was the only Forum available to consider and approve bids of that value. The END supported the bid and noted that Older People's Mental Health did not ask for much by ways of Charitable Funds. The Independent Member – Trade Union (IMTU) noted that it was proven that choirs increase patient wellbeing as well as staff wellbeing. The ADF advised the Committee there was £6.5 million in the investment portfolio and so the bid could be approved. **The Committee resolved that:** a) The application for funding of the project: Forget-me-not Family Choir: A Choir for Bereaved Dementia Carers (who were caring for someone with dementia now deceased) - 12 Month Pilot Project - £12,500 was discussed, considered and approved.	
CFC22/03/011	**Arts Annual Report** The Arts Annual Report was received. The DC advised the Committee that the Health Board was a trailblazer in Wales for the Arts and highlighted that the Arts Council for Wales continuously highlighted the Health Board as a leader of connecting physical and mental wellbeing with the arts. **The Committee resolved that:** a) The report was noted and the Committee agreed to continue to support the realization of the vision contained in the Arts for Health and Wellbeing Strategy; supporting wellbeing and collaborative working whilst improving lives with art.	
CFC22/03/012	**Events Planner** The Events Planner was received. The DC advised the Committee that the report outlined all of the events that the Health Charity had confirmed throughout the 2022/23 financial year. She added that the list would be recirculated to Independent Members and the Executives. **The Committee resolved that:** a) The Health Charity Events Planner 2022 was noted.	
CFC22/03/013	**Charitable Funds Committee Annual Report**	

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	The Charitable Funds Committee Annual Report was received. The DCG advised the Committee that as part of the end of year arrangements, all Committees produced an Annual Report to demonstrate that they had undertaken the duties set out in their respective Terms of Reference in order to provide assurance to the Board. **The Committee resolved that:** a) The draft Annual Report 2021/22 of the Charitable Funds Committee was reviewed. b) It was recommended that the Annual Report go to the Board for approval.	
CFC22/03/014	**Charitable Funds Committee Terms of Reference** The Charitable Funds Committee Terms of Reference were received. **The Committee resolved that:** **a)** The Terms of Reference for the Charitable Funds Committee were (i) reviewed, (ii) ratified, and (iii) recommended that they went for approval to the Charity Trustee.	
CFC22/03/015	**Charitable Funds Committee Work Plan** The Charitable Funds Committee Work Plan was received. **The Committee resolved that:** a) The Work Plan was (i) reviewed, (ii) ratified and (iii) recommended for approval to the Charity Trustee.	
CFC22/03/016	**Fundraising Report** The Fundraising Report was received. **The Committee resolved that:** a) The progress and activities of the Health Charity as advised, were noted.	
CFC22/03/017	**Reporting Feedback on Successful CFC bids** The Reporting Feedback on Successful CFC bids was received. The DC advised the Committee that there were Nil evaluation reports required for the period. **The Committee resolved that:** a) There were Nil reports required during the quarter, was noted.	

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CFC22/03/018	**Staff Benefits Group Report** The Staff Benefits Report was received. The DC advised the Committee that all benefits were placed onto the intranet and that it was hoped that all benefits could be put onto the StaffConnect application. **The Committee resolved that:** a) The Staff Benefits Group report was noted.	
CFC22/03/019	**Staff Lottery Bids Panel Report** The Staff Lottery Bids Panel Report was received. The DC advised the Committee that at the July 2020 meeting of the Staff Lottery Bids Panel, the Vice Chair noted that as of 1st March 2021, the Chair of the Staff Lottery Bids Panel would step down to begin his new role as the Independent Member for Trade Unions with the Health Board. It was noted that panel members were invited to electronically submit an Expression of Interest to the Secretariat for the role of Chair. There was one expression of interest submitted and it was agreed that the Vice Chair of the Panel would take up the role of the Chair. The DCG advised the Committee that the Chair of the Staff Lottery Bids Panel was not a member of any Committees of the Board and so it would break the link between the Staff Lottery Bids Panel and the CFC. That was a potential issue as the Staff Lottery Bids Panel could approve bids of up to £10k. The END noted that the governance was unclear around the Staff Lottery Bids Panel and it would require a review. The IMTU advised the Committee that he had stepped down as Chair of the Staff Lottery Bids Panel because he had been appointed originally as a staff representative. He asked if he could be re-appointed as the Chair now that he was an Independent Member. The DCG responded that she would look at the Terms of Reference for the group and respond accordingly. **The Committee resolved that:** a) The content of the Staff Lottery Bids Panel Report was noted. b) The proposals for additional approvers for the Lottery Fast Track Scheme were noted. c) The proposals for the lottery prizes in 2022 were endorsed.	**NF**

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CFC22/03/020	**Health Charity Updates:** **The Health Charity Updates were received.** • Health Meadow **The Committee resolved that:** a) The progress and activities of the Health Meadow Appeal were noted. • Legacies. **The Committee resolved that:** a) The report on legacy income received and the ongoing Legacy Fundraising awareness and fundraising campaign was noted. • Food Sense The Head of Podiatry (HP) advised the Committee that Food Sense Wales was about Co-creating a food system for Wales that was good for people and the planet – through good food advocacy and the development of a good food movement. It was noted that Food Cardiff was awarded Silver Sustainable Food Places status, becoming the first place in Wales and one of only six places in the UK to achieve the prestigious accolade. **The Committee resolved that:** a) The report on activity for the past 12 months of Food Sense was noted.	
CFC22/03/021	**Any Other Business** The DC advised the Committee that the END would be retiring from the Health Board prior to the next meeting and asked to note her formal thanks for everything the END had done for the Health Charity. She added that the END's commitment and willingness to speak to the Health Charity team and her involvement had been hugely appreciated. **The Committee resolved that:** a) All other business was noted and agreed.	
CFC22/03/022	**Date and Time of Next Meeting** Tuesday 21 June 2022, 9:00am	

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Confirmed Minutes of the Strategy and Delivery Committee
Held on 15 March 2022 at 09.00am
Via MS Teams

Chair:		
Michael Imperato	MI	Independent Member - Legal
Present:		
Sara Moseley	SM	Independent Member for Third Sector
Ceri Phillips	CP	Vice Chair of the UHB
Rhian Thomas	RT	Independent Member for Capital & Estates
In Attendance:		
Marie Davies	MD	Deputy Director of Planning
Nicola Foreman	NF	Director of Corporate Governance
Abigail Harris	AH	Executive Director of Strategic Planning
Fiona Kinghorn	FK	Executive Director of Public Health
Scott Mclean	SM	Managing Director for UHW
Lianne Morse	LM	Assistant Director of Workforce
Joanna North	JN	Senior Recovery Programme Manager
David Thomas	DT	Director of Digital & Health Intelligence
Observers:		
Lisa Davies	LD	EA to Chief Operating Officer
Gruffydd Pari	GP	Graduate Trainee Manager
Suzanne Rankin	SR	Chief Executive Officer
Caitlin Thomas	CT	Graduate Trainee Manager
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Gary Baxter	GB	Independent Member for University
Caroline Bird	CB	Interim Chief Operating Officer
Rachel Gidman	RG	Executive Director of People & Culture

S&D 22/03/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting in English & Welsh.	**Action**
S&D 22/03/002	**Apologies for Absence** Apologies for absence were noted.	
S&D 22/03/003	**Declarations of Interest** The Independent Member – Third Sector noted that she was an elected member of the General Medical Council (GMC).	
S&D 22/03/004	**Minutes of the Committee meeting held on 11 January 2022** The minutes of the Committee meeting held on 11 January 2022 were received.	

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	The Vice Chair of the UHB advised the Committee that he was not in attendance at the last meeting but that the minutes reflected that he was. **The Committee resolved that:** a) The minutes of the Committee meeting held on 11 January 2022 were approved as a true and accurate record of the meeting pending the slight amendment to the attendance.	
S&D 22/03/005	**Action Log following the Meeting held on 11 January 2022** The Action Log was received and all ongoing actions discussed. **The Committee resolved that:** a) The Action Log from the meeting held on 11 January 2022 was noted.	
S&D 22/03/006	**Chair's Action taken since last meeting** No Chair's Actions were raised.	
S&D 22/03/007	**Shaping Our Future Wellbeing Strategy – update** The Shaping Our Future Wellbeing Strategy update was received. The Executive Director of Strategic Planning (EDSP) introduced the item and advised the Committee that a suite of strategy programmes and recovery programmes had been developed following a strategy "stock take" that had started in September 2020. It was noted that the Strategic Portfolio Steering Group (SPSG) oversaw the delivery of the 4 key programmes: • Shaping Our Future Population Health (SFPH) • Shaping Our Future Community Hospitals @ Home (in collaboration with the Regional Partnership Board) • Shaping Our Future Clinical Services (SOCS) • Shaping Our Future Hospitals (SOFH) In addition to overseeing the delivery of the strategic programmes, the SPSG had also maintained a 'line of sight' with the recovery portfolio and the critical enabling programmes of workforce, digital and infrastructure. • **<u>Flash reports</u>** The Deputy Director of Planning (DDP) advised the Committee that as the process and resources for programme and project planning and delivery matured, the milestones for delivery would be developed and linked with Cardiff and Vale University Health Board (the Health Board) and the Regional Outcomes Framework to provide assurance. She added that it was anticipated that the reporting and monitoring assurance tool would be developed in quarter one of 2022-23 to monitor delivery against programme and IMTP milestones.	

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	The Committee was advised that work had been undertaken by Lightfoot across the 4 Strategic Programmes to develop more detailed analytic data. It was noted that in relation to SFPH, the analytic data from Lightfoot had helped to target specific areas of the population need based on clusters. The DDP presented the Committee with flash reports for each of the 4 Strategic Programmes which all identified: • The Programme/Project Lead • The Project's current status • The completed work for quarter 3 - October to December 2021 • Targets for the next quarter - January to March 2022 • Mitigating Actions • Any decisions/interventions required by Executives. A monthly update was also provided for the Recovery and Redesign which identified: • The portfolio's lead • The current status • The portfolio's milestones • The summary programme status • What had been delivered in February 2022 • Targets for quarter 4 – January to March 2022. The Committee was advised that across the 4 Strategic Programmes and the recovery portfolio there were many dependencies along with the supporting programmes and, in particular, on the requirements of the critical enabling programmes – workforce, digital and infrastructure. It was noted that the process was ongoing and iterative to develop an explicit, active management process of dependencies and risks and would be brought back to the Committee at a future date. The Independent Member for Capital and Estates (IMCE) advised the Committee that she had found the flash reports very helpful. She asked for clarity regarding Lightfoot, namely (i) who were they and what they were providing for the Health Board, and (ii) what funding stream was being used to pay for their services. The DDP responded that Lightfoot was an external provider engaged to assist the Health Board to build its digital capability as well as giving the Health Board a way to view its data in a more user-friendly way. She added that they also provided the Health Board with a modelling and predictive tool to help analyse how the Health Board was utilising capacity and managing demand. It was noted that, ideally, the longer-term ambition for the Health Board would be to develop its own modelling and analytic tool. It was noted that Lightfoot had been assisting with that.	

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	It was noted that additional support from Lightfoot had been acquired using slippage funding to perform a deep dive on some of the population data and it was highlighted that the Health Board had helped them to feed the data into the modelling process for SOCS. The IMCE asked if Lightfoot had been upskilling Health Board staff to help ensure that the Health Board could have their own analytic tool. The Director of Digital & Health Intelligence (DDHI) responded that the longer-term strategic ambition was to develop an internal capability and capacity to do everything that Lightfoot could do in terms of analytic modelling. He added that over the next 12 months the intention was to develop the Health Board's staff and noted that a detailed plan would be worked up and shared through the appropriate Committees of the Board. The Vice Chair of the UHB noted that the flash reports referred to ongoing conversations with various external service providers, such as Grant Thornton and the King's Fund. He asked that Independent Members were involved with those conversations. The DDP responded that there were 2 points to clarify: • A data modelling and outcome sub-group has been established which included various leads from the digital, strategic programmes and innovation colleagues. It was noted that there was a Clinical lead within that sub-group. • The Health Board's data sources were maturing all the time. The EDSP advised the Committee that her team had been working very closely with the DDHI and his team and noted that an action was required to bring assurance back to the Committee at the next meeting. The IMTS advised the Committee that she had identified some inconsistences between the IMTP and the Shaping Our Future Wellbeing Strategy update. She noted that the project status for tackling systemic health inequalities was shown as green and asked if that was for the limited actions. The Executive Director of Public Health responded that in her Public Health report some of the inequalities had been reported on and that the flash report received by the Committee had focused on the actions currently being undertaken and progressed. The IMTS advised the Committee that there were a number of reds and ambers identified with regards to the status of the projects and asked for further information. The DDP responded that the reds identified in SOCS related to the ability to resource the programme being taken forward at pace. It had been anticipated that funding from Welsh Government (WG) would be provided to take forward the Strategic Outline Case (SOC) and that the funding	**AH**

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would have given the opportunity to secure external support. At the moment, the resource was not secured.

A discussion took place with regards to the linkage between some of the Strategic Programmes (eg the SOFH and SOCS). It was noted that a lot of preparatory work was ongoing in relation to SOCS and the SOFH with resources being used to move the strategic planning forward.

- **Digital Transformation (Verbal Update)**

The DDHI advised the Committee that a Digital Strategy was due to be received by the Board in March 2022 and highlighted some of the areas within the updated Strategy which included:

- The Investment Case – It was noted that circa £6.6m had been provided from various sources which had enabled transformation of the IT infrastructure.
- Cyber – in light of the current situation in the world, the National Cyber Security centre wanted assurance that the Health Board's IT infrastructure was capable of surviving attacks.
- IT Infrastructure – It was noted that there was a technology plan and that the ambition was to move to a Cloud model. That would take a long time and so a hybrid model could be expected over the next 5 years.
- Telecoms – Bleep systems and telephones had been upgraded.

The DDHI reiterated that emerging priorities would be received by the Board in March 2022 and that a more detailed report would be provided to the Strategy & Delivery Committee in the future. **DT**

The IMCE advised the Committee that there was a Digital Health and Intelligence Committee and asked if flash reports could be provided in the future.

The DDHI responded that flash reports could be provided which would focus on the programmes being done within IT. **DT**

- **Scoping of the Long-Term Strategy**

The EDSP presented the Committee with the refresh of the Long-Term Strategy.

It was noted that the Shaping Our Future Wellbeing programme had been developed and presented to the Board in 2013.

It was noted that a number of questions had been asked in 2013 such as:

- What problem was the Health Board trying to fix?
- Why have a Clinical Services Plan?
- What could the "end product" look like?

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It was noted that the plan had been developed utilising co-production and that a number of workshops had been undertaken with:

- Clinicians
- Patients
- Carers

It was noted that those workshops had been important positioning pieces for the Strategy.

The EDSP advised the Committee that a review had been undertaken in March 2021 and had included:

- Policy Context
- The Covid-19 pandemic
- Strategy “stock take” in September 2020

It was noted that within the Strategy refresh a number of questions had been identified and the EDSP commented as follows:

- Why a Strategy refresh? The current Strategy timeframe would end in 2025.
- When? To inform the 2023/24 or 24/25 IMTP.
- How? Engagement, refresh, starting from scratch, formal programme.
- Who? Led by Strategic Planning but noting that it would be owned by the whole Organisation.
- What? Population lens, commissioner, providers, Clinical services plan, aims and objectives.

The EDSP advised the Committee that the Strategy refresh took account of the need to accelerate the pace of transformation in order to respond to the challenges of today, learning from the pandemic, and to ensure that the Health Board was as future proofed as it could be.

The Director of Corporate Governance (DCG) advised the Committee that one of the key functions of the Board was to formulate strategy and to make sure that the Board was involved in a timely manner.

It was agreed that a Board Development session in relation to the Strategy refresh would be helpful. **AH/NF**

The S&D Committee resolved that:

a) The proposed approach to programme interdependency and risk management were noted.
b) The proposed approach to developing an integrated monitoring tool for critical programme deliverables within a wider IMTP reporting framework were noted.
c) The progress and risks described in the Strategic Portfolio Flash Reports were noted.
d) The verbal updates in relation to (i) Digital Transformation and (ii) Scoping of the Long Term Strategy, were noted.

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S&D 22/03/008	**Draft IMTP 2022-2025** The Draft IMTP 2022-2025 was received. The EDSP advised the Committee that the paper had been received by the Management Executives the day before. The DDP advised the Committee that the document was almost complete. There were some areas to complete, such as Capital and the focus on how the Health Board could more appropriately prioritise the current programme whilst having a restrained Capital environment. It was noted that the IMPT was an essential enabling piece that covered the next 3 years. The Committee was advised that the financial position was a challenge, although there was a financial plan which was under discussion with WG. The DDP concluded that in terms of assurance, the “quality lens” would be strengthened throughout the document. **The S&D Committee resolved that:** a) The draft of the 22-23 IMTP was noted. b) It was noted that the Board would be asked to approve the final plan at its meeting on the 31 March 2022.	
S&D 22/03/009	**Board Assurance Framework** The Board Assurance Framework (BAF) was received. The DCG advised the Committee that most of the strategic risks were assigned to this Committee and noted that three were being received today because the risks were on a rolling programme: • Sustainable Culture Change • Inadequate Planned Care Capacity • Reducing our Health Inequalities. The IMTS asked what was happening with the Sustainable Culture Change plan and noted that it appeared higher up the agenda in terms of risk and assurance. The DCG responded that it had been put onto the BAF some time ago and noted that culture was a challenging area. She added that the Executive Director of People and Culture and her team had put in place a number of actions in order to help change the culture. It was noted that it linked with a number of the other risks on the BAF, such as workforce and wellbeing. The Assistant Director of Workforce (ADW) advised the Committee that the People and Culture Plan was now live and it had 7 themes which all	

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	linked into the culture of the Organisation. It was noted that culture was a fundamental area to get right. She added that the team met every month to ensure progress against key deliverables and that it was a top priority. **The S&D Committee resolved that:** a) the attached risks in relation to Sustainable Culture Change, Inadequate Planned Care Capacity and Reducing Health Inequalities were reviewed; b) assurance could be provided to the Board on 31st March 2022 on the management /mitigation of those risks.	
S&D 22/03/010	**Key Operational Performance Indicators** The Key Operational Performance Indicators were received. The Managing Director for UHW (MDUHW) advised the Committee that the Health Board was continuing to experience significant operational pressures and that the pressures continued to be seen across the whole system – in Primary and Community Care, Mental Health, the urgent and emergency stream and within Social Care. He added that the Health Board continued to progress plans outlined in its updated 2021/22 annual plan and 'Planning for Recovery and Redesign' addendum as submitted to WG in June 2021. It was noted that the plans were based on three key principles: • Clinically led, • Data driven • Risk orientated. It was noted that recovery remained centered on patients being seen in order of Clinical priority rather than time-based targets. There had been no change to national requirements for performance and waiting list reporting and published information for 2021/22 since the last Committee meeting. The MDUHW advised the Committee of some specific topics within the report which included: • Unscheduled Care: It was noted that the Emergency Unit (EU) attendances had decreased in January 2022 (10,645) from the numbers reported in November 2021 (11,420). He added that the 4-hour performance in EU had improved to 64.5 % in January 2022, from 63.8% in November 2021 which compared to 78% in January 2021.	

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It was noted that 12-hour waits remained high with 1,177 reported in December 2021 and 1,108 in January 2022, compared to 1,131 reported in November 2021.

It was noted that 804 Ambulance handovers took place in over 1 hour in January 2022. That compared with 554 in November 2021.

- Mental Health Measures:

It was noted that levels of referrals still remained significantly higher than pre-Covid levels. Referrals in December 2021 (1,173) were lower than November 2021 (1,369).

It was noted that in relation to Part 1a of the Measure, the percentage of Mental Health assessments undertaken within 28 days had decreased to 28% overall, but increased to 91.3% for Child and Adolescent Mental Health Services (CAMHS) in December 2021.

- Recovery and Redesign Update

It was noted that there were a number of schemes in place for the following areas:

- Planned Care
- Diagnostics
- Mental Health
- Unscheduled Care
- Primary Care
- Enablers

The IMCE asked what were the sustainability applications referred to in the Primary Care section of the report, and also asked what the difference was between the terminology of contract terminations and contract resignations.

The MDUHW responded that sustainability applications were the stage prior to contract terminations and contract resignations.

The IMTS noted that the trajectory for occupancy rates were very high and did not appear to be reducing.

The MDUHW responded that occupancy was the singular driver for the unscheduled care issues.

He added that there was a steady level of attendances and a steady conversion rate into admissions and noted that the efforts had been focussed on occupancy and length of stay.

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It was noted that some positive outcomes had been seen and that the over 21-day stay had started to decrease.

The Committee was advised that the EU performance (90%) was a proxy measure for the rest of the system and it was noted that some improvement had started to be seen with fewer 12 hours waits and fewer ambulatory waits.

	The MDUHW advised the Committee of a positive outcome and noted that over the next quarter the Health Board's virtual offer would increase. He added that the Health Board now had the infrastructure to accommodate virtual patients and noted there were currently 50 patients in the virtual ward. The IMTS advised the Committee the senior visible ownership should include the Strategy & Delivery Committee and noted that a snapshot of where the Committee had assessed themselves should be received at the next meeting. **The S&D Committee resolved that:** a) The year to date position against Key Organisational Performance Indicators for 2021-22 and Recovery update, but in the context of prevailing operating conditions, was noted.	**CB/SM**
S&D 22/03/011	**Key Workforce Performance Indicators** The Key Workforce Performance Indicators were received. The ADW advised the Committee that the data in the report highlighted the January 2022 workforce metrics data. She added that assurance would be provided around the February data which included: - The workforce was beginning to stabilise. - Sickness and absences were 2% higher than last year. - Voluntary resignation was 2% higher than last year. - The vacancy rate was still high, although it was anticipated that it would come down by April 2022 due to mass recruitment and an internal nurse recruitment campaign. The ADW advised the Committee that the People Services Team (formerly the HR Operations Team) had temporarily changed its operating model in December 2021 – moving away from the traditional Clinical Board alignment into specialist teams focused on the organisation's priorities. It was noted that the progress to date had been extremely positive. The IMCE advised the Committee that the reorganisation of the People Services Team was a good news story and asked if that system could be used elsewhere in the system. The ADW responded that it had worked really well for the workforce team. She added that the system was taken from Shared Services who had it in place for their HR team, and noted that other areas in the Organisation also had it. The Vice Chair of the UHB advised the Committee that a number of challenges remained in the system which had been highlighted in the	

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	report and noted that they were problems that could not be solved just by the Health Board, as they required a national attention. He asked to what extent the Health Board was driving that agenda. The ADW responded that the Health Board was involved and that there had been a request for a national nursing workforce plan. She added that the Health Board was also involved in workforce integration and that effective rostering systems had been implemented. The IMTS advised the Board that the rate of compliance with Values Based Appraisal was at 33.70% and asked could be done to increase the percentage. The ADW responded that staff and managers had a very challenging time during the pandemic and noted that from April 2022, the gap would be bridged by increasing capacity and promotion of the importance of a meaningful appraisal. The CC asked what information was looked at when staff resigned or retired. The ADW responded that the workforce team had looked at data and identified that more people were retiring early or resigning and added that the pandemic had made people think differently about work. She added that exit questionnaires were looked at but understood that by that point it was too late for the staff member and so data would be looked at around that and brought back to the Committee. **The S&D Committee resolved that:** a) the contents of the report were discussed and noted.	**RG/LM**
S&D 22/03/012	**Committee draft Annual Report 2021/22** The Committee draft Annual Report 2021/22 was received. The DCG advised the Committee that as part of the end of year arrangements, all Committees produced an Annual Report to demonstrate that they had undertaken the duties set out in their respective Terms of Reference in order to provide assurance to the Board. **The S&D Committee resolved that:** a) The draft Annual Report 2021/22 of the Strategy and Delivery Committee was reviewed. b) It was recommended that the Annual Report should go to the Board for approval.	
S&D 22/03/013	**Corporate Risk Register** The Corporate Risk Register was received.	

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	The DCG advised the Committee that the information was for noting whilst highlighting that there were extreme operational risks present within the Clinical Boards. **The S&D Committee resolved that:** a) The Corporate Risk Register risk entries linked to the Strategy and Delivery Committee and the Risk Management development work which was now progressing with Clinical Boards and Corporate Directorates, were noted.	
S&D 22/03/014	**Items to bring to the attention of the Board / Committee** No items were referred to the Board or other Committees.	
S&D 22/03/015	**Any Other Business** No other business was raised.	
S&D 22/03/016	**Agenda for Private QSE Meeting** *i) Suspension Report*	
S&D 22/03/017	**Review and Final Closure**	
S&D 22/03/018	**Date & Time of Next Meeting:** Tuesday 17th May at 9am	

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Confirmed Minutes of the Public Strategy and Delivery Committee Meeting
Held On 17th May 2022 at 09:00am
Via MS Teams

Chair:		
Michael Imperato	MI	Independent Member - Legal
Present:		
Sara Moseley	SM	Independent Member - Third Sector
Ceri Phillips	CP	Vice Chair of the UHB
Rhian Thomas	RT	Independent Member - Capital & Estates
In Attendance:		
Suzanne Rankin	SR	Chief Executive Officer
Nicola Foreman	NF	Director of Corporate Governance
Abigail Harris	AH	Executive Director of Strategic Planning
Meriel Jenney	MJ	Executive Medical Director
Caroline Bird	CB	Interim Chief Operating Officer
Geoff Walsh	GW	Director of Capital and Estates
Jonathan Pritchard	JP	Assistant Director of People Resourcing
Ian Hardcastle	IH	General Manager - Integrated Medicine
Claire Whiles	CW	Assistant Director of Organisational Development
Lianne Morse	LM	Assistant Director of Workforce
Adam Wright	AW	Head of Service Planning
Mitchell Jones	MJ	Equality, Diversity, Inclusion and Welsh Language Senior Manager
Meredith Gardiner	MG	Head of Partnerships and Assurance
Alun Williams	AW	Welsh Language Officer
Navrov Masani	NM	Consultant Cardiologist / Clinical Board Director SSD
Mark Wardle	MW	Consultant Neurologist
Secretariat:		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
Fiona Kinghorn	FK	Executive Director of Public Health
David Edwards	DE	Independent Member - ICT
Gary Baxter	GB	Independent Member - University
Ruth Walker	RW	Executive Nurse Director
Rachel Gidman	RG	Executive Director of People and Culture

Item No	Agenda Item	Action
S&D 17/05/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the meeting.	
S&D 17/05/002	**Apologies for Absence** Apologies for absence were noted.	

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S&D 17/05/003	**Declarations of Interest** The Independent Member - Third Sector (IMTS) declared that she was an elected member of the General Medical Council (GMC).	
S&D 17/05/004	**Minutes of the Meeting Held on 15 March 2022** The minutes of the Committee meeting held on 15 March 2022 were received. **The Committee resolved that:** a) The minutes of the Committee meeting held on 15 March 2022 were approved as a true and accurate record of the meeting.	
S&D 17/05/005	**Action Log following the Meeting held on 15 March 2022** The IMTS stated that a date would need to be added to the poor compliance on training. **The Committee resolved that:** a) The Action Log from the meeting held on 15 March 2022 was noted.	Action Log
S&D 17/05/006	**Chairs Action** No Chair's Actions were raised.	
	Items for Review and Assurance	
S&D 17/05/007	**Shaping Our Future Wellbeing Strategy – Update Strategic Delivery Programme updates (previously "Flash Reports")** The Shaping Our Future Wellbeing Strategy Update was received. The Executive Director of Strategic Planning (EDSP) introduced the item and advised the Committee on the status of the Programmes. It was noted that the Executive Director of Public Health (EDPH) and Tom Porter were leading the Shaping Our Future Population Health work and there were delays due to Covid 19. A piece of work around strategic dials and metrics would be worked through as part of the Outcomes Framework. It was noted that Kings Fund had been commissioned to complete work around the early intervention prevention	

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	area. That would be brought back to a future Committee meeting. The UHB Vice Chair (UHB VC) stated that the University rankings had been published. The Welsh Universities did not do as well as their counterparts. It would be a good time to work with the Universities through co-operation and collaboration. The EDSP responded that Cardiff University was expecting a lower ranking score. One of the items noted in benchmarking was that the investment in Wales was lower compared to other areas. The Life Science work was really important to keep Wales at the forefront. **The Committee was updated on the following Deep Dives:-** **a) Staff Retention** The Assistant Director of Workforce (ADW) advised the Committee that the workforce position had been challenging. There had been a slight reduction in staff absences but it still remained high. The Assistant Director of People Resourcing (ADPR) highlighted the following information: • Staff turnover had increased since 2015 from 7.92% to 12.57%. The target rate was 9%. • The data had been skewed by Covid since a high number of staff had been recruited, which had added to the turnover rates. • The areas with the highest rates of turnover were additional Clinical Services, Estates, Ancillary and Healthcare Support Workers. • Medical staff, scientists and allied health workers had the lowest turnover rates. • The turnover rates for registered Nurses was 11.35% and had been the highest for the past 7 years. • The trend was not sustainable and there were many initiatives and actions implemented in the past two years. • There was a requirement to improve responses to exit questionnaires and interviews. • Starter and stay surveys also needed to be improved. • The retention plan had been finished. There was a number of wide-ranging actions and initiatives within it.	EDSP

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	The UHB VC commented that poor quality of management was the most important response in the leaving questionnaires. The UHB VC queried whether more analysis could be done to find out what the managerial issues were. The ADPR responded that previously the responses would be collated and a development plan would be implemented with the Sister Nurse. That had worked successfully in some areas. It was about “drilling down” into the information and using it so something positive could be done. The Independent Member - Capital & Estates (IMCE) queried the lack of data from the exit interviews and the plan to obtain a higher response rate. The ADW responded that the ADOD would give an update on that later in the agenda. The Director of Capital and Estates (DCE) stated that retention in Estates was of concern. They were in competition with other health boards and the industry. The rates of pay in the Private Sector are substantially more than the Public Sector. It was anticipated that they would lose more staff. Furthermore, the Minister’s office sent a letter recently stating that Estates and Facilities staff needed to be insourced rather than outsourced. The IMTS stated that on Patient Safety Visits nurses had expressed difficulty in moving from their home teams to provide cover. The ADPR responded that a lot of the actions in the implementation plan had already been implemented. Some of those were short term and others were long term. A labour turnover analysis was frequently completed and the team was analysing the information received. The CEO stated that trajectories should be set and the Committee should be advised against the achievement of the trajectories. The ADPR responded that trajectories were plotted for Nursing and Healthcare Support Workers on a monthly basis and he would be happy to share the information. **b) Key Workforce Performance Indicators**	

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	The CEO stated the flash report on the People and Culture Plan was green and that did not look right when looking at the key data points. The ADOD responded that the green showed that the team was on track for delivering the People and Culture Plan. However, the KPIs should be included to evidence the progress being made. **c) Outpatient Transformation** The Head of Service Planning (HSP) presented the Outpatient Transformation Programme and highlighted the following: • The aim was to provide oversight and leadership for transformation of Outpatient services to ensure patients were seen in the right place, time and by the right healthcare professional. • There was a real focus on reducing waiting times for patients. • The focus was on transformation and patient risk-based prioritisation. • A third of patients who came for an Outpatient appointment were then discharged into Primary Care. • The programme was divided into 5 work streams. There would be Clinical leads and Digital leads. • NHS Wales planned to transform the way it delivered services to Outpatients. That included a three-year strategy and action plan for 2020-2023. • Welsh Government priorities aligned with each of those. Transformation work needed to be undertaken with a focus on digitalisation. • Success stories so far had included validating 37,000 patients on the Outpatient waiting lists. 25% of appointments were delivered virtually. There were also 450 active health pathways. The next steps were revamping the programme and targeting the specialities. Three core areas which included capacity, efficiency and transformation, would be focussed upon. The IMTS queried “TBC” on patient experience and communications. The HSP responded that the team did not have someone from the Patient Experience and Communication team represented on the delivery group. A lot of work was being undertaken by Welsh	

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	Government and the Health Board on how to communicate with patients on the waiting list. The Interim Chief Operating Officer (ICOO) stated that how the Health Board supported and communicated to patients was important. The team was developing an external facing website which would be launched shortly. The HSP stated that many pathways had been developed to help with Primary Care. There was a lot of work being undertaken with GP interface roles and working with Secondary Care colleagues. **d) Key Operational Performance Indicators** The ICOO presented the Key Operational Performance Indicators and highlighted the following: • There were improvements made in several areas, including Cancer waits which had improved to 16.5%. • Good progress had been against the recovery plan. • One of the biggest challenges was the workforce. • The Stroke trajectory current improvement plan did not get the Health Board to where it needed to be and there was a measure missing. That would need to be brought back to the Committee. • Unscheduled care was also the biggest concern. A lot of work was being done to improve the position. • There was a specific Ambulance Handover improvement plan in place. • A more immediate Operational improvement plan was also in place. • The team was also developing a wider improvement plan aligned to the six national goals. An update would be provided in the next Committee meeting. Welsh Government had requested the Health Board to focus on “goal 3” (which was clinically safe alternative hospital admission). • Good progress had been made in the Same Day Emergency Care for surgery and more work was needed in the Medicine area. • The work with the Local Authorities had continued. In particular, national discussions were taking place with regards to Social Care.	ICOO ICOO

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	The IMTS queried the reduced rates in relation to red responses, which were life threatening, and whether that was due to the Health Board or Ambulance Services. The ICOO responded that it was mixed. The Health Board's task was to reduce ambulance handover delays. There was also a role for ambulances on how they deployed their resources and triage their calls. It was a joint action which required working together to improve matters. The CEO commented that there was a national response to the ambulance position. It was an indicator of a whole system under huge strain, with a quality impact upon patients. An expert panel has been put in place to look at the issue. A paper was to be presented to the NHS Leadership Board next week which set out a national mission to create additional capacity for the Autumn. The EDSP commented that she would bring a board briefing regarding the expert panels' considerations*.* **e) Clinical Strategy Update** The ESDSP stated that "Shaping Our Clinical Services" was one of the four Strategic Programmes which sat alongside the five Recovery Programmes. The EDSP described the architecture of the programme. The output was a series of individual service plans across fourteen domains which would give a plan for the transformation of services. Those were pathways developed within the Clinical teams. Grant Thornton would also provide expertise in terms of the process and knowledge of the future state. It was noted that there were a few stages to work through. The Consultant Cardiologist (CC) stated that a major issue was the lack of "head space" that Clinical teams had. <u>Service lines – Project 1</u> • LightFoot data was used to give a baseline. • Grant Thornton had been helpful. • The use of other subject matter experts would also be helpful. • There were also links to Ian Langfield's tertiary services strategy.	EDSP

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	• One of the key outputs would be informing the SOF programmes and providing a framework for SOFH Clinical Service pathways redesign. <u>Service line methodology testing – so far</u> • The first two Service Lines had commenced. GI & Urology and MDT's were set up with internal and external SME's. • There was a methodology which Clinical teams can use in the future. • There are good exemplars in place. <u>Service line methodology testing – to come</u> • It was noted that further reflection was required in relation to the Digital arena. • Workforce challenges had forced the Health Board to think of things differently. <u>Risks to delivery</u> • Shaping Our Future Hospitals (SOFH) – was highlighted "red" because the Programme Business Case had not been endorsed. The "red" status was misleading and a lot of good work had been carried out in relation to the Strategic Outline Case (SOC). The Health Board was working closely with government officials. There was a lot of work being undertaken around the Life Science element, and with the University and Cardiff Council. The Executive Medical Director (EMD) commented that it was very challenging to get the strategy in place and commented upon the importance of the governance of the strategy, the need for it to interface it with other programmes, and the need to engage with patients and users of the services at all stages. The UHB Vice-Chair stated it was very exciting but also daunting. He queried the involvement of Finance colleagues, should there be a reallocation of resources, and commented upon key practitioners' involvement. The CC replied that there was a governance structure in progress which included Finance and HR staff, and there was an intention to move care from hospital to community-based care if there was a crisis in Primary Care.	

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	The Independent Member – Capital & Estates (IMCE) queried the comments regarding the “head space” and time commitment. One of major challenges this year was cost reduction and retention rates. The CC replied that it was at the forefront of considerations, that there were service line discussions taking place with Medicine and Surgery, GPs, and Diagnostics and Radiology. The IMCE stated there was a lot of learning that was happening that would help with employee retention and other issues. . The CEO stated that strategic alignment was really important and she wanted teams to implement the “here and now” solutions, and solutions that aligned with the strategic objectives which led to quality of care improvement. **Values Based Appraisal Improvement Plan** The Assistant Director of Organisational Development (ADOD) gave an update on value-based appraisals. It was noted that value-based appraisals commenced in December 2019 to address the concern of low levels and engagement. The feedback was positive but the pandemic hit before it could be embodied across the organisation. It was noted that appraisals needed to be linked with the People and Culture Plan and the aspiration was to have a workforce that was valued and supported. There should be an emphasis on staff wellbeing and regular conversations with managers. The IMCE commented that annual appraisals were mandatory and explicitly linked with the organisation’s objectives. The IMCE queried if it was cultural as to why appraisals were not being done. The ADOD responded that annual appraisals should be done for everyone. Compliance is important but the benefits are also really important. The IMCE queried whether the take up was low because people felt that although they had an appraisal in the past, nothing had come out of it. It would be useful to	

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	complete mini case studies on people who had the value-based appraisals in the past. **The Committee resolved that:** a) The proposed approach to programme interdependency and risk management was noted. b) The proposed approach to developing an integrated monitoring tool for critical programme deliverables within a wider IMTP reporting framework was noted. c) The progress and risks described in the Strategic Portfolio Flash Reports was noted. d) The implementation of the Staff Retention action plan was supported and noted. e) The People Dashboard Key Workforce Performance Indicator report was discussed and noted. f) The Outpatient Transformation presentation was noted. g) The year to date position against key organisational performance indicators for 2021-22 and Recovery and Resign update was noted. h) The Clinical Services update was noted. i) The Values Based Appraisal Update report was noted.	
S&D 17/05/008	**IMTP Monitoring Proposal** The EDSP presented the IMTP Monitoring Proposal Paper. It was noted that Audit Wales had requested a regular update of the IMTP to the Committee meetings. The Assistant Director of Strategy and Planning had been working on that. The EDSP confirmed that the document would be taken to Board in May. The EDSP requested comments from colleagues. **The Committee resolved that:** a) The draft IMTP delivery assurance template which was under development was reviewed and noted. b) The routine quarterly reports would be bought to the Committee on a quarterly basis moving forward was noted.	

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S&D 17/05/009	**Sustainability Action Plan Update** The EDSP presented the Sustainability Action Plan Update Paper. It was noted that there were a couple of items which were outstanding. They were still working on the Committee oversight needed. It was noted that it had taken a while to recruit a Project Lead to formulate the reporting. The individual was due to start next month. The IMCE queried whether there were pockets of existing activities in the organisation that could be put through a "sustainability lens" and more pockets of good practice could be replicated. The EDSP responded that the aim was to develop the Sustainability Action plan so that it became business as usual and to document what was being done against the action plan. **The Committee resolved that:** a) The progress being made against the action plan and that there remained much more to be done and commitment to be sought to make meaningful inroads into the carbon footprint were noted.	
S&D 17/05/010	**Capital Plan 2022/23 Delivery** The EDSP presented the Capital Plan 2022/23 Delivery Paper. It was noted that the Welsh Government required a 10-year prioritisation list of schemes that the Health Board would need. It was the Director of Capital Estates and Facilities' best estimate of what the costs might be. It was noted that there was a reduction in Discretionary Capital since last year which left a balance of just over a £1 million to support other projects. The Chair stated that the Capital Plan would be reviewed in the next Committee meeting. **The Committee resolved that:**	EDSP

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	a) The content of the paper including the reduced level of funding which would be challenging to manage in year, were noted. b) The Health Minister's expectation and advice were noted. c) The proposed Capital Plan attached as Appendix 1 was noted and recommended to be presented to Board for approval. d) All Business Cases would follow the appropriate approvals process with consideration by the respective Project Team/Board, CMG, the Business Case Advisory Group (BCAG), ME and Board, was noted. e) The schemes that the Health Board was developing through the Business Case process pending WG approval were noted.	
S&D 17/05/011	**Action around Race Equality Action Plan (REAP)** The Equality, Diversity, Inclusion and Welsh Language Senior Manager (EDIM) presented the Race Equality Action Plan (REAP) Paper and highlighted the following: • It was noted that it would now be called an anti-racist Wales action plan. • The action plan was due for publication next month. Once published it would give a steer on what would be needed to be done as an organisation. • The plan would set objectives for the organisation. • The One Voice Staff Network was launched within the Health Board. The purpose was to help ethnic minority staff and shape the organisation through collaboration and to help become an anti-racist organisation. • Professor Uzo Owobi was integral to drafting the action plan and was invited to give a talk. She confirmed that the Health Board should start from a place of honesty, work with the ethnic diverse community and gain senior leadership support. • The Race Equality Task Force released their report recently and identified 3 recommendations. • The next steps were to start an organisational action plan and to sign the zero racism pledge. • It was noted that Race Equality First would be invited to a Board Development Session. The IMTS queried how the One Voice Staff Network was being supported.	

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	The EDIM responded that there was a team member was providing administrative support and that going forward the Health Board would need to find out how to support staff networks. The IMTS stated that it should be linked with the People strategy. **The Committee resolved that:** a) The contents of the report were noted. b) The plans were currently in development to support an organisational REAP, with actions already being undertaken were supported.	
S&D 17/05/012	**RPB Q4 Plan – Progress Monitoring** The Q4 reports for all RPB short term funding streams paper was presented. It was noted that it described the work the team had achieved in the final quarter of the year. It was noted that a new plan was being developed this year. Conversations had started with the two Local Authorities on making sure the right governance structure was put in place. **The Committee resolved that:** a) The Quarter 4 performance reports for all funding streams were noted. b) The evaluations and the intention to include lessons learned were noted.	
S&D 17/05/013	**A Healthier Wales: Long term plan for Health and Social Care – *Verbal Update*** It was noted that this year would be spent on updating the strategy following the guiding Government strategy for Health and Social Care in Wales. **The Committee resolved that:** a) The Verbal Update was noted.	
S&D 17/05/014	**Board Assurance Framework** The Board Assurance Framework (BAF) was presented.	

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	It was noted that a programme of risks associated with the Strategy and Delivery Committee was agreed for reporting purposes. For the new financial year, a BAF would be presented to the Board in May 2022. That would include some new risks to the achievement of Strategic Objectives and/or to reflect that some of the risks from 2021 – 2022 may have been removed. The purpose was to provide further assurance to the Board that these risks were being appropriately managed or mitigated. **The Committee resolved that:** a) The attached risks in relation to Delivery of Annual Plan and Staff Wellbeing were reviewed. b) Assurance would be provided to the Board on 28th May 2022 on the management /mitigation of those risks.	
S&D 17/05/015	**Committee Self Effectiveness** The Committee Self Effectiveness Paper was presented. It was noted that the results had gone to the Audit Committee already. There was now an action plan in place to tackle the key issues of the Committees. There were plans to review the Health Board strategy and then the Committees would be aligned with that. It was noted that there was a much better response to the questionnaire this year as it was broadened to include both Members and attendees of Committees. The Chair queried if there was a Board Committee that was identified as being good and others could learn from. The DCG responded that it would be difficult to compare the Board Committees. However, there are 6 statutory Committees and 4 non-statutory Committees and they would need to be aligned to the strategy of the Health Board. **The Committee resolved that:**	

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	a) The results of the Annual Board Effectiveness Survey 2021-2022, relating to the Strategy and Delivery Committee were noted. b) The action plan developed for 2021-2022, which would be progressed via Board Development sessions was noted.	
	Items for Approval / Ratification	
S&D 17/05/016	**Welsh Language Policy** The Welsh Language Policy was presented. It was noted that the Welsh Language Standards were placed on the Health Board in 2019. There was a requirement to develop a policy to ensure the use of the Welsh Language was facilitated and promoted. It was noted that the Welsh policy was extensive. A lot of work should be done with front line staff to make sure the policy was a reality. The IMTS queried how the low levels of staff who spoke Welsh would be tackled. The Welsh Language Officer (WLO) responded that there had been an effort to engage with local schools for new members of staff to come into the organisation. They are actively trying to recruit staff who speak Welsh. The UHB VC stated that other Health Boards provide bilingual versions of agendas and signatures are also bilingual. The CEO stated there was a lot of work to be done and queried how it would be measured. The WLO responded there were three Welsh Language Lead Champions in the Clinical Board but that more were needed. **The Committee resolved that:** a) The draft Welsh Language Corporate Policy (the Policy) attached to the report, was considered. b) The draft Policy should be presented to the Board for formal approval.	
S&D 17/05/017	**Naming of the Wellbeing Hub @ Maelfa** The Naming of the Wellbeing Hub at Maelfa Paper was presented.	

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	It was noted that the Wellbeing Hub was almost completed. There was a proposal to call it the "Wellbeing Hub @ Maelfa". The signage should be in Welsh. The IMCE commented that the "@" sign was not required in the Welsh translation. It was confirmed that the Welsh translation would be changed and taken to Board. **The Committee resolved that:** a) The Management Executive Team had supported and endorsed that formal approval be sought of the proposed name of Wellbeing Hub@Maelfa in respect of the wellbeing hub on the Maelfa development, was noted. b) Board approval be granted to name the wellbeing hub on the Maelfa development "Wellbeing Hub@Maelfa",was recommended.	Action Log
	Items for Information and Noting	
S&D 17/05/018	**Corporate Risk Register** The Corporate Risk Register was presented. **The Committee resolved that:** a) The Corporate Risk Register risk entries linked to the Strategy and Delivery Committee and the Risk Management development work which was now progressing with Clinical Boards and Corporate Directorates, was noted.	
	Review and Final Closure	
S&D 17/05/019	**Any Other Business** No other business was discussed.	
	Date & time of next Meeting 12th July 2022 at 09:00 Via MS Teams	

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Confirmed Minutes of the Public Finance Meeting
Held On 27 April 2022 at 2pm
Via MS Teams

Chair:		
Rhian Thomas	RT	Independent Member - Capital and Estates
Present:		
John Union	JU	Independent Member – Finance
Catherine Phillips	CP	Executive Director of Finance
Nicola Foreman	NF	Director of Corporate Governance
Caroline Bird	CB	Interim Chief Operating Officer `
Suzanne Rankin	SR	Chief Executive Officer
Ruth Walker	RW	Executive Nurse Director
Robert Mahoney	RM	Interim Deputy Director of Finance (Operational)
Hywel Pullen	HP	Interim Deputy Director of Finance (Strategy)
Paul Emmerson	PE	Senior Finance Manager
Secretariat		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
David Edwards	DE	Independent Member – ICT
Charles Janczewski	CJ	UHB Chair

Item No	Agenda Item	Action
FC 27/4/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the meeting.	
FC 27/4/002	**Apologies for Absence** **The Finance Committee resolved that:** a) Apologies were noted.	
FC 27/4/003	**Declarations of Interest** **The Finance Committee resolved that:** a) No Declarations of Interest were noted.	
FC 27/4/004	**Action Log – Following the meeting held on 23 March 2022** **The Finance Committee resolved that:** a) There were no outstanding actions.	

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FC 27/4/005	**Chair's Actions since previous meeting** There had been no Chairs action taken since the last meeting.	
	Items for Review and Assurance	
FC 27/4/006	**Financial Report – Month 12** The Interim Deputy Director of Finance - Strategy (IDDFS) summarised the key points within the Month 12 Finance Report: • There was a £232,000 underspend against the plan. • The Health Board (HB) had stayed within the resource limit by £40,000. • The creditor payment compliance was marginally below the 95% target. The IDDFS would make enquiries. • This was a draft position and accounts were not due to be submitted until the Friday following the meeting. The position was also subject to changes by Audit Wales. • The Health Board's financial target was expected to be hit unless something unexpected arose. The HB provisional year end revenue outturn was a surplus of £0.232m which was broadly in line with the break-even position previously forecasted. Table 2 It was noted that the UHB's provisional year end revenue outturn was a surplus of £0.232m which was broadly in line with the break-even position previously forecast. It was also reported that the Health Board stayed within its Capital Resource limit. Creditor payment compliance was marginally below the 95% target. The Finance Committee noted reported performance was provisional at this stage as the draft accounts had not yet been finalised and would be subject to Audit Wales scrutiny. The year-end reported position was, however, not expected to materially change. It was noted that three areas of the HB's KPIs had remained red and that the delivery of the recurrent £12 million was added to the deficit position within the 22/23 plan. The HB had incurred £119 million on Covid costs. This had been fully funded by Welsh Government (WG). WG also funded the underlying deficit on a non-recurrent basis in 2021/22. This meant that a total of £140 million was received from WG for Covid funding.	IDDFS

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	Table 7 within the report illustrated an underspend of £2.679m at month 12. Table 8 illustrated an operational pay underspend of £7.271 million. This had been offset by additional Covid expenditure on staffing. Table 9 illustrated the non-pay variable. There was an operational overspend of £9.718m on non-pay budgets. There was also an additional gross Covid 19 expenditure of £60.524m matched by £60.524m of Covid 19 funding. Table 10 illustrated gross Covid 19 expenditure as £119.376m. Additional annual leave had also accrued due to Covid demands the cost of which had increased by £2.4 million by the end of the year. Additional Study Leave was also accrued at a cost of £0.6 million. It was noted that the balance sheet had changed. The overall trade debt had increased by £63 million since the start of the year. This largely related to amounts due from the Welsh Risk Pool (circa £54m) in respect of clinical negligence. The value of trade and other payables had increased by around £29m since the start of the year. This mainly related to the completion of the capital programme in March. Table 15 illustrated progress made against the capital resource limit. The HB had successfully delivered its £70.989m Capital Programme in 2021/22 with a surplus of £0.041m against the allocation. This was commended as an exceptional achievement by the Procurement and Capital Team with the programme heavily weighted to the end of the year following the late availability of WG slippage funding. It was noted that expenditure of £47m within the Capital Programme had been delivered in March. The Capital Programme was due to be audited in May /June and would be reported in detail at the July Capital Management Group (CMG). The Chair (CC) congratulated the team on the break-even position and the clear effort made by the Capital team. The CC added that they would need to keep an eye out on the recurrent saving challenge and the payment compliance performance.	

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	The Independent Member for Finance (IMF) queried what the finance committee could do in relation to the non-compliance within public sector performance. The IDDFS responded that he would discuss this with the financial services team to understand which areas could be improved. He would also discuss the position with the Shared Services team. The CC requested that the IDDFS expand on this at the May finance meeting. The CC also queried whether there were issues that were leading to non-payment of invoices. The Executive Director of Finance (EDF) responded that the measure in front of them highlighted when invoices were paid. The issue with capital governance was that there were invoices which had not followed the procurement route and the effort people made at end of year matching invoices to previous commitments, may have caused the dip in spend. At the last Audit and Assurance Committee meeting all activity that did not follow correct procurement routes were considered. All procurement work undertaken was known in advance so that invoices could be paid in a prompt and efficient way. This work was continued to be undertaken within the organisation to ensure swift payment of invoices. The Chief Executive Officer (CEO) queried table 12 and the overspend of £8.6 million. The IDDFS responded that the overspend was a managed movement in collaboration with corporate finance. It was not an unexpected, unplanned position. The CEO suggested that there were challenges in generating improvement and queried where how the benefits arising would be tracked financially. The EDF responded that there a lot of connection had been made following the use of Covid response funds. She also added that there were base pressures and budgets remained an issue. It was noted that teams would need to be agile in response to Covid pressures where the benefits sat. The Interim Chief Operating Officer (ICOO) advised that teams would need to be cognisant of the impacts of doing something in one clinical board on another. She also confirmed that the HB were in a better position in terms of clinical board working and that the financial	IDDFS

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	position would be shaped further through performance reviews and the operational delivery plan. **The Finance Committee resolved that:** • The provisional draft year end revenue surplus of £0.232m against the planned break-even position was noted. • The yearend capital position underspend of £0.041m against a CRL of £70.989m was noted. • The gross month 12 financial impact of COVID 19 assessed at £119.376m and matched with anticipated income was noted. • The Health Boards breakeven position, which was consistent with the financial plan submitted to Welsh Government on 30th June and included additional funding of £140.689m to manage the impact of COVID 19 in 2021/22 and also incorporated confirmed funding of £21.313m in respect of the 2020/21 recurrent savings shortfall, was noted. • The Covid 19 reductions in planned care expenditure which were used to mitigate financial risks in the financial plan and to support system resilience, were noted. • The fact that the UHB remained within its authorised cash limit was noted. • The revised forecast 2020/21 carry forward Underlying Deficit of £29.7m was noted.	
FC 27/4/007	**2022/23 Savings and Tracker** The IDDFS presented the Savings and Tracker report. It was noted that the HB's draft financial plan included a total savings requirement of £16m in 2022/23. This was split between a £12m recurrent savings target and a £4m non-recurrent savings target. The HB had made good progress with clinical board teams to identify recurrent and non-recurrent schemes. The IDDFS advised that teams were looking to identify the full £16 million in savings by May 2022. Following that, teams would look to identify Covid response costs and how to reduce these. The ICOO advised that this work reflected the first cut of saving schemes for the clinical boards. A second cut of saving schemes was also due the following day.	

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	The CEO queried if the allocation was equitable across all the sectors described and whether it aligned with the Health Board's strategic positioning. The Interim Deputy Director of Finance – Operational (IDDFO) responded that the allocation had been set at 1 ½ per cent in an equal way across all budgets. The CC queried whether there would be repercussions for the HB not hitting its financial target the previous year. The IDDFO responded that the element of savings that had not been achieved have been left with default budgets for 2022/23 year which had been capped at 0.5 per cent. The EDF agreed to provide the Committee with a fuller picture of the savings within the tracker at the next private meeting. The CC responded that it would be useful to get a more up to date understanding of the savings position and to contextualise savings with themes. **The Finance Committee resolved that:** a) The progress against the 2022/23 Savings Plan was noted.	EDF
FC 27/4/008	**Escalation of Corporate Directorates and Clinical Boards** The ICOO shared the following updates: • Performance reviews would re-commence having been stood down during the Covid pandemic. • If the second cut of savings submitted by clinical boards was not acceptable specific escalation meetings would be put in place. • 10 operational reviews would take place on an annual basis. Each would cover finance as part of the agenda. The ICOO and the EDF would be the Executive Leads for this work. • From July 2022 onwards Clinical Boards would provide a finance update to be shared with the Committee. **The Finance Committee resolved that:**	

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	a) The Escalation of Corporate Directorates and Clinical Board update was noted.	
	Items for Information and Noting	
FC 27/4/009	**Financial Monitoring Returns – Month 12** **The Finance Committee resolved that:** a) The Financial Monitoring Returns for Month 12 were noted.	
FC 27/4/010	**Any Other Business** The CC queried if there were any other agenda items that members would like to see and advised that she would like to bring back deep dives reviews of specific areas of work. This could include how the HB worked with local authorities on regional partnership and medium to long term capital planning. The CEO suggested that commissioning would be good topic to consider. There were significant financial allocations from WG that required a deeper understanding which a deep dive review could bring out. The EDF advised that that a high-level resource map would need to be shared with the Committee when prepared. This would include the detail of all the sources of funding, where they came from, what they were to be used for and how they would be allocated. **The Finance Committee resolved that:** a) Any Other Business was noted.	
FC 27/4/011	**Items to be deferred to Board / Committee** There were no items to bring to the attention of the Board.	
	Date & time of next Meeting Wednesday 25 May 2022 at 2pm Via MS Teams	

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Confirmed Minutes of the Public Finance Minutes
Held On 25 May 2022 at 2 pm
Via MS Teams

Chair:		
Rhian Thomas	RT	Independent Member - Capital and Estates
Present:		
John Union	JU	Independent Member – Finance
David Edwards	DE	Independent Member – ICT
In Attendance:		
Charles Janczewski	CJ	UHB Chair
Catherine Phillips	CP	Executive Director of Finance
Nicola Foreman	NF	Director of Corporate Governance
Caroline Bird	CB	Interim Chief Operating Officer `
Suzanne Rankin	SR	Chief Executive Officer
Jason Roberts	JR	Interim Executive Nurse Director
Robert Mahoney	RM	Interim Deputy Director of Finance (Operational)
Abigail Harris	AH	Executive Director of Strategic Planning
Christopher Markall	CM	Head of Finance
Observers:		
Tim Davies	TD	Head of Corporate Business
Catherine David	CD	Interim Senior Business Partner
Secretariat		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
Hywel Pullen	HP	Interim Deputy Director of Finance (Strategy)

Item No	Agenda Item	Action
FC 25/5/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the meeting.	
FC 25/5/002	**Apologies for Absence** **The Finance Committee resolved that:** a) Apologies were noted.	
FC 25/5/003	**Declarations of Interest** **The Finance Committee resolved that:** a) No Declarations of Interest were noted.	
FC 25/5/004	**Minutes of the Meeting Held on 27 April 2022** The Executive Director of Finance (EDF) stated that changes were required to the Month 12 section. In	

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	particular, the creditor payment compliance was marginally below the 95% target. The Executive Director of Finance (EDF) would send the changes to the Director of Corporate Governance (DCG). **The Finance Committee resolved that:** a) Save for the comments made by the EDF, the draft minutes of the meeting held on 27 April 2022 were held a true and accurate record of the meeting.	
FC 25/5/005	**Action Log following the meeting held on 27 April 2022** The Action Log was received. The UHB Chair stated that it was disconcerting to see the words TBC or ongoing as the update. Instead actions should have dates pinpointed on when responses would be received. **The Finance Committee resolved that:** a) Dates would be assigned to the actions on the Action Log; and b) Pending the above, the Action Log was noted.	
FC 25/5/006	**Chairs Action since previous meeting** There had been no Chair's actions taken since the last meeting.	
	Items for Review and Assurance	
FC 25/5/007	**Financial Report – Month 1** The Interim Deputy Director of Finance – Operational (IDDFO) presented the Financial Report for Month 1. It was noted that the financial report was being evolved to try and make it into a more holistic report. That would be completed within the year and the IDDFO would welcome any comments. It was noted that there was a planned deficit of £20.8 million. It was under discussion with Welsh Government (WG) and they would be expecting a revised plan by the end of quarter 1.	

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	It was noted there were other funding streams that were being met within the Health Board. Additional funding was anticipated from WG and that remained a risk. That included the exceptional costs of National Insurance (NI), energy costs and the impact of Real Living Wage within Continuing Health Care and the Third Sector. It was noted that the team have a good grip on NI and the Real Living Wage but not on the energy costs. It was noted that there were ongoing Covid response costs. WG had defined what could be charged for. There were also central WG Covid programme costs for matters that would be closed down, such as vaccination centres. It was noted that there were three funding streams being assumed over and above the current allocation. That included exceptional costs, local Covid response costs and running central WG programmes. There was already a small overspend in Month 1. It was noted that the plan had been rated “red” to be delivered at the moment. It was noted that a deterioration in the underlying deficit had been forecast because the plan included £12 million of the £16 million savings to be recurrent this year. £4 million would automatically transfer onto the underlying deficit. It was noted that the Health Board was currently at a “red” risk on delivering the £12 million recurrent. The Health Board was at “green” on delivering non-recurrent. Most of the savings for this year had been identified. However, there was a concern on the imbalance between recurrent and non-recurrent. It was noted that creditors payment compliance had dipped again. Following an investigation, it was noted that Month 1 was not a good month since there was a lot of catch up in Month 12. Moving from one nurse rostering system to another had also caused delays in processing agency and variable pay invoices. They would need to wait another month and then would produce a plan. The CC commented that she was glad the creditor payment non-compliance was being looked at as it showed deteriorating performance. It had also suggested a systematic issue rather than a one off. The CC queried what were the effects of non-compliance.	

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	The IDDFO replied that it was a target set by WG. It was not something that qualified the accounts at year end. The EDF stated that it was a standard of good practice and it was important and should not be taken lightly. The team would need to look into whether invoices were being held for longer or if the team were becoming more aware of the invoices the Health Board was holding. The UHB Chair stated that Health Board failure to pay invoices on time had an impact on small businesses. From a strategic perspective it was important. The IDDFO also noted at Month 1 the Health Board was reporting an in month overspend of £1.888m against the submitted draft plan. That was due to £0.155m of operational pressures and a planned deficit of £1.733m, which was one twelfth of the planned deficit of £20.8m identified in the draft 2022/23 financial plan. The UHB Chair stated that although the planned deficit was small, it was important to get control of the deficit because of the impact it could have on future months. When monthly deficits accumulate, it would be more difficult to control it. The Board should also be alerted to the deficit. The Independent Member – Finance (IMF) queried whether feedback had been received from WG regarding the Covid expenditure forecast. The IDDFO responded that conversations were ongoing. They were concerned about the local Covid costs and how they would be collapsed across Wales, as they went back to a normal footprint. The EDF stated the money set aside was £250 million and the request was for £670 million. There was an over commitment on that part of the WG allocation. However, they were legitimate costs which the Health Board was working through. The ICOO stated that the Month 1 operational overspend was small but it required focus. The Executive meetings with the Interim Chief Operational Officer (ICCO) were starting in June. There were issues relating to high costs within Mental Health. The ICOO would work with Mental Health to understand how costs could be mitigated.	EDF

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	The ICOO also added that she would need to work with Clinical Boards to reduce costs. She would be able to do that with changes to the IP&C guidance. The UHB Chair stated that an easy to read graph should be introduced to detail the end of quarter 1. He stated that he was conscious of the planned deficit and a graph would provide an easy view of where the Health Board was. The CC agreed that it should be included in the meeting packs from around Month 3 onwards. The CC queried what had prompted the ¼ of a million variant spend. The IDDFO responded that he would look into that. He added that ongoing security costs had been incurred on Whitchurch, Rockwood and the Lakeside Wing. **The Finance Committee resolved that:** a) The Month 1 financial impact of COVID 19 which was assessed at £5.988m, was noted. b) The additional Welsh Government COVID 19 funding of £5.988m assumed within the Month 1 position was noted. c) The Month 1 financial impact of Exceptional inflationary pressures which was assessed at £2.888m, was noted. d) The additional Welsh Government COVID 19 funding of £2.888m assumed within the Month 1 position, was noted. e) The reported overspend of £1.888m at Month 1 due to £0.155m of operational pressures and a planning deficit of £1.733m was noted. f) The forecast deficit of £20.8m which was consistent with the draft financial plan, was noted. g) The 2021/22 brought forward Underlying Deficit of £29.7m and the forecast carry forward of £23.7m to 2022/23 was noted.	IDDFO IDDFO

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FC 25/5/008	**NHS Long Term Agreements and Financial Approach 2022/23 – Presentation** The Head of Finance (HOF) presented the Long-Term Agreements (LTA) position for 2022/23 and the next steps in terms of governance and in year monitoring of risks and performance. <u>Scope of the LTAS</u> • LTAs referred to the provision of healthcare services to other NHS Commissioners but also to the commissioning of healthcare services from other NHS providers. • It did not relate to other service level agreements. For example, lending of staff and facilities. • SFIs allowed contracts to be agreed at Health Board level. Procurement rules within WG did not apply to NHS contracts. • The LTAs held at the Health Board cover: - Secondary regional and tertiary flows. - Specialised contracts with WHSSC as a specialised commissioner and provider of national services. - Contracts with EASC for ambulance, transport and first responder services. - Contracts with Velindre for regional and specialised cancer services. - Also, small contracts with NHS England. <u>LTA Mechanisms</u> • LTAs are subject to signed agreements called “Heads of Agreement”. • Contracts have basic terms about notice periods and dispute resolution. • The Health Board produced and received monthly monitoring returns that set out the performance against those contracts. • WHSCC and EASC commissioning arrangements were not subject to a signed LTA document. Instead there was a risk share agreement which had been agreed through the Joint Committees. That was monitored by a Health Board risk share agreement. <u>2022/23 Provider LTA values (Income)</u> • The LTAs for 2022/23 remain in draft. The deadline to sign it was in June with WG.	

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	• A total value of £356.333 million LTA provider contacts was in place. • The largest contract was with WHSSC and related to regional and secondary services for Aneurin Bevan and Cwm Taf. The UHB Chair stated that more regional cross-working was being done to deliver services to the population. The UHB Chair queried how the regional arrangement was likely to impact on LTAs. The HOF gave the example of Vascular Services which had included a lot of cross working with another Health Board. The draft LTA for next year had already factored in agreed developments and changes in pathways. Once a development had been agreed or there was a change in pathway, that would be reflected and monitored. The Executive Director of Strategic Planning (EDSP) commented that shared care should be accommodated. For example, where an Aneurin Bevan Surgeon undertook surgery in a CAVUHB facility. That was tricky and needed to be built into the LTAs. Therefore, it took a while to work through the financial details. <u>Expenditure</u> • The current draft value sits at £206 million across various contracts. • At the top was WHSCC and EASC contracts. Both plans have gone through their Joint Committees. • The amounts could change subject to WG allocations. The CC queried the difference between the risk shared mechanism and the signed LTA and what that was based on. The HOF replied that because Specialised Services could be very high cost and volatile NHS Wales had taken a decision to share in-year risk movements. <u>LTA framework for 2022-23</u> • Coming out of Covid arrangement into recovery. There was a need to move away from the Covid fixed block contracts and incentivise recovery and treatment.	

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	• Health Boards in Wales had agreed that non-admitted care should remain on block e.g. outpatients. • Elective APC (Admitted Patient Care) and non-elective should return to 'cost and volume' with - 10% tolerance for under performance below 2019/20 levels. - Enhanced rates (70% marginal) for additional activity beyond 2019/20 levels. <u>Next steps in year reporting</u> • A paper would go to Board to note draft LTA figures and approve the approach to sign off and in year financial management. • Documents should be finalised and signed by the WG deadline of 30 June. • Monthly performance should be reflected across Corporate/Clinical Board financial positions. • It was an interim arrangement. From 2023/24 a new arrangement to support LTAs would be required. The CC queried what were the implications of not delivering a service according to the LTA terms and conditions. The HOF replied that there was a "force majeure" measure in the LTA. For example, in a pandemic there would be reasonable terms that would protect the provider and the commissioner. In terms of general workforce challenges or choosing not to continue a service, the Health Board would need to give a six-month notice period to cease the service as a provider and commissioner. The CC stated that a lot of service costs that were medium and long term in nature would have a cost reduction incentivisation method built in. The CC queried if that was built into the LTAs. The HOF replied that was not the position generally. Every year an inflationary increase was agreed. In terms of pathways moving forward, that would be managed as part of a regional scheme. The Director of Corporate Governance (DCG) queried if there were any efficiencies and savings with regards to the block contracts. The HOF responded there were terms in the LTAs around savings, in particular with WHSCC and those	EDF/HOD

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	were explored each year. In regards to outpatients, a more systematic all Wales agreement was needed. The EDF congratulated the HOF for putting the presentation together. LTAs had not been revised for 14 years and it was a big piece of work. Reliance on regional working would mean that it would become more sophisticated. The Head of Corporate Business (HOCB) queried increasing commissioning of services and in distant locations. The HOF responded that generally the Health Board was good at delivering services within Wales. It was by exception that services were commissioned outside of Wales. Most of the commissioning cross border took place within WHSCC. The EDSP stated with Continuing Health Ccare the Health Board commissioned individual packages of health care. It could be in a specialised provision not provided locally. That could be seen in Mental Health. For example, in order to provide a safe place for a patient to be admitted elsewhere if there was no space with the Health Board's area. It was also important in the regional planning. This was not for everyone and the Health Board would need to be mindful of any equality impact. **The Finance Committee resolved that:** a) The NHS Long Term Agreements and Financial Approach 2022/23 was discussed and noted.	
FC 25/5/009	**Committee Effectiveness Survey Results 2021-2022** The Committee Effectiveness Survey Results 2021-2022 were received. The DCG stated that the results were healthy. Therefore, an action plan was not included. The survey was broadened to Committee Members and attendees. Recent discussions with Independent Members had resulted in tweaks which were circulated. The CC stated that 5 respondents were still a small number. The DCG responded that it was better than other Committees. Next year her team would aim to get the	

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	surveys completed earlier. She acknowledged that at the end of the year people were very busy and had difficulty in finding time to complete the surveys. The DCG would look at using different tools rather than Survey Monkey, such as face to face meetings. **The Finance Committee resolved that:** a) The results of the Annual Board Effectiveness Survey 2021-2022, relating to the Finance Committee were noted.	
FC 25/5/010	**Items for Approval / Ratification** There were no items for approval/ratification.	
FC 25/5/011	**Items for Information and Noting** Financial Monitoring Return – Month 1 **The Finance Committee resolved that:** a) The Financial Monitoring Return – Month 1 was noted.	
FC 25/5/012	**Any Other Business** No other business was discussed.	
	Date & time of next Meeting Wednesday 29 June at 2pm Via MS Teams	

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Confirmed Minutes of the Public Audit & Assurance Meeting
Held On 12 May 2022 at 09:00
Via MS Teams

Chair:		
John Union	JU	Independent Member for Finance
Present:		
Mike Jones	MJ	Independent Member for Trade Union
Ceri Phillips	CP	UHB Vice Chair
David Edwards	DE	Independent Member for ICT and Committee Vice Chair
In Attendance:		
Nicola Foreman	NF	Director of Corporate Governance
Catherine Phillips	CP	Executive Director of Finance
Ian Virgil	IV	Head of Internal Audit
Wendy Wright	WW	Deputy Head of Internal Audit
Sian Harries	SH	IM&T Audit Manager
Mark Jones	MJ	Audit Wales
Robert Mahoney	RM	Interim Deputy Director of Finance (Operational)
David Thomas	DT	Director of Digital & Health Intelligence
Gareth Lavington	GL	Lead Local Counter Fraud Specialist
Andrew Crook	AC	Head of People Assurance & Experience
Secretariat		
Sarah Mohamed	SM	Corporate Governance Officer
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Rachel Gidman	RG	Executive Director of People & Culture
Charles Janczewski	CJ	UHB Chair
Darren Griffiths	DG	Audit Wales

Item No	Agenda Item	Action
AAC 12/05/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the meeting.	
AAC 12/05/002	**Apologies for Absence** **The Committee resolved that:** a) Apologies were noted.	
AAC 12/05/003	**Declarations of Interest** **The Committee resolved that:** a) No Declarations of Interest were noted.	
AAC 12/05/004	**Minutes of the meeting held on 5th April 2022** **The Committee resolved that:** a) The draft minutes of the meeting held on 5th April 2022 were held as a true and accurate record of the meeting.	

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AAC 12/05/005	**Action Log - following meeting held on 5th April 2022** The Head of Internal Audit (HIA) commented that AAC 22/5/4/ 018 was still in progress and would be reported at a later committee meeting. **The Committee resolved that:** a) Subject to the above amendment, the Action Log was up to date.	**Action log**
AAC 12/05/006	**Any other urgent business:** To agree any additional items of urgent business that may need to be considered during the meeting **The Committee resolved that:** a) No other urgent business was noted.	
	Items for Review and Assurance	
AAC 12/05/007	**Compliance with the Corporate Governance Code** The Director of Corporate Governance (DCG) stated that it showed the Health Boards (HBs) compliance with the UK Corporate Governance Code. The DCG added that there were some areas where the HB did not need to comply due to the level and status of the corporate governance, however, where the HB did not feel that they were compliant they would need to explain this. It was completed annually as a self-assessment and fed into the annual report through the annual governance statement. **The Committee resolved that:** a) The assessment of compliance against the UK Code of Corporate Governance for April 2021-March 2022 was noted. b) The self-assessment of compliance against the UK Code of Corporate Governance for inclusion in the Accountability Report for 2021-2022 was approved.	
AAC 12/05/008	**Board and Committee Effectiveness Surveys 2021-22** The DCG stated that it was a requirement of the standing orders to undertake an effectiveness review of all the committees of the Board. It was completed through a monkey survey and it was noted that a different tool may be used next year.	

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	The individual results of the committees and the Board were included. An action plan which provided areas that required improvement was also included. It was noted that this year the survey was broadened to committee members and also attendees to increase response rates. The DCG added that the HB would be looking at its strategic objectives and aligning those with the strategic objectives of the committees of the Board. Therefore, the structure of the committees could change over the next 12 months. **The Committee resolved that:** a) The results of the Annual Board Effectiveness Survey 2021-2022, and the action plan for 2021-2022, to be progressed via Board Development sessions were noted. b) The completed actions within the Board Committee Effectiveness Action plan 2020-2021 were noted. c) The results of the Annual RATS Committee Effectiveness Survey 2021-2022, and the action plan for 2021-2022 attached as Appendix 1, to be progressed via Board Development sessions were noted.	
AAC 12/05/009	**Counter Fraud Progress Report (Verbal)** The Lead Local Counter Fraud Specialist (LLCFS) advised the Committee on the following: • Most of the activity taken place had been in relation to building the infrastructure that was required. • This included creating infrastructure for awareness, education and reporting routes. **The Committee resolved that:** a) The Counter Fraud Progress Report Verbal Update was noted.	
AAC 12/05/010	**Internal Audit Progress Report** The HIA presented the Internal Audit Progress Report (the Report) and highlighted the following – • There were two limited assurance reports. One was with the Executive Director of People and Culture and the other was with the Director of Digital & Health Intelligence. • Section 2 highlighted that 4 audits were planned to be delivered for this committee. Two were at the draft stage. Outcomes of those reports would feed into the Head of Internal Audits opinion. Details of the report would be brought to the July committee meeting.	**IV**

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	• Section 3 highlighted that 8 reports had been finalised. Four received substantial assurance, two received reasonable assurance and two received limited assuranc • Summaries were included in section 6 of the report. • Section 4 highlighted the delivery of the 2021/22 plan. 24 final audits have been delivered. A further 2 were in draft and 5 were in progress. It was noted that a piece of work to validate actions recorded as complete within the tracker had started. They were waiting on responses from management to confirm the position. The outcome would feed into the Head of Internal Audit opinion at the June meeting but the outcome would go to the July meeting. The CC queried how the sample was decided. The HIA responded that Internal Audit looked at all the actions recorded as complete and took a sample from those which were a high and medium priority. It was noted that section 6 detailed the executive summaries of the 8 final reports. The full reports were under section 9 of the papers. The first four reports were substantial assurance. The HIA presented the Development of Genomics Partnership Wales report and highlighted the following: • A reasonable assurance was given - This reflects that there were robust project teams operating and appropriate engagement with stakeholders and users. • The key matters arising related to: A need for improved contractual management arrangements at all stages of the project; and Weaknesses in the approvals process in relation to the accelerated approach. An action plan had been agreed to allow management to address the issues. The Deputy Head of Internal Audit (DHIA) presented the Nurse Rostering: Children's Hospital for Wales report and highlighted the following; • It was completed in readiness to allow transition across to the new HB rostering system. • Reasonable assurance was provided. • The health roster project team had confirmed that the new system would address issues identified and gave a demonstration of controls. • Management had accepted the recommendation and the HB would be one of the earlier adopters of the new roster system. The DHIA presented the Nurse Bank report and highlighted the following:	

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	• A number of issues were encountered. • Management agreed with the findings. • High priority issues were identified. Most which related to the structure of the temporary staffing department and how they could best support the nurse bank and how the HB could make the best use of agencies to support them. • The health roster would also have an impact on the temporary staffing department. The Head of People Assurance and Experience (HPAE) stated that the service was inherited from corporate nursing. The plan was to work through all the action points and come back with a detailed report to ensure the bank works to full effect. Mark Jones (MJ) from Audit Wales commented that Audit Wales did not always take assurance from Internal Audit however, they would need to speak to the HIA to understand the report in relation to auditing the accounts. The CC queried how this would be reported back to the committee. MJ responded that unless there was a material issue, it could be picked up in their meeting on 14th June. The IM&T Audit Manager presented the NIS Directive and highlighted the following: • They had reviewed the implementation of the network and information system directive. It was a core piece of legislation related to cyber security with the intention to increase the levels of security and resilience to key systems. • The review found that an appropriate plan was in place to complete the cyber assessment. • Concluded limited assurance. • Management immediately dealt with the high priority recommendation. The Independent Member for ICT (IMI) queried the audit process. The IMI stated he was concerned of the high priority recommendation where a section had been missed in the final assessment which carried through to the audit report and now the meeting. The HIA responded that initial findings were discussed with management. However, the reports needed to reflect the situation at the time of completing the audit. The Director of Digital & Health Intelligence (DDHI) highlighted the following:	**EDPC**

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	• Action 1 had been taken on board and accepted the 600 questions posed by the cyber resilience unit. Need to have a mechanism to maintain it. • There was an oversight on one of the questions. This had been completed. • They were now actively recruiting a dedicated cyber team. • The risk register had been updated and reflected the NIS situation. • A detailed response on NIS and the cyber element would be discussed in the private part of the Digital committee meeting in June. The HIA stated that the meeting papers included the advisory work on the mental health arrangements which came to the last audit meeting. It did not include the management responses. It was noted that the responses were included under section 9.1. The DCG stated that she wanted to make sure the tracker included the advisory report recommendations and noted that it had also gone to the Mental Health committee. **The Committee resolved that:** a) The Internal Audit Progress Report, including the findings and conclusions from the finalised individual audit reports were considered.	
	Items for Approval / Ratification	
AAC 12/05/011	**Counter Fraud Annual Plan** The LLCFS presented the Counter Fraud Annual Plan and highlighted the following: • Proposed work for 2022/23. • It looked slightly different from previous years. This was due to changes in the NHS counter fraud authorities' standards. They were mandatory from next year onwards. • 12 requirements needed to be worked to. • It measured 3 levels of compliance – green, red and amber. • The HB should be able to achieve green ratings in the upcoming year. • The annual plan is expected to be flexible and broad. **The Committee resolved that:** a) The Counter Fraud Annual Plan 2022 – 2023 was discussed and approved.	
AAC 12/05/012	**The Counter Fraud Annual Report 2021/22** It was noted that the main part of the report formed the summary of compliance.	

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	The HB was listed as green in all areas but improvements needed to be made in fraud awareness, education and reporting routes. The Executive Director of Finance (EDF) stated it was a progress report and it had been reviewed by the team. **The Committee resolved that:** a) The report as an accurate assessment of the work undertaken during the year and a measure of compliance with the standards set out by the NHS CFA was discussed and approved.	
	Items for Information and Noting	
AAC 12/05/013	i) COVID-19 Vaccination Programme - Phase 3 delivery Final Report (Substantial Assurance) ii) Health & Safety Final Report (Substantial Assurance) iii) Wellbeing Hub at Maelfa Final Report (Reasonable Assurance) iv) Development of Genomics Partnership Wales Final Report (Reasonable Assurance) v) Network and Information Systems (NIS) Directive Final Report (Limited Assurance) vi) Welsh Risk Pool Claims (Substantial Assurance) vii) Nurse Rostering: Children's Hospital for Wales, Children and Women's CB (Reasonable Assurance) viii) Nurse Bank (Limited Assurance). Otherwise Approved. ix) Delivery of Mental Health Services – Advisory Report	
	Any Other Business No other business was discussed.	
	Review and Final Closure	
AAC 12/05/014	**Items to be deferred to Board / Committee** Nothing further was added.	
	Date & time of next Meeting To note date, time and venue of the next Committee meeting: **Tuesday 14th June 2022 (Special Meeting) at 9am**	

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Confirmed Minutes of the Special Audit and Assurance Committee Public Meeting
Held on Tuesday 14th June 2022 at 9.30am
Via MS Teams

Chair:		
John Union	JU	Independent Member for Finance
Present:		
Mike Jones	MJ	Independent Member for Trade Union
Ceri Phillips	CP	UHB Vice Chair
David Edwards	DE	Independent Member for ICT and Committee Vice Chair
In Attendance:		
Nicola Foreman	NF	Director of Corporate Governance
Catherine Phillips	CP	Executive Director of Finance
Ian Virgil	IV	Head of Internal Audit
Wendy Wright	WW	Deputy Head of Internal Audit
Mark Jones	MJ	Audit Wales
Marcia Donovan	MD	Head of Corporate Governance
Robert Mahoney	RM	Interim Deputy Director of Finance
Rachel Pressley	RP	Workforce Governance Manager
Helen Lawrence	HL	Head of Financial Accounts and Services
Timothy Davies	TD	Head of Corporate Business
Observers:		
Natalie Painter	NP	Audit Wales Graduate Trainee
Secretariat		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
Rachel Gidman	RG	Executive Director of People & Culture
Suzanne Rankin	SR	Chief Executive Officer
Meriel Jenney	MJ	Executive Medical Director
Charles Janczewski	CJ	UHB Chair

Item No	Agenda Item	Action
AAC 14/6/22 001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the meeting.	
AAC 14/6/22 002	**Apologies for Absence** **The Committee resolved that:** a) Apologies were noted.	
AAC 14/6/22 003	**Declarations of Interest** **The Committee resolved that:**	

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	a) No Declarations of Interest were noted.	
AAC 14/6/22 004	**Any other urgent business** The CC thanked the Finance and Corporate Governance teams for getting the papers ready in time for the meeting.	
	Items for Approval / Ratification	
AAC 14/6/22 005	**Report of the Losses and Special Payment Panel** The Interim Deputy Director of Finance (IDDF) presented the Report of the Losses and Special Payment Panel paper and advised the Committee on the following: • The Losses and Special Payments Panel last met on 10th May 2022 to consider the 6-month period from 1st October 2021 to 31st March 2022. • The report informed the Audit and Assurance Committee of the items considered at this meeting and the recommendations made for formal Audit and Assurance Committee approval. • The minutes of the 10th May Panel were previously discussed in the Private session of the Audit Committee on held earlier on 14 June 2022. • The figures have been approved by the Losses and Special Payment Panel and have now been incorporated into the Annual Accounts. **The Committee resolved that:** a) The write offs outlined in the Key Issues Section of the report were approved.	
AAC 14/6/22 006	**Introduction to Annual Report and Accounts 2021-22** The Head of Financial Accounts and Services (HFAS) presented the Introduction to the Annual Report and Accounts 2021-22 and advised the Committee on the following: • The report set out the key changes identified between the draft and final version of the draft Annual Report. • In accordance with the agreed deadlines, the 2021/22 Draft Annual Accounts, Draft Performance Report and Draft Accountability Report were completed and forwarded to the Welsh Government and Audit Wales.	

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	• With regards to its role in providing advice to the Board, the Audit and Assurance Committee, in accordance with its Terms of Reference, had responsibility to specifically comment upon the accounting policies, the Accounts, the Annual Report of the organisation and the Letter of Representation.The Audit and Assurance Committee also has a key role in reviewing the ISA 260 report from Audit Wales. • The Annual Report contains the Annual Accounts and the Remuneration Report which were the key financial statements. • The Draft Performance Report, Draft Accountability Report, Draft Annual Accounts and associated documents were reviewed in detail by the Audit and Assurance Committee at its workshop held on 12th May 2022. • Assurance on the accuracy of the Annual Report and Accounts could be taken by: - The programme of work and review that the Audit and Assurance Committee had undertaken throughout 2021/22 and the process it followed to verify and sign off the Annual Report and Accounts. - The work completed by Audit Wales and presented to the Audit and Assurance Committee in their ISA 260 Report; - The response given to the Audit Enquiries to those Charged with Governance and Management and the Letter of Representation that would be sent to Audit Wales. - Assurance could also be taken from the programme of work undertaken by the Audit and Assurance Committee, the work completed by Audit Wales, the response given to the Audit Enquiries with those Charged with Governance and the Letter of Representation sent to Audit Wales. - Assurance could also be taken from the work carried out by Internal Audit, Counter Fraud and the opinion issued by the Head of Internal Audit. • This year attention was drawn to the ISA260 Report regarding the regularity opinion qualification. The financial statements included a provision (and corresponding expenditure) of £2.193 million. That related to the Health Board's estimated liability arising from a Ministerial Direction in 2019. The Direction instructed payments to be made to Clinical staff, if claimed,	

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	to restore the value of their pension benefits packages. • For NHS Clinicians who opted to claim the financial offer to settle their annual allowance tax charges arising from their 2019-20 NHS pension savings, their NHS employers would meet the impact of those personal tax-charges on their pension when they retire. • Claims that were submitted by the deadline of 31 March 2022 were accounted for as expenditure within the 2021-22 Financial Statements. That expenditure was irregular and material by its nature. • An unqualified Audit opinion was given on the 2021-22 Financial Statements, with the exception of the above-mentioned regularity opinion. <u>Changes to the Draft Annual Report and Accounts</u> • Audit Wales had reviewed the Draft Performance Report and Draft Accountability Report and provided feedback on a number of minor narrative changes which were incorporated within the Annual Report. • The Accountability Report had also been amended to include the Head of Internal Audit Opinion where reasonable assurance had been provided. • There were small number of changes made to the Draft Accounts. Those however, did not impact on the reported financial performance of the Health Board and the £232,000 surplus remained against the revenue resource limit. Those amendments were mentioned on pages 2 and 3 of the Committee papers and include: - £17.685m PFI disclosure had been added to PFI note 25.2. That referenced note 11 and the capital value included within the PFI scheme. It was a disclosure adjustment because the PFI was correctly included within the body of the draft accounts. - Within note 18 there was a £9.48m reclassification of capital creditors that was previously misclassified within the revenue creditors. - Within note 22 the capital commitment disclosure was reduced. It was purely a disclosure adjustment and capital adjustment expenditure occurred was correctly reflected within the drafts account.	

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	- Within note 3.3 it was identified that the depreciation charges were understated by £349,000. As depreciation was funded by Welsh Government (WG), the revenue resource limit was reviewed and increased by £349,000 in line with the increased expenditure. The revenue resource performance had been updated to reflect that. As a result of the increased expenditure allocated by WG there were no changes to the bottom line. - Staff note 9.6.1 showed that disclosure amendments were made adjusting the pay banding for the Chief Executive Officer and the highest paid Director. Salaries were correctly included in the accounts and note 9 was amended to be consistent with the Remuneration Report. - Two amendments were made to note 30. Welsh Wound Centre amounts owed to related party were increased by £2k. Cardiff Council expenditure to related party was decreased by £3.412m. They were correctly included in the accounts but not the disclosure notes. - In comparison to previous audits, the adjustments were small. - The following adjustments were made to the Remuneration Report. Firstly, the pay bands for three senior officers were amended to a different pay band. - A column had been added to the remuneration table to disclose the full-year-equivalent salaries of the senior officers. The CC queried how many Health Boards would have had the same qualification. The HFAS replied that it would have been consistent across all the Health Boards. Clinicians who had applied for the payment would have had the comparable regularity qualification. Mark Jones (MJ) responded it was all Welsh Health Bodies except 3 (Health Education and Improvement Wales (HEIW), Welsh Ambulance Service Trust (WAST) and Digital Health and Care Wales). They either did not have senior Clinicians or did not put in any claims. The HFAS stated the changes made to the Draft Accounts and Remuneration Report were set out in Appendix 4 of the ISA 260 Report.	

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	Uncorrected misstatements There was only one non-trivial uncorrected misstatement which related to land and building assets. The District Valuer (DV) had issued its indexation reports on an all-Wales basis, and supplied its 2021-22 report in August 2021. It stated that building asset values should be uprated by 5% for 2021-22. However that was further updated in March 2022 by the DV to 7%. It was noted that following Welsh Government discussions and in-line with other Welsh Health Boards that increased indexation had not been amended for in the accounts. If the Health Board had applied the 7% indexation instead of 5%, it would result in: - an increase of £10.280 million in the value of land and buildings in respect of indexation, as at 31 March 2022; - an increase in depreciation of £331,000 for 2021-22; - a reversal of past impairments of £8.184 million for 2021-22; and. - an increase in the revaluation reserve of £2.096 million, as at 31 March 2022. The CC queried if there would be opportunity to catch up at the end of the current financial year. The HFAS responded that they would be accurately revalued during this financial year. The Executive Director of Finance (EDF) stated that the volatility of indexation and resource allocation was not previously discussed by the Audit Committee. It had a material impact on the accounts and the Committee should be aware of that in the account preparation. If there were material errors, then materiality was substantially used by the non-adjustment that the Committee was not aware of. Overview of financial performance 2021-22 • The National Health Service Finance Act 2014 placed two financial duties on the Health Board:	

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	– A duty under Section 175 (1) to ensure that its expenditure did not exceed the aggregate of the funding allocated to it over a period of 3 years. - A duty under Section 175 (2A) to prepare and obtain approval from the Welsh Ministers for a plan which achieved the first duty above (ie Section 175(1)), while also improving the health of the people for whom the Health Board was responsible and improving the healthcare provided to them. It was noted that the Health Board had an approved Integrated Medium-Term Plan (IMTP) covering the years 2019-20 to 2021-22. The Health Board had therefore achieved its financial duty under Section 175 (2A). The approved IMTP was to achieve a year-end balanced out-turn position in each year of the plan. The financial performance for the year, as contained in the accounts was a year-end surplus of £0.232m for 2021/22. The Health Board had a surplus of £0.058m in 2019/20 and a surplus of £0.090m in 2020/21. That meant that over the three-year period the aggregated surplus was £0.380m. Thus, the Health Board had met its financial duty against its Revenue Resource Limit, both under Section 175 (1) and Section 175 (2A), over the three-year period 2019/20 to 2021/22. <u>Performance against its Capital Resource Limit</u> It was noted that the Health Board had effectively managed its considerable Capital programme during the year and the accounts had shown a small surplus of £0.041m against its Capital Resource Limit of £70.989m. It was noted that the Health Board had a surplus of £0.089m in 2019/20 and a surplus of £0.104m in 2020/21 against its Capital Resource Limit. That meant that over the three-year period the aggregated surplus was £0.234m. Thus, the Health Board had met its financial duty to break-even against its Capital Resource Limit over the three years 2019/20 to 2021/22. The CC stated it was good to meet the in-year revenue especially during the pandemic. The CC thanked all the teams involved. The CC said that the Committee would return to consider the proposed recommendations set out in the report once all of the agenda items have been presented to the Committee.	

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AAC 14/6/22 007	**The Head of Internal Audit Opinion and Annual Report for 2021-22** Ian Virgil (IV) presented the Head of Internal Audit Opinion and Annual Report for 2021-22 and highlighted the following: • The majority of the final document was the same as the draft presented in the Audit Workshop in May. • The HIA Opinion for 21/22 was that 'The Board could take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, were suitably designed and applied effectively'. • It was a positive Opinion overall and consistent with the draft report. • 29 audits were completed within 2021-22. That included 7 Substantial Assurance, 12 Reasonable Assurance, 7 Limited Assurance and 3 advisory or non-opinion. • The only difference from the draft document was that they had anticipated 32 audits but 3 were still "work in progress" and had not been included in the Opinion. However, those would be included in this year's audits. The Independent Member for ICT (IMI) queried the data analytics and system development audit. It is was an area that the Health Board could improve. It would be interesting to look at the report. IV responded that he would forward the documents to the IMI. The CC stated that the 3 of the limited assurance reports were in the IT area and the Director of Digital Health Intelligence had given assurance to the Committee. The CC thanked Internal Audit for all their work. **The Committee resolved that:** a) the Head of Internal Audit Opinion and Annual Report for 2021/22 was recommended to the Board to agree and endorse.	IV

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AAC 14/6/22 008	**Audit Wales ISA 260 Report** Mark Jones (MJ) presented the Audit Wales ISA 260 Report and highlighted the following: • The Audit Wales Report discharged responsibility before the accounts were considered for approval and signed. • Unqualified audit opinion was given except for regularity opinion and that related to scheme pay and tax issues. • There was accrued expenditure in the accounts. • Corrections that were done were low in number in comparison to previous years. A follow up report would go to the September Audit meeting. MJ thanked the Finance team and all those involved for their help in completing this. **The Committee resolved that:** a) The Audit Wales ISA 260 Report was noted.	AW
AAC 14/6/22 009	To receive and consider the following for 2020-21: a) The Letter of Representation included within the ISA 260 report (see item 7.4) The EDF stated that it was a standard document. It was the Health Board's letter back to the Auditor General. An indexation was inserted into the letter. It detailed that the Health Board had chosen not to amend the misstatements. It reflected that it was the Health Board's choice not to amend the accounts. b) The response to the Audit Enquiries to those charged with Governance and Management It was noted that this was a standard process by Audit Wales. It was presented to the Committee for completeness. The CC stated that he received and signed it prior to the Audit Workshop.	

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c) The CVUHB Annual Report 2021-2022 including the Annual Accountability Report, Performance report and the Financial Statements

The Director of Corporate Governance (DCG) stated that the draft Performance Report had been approved by Audit Wales and WG with only minor changes. The changes to the Remuneration Report were also mentioned by the HFAS.

MJ stated that the audit was open until the accounts were certified by WG. On Friday morning the EDF would have to state that she would still sign the accounts.

The DCG stated that there would be an abridged version for the AGM that would pick up on the more interesting points.

The Committee returned to the recommendations set out in the report for agenda item 7.2 above.

The Committee resolved that:

a) The reported financial performance contained within the Annual Report and Accounts and that the Health Board had met its statutory financial duties in respect of revenue and capital expenditure, were noted.
b) The changes made to the Draft Annual Report and Accounts were noted.
c) The ISA 260 Report, the Head of Internal Audit Annual Report, the Letter of Representation, the response to the Audit Enquiries to those charged with Governance and Management, and the Annual Report and Accounts, were reviewed.
d) The ISA 260 Report, the Head of Internal Audit Annual Report, the Letter of Representation and the response to the Audit Enquiries to those charged with Governance and management were recommended to the Board to agree and endorse.
e) The Annual Report and Accounts for 2021/22 were recommended to the Board for approval.

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AAC 14/6/22 010	**Any Other Business** No other business was discussed.	
AAC 14/6/22 011	**Items to be deferred to Board / Committee** No other items were deferred to Boards or Committees.	
	Date & time of next Meeting Tuesday 5th July 2022 at 9am via MS Teams	

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Confirmed Minutes of the Quality, Safety & Experience Committee
Held on 12 April 2022 at 09.00am
Via MS Teams

Chair:		
Susan Elsmore	SE	Independent Member – Local Authorities / Chair of the Committee
Present:		
Gary Baxter	GB	Independent Member – University
Mike Jones	MJ	Independent Member – Trade Union
Ceri Phillips	CP	Vice Chair of Cardiff and Vale University Health Board
In Attendance		
Daniel Crossland	DC	Director of Operations – Mental Health Clinical Board
Mark Doherty	MD	Interim Director of Nursing (Mental Health)
Nicola Foreman	NF	Director of Corporate Governance
Angela Hughes	AH	Assistant Director of Patient Experience
Meriel Jenney	MJ	Executive Medical Director
Neil Jones	NJ	Clinical Board Director – Mental Health
Fiona Kinghorn	FK	Executive Director of Public Health
Rajesh Krishnan	RK	Associate Medical Director (Clinical Governance and Patient Safety)
Ruth Walker	RW	Executive Nurse Director
Observing		
Emily Howell	EH	Audit Wales
Gruffydd Pari	GP	Graduate Trainee Manager
Alexandra Scott	AS	Assistant Director Quality and Patient Safety Aneurin Bevan University Health Board
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies		
Caroline Bird	CB	Interim Chief Operation Officer
Akmal Hanuk	AH	Independent Member – Community

QSE 22/04/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting in English & Welsh.	**Action**
QSE 22/04/002	**Apologies for Absence** Apologies for absence were noted.	
QSE 22/04/003	**Declarations of Interest** The CC declared her interest as a Cabinet Member for Cardiff Council.	
QSE 22/04/004	**Minutes of the Committee meeting held on 22 February 2022** The minutes of the meeting held on 22 February 2022 were received. **The Committee resolved that:** a) The minutes of the meeting held on 22 February were approved as a true and accurate records of those meetings.	
QSE 22/04/005	**Action Log following the Meeting held on 22 February 2022** The Action Log was received, and all ongoing actions discussed.	

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	The END advised the Committee that the action identified around the Maternity lifts was completed but noted that it was also an ongoing challenge because once one lift had been fixed, the second one would break. She added that there was no clinical concern to any of the outcomes affected by the lifts and noted that it was being monitored via the Risk Register regularly. The END advised the Committee that the action 22/02/008 which advised that the Healthcare Standards, Duty of Candour, National Quality Framework and Annual Quality Statement be received by the Board via a Board Development Session would be actioned in the future given where the process stood at the moment. **The Committee resolved that:** a) The Action Log from the meeting held on 22 February 2022 was noted.	**NS**
QSE 22/04/006	**Mental Health Clinical Board Assurance Report** The END advised the Committee that the Mental Health Clinical Board had been through a challenging year and thanked the report authors for the openness and transparency of the issues identified within the paper. The Interim Director of Nursing for the Mental Health Clinical Board (IDNMH) provided the Committee with a verbal Patient Story which highlighted the care received by a patient who had been admitted to Hafan Y Coed for 2 weeks following a suicide attempt. It was noted that the overall experience had been positive for the patient, who provided positive feedback with regards to the care received. The Mental Health Clinical Board Assurance Report was received. The IDNMH advised the Committee that the report highlighted areas that the Clinical Board had focussed upon during more recent times which included a difficult position on patient suicides. It was noted that the Mental Health Clinical Board (MHCB) had encountered, over a relatively short period of time, a number of suicides/unexplained deaths in the acute in-patient environment that was significantly higher than the national average. It was noted that the deaths constituted a “cluster” according to nationally agreed criteria and the MHCB considered the need to provide a comprehensive, evidence-based series of actions to understand and reduce. It was noted that there were six suicides over a period of eleven months, all in different locations with different scenarios underpinning the event. It was noted that the Clinical Board were doing everything possible to understand what had happened and to make changes to address the situation. The Consultant Nurse for Complex Clinical Risk (CNCCR) conducted a Thematic Review of the untoward deaths at the request of the Clinical Board and identified recommendations which included: • A Suicide Cluster Response Plan • Environmental differences of wards to be understood • Environmental considerations, for example, door top alarms, and bedroom windows alarms.	

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- Environmental settings to be improved
- Ward remits / policy reviews to fully understand purposes of wards and risks / benefits of dual functions
- Re-launch of the Complex Care Forum
- Re-launch of Sentinels and Lessons Learned
- Questionnaires to staff
- Skill mix review – psychological input to wards & appointment of shift co-ordinators to get Ward Managers back on their wards
- Away Days
- Ensure ward rounds / MDTs were person centred
- Care Aims in the inpatient setting

The IDNMH advised the Committee that it was the intention of the MHCB to implement all recommendations noted within the report.

He added that further to the recommendations, the MHCB had identified a series of actions which should tangibly return the acute in-patient environments at Hafan Y Coed, University Hospital Llandough to a level of safety and stability that was disrupted by the need to react to the demands of the COVID pandemic over the past two years.

Those included:

- Returning Hafan Y Coed to its original footprint.

It was noted that pressures created by the need to manage COVID in accordance with Welsh Government, Public Health and local UHB guidelines had been extremely disruptive to the normal functioning of Mental Health in-patient services and that it was now time to return the in-patient environments to their original functions. It was noted this would be a complex process as it would take place during a high demand for beds and the need to repatriate patients who were placed in commissioned “surge” beds in other facilities.

- Review of National Reportable Incident / Sentinels / Lessons Learned systems and processes.

It was noted the MHCB had a well-established, long-standing process for gathering information about serious, nationally reportable events including suicides, near-misses and other events.

It was noted that it had evolved over a period of years into a sophisticated mechanism that was aligned to national reporting requirements and had elicited themes and factors from which lessons could be learnt and improvements made.

- Suicide Prevention Training

It was noted that whilst the understanding of and management of Clinical risk was central to the work of a Mental Health service, it was recognised that those skills could always be enhanced.

It was noted that the MHCB had worked with Welsh Government (WG) to roll out a comprehensive package of suicide prevention training that was tailored to all levels of experience and responsibility across the multi-disciplinary spectrum.

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- Royal College of Psychiatrists Review of Adult In-patient Services at Hafan Y Coed

	It was noted that the Management Executive Team had supported and commissioned an authoritative and comprehensive review and that the Terms of Reference had recently been agreed. The Independent Member – University (IMU) noted that the CNCCR had conducted a Thematic Review of the untoward deaths at the request of the Clinical Board and asked if any further reviews were being done and how they would broaden perspectives on what the CNCCR had already achieved and was it possible to anticipate any further recommendations that could come from those reviews. The IDNMH responded that the Royal College of Psychiatrists would hopefully support the MHCB in the locality model as it was showing good results as noted within patient feedback and added that in terms of anticipating further recommendations there could be a scope to put a role in place (Senior Nurse for Inpatient Services) and noted that the Directorate was being encouraged to think about that. The Clinical Board Director – Mental Health (CBDMH) added that the Delivery Unit (DU) had completed their rapid review and noted that their findings were the same as those matters which the MHCB had identified. The Director of Operations – Mental Health (DOMH) added that there could be some unknowns within the Royal College of Psychiatrists' review that had not been identified by the MHCB and noted that part of the assurance framework was to think more broadly as to what external reviews could bring to the attention of the Clinical Board. The Chair of the Mental Health Legislation and Mental Capacity Act Committee advised the Committee that he had received oversight of the MHCB for the past 12 months and had identified that the team had at all times sought to put their patients first and that it had been to an impressive degree. He noted that the determination to learn to develop, change and move forward was amazing and thanked the staff for their continued hard work. The Executive Director of Public Health (EDPH) asked about staff morale within the MHCB. The IDNMH responded that staff morale had been adversely affected by various situations, including Covid-19, and noted that staff were tired. He added that in February, Health Inspectorate Wales (HIW) had visited Mental Health services and noted that the verbal feedback provided had been very encouraging. HIW reported that staff showed high levels of enthusiasm and commitment in the face of the experiences people were having. The IDNMH concluded that the work described within the report would be done in a way that was open, transparent, and noted that the work itself was hoped to be a morale booster. The Assistant Director of Patient Experience (ADPE) advised the Committee that several high-profile inquests would be coming up and noted that publicity surrounding these was likely to have an impact on staff morale. The Executive Nurse Director (END) advised the Committee that the MHCB team had recognised where they had been, recognised that it was not the place they wanted to be, and accordingly revisited that and how everything worked whilst receiving external reviews and commended them for their hard work. **The QSE Committee resolved that:**	

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	a) The content of the report was discussed and noted.	
QSE 22/04/007	**Quality, Safety and Experience Implications arising from IMTP** The Quality, Safety and Experience Implications arising from IMTP were received. The END advised the Committee that the paper would be taken as read and noted that the key focus for the coming year was laid out within the report and aligned to the Framework for Quality, Safety and Experience. It was noted that the Framework had identified eight key areas and all the actions were aligned to those areas. It was noted that there were no key performance indicators (KPIs) identified within the paper because the Health Board was waiting for those to be received from WG. Once received, they would be brought back to the QSE Committee. The IMU advised the Committee that the emphasis on an integrated system for Quality & Safety which highlighted Primary and Community care settings was attractive and noted that if the Health Board could structure KPIs around the 8 identified key areas that would make the delivery of the important messages within the IMTP easier and would represent an effective integration of the QSE framework into the IMTP. The Director of Corporate Governance (DCG) noted that within the report there was an overview of the headline milestones which the QSE team was focusing on during 2022-23 to make tangible progress in embedding the Framework and asked if it would be worth reporting that to the QSE Committee each quarter. The END agreed and noted that a quarterly report on milestones along with key KPIs would be helpful. The Vice Chair of the Health Board reinforced the IMU's point and noted that it was interesting how the report adopted a whole system perspective and recognised the need for partnership working whilst ensuring that it was not just the focus on the hospital and acute sector. **The QSE Committee resolved that:** a) The QSE requirements as laid out in the IMTP were noted.	**END** **END**
QSE 22/04/008	**Feedback from the Clinical Effectiveness Committee** The Feedback from the Clinical Effectiveness Committee (CEC) was received. The Executive Medical Director (EMD) advised the Committee that when she took over the role, she was struck by the importance of the Clinical Effectiveness Committee and the responsibility of the Health Board to respond to a number of areas which had not been systematically approached in that way previously. It was noted that the CEC had been established with the purpose of ensuring Clinical effectiveness across the Health Board by: • Monitoring the implementation of NICE, national and local evidence, guidelines and standards to ensure best practice across the Health Board. • Providing strategic direction for the Health Board's national and local Clinical Audit Programme.	

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	• Providing assurance to the Quality and Safety Experience (QSE) Committee on the above points through the production of reports. • Receiving reports from the subgroups and, following analysis, either escalate issues or provide assurance to the QSE Committee and the Board. • Contributing to the production of the Annual Quality Statement to be presented to the Board of Directors. The Associate Medical Director for Clinical Governance and Patient Safety (AMD) advised the Committee that the CEC was now well established but noted that the current resource to capture and monitor activity was limited and that was reflected in the Internal Audit report. He added that a business case was recently submitted to the Business Case Approval Group (BCAG) for Quality Safety and Experience which was successful to procure AMaT (Tracking, Monitoring and Management system) to capture the Health Board's Clinical Audit activity centrally. It was noted that a phased approach would be taken over a 12-month period to roll out the AMaT system across the organisation and that Clinical Boards had been asked to develop an Annual Clinical Audit Forward Plan for 2022/23. It was noted that funding had also been secured for personnel to help roll out the system across the Health Board which would help to address many of the improvements identified in the Internal Audit report and would improve the level of assurance that could be provided. The IMU advised the Committee that HIW was undertaking a National Review of the Stroke Pathways and noted that they would be visiting the Health Board. He asked when that would be. The END responded that HIW had already visited the Health Board and that whilst the formal report had not yet been received the informal feedback was fairly positive. The IMU noted that the report identified the appointment of a Clinical Audit lead and asked if the post had been filled. The AMD responded that there was a business case that had been approved which would provide several roles and noted that an Effectiveness Officer had also been secured by Health Technology Wales that would support the Health Board to move the programme forward. The IMU asked if there was a timeline for that and the AMD responded that job plans had been drawn up and were at the advertisement stage. The Vice Chair of the Health Board asked if there was an alignment with the Health Board's Improvement and Innovation Team. The AMD responded that there was and that from the CEC perspective, empowering teams and team engagement was key. The EDPH advised the Committee that she would need to bring the revised Interventions Not Normally Undertaken (INNU) policy and intervention list back to the QSE committee in June 2022 and that she would liaise with the AMD and EMD as to how that would align with the CEC.	
Saunders.Nathan 27/07/2022 17:34:58	The EMD concluded that the amount of work undertaken by the CEC was vast and thanked the AMD and the Head of Patient Safety and Quality Assurance (HPSQA) for all the work that they do. **The QSE Committee resolved that:**	EDPH

	a) The level of Clinical Effectiveness Committee activity across a broad range of services was noted. b) It was agreed that the appropriate processes were in place to address and monitor the recommendations.	
QSE 22/04/009	**Quality Indicators Report** **Update on Falls in Lakeside Wing** The Quality Indicators Report was received. The END advised the Committee that the Lakeside Wing (LSW) remained an area of concern and noted that the report identified the level of concern, the issues and the actions taken to address those issues. The Independent Member – Trade Union (IMTU) noted that there were staffing issues being seen in LSW and across the Health Board and asked what the position was with Registered Nurse vacancies and staff morale. The END responded that progress was being made with the recruitment of Registered Nurses and noted that numbers of students who would qualify in 2022 would be known in the coming weeks. She added that it was clear that the number of absences had increased due to Covid-19 and noted that there were 165 Registered Nurses absent the week prior to the meeting and that did not include other gaps in the system. The Committee was advised that the answer to the Registered Nurse gap was to not to have as much open within the system and to look at how pressures, particularly in the Emergency Department (ED), could be balanced to better facilitate patient flow so that patients were referred to the right place at the right time. She added that the staff morale at the LSW continued to be challenging and noted that the area was opened, because of Covid-19, as an emergency overflow location and thought was required with regards to the longer-term arrangements for the LSW. The IMTU advised the Committee that his staff morale question also applied to senior nurses and managers and asked how they were coping. The END responded that the Medicine Clinical Board had found time for a 2-day “timeout session” to hear directly how senior nurses and managers were feeling. She added that the timeout day was an opportunity for discussion which was used very well and noted that one of the biggest areas identified was the lack of a perceived “end” to the pressures. It was noted that senior nurses and managers had to face day to day operational pressures, conflict and abuse and some significant safeguarding issues and front-line staff should not have to tolerate some of the standards that they were currently. It was noted that support and development would be offered to staff The END concluded that “hope” was very much a topic of conversation at the 2-day sessions and that some challenges being seen should improve. **The QSE Committee resolved that:**	

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	a) The position and actions being taken to improve the status was noted and discussed.	
QSE 22/04/010	**HIW Activity Overview** The HIW Activity Overview & Primary Care Update was received. The END advised the Committee that the paper was for noting and noted that the CC and herself had met to discuss the previous report received by the Committee and the suggestion in relation to a HIW Ionising Radiation (Medical Exposure) Regulations IR(ME)R report. She added that the draft reports following the HIW visit to Cardiac Surgery at the University Hospital Llandough (UHL), and Hafan Y Coed had been received and noted that feedback had been positive but highlighted the environment concerns at Hafan Y Coed which had already been identified by the MHCB previously. It was noted that the reports would be circulated to Committee Members. The Vice Chair of the Health Board asked if all appropriate matters had been considered in relation to Maternity Services because of the issues that had arisen from the independent review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust (Ockenden Report). The END responded that the report had been received and a number of actions would be taken and brought back to the QSE Committee in June. She added that the HPSQA would work alongside the new Head of Maternity Services. **The QSE Committee resolved that:** a) The level of HIW activity across a broad range of services was noted. b) It was agreed that the appropriate processes were in place to address and monitor the recommendations.	**END** **END**
QSE 22/04/011	**Board Assurance Framework – Patient Safety** The Board Assurance Framework – Patient Safety was received. The DCG advised the Committee that the BAF was received by every Committee and by the Board. She added that every year, the Executive team looked at the key risks that would impact upon the delivery of the Strategic Objectives of the Health Board. It was noted that Patient Safety would remain on the BAF along with Estates and Workforce. **The QSE Committee resolved that:** a) The risks in relation to Patient Safety were reviewed to enable the Committee to provide further assurance to the Board when the Board Assurance Framework is reviewed in its entirety.	
QSE 22/04/012	**Recommendations from the Nuffield Trust Report** The Recommendations from the Nuffield Trust Report were received.	

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	The EMD advised the Committee that they would already be aware of the new Velindre hospital and that there had been concerns from the outset to deliver safe and effective care for the sickest patients who required acute cancer care. She added that the new hospital being sited away from an acute environment had raised a number of concerns from a number of people, including herself. It was noted that a number of opportunities could have been lost by a separate siting of the hospital and so after much discussion, the Nuffield Trust Report was commissioned. The EMD advised the Committee that the Nuffield Trust Report had noted that having the new hospital site on the same site as an acute hospital environment was preferred. She added that the Nuffield Trust report provided proposals for mitigating the risk with regards to the new cancer centre being sited away from an acute facility. It was noted that there were clear recommendations within the report for the Health Board to decide upon. The IMU asked where the Nuffield Trust report sat within the Health Board as a lot of the report had alluded to strategy and delivery. The EMD responded that the question reflected the complexity as cancer was cross cutting between all clinical boards. She added that the Board should be made aware of the Nuffield Trust Report and noted that it laid with operational teams to make everything work. The DCG agreed that the report should be received by the Board. The END advised the Committee that she had been working with a carer of somebody who had used services across Velindre and the Health Board and noted that a patient story would be gathered to demonstrate how the cancer pathway had worked and how improvements could be made. The EMD advised the Committee that a Collaborative Cancer Leadership Group (CCLG) chaired by the CEO of the Health Board met quarterly and consisted of Executive level Officers across Southeast Wales to provide oversight and leadership regarding the Cancer services in Southeast Wales and implementation of the Nuffield report. **The QSE Committee resolved that:** a) The progress being made regarding the implementation of the Nuffield Report recommendations which are pertinent to Cardiff & Vale UHB were noted.	**DCG**
QSE 22/04/013 Saunders.Nathan 27/07/2022 17:34:58	**Exception Reports (Verbal)** The END advised the Committee that concerns remained around the ED and recognised that the whole system remained under pressure. She added she had met with the EMD and the Chief Executive Officer (CEO) of the Health Board to discuss improvement plans due to a large number of distressing concerns being raised and noted that staff felt under pressure. The EMD advised the Committee that the pressures seen across the system could not be overstated and noted that there were concerns about what was happening	

	to patients and staff and noted that her team and many others were putting in as many systems as they could to mitigate the pressures. The END advised the Committee that the Health Board needed to be open and transparent about the pressures being seen within ED which would help the public conversation. The EDPH advised the Committee that the Welsh Ambulance Service (WAST) had been elevated to Level 4 the previous night which meant that they may not have been able to go to people with suspected stroke or suspected myocardial infarction and wanted to note the WAST pressures. The END advised the Committee that this feedback should be received by the Board because the quality of care was not where it should be. The EMD added that one of the areas that had been striking was the quality of care that people were receiving had still resulted in positive patient feedback of the care being given by staff members and noted that although the environments were poor, the quality of care provided by staff was good. The CC advised the Committee that a further recommendation be added to ensure the Board would be sighted on the pressures being seen across the system. **The QSE Committee resolved that:** a) The Exception Reports were noted b) The pressures seen across the Health Board would be reported to the Board.	**END**
QSE 22/04/014	**Minutes from Clinical Board QSE Sub Committees:** **Exceptional Items to be raised by Assistant Director Patient Safety & Quality:** The Minutes from the Clinical Board QSE Sub-Committees were received. **The Committee resolved that:** a) The Minutes from the Clinical Board QSE Sub-Committees were noted.	
QSE 22/04/015	**Corporate Risk Register** The DCG advised the Committee that there was nothing further to add to the report received by the Committee. She highlighted that there were eleven risks linked to Patient Safety across the various Directorates. The IMU asked if any of the risks could be removed because it appeared that some of the areas had an easily remediable “fix”. The DCG responded that the risk appeared on the Register because the easily remediable fix had not happened and so by adding it to the Register it would gain further scrutiny. She added that there was ongoing work to be done around how risks would be described. The DCG concluded that internal audit was currently reviewing the risk management processes which was done every year and noted that the focus for 2022/23 would be on Clinical Boards. **The Committee resolved that:**	

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	a) The Corporate Risk Register risk entries linked to the Quality, Safety and Experience Committee and the Risk Management development work which was now progressing with Clinical Boards and Corporate Directorates, was noted.	
QSE 22/04/016	**Infected Blood Inquiry Update** The Infected Blood Inquiry Update was received. The DCG advised the Committee that the report highlighted a timetable and noted that the final hearings were scheduled for December with conclusions and finding to be presented approximately 6 months after. **The Committee resolved that:** a) The contents of the Infected Blood Inquiry Update were noted	
QSE 22/04/017	**Patient Safety WalkRounds** The Patient Safety WalkRounds report was received. **The Committee resolved that:** a) The plan to reinstatement Patient Safety WalkRounds in May was noted.	
QSE 22/04/018	**Implementation of Datix OfWCMS** The Implementation of Datix Once for Wales Concerns Management System (OfWCMS) report was received. The END advised the Committee that the Implementation of Datix OfWCMS was a large project that would have an impact on the QSE Committee and noted that the new system would come with challenges because the Health Board previously had a mature and stable Datix system, and some of the reporting functionality would be limited in the new system until sufficient data was available to develop reports from. **The Committee resolved that:** a) The content of the report was noted	
QSE 22/04/019	**Duty of Candour** The Duty of Candour report was received. The END advised the Committee that the report identified where the Health Board was against All Wales information and noted that it would be brought to the Board when the process developed further. **The Committee resolved that:** a) The information in the report was noted.	
QSE 22/04/020 Saunders,Nathan 27/07/2022 17:34:58	**Items to bring to the attention of the Board / Committee** The CC advised the Committee of the areas that would be brought to the attention of the Board in May 2022 which included: • The discussions and issues raised around the Nuffield Trust Report • The issues around escalation of risk and in particular the risk around the Emergency Department.	

	• Suicide Clusters would form part of the Chair's Report as discussed at the meeting.	
QSE 22/04/021	**Agenda for Private QSE Meeting** *i) Minutes of the Private Committee Meeting held on – 22.02.22* *ii) Action Log – Following the Meeting held on 22.02.22* *iii) Pandemic Update & Any Urgent / Emerging Themes – Verbal* *iv) DNAR Orders at St David's Hospital – Update*	
QSE 22/04/022	**Any Other Business** The Senior Corporate Governance Officer advised the Chair that it was the final QSE Committee meeting that the END would be attending prior to retirement. The CC and the Independent Members present provided the END with their esteemed thanks for the hard work and support that she had shown throughout her time within the Health Board.	
QSE 22/04/023	**Date & Time of Next Meeting:** Tuesday 15 June 2022 at 9am	

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Minutes of the Mental Health Legislation and Mental Capacity Act Committee
Held on 26th April 2022 – 10am
Via MS Teams

Chair:		
Ceri Phillips	CP	UHB Vice Chair and Committee Chair
Present		
Akmal Hanuk	AH	Independent Member - Community
Sara Moseley	SM	Independent Member – Third Sector
In Attendance:		
Rebecca Aylward	RA	Director of Nursing for Professional Standards
Jeff Champney-Smith	JCS	Chair, Powers of Discharge sub-Committee
Nicola Foreman	NF	Director of Corporate Governance
Caroline Bird	CB	Interim Chief Operating Officer
Daniel Crossland	DC	Deputy Director of Operations - Mental Health
Charles Janczewski	CJ	UHB Chair
Robert Kidd	RK	Consultant Clinical & Forensic Psychologist
David Seward	DS	Interim Mental Health Act Manager
Catherine Wood	CW	Director of Operations – Children & Women's
Robert Kidd	RK	Consultant Clinical & Forensic Psychologist
Observers:		
Urvisha Perez	UP	Audit Wales
Caitlin Thomas	CT	Graduate Management Trainee
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Ruth Walker	RW	Executive Nurse Director
Rose Whittle	RWh	Directorate Manager – Child Health

Item No	Agenda Item	Action
MHCLC 09/04/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everybody to the meeting.	
MHCLC 09/04/002	**Apologies for Absence** Apologies for Absence were noted	
MHCLC 09/04/003	**Declarations of Interest** No declarations of Interest were noted.	
MHCLC 09/04/004	**Minutes of the Meeting held on 9 February 2022** The Minutes of the Meeting held on 9 February 2022 were received.	

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	The Committee Resolved that: a) The minutes of the meeting held on 9 February 2022 were agreed as a true and accurate record.	
MHCLC 09/04/005	**Action Log from the meeting held on 9 February 2022** The Action Log was received. The Director of Corporate Governance (DCG) advised the Committee that the action (MHCLC 09/02/001) which related to ratifying items at the March 2022 Board had been completed and noted that the 2 policies and procedures were approved: (i) the Section 5(2) Doctors Holding Power Policy and Procedure was approved; *(ii)* The full publication of the Section 5(2) Doctors Holding Power Policy and procedure in accordance with the UHB Publication Scheme was approved; (iii) the Section 5(4) Nurses' Holding Power Policy and Procedure was approved; and *(iv)* the full publication of the Section 5(4) Nurses' Holding Power Policy and procedure in accordance with the UHB Publication Scheme was approved. **The Committee Resolved that:** a) The Action Log was noted.	
MHCLC 09/04/006	**Chair's Action taken since last meeting** **The Committee Resolved that:** a) No Chair's Actions were taken since the last meeting.	
MHCLC 09/04/007	**Any Other Urgent Business Agreed with the Chair** **The Committee Resolved that:** a) No other urgent business was agreed with the Chair.	
MHCLC 09/04/008	**Mental Capacity Act Monitoring Report – DoLs Monitoring Report** The Mental Capacity Act Monitoring Report – DoLs Monitoring Report was received. The Director of Nursing for Professional Standards (DNPS) advised the Committee that she would take the report as read.	

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	It was noted that the Mental Capacity Act (MCA) Lead had been in post for 3 months and was prioritising MCA training, and had trained staff groups within: • HM Prison health staff, • Physiotherapy, • Critical Care, • Endoscopy, • Mental Health • North West Locality Community Nurse Leaders. The DNPS added that in preparation and utilising the funding from Welsh Government (WG) to support Liberty Protection Safeguards (LPS), 20 places had been secured along with Swansea University staff to attend Level 7 MCA training. It was noted that an external provider would deliver MCA training to 700 staff. The Consultant Clinical & Forensic Psychologist (CCFP) asked if the training being used from Swansea University could be shared with the Mental Health Clinical Board. The DNPS confirmed that the training would be shared. The UHB Chair noted that some of the information in the report did not appear to help the Mental Health Legislation and Mental Capacity Act Committee. The DNPS agreed and noted that the content within the report would be improved for the next Committee and the information would need to be presented more clearly. The CCFP asked if details of Section 49 requests could be seen within the report at the next meeting. The DNPS confirmed that the information would be added and advised the CCFP that they would meet outside of the meeting to discuss what should be presented within the report. The UHB Chair noted that training had been a longstanding issue for the Committee and expressed his thanks for raising it within the report and added that a future update on progress being made would be useful for the Committee. **The Committee resolved that**: a) The contents of the report and the current compliance and actions with Mental Capacity Act and Deprivation of Liberty indicators were noted.	**RA/RK** **RA**
MHCLC 09/04/009	**Liberty Protection Safeguards** The Liberty Protection Safeguards information was received.	

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	The DNPS advised the Committee she would take the report as read and highlighted the key aspects which included: • The consultation relating to the Welsh Government LPS draft Regulations, was launched on 17th March 2022. It was noted that the consultation would last for 16 weeks and the deadline for responses was the 7th of July 2022. It was noted that as part of the consultation there were 4 aspects of the draft Regulations that the Health Board was being asked to consult on: - Appointment of Independent Mental Capacity Advocates (IMCAs). - The Mental Capacity (Deprivation of Liberty: eligibility to carry out assessments, make determinations and carry out pre-authorisation reviews) (Wales) Regulations 2022. It was noted that these Regulations set out who could undertake assessments, make determinations and carry out pre-authorisation reviews as part of the new process. - The Mental Capacity (Deprivation of Liberty: training and criteria for approval as an Approved Mental Capacity Professional) (Wales) Regulations 2022. It was noted that these Regulations set out arrangements regarding the role and approval by local authorities of Approved Mental Capacity Professionals (AMCPs). - The Mental Capacity (Deprivation of Liberty: Monitoring and Reporting) (Wales) Regulations 2022. It was noted that these Regulations supported the monitoring and reporting of the new system and the implementation of the LPS. The DNPS advised the Committee that the Welsh Government (WG) funding strategy had been agreed. That included £8million transitional costs for the LPS in 2022/23 although it was yet to be decided how much the Health Board would receive. The UHB Chair advised the Committee that the implementation of LPS would have a wide-ranging impact on the Health Board. He also noted that the report stated the Health Board was developing an implementation plan and associated staff resources, which would be shared with the Committee. He asked when that would be received. The DNPS responded that an implementation plan could be provided at the next Committee meeting because the project lead would be in post by that time. The CCFP advised the Committee that the consultation had been “out” for a while and the reality of the long-awaited changes was beginning to affect the Mental Health Clinical Board. He asked who was leading the agenda for the Health Board so that comments could be “fed up” to the relevant areas.	**RA**

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	The DPNS responded that she was the responsible person and asked for comments to be fed up to her. The Independent Member – Community (IMC) noted that the report had stated that the Regulations identified three monitoring bodies who would be responsible for monitoring and reporting on the new safeguards: • Care Inspectorate Wales (CIW), • Health Inspectorate Wales (HIW) • Her Majesty's Inspectorate for Education and Training (Estyn). He asked if Swansea University was accredited with Estyn as well as Cardiff and the Vale UHB because it would be important from the training and education perspective. The DPNS responded that she would find that out. The Independent Member – Third Sector (IMTS) asked for clarity on 2 areas within the report: • The Health Board currently had no staff resource to manage the implementation of LPS and the required complex ongoing requirements of LPS Regulations. • Who did LPS legislation affect in relation to the types of people and the numbers of people and who were the Committee seeking assurance for. The DNPS responded that a lead for LPS (at Band 8A) had been secured for a fixed term of 12 months and noted that they were waiting to see what allocation of funding the Health Board was getting from WG to put in more fixed term resources. She added that as part of the implementation plan the staff resource needed to support LPS would be identified. It was noted that the LPS legislation was applicable to everyone over the age of 16. The UHB Chair advised the Committee that the £8m from WG was only aimed at transitional costs and he wanted to know what the recurrent situation would be. He expressed concern that if the Health Board went with the bare minimum and, if after a number of years demand accelerated, that could leave the Health Board in a difficult position. He added that it would be helpful for the Board to receive assurance via the Committee on a regular basis regarding LPS together with an understanding of the impact on the recurrent cost base. The CC advised the Committee that LPS would be received as a standing item at future Committee meetings.	**RA**

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	The Committee resolved that: a) The contents of the report were noted.	
MHCLC 09/04/010	**DOLs Audit update on recommendations** The DOLs Audit update on recommendations was received. The DNPS advised the Committee that the report provided an update on the Internal Audit report and noted that the audit was performed between August 2019 and October 2019. It was noted that 4 recommendations had been received which included: • Staff should attempt to ensure that all urgent assessments were undertaken within the stipulated seven days as detailed in the Department of Health Mental Capacity Act 2005 Deprivation of Liberty Standards. The DNPS advised the Committee that it continued to be a challenge and had been affected by the impact of Covid19. She added that it came back to a resourcing issue and provided the Committee with an example where there was a 1.5 whole time equivalent (WTE) member of staff doing the reviews at approximately 6 per week. It was noted to meet current demand, 6 a day would be required. • The Health Board should ensure that staff were provided with the appropriate DoLs training and where areas had low compliance these areas should be targeted. It was noted that DoLs training had been affected by Covid19 with the inability to release staff for training. However there had been some pockets of training targeted at high areas that had a large number of DoLs patients. • Staff should attempt to ensure that all standard and further assessments were undertaken within the stipulated 21 days as set out in the Department of Health Mental Capacity Act 2005 Deprivation of Liberty Safeguards. It was noted that there had been an improvement in timeframes because the Health Board had trained up more capacity with Directors of nurses signing off on training. • The Health Board needed to ensure that they produce a plan for implementing Liberty Protection Safeguards following the Production of the Code of Practice. It was noted that the Health Board had been unable to plan for implementing LPS due to the delay of issuing the LPS draft Code of Practice and Regulations and it was also important to note that the	

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	Health Board had no staff resource to manage the implementation of LPS. It was therefore essential that the resources required were clearly stated to enable a seamless transfer from DoLs and operation of LPS. The UHB Chair expressed his concern with regards to the first recommendation where the situation had not changed and asked if assurance could be provided that the Health Board was addressing, and had plans to address, the situation. The DNPS responded that the recommendation would require resource to improve and if action was required immediately, additional monies would need to be found to resource additional staff. The UHB Chair responded that a course of action would be required over a period of time and asked for the DNPS to provide a timescale at the next Committee meeting. The IMTS noted that the first recommendation was legally bound and noted that the Health Board could not be in a position where there was no plan and added that if assurance could not be provided, it would need to be referred elsewhere. The UHB Chair responded that the Management Executive Team could look at the recommendation to establish priorities in relation to budget. The CC agreed that the recommendation should be taken to ME as a matter of urgency and advised the Senior Corporate Governance Officer to add a recommendation that stated that. **The Committee resolved that:** a) The contents of the report and the assurance provided to transition recommendations as part of the implementation of the Liberty Protection Safeguards were noted. b) The timescales and budget implications for undertaking the DoLs Urgent Authorisations recommendation from Internal Audit should be received by the Management Executive Team as soon as possible.	**RA** **RW/RA**
MHCLC 09/04/011	**Mental Health Act Monitoring Exception Report** The Mental Health Act Monitoring Exception Report was received. The Interim Mental Health Act Manager (IMHAM) advised the Committee that the use of the Mental Health Act had remained consistent this period with 53% of inpatients being detained under the Act at the end of quarter 4 with 53% at the end of quarter 3. He added that there had been no fundamentally defective applications but noted that there had been one legal query raised when a patient was transferred to an independent provider.	

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	The IMHAM advised the Committee that he believed the application was legally compliant and that the legal advice had been obtained which had confirmed the legality of the application. It was noted that during the period, the use of Section 136 had increased and that 63.4% of individuals assessed did not require hospital admission, 51.9% were discharged with community support and 11.5% were discharged with no follow up. It was noted that overall during the period 32.7% of patients were admitted to hospital following a Section 136 assessment which was higher than the previous quarter at 30.7%. It was noted that the number of patients under the age of 18 assessed under Section 136 had decreased from 7 in the previous quarter to 6 in this quarter and that there were 4 repeat presentations recorded. The IMHAM advised the Committee that the Mental Health Review Tribunal (MHRT) had met the previous day to the Committee meeting to discuss issues and noted that a formal outcome would be received by the end of the week around the rollout of Teams for all Tribunal hearings. It was noted that in the meantime the Health Board had been authorised to request that hearings could take place via Teams at patient/professional request and that since February 2022, 4 requests for Teams hearings had been put forward to the MHRT, all of which were granted. The CC noted that a consultant psychiatrist had requested if two doctors, who had been heavily involved in a patient's care and treatment, could observe a tribunal and that such request had been rejected by a deputy president of the MHRT. He asked if that would be reversed and relevant observers would be allowed to attend tribunals. The IMHAM responded that assurance could not be provided at this time and noted that all health boards in Wales have put in letters of concern to the MHRT. The CCFP added that the issue was being addressed via a number of approaches. That included a joint letter from Schools of Nursing to the tribunal spelling out that the opportunity for trainees for a number of disciplines was required to see how the tribunal system worked. The IMHAM advised the Committee that the Mental Health Act office continued to run Mental Health Act awareness sessions including a monthly Mental Health Act training day, which was available to all staff within the Health Board as well as a Receipt and Scrutiny, Consent to Treatment and a Rights workshop.	

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	The Deputy Director of Operations - Mental Health (DDOMH) thanked the IMHAM for putting in place procedures and noted that he had been really proactive in making sure the relevant changes were in place. **The Committee Resolved that:** a) The approach taken by the Mental Health Clinical Board to ensure compliance with the appropriate Mental Health legislation, as set out in the report was noted.	
MHCLC 09/04/012	**Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report** The Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report was received. The Interim Chief Operating Officer (ICOO) advised the Committee that the report was picked up in more detail at the Strategy & Delivery Committee. The DDOMH reminded the Committee that the Mental Health Measure was split into 4 parts and noted that Part 1 related to Primary Care referrals into the Primary Mental Health Support Service (PMHSS). It was noted that the target was 28-day referral to assessment with a compliance target of 80% for Adults. He added that referrals for Adults and Children were at an all-time high. It was noted that regarding the over-18 Part 1a performance, every referral was being seen in under 56 days and referrals were moving steadily towards overall compliance. Performance on 08/04/22 was 69% compliant. It was noted that average waiting times for assessment was 29 days on 31/03/21 which had decreased to 28 days at the time of the meeting. The DDOMH advised the Committee that clarification had been sought from WG around when the “clock starts” and noted that WG had confirmed that the clock started at the receipt of the referral, not the date of opt-in by the service user. He added that Fully Automated Booking was explored for Fridays and SMS Text Notification for Opt-In had been developed. The Director of Operations – Children & Women’s (DOCW) advised the Committee that the position within the Children and Adolescent Mental Health Service (CAMHS) was similar and that the impact of Covid19 across teams was significant.	

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	She added that like the Adult Service, referrals were at an all-time high and noted that the number of referrals received in March 2022 was the highest number received in over 2 years. It was noted that the team had worked very hard and had maximised outsourcing to deliver the target of 89%. It was noted that the waiting time was currently at 21 days which was an improvement since the Committee had last received the information. The DOCW advised the Committee that compliance against Part 1B of the target had not been achieved since December 2021 as a result of focus on the external waiting list for assessment and reduced capacity over Christmas. She added that in January 2022 the service was significantly reduced due to sickness, maternity leave and annual leave. It was noted that as part of the move towards a Joint Assessment Team model, a brief intervention pathway would be created to ensure that young people were seen within 28 days of the commencement of their treatment, following assessment. The DOCW advised the Committee that the Single Point of Access team was launched at the end of November which had helped to manage referrals through improved processes and use of consultation with referrers. It was noted that it had been a real success in balancing the referrals. The UHB Chair noted that the report contained information around reporting inaccuracies on PARIS and asked what impact that had on reporting. The DDOMH responded that the accuracy in reports from PARIS had been fairly flawed and so work had been undertaken alongside the PARIS team to ensure that the data reflected what was actually happening within the service. He added that assurance could be provided that the issues were now fixed. The UHB Chair noted that the automated booking system was only explored for Fridays and asked if would be better to have automated booking for the whole week. The DDOMH responded that the fully automated booking system was where a spreadsheet of referrals was sent to a team who immediately sent letters to patients on same day with their appointment. He added that the issue the service saw on Fridays was that most of the referrals had arrived on the Friday afternoon and were not picked up	

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	until the Monday. That meant the service had lost 4 days of the target which was why Fridays had been prioritised. The ICOO added that the point raised by the UHB Chair was noted and would be escalated to the relevant digital teams. The CC thanked the DDOMH and the DOCW for what they had been able to achieve against the context of the ever-increasing demand. **The Committee Resolved that:** a) The contents of the report were noted.	**CB**
MHCLC 09/04/013	**HIW MHA Inspection Reports** The HIW MHA Inspection Reports were received. The ICOO advised the Committee that there had been one HIW inspection for wards at Hafan Y Coed: • Cedar Ward • Oak Ward • Willow Ward. It was noted that the Health Board had received the draft report but not the final version and that no improvements had been highlighted within the initial findings. The IMTS asked if it was a routine visit from the HIW. The Deputy Director of Operations - Mental Health responded that they had been expecting a visit in relation to inpatient incidents but noted that the report did not make any further recommendations and that the initial report had commended staff for their approach and quality of care towards patients. The CC concluded that the HIW report would reflect what he and others had witnessed at Hafan Y Coed and the culture there and noted that the Committee could be assured that everyone was working in the patients' best interests. **The Committee Resolved that:** a) The HIW MHA Inspection Reports were noted.	
MHCLC 09/04/014	**Sub-Committee Meeting Minutes:** The Committee received copies of the Sub-Committees' meeting minutes: • Mental Health Act Hospital Managers Power of Discharge Sub Committee	

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	The Chair of the Powers of Discharge sub-Committee advised the Committee that the sub-Committee was still concerned about care and treatment plans and noted that the CCFP had agreed for it to be taken to the next Mental Health Legislation and Governance Group. The DDOMH responded that a routine audit had been put in place of quality care and treatment planning which had been shared with the Local Authority to demonstrate what the key issues were around the care and treatment plans. • Mental Health Legislation and Governance Group (MHLGG) The CCFP advised the Committee that the MHLGG had met on 8th April 2022 and acknowledged that there were a number of changes regarding the Mental Health Act which included: • New dedicated Nurse Educational Posts which had proved very helpful in terms of them being able to cascade information from the Mental Health Act Office. • Positive attendance from Association of Mental Health Providers (AMHP) Local Authority colleagues – It was noted that the long-standing colleague, Peter Thomas (South Wales Police) had retired and a new detective sergeant would attend the MHLGG meetings. • The Mental Health Act Office had noted that the reading of rights to people needed to picked up and that there had been issues with communication to nearest relatives on Section 3 renewals. **The Committee Resolved that:** a) The Sub-Committee Meeting Minute were noted.	
MHCLC 09/04/015	**Corporate Risk Register** The Corporate Risk Register was received. The Director of Corporate Governance (DCG) advised the Committee that the Board in March 2022 had received one extreme risk linked to the Mental Health Legislation and Mental Capacity Act Committee for assurance purposes and noted that the risk remained on the register. She added that it was hoped that scheduled actions would have led to the de-escalation of the risk prior to the March Board, but noted that a combination of operational pressures and an inability to source suitable private placements meant that the risk continued to be recorded as an Extreme Risk. The DCG advised the Committee that in May 2022 the Head of Risk and Regulation would meet with the Mental Health Clinical Board to review the advisory recommendations of a recent Internal Audit report to	

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	support the implementation of recommendations made and noted that they would be tracked through the Audit and Assurance Committee. **The Committee Resolved that:** a) The Corporate Risk Register risk entry linked to the Mental Health Legislation and Mental Capacity Act Committee and the work which was now progressing, was noted.	
MHCLC 09/04/016	**Policies** The Committee received 2 policies: i) Consent to Examination or Treatment under The Mental Health Act 1983 Policy & Procedure ii) Hospital Managers' Scheme of Delegation Policy & Procedure. **The Committee resolved that:** a) The Consent to Examination or Treatment under The Mental Health Act 1983 Policy & Procedure was approved. b) The Hospital Managers' Scheme of Delegation Policy & Procedure was approved.	
MHCLC 09/04/017	**Review of the Meeting**	
	To note the date, time and venue of the next meeting: July 26 2022 at 10am Via MS Teams	

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Confirmed Minutes of the Public Health and Safety Committee Meeting
Held On 19 April 2022
Via MS Teams

Chair:		
Mike Jones	MJ	Independent Member – Trade Union / Committee Chair
Present:		
Ceri Phillips	CP	UHB Vice Chair
In attendance:		
Nicola Foreman	NF	Director of Corporate Governance
Rachel Gidman	RG	Executive Director of People & Culture
Fiona Kinghorn	FK	Executive Director of Public Health
Robert Warren	RW	Head of Health and Safety
Janice Aspinall	JA	Safety Representative RCN
Rachael Daniel	RD	Assistant Head of Health and Safety
Jonathan Strachan-Taylor	JS	Safety Representative GMB
Stephen Gardiner	SG	Head of Estates and Facilities
Daniel Crossland	DC	Director of Operations - Mental Health Clinical Board
Observers:		
Emily Howell	EH	Audit Wales
Secretariat		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
Akmal Hanuk	AH	Independent Member – Local Community
Michael Imperato	MI	Independent Member – Legal
Geoff Walsh	GW	Director of Estates, Capital and Facilities

Item No	Agenda Item	Action
HS 19/04/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the meeting.	
HS 19/04/002	**Apologies for Absence** Apologies for absence were noted.	
HS 19/04/003	**Declarations of Interest** No Declarations of Interest were noted.	

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HS 19/04/004	**Minutes of the Meeting held on 25 January 2022** The minutes of the Committee Meeting held on 25 January 2022 were received. **The Health & Safety Committee resolved that:** a) The minutes of the meeting held on 25 January 2022 were approved as a true and accurate record.	
HS 19/04/005	**Action Log – Following the meeting held on 25 January 2022** The Action Log was received. **The Health & Safety Committee resolved that:** a) The Action Log was noted.	
HS 19/04/006	**Chair's Action taken since last meeting** No Chair's Actions were noted.	
	Items for Review and Assurance	
HS 19/04/007	**Health & Safety Overview** The Head of Health & Safety (HHS) presented the Health and Safety (H&S) Overview and highlighted the following: H&S Department • It was noted that there was previously a flat structure within the Department. • Two Assistant Heads of Health and Safety have been introduced. • The Fire Safety Team would continue to report to the HHS. World Safety Day • It was noted that the Health Board would be marking World Safety Day on 28th April 2022. • It was an international campaign to promote safe, healthy work around the globe. • There would be a series of 'drop in' MS Teams calls throughout the day. Lone worker	

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	• There had been a reduction noted in compliance. That had been attributed to Directorates not informing H&S about non-usage. • The current contract was due to end on 18th July 2022. • There was ongoing work with Procurement to secure the devices. • There were currently 700 devices allocated to high risk lone workers in the Health Board. H&S Culture Plan • It was noted that the Plan was one of the most important documents and set the scene for the next three years. • It introduced fundamental systems and processes that would embed health and safety into the operations of the Health Board and align it to best industry standards. • The expectation was that it would take the Health Board from a "lagging" organisation to a leading one. • The Culture Plan was in draft form and required more work. Current work • It was noted that a member of the H&S team was currently constructing a new intuitive SharePoint site. • The H&S team was also working with the Communication team on actions from the H&S Culture Plan. • External providers had been chosen to verify the competence of the training team and update courses accordingly. • There was a lot of work taking place to embed the new Datix Cymru System. The "go live" date was 1st March 2022. • The team was currently looking at licensing for audit software and was due to trial that shortly. The Executive Director of People and Culture (EDPC) stated that the H&S Culture Plan would be circulated to Clinical Boards before it would be taken to Management Executive.	

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	The Committee Chair (CC) queried if Members of the Committee could provide any help or assistance for the World Safety Day. The HHS responded that Members should communicate the event to others. There were a series of MS Teams calls already planned. **The Health & Safety Committee resolved that:** a) The Health and Safety Overview, which included the Lone Worker Device update, was noted.	
HS 19/04/008	**Fire Safety Report** Fire Enforcement • It was noted that the HHS and the Head of Estates and Facilities (HEF) had met with South Wales Fire and Rescue Service (SWFRS) enforcement team on 8 February 2022 regarding Enforcement Notice EN59/21 against the A4 ward in UHW. • The HHS and HEF described the reasonably practicable work that had been done to date. • They were also, able to demonstrate the mitigations in place to extend the compliance date. • They had agreed to extend the compliance date until 31 March 2023. • It was difficult work to complete as the ward needed to be taken out of service. • The HHS requested that the ward was brought out of service this year in order to get the remaining actions from the Enforcement Notice completed. The Director of Corporate Governance (DCG) queried if there would be any “touch points” from the SWFRS that the work would be completed by that date. The HHS responded there was no formal agreed progress required against the completion date. The DCG stated that the Committee would need to keep the matter under review to make sure that the timescales for completion of the work did not slip.	

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	The EDPC stated that the Fire Enforcement matter was discussed at Management Executive. Informal regular conversations with SWFRS were important to give them confidence. Hafan Y Coed • Another fire had taken place at Hafan Y Coed on 23 January 2022. • The fire was traced to a garden lift on Beech ward. • The HHS, EDPC and the Chief Executive Officer met with the Chief Fire Officer of SWFRS on 23 March 2022 to discuss the Enforcement Notice issued last year. • No prosecution decision was made in that meeting but both parties were willing to work closely together. • The attendees of that meeting had also fed back to the senior managers in the Mental Health Clinical Board on 25 March 2022 in order to reaffirm the actions that had been put in place to control ignition sources. Fire Safety and Mental Health • It was noted that the HHS was currently completing a benchmarking exercise against similar Health Boards. • A designated Fire Safety Officer had been assigned to Mental Health. It was hoped that this role would be located in Hafan Y Coed. • The role would also provide support to other Mental Health facilities such as Barry, Pendine House. • They would report into H&S and would remain independent of Mental Health. • A specific Mental Health Fire Safety training course had also been developed. • Mental Health was also looking to implement full body scanners. **The Health & Safety Committee resolved that:** a) The on-going efforts to meet the requirements of enforcement action and the Health Board's	

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	statutory and mandatory fire safety obligations were considered and noted.	
HS 19/04/009	**Environmental Health Food Hygiene Report** The EDPC advised that the Executive Director of Finance (EDF) was the Executive sponsor. The HEF presented the Environmental Health Food Hygiene Report and highlighted the following: • During February 2022 both the ward-based catering service and Aroma Coffee units at UHW had been inspected. • Both achieved a food hygiene score of 5 and 4 respectively. • That was an improved score since both food businesses were last inspected, most markedly ward-based catering whose food hygiene rating score had increased from 3 (satisfactory) to 5 (very good). The Executive Director of Public Health (EDPH) commented that it was really good to see that the ratings of the ward-based catering had increased a lot of patients relied on it. **The Health & Safety Committee resolved that:** a) The achievement of the food businesses with a 5 and 4 food hygiene rating and the associated action plans were noted.	
HS 19/04/010	**Enforcement Agencies Report** The HHS presented the Enforcement Agencies Report and highlighted the following: T2 UHW Animal House Ventilation • T2 UHW animal house ventilation were shared assets between the Health Board and Cardiff University. • There was a request for information from the Health and Safety Executive (HSE) regarding maintenance and agreements. • A response had been sent and they were currently awaiting a reply from HSE.	

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	• Health and Safety and Estates were working closely with Cardiff University to address any potential gaps. UHW Theatre Trolleys • The Health Board had received a short notice request (3 Days) from the HSE to visit theatres at UHW to review the manual handling systems. • Concerns of non-essential visits from the Director of Nursing for the Surgery Clinical Board was relayed back to the HSE and as a result the visit had been postponed. However, information and documents were forwarded to the HSE Inspector for review. • The Health Board was currently awaiting a reply. The DCG queried how the HSE operated and what made them visit. The HHS responded that it could be based on a complaint that they had received. The CC queried what could be done with regards to communication to bring such matters to the attention of the Committee before they escalated. It would be preferred that issues went to the H&S Safety Representative first. The Safety Representative RCN (SR) responded that she was not aware of the trolley issue and she wished to be kept informed. However, the trolley issue had been ongoing for years. The CC stated it would be useful to encourage staff to communicate with the Staff Representative. **The Health & Safety Committee resolved that:** a) The contents of the report were noted.	
HS 19/04/011	**Regulatory and Review Body Tracking Report** The Assistant Head of Health and Safety (AHHS) presented the Regulatory and Review Body Tracking Report and highlighted the following:	

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	• It was a standard report that came to the Committee twice a year. • It was noted that the AHHS would add the EHO report so it was a complete document. **The Health & Safety Committee resolved that:** a) The contents of the report were noted.	
HS 19/04/012	**Risk Register for Health and Safety** The HHS presented the H&S Risk Register and highlighted the following: • The Risk Register had been significantly reviewed and updated. • The highest current risk rating was 16 and included 3 elements: (i) Failure to implement a Health Board wide H&S management system - They were currently on track to deliver that. (ii) Failure to implement a system to safely manage bariatric patients - They were currently working with other Clinical Boards. (iii) Failure to implement a change management process - That needed to be looked at and put into place. - It had also been captured in the draft H&S Culture Plan. **The Health & Safety Committee resolved that:** a) The findings of the new identified risks and the actions in place to reduce the risk rating, were noted.	
HS 19/04/013	**Standards for Health Services in Wales relevant to Health and Safety (Verbal)**	

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	The HHS advised the Committee that the Standards had been considered by the team and no relevant changes were required. **The Health & Safety Committee resolved that:** a) The Standards for Health Services in Wales relevant to Health and Safety Verbal Update was noted.	
HS 19/04/014	**Mental Health Update (Verbal)** The Director of Operations for Mental Health Clinical Board (DOMH) advised the Committee on the following: • The deliberate fire settings had made the incidents difficult to predict and control. • The metal detectors had been trailed. They were sensitive and would pick up the lighters. • The costing regarding the panelling work to prevent items being passed through the fences had been raised with the Capital and Estates team. • There had been a meeting regarding how to target non-smoking areas. • It was noted that research regarding non-smoking policies in England was also being completed. • A review of the search policy and ignition control source policy around Wales had been completed. • The inpatient deaths had flagged many issues. The team was looking at clearer risk assessment and observation policies. • The Health & Safety Adviser was involved in national work regarding the anti-ligature estate developments that could be applied. • It was noted that of the 6 inpatient deaths, only 2 of those had used ligaturing items within the environment • PAMOVA training had been requested which would help the team to apply standards to the strategies and interventions in managing violence and aggression. • There were estate issues which were on the Corporate Risk Register. That included large amounts of staff returning to work after Covid. The HHS stated that the Health and Safety team were also mirroring the training that the CEMA team was	

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	delivering. That was important as it showed the same message being put across the Health Board. The HEF queried whether the estate issues referred to just estate issues or physical issues too. The DOMH responded that it related to both. Since winter had passed there had been considerable estate issues in Pendine House. The HEF responded that he would pick that up with the Estates and Facilities team and speak to the DOMH outside of the meeting. The UHB VC congratulated the DOMH and the Estates team in the way they have learnt from previous incidents and events. **The Health & Safety Committee resolved that:** a) The Mental Health Update was discussed and noted.	
	Items for Approval/Ratification	
HS 19/04/015	**Latex Allergy Policy** It was noted that this was part of the Latex Allergy Policy review. The policy was well embedded within the Health Board. **The Health & Safety Committee resolved that:** a) The Latex Allergy Policy was approved.	
	Items for Noting and Information	
HS 19/04/016	**Draft Health and Safety Culture Plan** The HHS stated that the Plan was in draft form and any feedback would be welcomed. The EDCPC commented that the H&S Culture Plan also aligned with the People and Culture Plan. The Safety Representative (SR) stated that the Plan amalgamated health and safety together very well and had set out an appropriate structure.	

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	The EDPH queried if strategic leadership should be strengthened across the organisation within the Plan. That would put ownership with the leadership and not the H&S team. The HHS responded that he would consider including that in the plan. The EDPC stated she had spoken to the Executive Nurse Director (END) to ensure that Quality and Safety were included in the Plan. **The Health & Safety Committee resolved that:** a) The findings of the Plan and the objectives identified to improve H&S were noted; and b) It was noted that the H&S Committee would receive regular progress updates.	
HS 19/04/017	**Sub Committee Minutes:** *i. Operational Health and Safety Group* The Operational Health and Safety Group minutes were received. The HHS stated the Fire Safety Group had not met for some time. They were looking to put the meeting into place soon. The EDPC added that the flash boards needed to be strengthened to see how each of the Clinical Boards were implementing health and safety. **The Health & Safety Committee resolved that** a) The Operational Health and Safety Group minutes were approved.	
HS 19/04/018	**Items to bring to the attention of the Board/Committee** The CC suggested that the Fire Enforcement report and the Health and Safety Culture Plan should be taken to the Board meeting. **The Health & Safety Committee resolved that:**	**Action Log**

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	a) The Fire Enforcement report and the Health and Safety Culture Plan would be taken to the Board meeting.	
HS 19/04/019	**Review of the Meeting** The Chair stated that the past two meetings had finished at 11am. The Chair queried if the timing of the next Committee meeting could be reduced from 9 am – 11am. The DCG responded that the timing would be changed for the next Committee meeting. **The Health & Safety Committee resolved that:** a) Timing of the agenda for the next meeting would be changed.	**DCG**
HS 19/04/020	**Any Other Business** Any Other Business was not discussed.	
	Date & time of next Meeting 19 July 2022 at 09:00am via MS Teams	

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Confirmed Minutes of the Digital & Health Intelligence Committee
Held On 1st February 2022 at 09.00
Via MS Teams

Chair:		
David Edwards	DE	Independent Member - Digital
Present:		
Gary Baxter	GB	Independent Member - University
Michael Imperato	MI	Independent Member - Legal
Sara Moseley	SM	Independent Member – Third Sector
In Attendance:		
Nicola Foreman	NF	Director of Corporate Governance
Angela Parratt	AP	Director of Digital Transformation
David Thomas	DT	Director of Digital & Health Intelligence
James Webb	JW	Information Governance Manager
Observers:		
Marcia Donovan	MD	Head of Corporate Governance
Meurig Francis	MF	Graduate Trainee
Secretariat		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Chris Lewis	CL	Deputy Director of Finance
Stuart Walker	SW	Deputy Chief Executive

Item No	Agenda Item	Action
DHIC 01/02/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the public meeting and confirmed the meeting was quorate.	
DHIC 01/02/002	**Apologies for Absence** Apologies for absence were noted from the Deputy Chief Executive and Deputy Director of finance. **The Committee resolved that:** The apologies were noted.	
DHIC 01/02/003	**Declarations of Interest** No declarations of interest were raised. **The Committee resolved that:** No declarations of interest were given.	
DHIC 01/02/004	**Minutes of the Meeting Held on 5th October 2021** The minutes of the meeting held on the 5th October 2021 were confirmed as a true and accurate record. **The Committee Resolved that:**	

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	The minutes of the meeting held on the 5th October 2021 were confirmed as a true record.	
DHIC 01/02/005	**Action Log** The Director of Digital & Health Intelligence (DDHI) noted there was an agreement to bring the Digital Strategy update to the Board in March and queried whether it needed to be shared at another committee before Board. The Director of Corporate Governance (DCG) advised that any strategy should be shared at the Strategy and Delivery Committee prior to Board to provide a level of assurance on work undertaken on the Strategy. The DDHI confirmed that Mandatory Training had been discussed at ME, where Digital was now a standing item. **The Committee Resolved that:** The Action Log was discussed and noted.	
DHIC 01/02/006	**Committee Annual Work Plan – 2022/23** The DCG explained that the work plan reflected the Committee Terms of Reference (ToR). The Chair asked if the committee should consider the IT budget / investment. The DCG commented that as digital supported and enabled all work, it would be helpful for the budget to be reviewed at committee meetings. The Chair advised that it would be helpful for the IM's to understand the challenges digital faced in more detail to inform discussion. **The Committee Resolved that:** i. The Committee Work Plan for 2022/23 was reviewed and ratified and; ii. The Work Plan be recommended for Board approval on the 31st March 2022.	
DHIC 01/02/007	**Committee Terms of Reference – 2022/23** The DCG confirmed the following in relation to the ToR: • Membership of the committee included 4 Independent Members, the quorum for meetings was 2 IM's. • Angela Parratt (Director of Digital Transformation) and James Webb (Information Governance Manager) were to be added to the membership.	**NF**

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	• Committee papers are to be published 7 clear days prior to a committee meeting. The Director for Digital Transformation (DDT) asked for the TOR's to be updated to reflect the recruitment of the AMD. **The Committee Resolved that:** i. The changes to the Terms of Reference for the Digital and Health Intelligence Committee were reviewed and ratified and; ii. The changes to the Terms of Reference for the Digital and Health Intelligence Committee were recommended to Board for approval on 31st March 2022.	**NF**
DHIC 01/02/008	**Committee Annual Report – 2021/22** The DCG explained that the annual report was a review of the previous 12 months to highlight the work undertaken by the committee. This would feed into the overall annual report for the organisation. **The Committee Resolved that:** i. The draft annual report 2021/22 for the digital & health intelligence committee was reviewed and; ii. the draft annual report be recommended to the board for formal approval.	
DHIC 01/02/009	**Digital Transformation Progress Report (Digital Dashboard)** The DDT shared an update and highlighted the following – • The progress report wasn't the entirety of the programme and focussed on business cases reported to BCAG. • The tender programme was 65% complete and aimed to complete in quarter 1 of 2022/23 with an expectation to award contracts in quarter 2. The DDT explained the following regarding the NHS Wales APP – • It was being built by the digital services team. • It would be used to access information about health and care. • In time patients would be able to use the app to access information and book appointments. • The PROMs solution which had been awarded, had gone through contract award and was at a stage of mobilisation.	

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	The DDT explained there had been interest / good feedback on the digital dictation and transcription. The DDT also highlighted the following key items- • Scan4Safety was a national business case. There was an initial implementation plan and hope to start in cardiology. This was being done by the national team. • No change to Electronic Prescribing and Medicines Administration (EPMA). The team were waiting for the framework to be in place and anticipated to go to market in quarter 1 of 2022/23. • A midwife had used O365 to produce forms which had saved £100k and staff resource. • No new business cases supported blood science colleagues for vein to vein transfusion solutions, however this had been approved and agreed as additional work. • Recovery money was made available but would expire at the end of March 2022. • Electronic testing for radiology was discussed and agreed at an MDT which would look at ways of improving Ultrasound and MRI. • Funding was secured for work to enable booking and management of clinic space which had been managed by individual teams historically. The Independent Member – Third Sector (IMTS) questioned what would happen to plans following utilisation of recovery funding which would cease at the end of the financial year. The DDT advised that as the funding was in year only, the work would be accelerated until 31st March but would continue at a slower pace as of the 1st April. The Chair noted the Office 365 programme of work and asked what was being done to share the innovations across the UHB and with NHS Wales colleagues. He also queried whether the £100k saving has been recognised. The DDHI explained CAV were committed to sharing good news on local initiatives and had shared the innovation within the programme informatics forum. Discussion had also been had regarding an initiative's library, which could potentially generate investment. The DDHI explained that a number of business cases had a focus on savings and suggested that the	

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	Committee needed to consider how the efficiencies generated could be reinvested. 7 business cases would be shared with the Health Board's BCAG group and the DDT explained that they would span a 5-year plan and would be cash releasing with surplus at the end. **The Committee Resolved that:** The progress across the Digital Strategy Delivery Programme update was noted.	
DHIC 01/02/010	**ICO Audit Assessment Report** The Information Governance Manager (IGM) gave an update on the ICO Audit Assessment Report – • 5 recommendations had been completed since the audit. • The team would continue to work through the recommendations, many of which related to IG training. The Chair thanked the IGM and team for the progress made and the prioritisation of work. **The Committee Resolved that:** The progress and updates to the Information Governance Audit Tracker and ICO Audit Assessment Report were noted.	
DHIC 01/02/011	**IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training)** The IGM provided an update on the following – • The team's resource had increased by 1.2 whole time equivalent (WTE) staff members. • Projects were delayed due to resources. • The team planned to appoint an IG manager. • FOI compliance averaged 97%, at 48 per month. • Digital had invested in training of record keeping staff. • A National Integrated Intelligent Auditing Solution (NIIAS) plan had been approved by ME. • Figures were low for mandatory training. The IGM explained that the UHB was obliged to maintain a disclosure log of every request for information received but the team hadn't been able to maintain this as well over the previous 12 months. It was agreed that the IGM would share a copy of the log at the next committee meeting.	**JW**

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	The Committee Resolved that: The IG Data & Compliance Update was received and noted.	
DHIC 01/02/012	**Joint IMT & IG Corporate Risk Register** The DDHI highlighted that resources and lack of on-going investment were an issue but that the team had improved the state of infrastructure. The cyber security risk was the highest rated risk being carried and would remain on the register. **The Committee Resolved that:** The progress and updates to the Risk Register report were noted.	
DHIC 01/02/013	**Development, procurement and implementation of national and Local IMT systems** The DDHI shared an update on key work programmes that weren't covered previously – • Utilising national / local date repository. • A PARIS information sharing system with Cardiff Council had gone live to enable the exchange information for looked after children. • A new service management tool, Avanti, would go live the following week. This would allow more standard functionality to deal with requests in a more efficiently. The UHB continue to work with light foot on the data knowledge programme to enable work on the Signals from Noise platform to proceed. Training was planned to enable Health Board staff to take over this work. The DDHI advised that a report was due on the Welsh Community Care Information System (WCCIS), which the Vale of Glamorgan had implemented previously. The UHB had not signed up to WCCIS on the basis that it's functionality would be inferior to the current PARIS system. The DDHI also added the following in relation to Capital Funding received during 2021/22: - There had been additional funding and had enabled investment in some aging infrastructure. - CAV were working to complete the roll out of Windows 10 by the end of March 2022. - A business case for recurrent funding for Microsoft Office had been compiled. - The UHB was moving ahead with virtual desktops to enable community staff to access data on the	

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	move. Short-term revenue money was made available to enable this work. The Chair advised that the Avanti systems were good once up and running and could provide interesting data regarding what the UHB's IT systems would be asked to do. He suggested that it would be useful for the committee to be sighted on these outputs. In response to a query from the Independent Member – University, the DDHI explained that a bid for EPMA had been submitted to WG for a digital prescribing portfolio. The UHB was in line to be one of the first to adopt this process. The DDT advised that she would obtain an update on this work for the following committee meeting. The DDT advised that Hamish Laing had been appointed as the UHB's clinical lead / SIRO and Rhian Hamer as the programme director. **The Committee Resolved that:** The progress against the development roadmap and the areas of exception which required further attention and consideration were noted.	**AP**
DHIC 01/02/014	**Digital Strategy Refresh including Investment Requirements** The DDT shared a presentation that highlighted changes to the strategy, progress made and issues faced. These included: • Electronic test requesting was being piloted for 2 GP surgeries in primary care. • Electronic patient record was being worked towards in the next financial year. • It was expected that the digital team could deliver the virtual ward in quarter 1 of 2022/23 • The E white board platform would extend to surgery to enable internal referral. • CAV may reach Digital Maturity by 2025-27 if there are no changes to funding. • The journey to a cloud based platform was an 8-10-year journey. • Training of the digital team in agile ways of working had been completed. • 2000 staff don't have a nadex number to access digital systems. • A large number of devices had surpassed the recommended age set out by the HB. • £6million had been spent for the UHB to be digitally coded.	

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	The base line funding was £500k per year, but need £3.41 million of initial investment plus £5 million to support the electronic patient record for 3 years. The DDHI confirmed that the UHB had submitted these funding requirements as part of the IMTP. The level of funding required demonstrated the challenges faced and highlighted the reliance on digital as a key enabler to deliver solutions. CAV had asked Channel 3 to look at a digital refresh to support UHW 2 plans. The Chair noted the desire to become more digitally mature, and suggested that the people/workforce side of this work could be expanded upon. The DCG asked how the UHB compared to other HB's regarding digital maturity and how much under investment had been of our own design as we set our own capital plan. She suggested that the Milestones diagram was helpful and could demonstrate where/when money was being spent. The DDT explained there wasn't a comparison to other HB's as there hadn't been a self-assessment on HIMMS. In England they had a globally digital exemplar. The Independent Member – University advised that a transformation project had been undertaken within the university with support for IT being centralised to allow local decision making. **The Committee Resolved that:** The update on progress across the Digital Programme and the Digital Strategy refresh plans were noted.	
DHIC 01/02/015	**Framework Policies, Procedures & Controls** The DDHI that explained one policy, the Information Governance Corporate Governance Training Policy had been brought to the attention of the committee for approval. There were also a number of procedure notes that had been updated. The IGM advised that the IG corporate governance training policy underpinned the mandatory training. **The Committee Resolved that:** The Information Governance Corporate Training policy was approved.	

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	Items for Noting and Information	
DHIC 01/02/016	**Clinical Coding Performance Data** The DDHI advised that the UHB's performance continued to be in line with expectations despite the challenges faced. **The Committee Resolved that:** The Clinical Coding Performance data was noted.	
DHIC 01/02/017	**Minutes: Digital Directors Peer Group** The following minutes were shared: i. Digital Directors Peer Group – Nov 2021 ii. Digital Directors Peer Group – Dec 2021 **The Committee Resolved that:** i. The Minutes from the Digital Director Peer Group in November 2021 were noted. ii. The Minutes from the Digital Director Peer Group in December 2021 were noted.	
DHIC 01/02/018	**AOB** The Chair highlighted that All Wales Digital Independent Members group had been established. He confirmed that he would share the minutes of this meeting with the Committee.	
DHIC 01/02/019	**Items to bring to the attention of the Board / Committee** There were no items to bring to the attention of the Board or other Committees. **The Committee Resolved that:** No items to bring to the attention of the Board / Committee.	
	Date & Time of next Meeting: Tuesday 7th June 2022 – 9:00 am	

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MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE GROUP MEETING HELD ON TUESDAY 22 MARCH 2022 CONDUCTED VIA MICROSOFT TEAMS

Present:	
Sam Austin	Llamau (Chair)
Frank Beamish	Volunteer
Jason Evans	South Wales Fire and Rescue
Iona Gordon	Cardiff Council
Duncan Innes	Cardiff Third Sector Council (items 22/07 – 22/13)
Paula Martyn	Independent Care Sector
Linda Pritchard	Glamorgan Voluntary Services
Geoffrey Simpson	One Voice Wales
Siva Sivapalan	Third Sector, Older Persons
Lauren Spillane	Carers Trust
Lani Tucker	Glamorgan Voluntary Services
In Attendance:	
Cath Doman	Director of Health and Social Care Integration
Abigail Harris	Director of Strategy & Planning, UHB
Angela Hughes	Assistant Director of Patient Experience, UHB
Suzanne Rankin	Chief Executive, UHB (items 22/07 – 22/10)
Jon Watts	Head of Strategic Planning, UHB
Anne Wei	Strategic Partnership & Planning Manager, UHB
Apologies:	
Shayne Hembrow	Wales and West Housing Association
Zoe King	Diverse Cymru
Secretariat:	Gareth Lloyd, UHB

SRG 22/07 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

SRG 22/08 APOLOGIES FOR ABSENCE

Shayne Hembrow and Zoe King.

SRG 22/09 DECLARATIONS OF INTEREST

There were no declarations of interest.

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SRG 22/10 INTRODUCING THE UHB'S NEW CHIEF EXECUTIVE

The Chair welcomed Suzanne Rankin the UHB's recently appointed Chief Executive to the meeting.

Suzanne Rankin began by explaining her reasons for applying for the position and her initial thoughts on the organisation following her first few weeks in post. She had received a very warm welcome and noted the professionalism and resilience of staff during particularly challenging times.

Suzanne Rankin commended the excellent Executive team. Meriel Jenney had agreed to take the role of Medical Director for the next 18 months, and the UHB had commenced the recruitment process to replace Ruth Walker who would shortly be retiring from her post as Executive Nurse Director. Caroline Bird would continue as Interim Chief Operating Officer until the end of the summer and the UHB had begun the process for making a substantive appointment to this position.

The UHB has a very good strategy with an emphasis on working more with Local Authorities, the third sector and other stakeholders and a shift in emphasis from simply treating illness to becoming more of a health and wellbeing service. There has already been considerable work undertaken to progress the integration of health and social care and there is consensus amongst the leadership of each of the organisations on the direction of travel.

The UHB does have work to do on its quality and improvement agenda. An at scale quality improvement approach is required which will create opportunities as well as challenges.

Suzanne Rankin had noted a lack of investment in the UHB's estate and digital infrastructure. The UHB would continue to develop proposals for UHW2 and she was looking to double the investment in the digital infrastructure during the coming financial year to begin to bring it into line with the standards expected in the 21st Century.

The SRG then raised a number of questions and made several observations.

- It was pleasing to note the importance placed on working with the SRG and stakeholders in general.
- The third sector in Cardiff and Vale is extremely diverse and consideration needs to be given to how it can be more involved. Suzanne Rankin acknowledged that there was a tendency to over medicalise and the UHB must work together with the third sector identify what services it can provide.
- It was pleasing to note the emphasis on improving the digital infrastructure. The speed of the transfer of information is crucial. With ownership of information comes responsibilities.

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- What is being done to improve staff wellbeing? Suzanne Rankin explained that she saw her role as enabling staff to be brilliant at their jobs and paying attention to their wellbeing is critical to this. The contribution of staff must be recognised and rewarded and they must have a safe and therapeutic environment in which to work.

It was agreed that Suzanne Rankin would return to the SRG later in the year.

Action: Gareth Lloyd/Suzanne Rankin

SRG 22/11 MINUTES AND MATTERS ARISING FROM STAKEHOLDER REFERENCE GROUP MEETING HELD ON 25 JANUARY 2022

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 22 January 2022.

SRG 22/12 FEEDBACK FROM BOARD

Nikki Foreman informed the SRG that the UHB Board had reverted to meeting bi-monthly. Recordings of Board meetings were available to watch via the UHB's website 2-3 days after each meeting.

Nikki Foreman drew the SRG's attention to some specific items discussed at the UHB Board meeting held on 27 January 2022.

- Chair's Report - Had included the Chair's appraisal. The Dental Directorate had been thanked.
- Chief Executive's Report – HMP Cardiff's healthcare success had been celebrated. A new optometry service for homeless citizens was announced.
- Systems Resilience Briefing Report – Sickness absence remained a problem. The number of Covid-19 cases had begun to increase.
- Integrated Performance Report – A small financial surplus was forecast. The next financial year would be challenging with the UHB's underlying financial deficit increasing.
- The People and Culture Plan had been approved. It was agreed that Rachel Gidman be invited to attend a future of the SRG to discuss the Plan

Action: Gareth Lloyd

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The SRG enquired whether the high sickness rates were due to C-19 and whether absences were split between short and long term absences. Nikki Foreman explained that many of the absences were due to C-19 but there were also significant numbers off work due to stress and anxiety. Sickness absences were split between short and long term absences. Rachel Gidman would be able to provide further details when she came to the SRG.

SRG 22/13 INTEGRATED MEDIUM TERM PLAN 2022/25

The SRG received a presentation from Jon Watts on the UHB's draft Integrated Medium Term Plan (IMTP) 2022-2025, a copy of which had been circulated to members a few days prior to the meeting.

The SRG were reminded that Welsh Government (WG) required Health Boards to submit three year IMTPs that are refreshed annually. The current financial position was extremely challenging. At its meeting on 31 March, the Board would be asked to approve the draft IMTP for submission to WG. WG were happy to accept a draft pending submission of a final IMTP in June/July in order to give the UHB time to address the financial issues.

Jon Watts explained that although the IMTP was a public document it was essentially a technical document that has to respond to the requirements of the UHB Board, Welsh Government and external commissioning bodies. This can make the document difficult to digest. Support from staff and the public for the ambitions contained in the IMTP would be critical to the UHB's success. The SRG was therefore asked what are the key messages from the IMTP that the UHB should be sharing and asking its population to 'buy-in' to?

The SRG then raised a number of questions and made several observations and suggestions.

- There is a big problem with people not understanding where they are on waiting lists or treatment pathways. There would be greater acceptance of delays or changes if people were kept up to date. Worry can often result in people developing parallel mental health issues. Jon Watts agreed that the UHB should articulate what it was doing to reduce waiting lists.
- The UHB should produce 'Bite-size' easy read updates throughout the year to supplement the IMTP.
- A mixed communications strategy is required using multiple languages and formats.
- People are generally more concerned about their treatment and pathways. It would be helpful if by entering their NHS number people could get an update on their position on waiting lists etc.
- Information should be provided about where patients are likely to receive treatment. It should be explained that regionalised provision is

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designed to ensure that people receive treatment in the place that will deliver the best clinical outcome.
- The UHB should put greater emphasis on publicising its achievements.

SRG 22/14 @HOME/SHAPING OUR FUTURE COMMUNITY SERVICES PROGRAMME

The SRG received a presentation from Cath Doman on the @Home/Shaping Our Future Community Services Programme.

Cath Doman explained that the Regional Partnership Board had begun to organise its priority programmes under one of three headings: 'Starting Well', 'Living Well' and 'Ageing Well'. For governance purposes the @Home/Shaping Our Future Community Programme comes under the 'Ageing Well' heading but it is not limited to this as its for whoever needs joined up community care regardless of age. The main principle underpinning the Programme is that each Locality is responsible for the health and wellbeing of its local population. It is a huge Programme that moves towards planning, thinking and acting as a single organisation across a range of partners.

The SRG was then asked how do we support the organisation to move towards this way of thinking: from direct control to negotiating and agreeing joint service planning and delivery with other organisations?

The SRG then raised a number of questions and made several observations and suggestions.

- Concern was raised about those with a terminal diagnosis living in older houses requiring structural alterations, the disruption this can cause and whether it was always the best solution for the individual.
- Finances should not be a bar to joined up provision.
- Re-productive coercion is a growing problem. There is a need to improve access to advice and support for women of re-productive age.
- There is a need to consider who will act as advocates to ensure people receive the co-ordinated care they require. Cath Doman acknowledged that co-ordination of care could be improved. As joined up models are further developed it will be imperative to ensure care is co-ordinated. The first point of contact could for example, be a key worker, occupational therapist or someone from the third sector, dependent on the needs of the individual.
- There needs to be a culture change towards people taking more responsibility for their own health and wellbeing.
- Access to primary care is a concern. Cath Doman reported that the South West Cardiff Cluster had significantly reduced the proportion of

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people who end up in hospital by working closely with the Local Authority and third sector to offer better solutions.

SRG 22/15 ANY OTHER BUSINESS

Councillor Gordon
Cllr Gordon informed the SRG that this would be her last meeting as she would not be standing for re-election at the forthcoming local elections.

The Chair thanked Cllr Gordon for her valued contribution to the SRG over the past few years

SRG 22/16 NEXT MEETING OF SRG

Microsoft Teams meeting, 1.30pm-4pm, Tuesday 24 May 2022.

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LOCAL PARTNERSHIP FORUM MEETING

Wednesday 13 April 2022 at 10am, via Teams

Present	
Dawn Ward	Chair of Staff Representatives – BAOT/UNISON (chair)
Rachel Gidman	Executive Director of People and Culture
Julia Davies	Unison
Nicola Foreman	Director of Governance
Fiona Kinghorn	Executive Director of Public Health
Lianne Morse	Assistant Director of People and Culture
Mike Jones	Independent Member – Trade Union
Caroline Bird	Interim COO
Janice Aspinall	RCN
Ruth Walker	Executive Nurse Director
Steve Gauci	UNISON
Hywel Pullen	Deputy Director of Finance (for Catherine Phillips)
Mat Thomas	UNISON
Jonathan Pritchard	Assistant Director of People Resourcing
Rebecca Christy-Harrold	BDA
Marie Davies	Deputy Director of Planning (for Abigail Harris)
Pauline Williams	RCN
Joanne Brandon	Director of Communications
Lorna McCourt	UNISON
In attendance	
Lucy Smith	AHWOD (observing)
Chandra Almeida	People and Culture Co-ordinator (observing)
Apologies	
Abigail Harris	Exec Director of Strategic Planning
Andrew Crook	Head of People Assurance and Experience
Rhian Wright	RCN
Catherine Phillips	Executive Director of Finance
Suzanne Rankin	Chief Executive
Katrina Griffiths	Head of People Services
Claire Whiles	Assistant Director of OD
Peter Welsh	General Manager, UHL and Barry Hospital
Joe Monks	UNISON
Ceri Dolan	RCN
Fiona Salter	RCN
Secretariat	
Rachel Pressley	Workforce Governance Manager

LPF 22/013 WELCOME AND APOLOGIES

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

LPF 22/014 DECLARATIONS OF INTEREST

There were no declarations of interest in respect of agenda items

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LPF 22/015 MINUTES OF THE PREVIOUS MEETINGS

The minutes of the meetings held on 17 February 2022 were agreed to be an accurate record of the meeting.

LPF 22/016 ACTION LOG

The Action Log was noted.

LPF 22/017 CHIEF EXECUTIVES REPORT

Rachel Gidman provided an update report on behalf of the Chief Executive, key points included:

- Staff were thanked for their efforts in light of the continuous pressure across the whole system. It was noted that they were being courageous and escalating concerns rather than accepting them as the norm
- The operational position remains challenging, predominantly because of staff attendance being impacted by the high Covid levels
- The end of year finance position was being accounted for, all the indications were that it would be in line with the UHB's forecast, which has been that the UHB will breakeven (third year in a row) and make full use of the capital funding provided to it. The financial outlook going into 2022/23 is challenging, as we deal with the ongoing challenges and legacy of the pandemic. The draft IMTP submitted at the end of March has a £20.8m deficit.
- The CNO, Sue Tranka, has provided clarity and direction for nursing through her 5 Priorities for the profession
- HSMB received a presentation on the virtual ward, which is about allowing patients to receive the care they need at home through a multidisciplinary approach
- Phase one of Same Day Emergency Care (SDEC) assessment unit is now open to patients - The new assessment unit at UHW has been created to allow rapid access to surgical treatment through ambulatory care.
- The All-Wales Dementia Charter was launched on 6 April which aims to enable hospitals to create the right environment for people with dementia, their families and carers in Wales. It will focus on improvement and offer a short, accessible and visible statement of principles that contribute to a dementia-friendly hospital.
- Cardiff and Vale of Glamorgan Population Needs Assessment 2022-27 has been published by the Cardiff and Vale Regional Partnership Board

Mat Thomas asked if there was any change in the UHB position on social distancing and mask wearing. Ruth Walker advised that there was no change at present for all areas, including offices, to reduce spread and absences and to avoid confusion. The general feeling was that most staff understood the reasons for this and were accepting of it, though there had been incidents when members of the public had challenged the rules aggressively. The Communications team were supporting the organisation with this. Management Execs would continue to review the situation to determine if and when the 2m rule should be reduced to 1m.

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Dawn Ward noted that the estates infrastructure was an ongoing concern for many TU members, with some areas of the organisation not being fit for purpose. She acknowledged that Welsh Government are taking a broader view and looking at where the public service investments are made in buildings across the whole piece, but asked for greater understanding of what the plan is to

improve working conditions and keep people safe in unsafe buildings. Rachel Gidman advised that the first step is prioritising what needs to be done within the regulatory context but also considering the wellbeing infrastructure of our staff including havens etc. Marie Davies suggested returning to LPF with Geoff Walsh, Assistant Director of Capital, Estates and Facilities to share the capital programme. She advised that it was necessary to look very carefully at competing drivers and how we are prioritising proposals for infrastructure improvements, as well as the timescales and the costs in the context of our ambition to build a new hospital. Marie Davies noted that this was the first time that these issues had been prioritised in this way, and that it was likely to cause some debate depending on the individuals perspective or lens. She also noted that the capital programme has been reduced and that there were a large number of bids from all the Health Boards. Where possible collaborative solutions were being sought with Local Authority colleagues.

Steve Gauci pointed out that there were difficulties for wheelchair users accessing the car park at UHW because of the door. Rachel Gidman thanked him for raising this issue and noted that it was not the first time it had been raised. This would be followed up outside the meeting
Action: Rachel Gidman

LPF 22/018 INTEGRATED MEDIUM TERM PLAN – UPDATE

Marie Davies advised the Forum that a draft IMTP had been presented to the Board and submitted to Welsh Government. While it was acknowledged as robust in many areas, there was a financial deficit. Opportunities to address this were being worked up and a revised and final plan would be submitted at the end of quarter one.

Hywel Pullen explained the financial plan component of the IMTP is formed of three parts: the core financial plan; exceptional cost pressures (e.g. energy costs); and the pandemic. It is expected that additional support will be provided for the second and third components by Welsh Government, but there is currently a gap of £20.8m around the core financial plan which needs to be addressed. Hywel Pullen advised that the Chief Executive has been very clear that she wants the focus to be on the quality of our services and patient experiences and that we need to use our resources more effectively to achieve this.

LPF 22/019 OPERATIONAL UPDATE - RECOVERY AND REDESIGN

Caroline Bird delivered a presentation on the recovery delivery commitments for 2022/23. We are now at year end of the plan, and although not all the data was available, it was expected that the position in term of delivery commitments would be Amber. This means that we have achieved some of our commitments to Welsh Government and our population, but not all of them. In particular we did not manage to eliminate all of our eight week waits for diagnostics but a plan is in place for this, and the 90% pre-Covid activity for treatments and outpatients which we didn't achieve consistently.

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The Forum were reminded that there are 5 programmes (planned care, diagnotstics, unsceduled care, mental health and primary care), each of which are supported by a number of enablers including digital, workforce and infrastructure. A summary of the plans, delivery and next steps was provided for each of the programmes.

LPF 22/020 INTEGRATED PERFORMANCE REPORT

The Local Partnership Forum received a copy of the Integrated Performance Report which had previously been considered by Board. The following points were noted.

Finance:

- The indications are that we will break even against the statutory duty for out revenue expenditure for 2021/22.
- Welsh Government have made more capital funding available for us in the last few months of the year, taking the total to over £70m. The teams in Procurement and Estates and within the digital operations team have undertaken tremendous work to identify useful ways of using that capital funding. We are also forecasting that we will be balancing within our capital resource limits.

Patient Safety, Quality and Experience

- Ruth Walker took the opportunity to thank staff, recognising how challenging the current situation is. She acknowledged the importance of teamworking in relation to quality and safety and the need to ensure staff were returned to their usual teams as soon as possible.
- There are two main areas of concern around Patient Safety, Quality and Experience currently: the level of pressure within the emergency unit and the impact that is having on our staff and our patients; and the cluster of inpatient suicides. To deal with the issues in EU we need to adjust our footprint and patient flow. With regards to the suicides, the Royal College of Psychiatry is going to be invited to come in, not to scrutinise or challenge staff, but to help us move to where we need to be and to reassure families that we are doing everything we can.
- Ruth Walker stated that it is comforting that staff are speaking up and raising concerns and are not tolerating or normalising the current situation. She said that the Ockenden report and mid-Staffs review both highlighted that it is when we normalise some of these issues that we get into trouble so it is good to know that our staff are stepping up and speaking out and she thanked them for that. Dawn Ward thanked Ruth Walker for her transparency and gave a commitment to work in partnership with the Executive team in managing the messages around this
- Mat Thomas raised concerns about violence and aggression in EU and the level of support provided by the external security team. Caroline Bird agreed to pick this up outside of the meeting.
  Action: Caroline Bird

People:

- Turnover increased slightly in February and we will continue to monitor it
- Enhanced Overtime rates were reinstated for a 2 week period
- The UHB is holding a recruitment event at the Hilton Hotel on 4 May
- VBA is a very important tool, but we are still not reaching the required levels. Claire Whiles and her team are looking at an improvement plan
- We have now recruited the 135 international nurses approved by Board. The main issue is providing them with accommodation, but Catherine Phillips is taking a paper on this to Management Execs

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- A bid for recurrent funding for the e-rostering team was successful at the Business Case Advisory Group (BCAG)
- The Trade Unions asked for more information about staff suffering with long covid. It was agreed that Dawn Ward would engage with Katrina Griffiths about this outside the meeting **Action: Dawn Ward**
- The Trade Unions noted concerns about staff members feeling overworked as the issue of high demands vs low capacity conitinues. They reported that morale is low due to staff continuously being moved or being held in a temporary position without an end date, and that they are worried about the impact of the increased NI contributions and rising cost of living. The potential risk of staff working too many extra hours coupled with worries about high turnover rates seen in some areas, were all ongoing concerns that were raised.

Operations:

- Operational KPIs show pressure across the system, especially in Primary Care. This is largely due to the impact of covid-absences.
- Mental Health face similar challenges but the impact of covid there is more indirect. One of the main areas of focus, and an area of interest for Welsh Government, is our Part 1A measures but there has been an improvement in both CAMHS and adult mental health.
- In-hospital pressures remain significant with long waits and patients in the wrong places, however the footprint has reduced over the last month and the number of beds open in Lakeside Wing has gone down. Heulwyn South has been de-escalated and it was anticipated that ward A5 would be returned to elective care the following week.
- The number of medically fit patients has reduced from 350 to just under 300, but this is still double the pre-covid numbers. We continue to work closely with Local Authority colleagues but they are facing many of the same challenges as we are.
- Caroline Bird gave a commitment that areas will be de-escalated and teams will be brought back together as soon as possible. The IP&C measures in EU are also being reviewed to hopefully allow a reduction in the footprint.
- Staff representative members of the Forum raised concerns about staff being told that if they did not book annual leave it would be booked for them and about the importance of protected break times. They also asked about the sustainability of the wellbeing initiatives which had been introduced. Rachel Gidman advised that initiatives such as the Schwartz rounds, debriefs and retreats etc had been introduced as long term measures. Mike Jones also advised that the issue of breaks had been raised at the last Board meeting and the Chief Executive had been very clear that staff were to be encouraged to take their breaks.

Fiona Kinghorn mentioned the importance of population health and advised that some key indicators had been included in the Integrated Performance Report including immunisation and smoking prevalence. It was noted that the Forum would receive an update on the Move More Eat Well programme at the next meeting. Dawn Ward suggested that encouraging our staff to have health checks was linked to population health and asked for a conversation with Fiona Kinghorn at some point, especially around the menopause. Fiona Kinghorn suggested that Rachel Gidman should also be involved in this discussion.

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It was noted that this was Ruth Walker's last LPF meeting before she retired. She gave a huge thank you and said that the Partnership Forum had been very important to her for the last 12 years. She noted that the relationship between staff and the Executive can be tense at times because there is the need to deal with some challenging issues, so the opportunity to be able to have open and

transparent conversations is really valuable. Dawn Ward thanked Ruth Walker for her contribution and support for the Forum over the years, and wished her all the best for her retirement.

LPF 22/021 CLINICAL BOARD LOCAL PARTNERSHIP FOURMS – ANNUAL REPORT

The Local Partnership Forum received the annual report from the Clinical Board Partnership Forums. The purpose of these Forums is to establish ongoing dialogue, communication and consultation on service and operational management issues specific to the Clinical Board areas. The purpose of the review is to ensure they are effective and reflective of what takes place in the UHB Local Partnership Forum. It was noted that the intention is to develop a standardised set of Terms of Reference for all Clinical Board LPFs in the near future.

Mike Jones indicated that he regularly attended the Partnership Forum for Mental Health Clinical Board and that although they were under immense pressure there was a real focus on wellbeing and partnership working. A referred to a staff briefing prepared after each meeting and encouraged all the Clinical Boards to do the same.

Steve Gauci advised that he had set himself an action to reinvigorate his one to one meetings with the Heads of Service for CD&T Clinical Board and to introduce departmental walkabouts. He would also like to restart regular meetings with the Assistant Head of Workforce and OD but that had not been possible due to the reconfiguration of the department. Mat Thomas also expressed concern about losing direct contact with HR colleagues over the winter period.

LPF 22/022 LOCAL PARTNERSHIP FORUM ANNUAL REPORT

The Local Partnership Forum received and noted the LPF Annual Report which summarised activity for 2021/22. This report had previously been received by Board.

LPF 22/023 LOCAL PARTNERSHIP FORUM WORKPLAN

The Local Partnership Forum received and noted the LPF Workplan for 2022-23.

LPF 22/024 EPSG MINUTES

The Local Partnership Forum noted the minutes of the Employment Policy Sub Group Meeting held on 9 March 2022.

LPF 22/025 ANY OTHER BUSINESS

There was no additional business raised.

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LPF 22/026 FUTURE MEETING ARRANGEMENTS

The next meeting will be held on Thursday 16 June 2022 at 10 am with a staff representatives pre-meeting at 8.45 am. The meeting will be held remotely.

Report Title:	Corporate Risk Register				Agenda Item no.	8.1
Meeting:	Board Meeting		Public	x	Meeting Date:	28/07/2022
			Private			
Status *(please tick one only):*	Assurance	x	Approval		Information	x
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Head of Risk and Regulation					

Main Report
Background and current situation:

The Corporate Risk Register has been developed to provide the Board with an overview of the key operational risks from the Clinical Boards and Corporate Directorates.

The Corporate Risk Register includes those extreme risks which are rated 20 (out of 25) and above but, it may also include risks of a lower score when required to inform the Board of specific risks with the potential to affect the achievement of UHB strategic objectives.

The Board has oversight of the Health Board's Strategic Risks via the Board Assurance Framework and its extreme Operational Risks via the Corporate Risk Register.

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

The Health Board's Risk Management and Board Assurance Framework Strategy and the Health Board's Risk Managements procedures have been reviewed by Internal Audit and received a reasonable assurance rating at the July Committee meeting of the Audit and Assurance Committee. It is hoped that a Substantial Assurance rating will be achieved in the 2022/23 following the implementation of All Wales Risk Management software that should be available prior to the end of 2022.

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

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

The Team's predominant focus of support to Clinical Boards/Corporate Directorates has been to provide advice and guidance to risk leads/risk owners in their assessment and management of complex risks, and the refinement of their internal risk management processes. In addition, the Team continue to support requests from senior risk managers to deliver risk assessment and risk management training to their teams and newly appointed risk managers.

Operating within the three 'Lines of Defence' the team have continued to provide risk register 'check and challenge' feedback reports to Clinical Boards/Corporate Directorates detailing recommendations for the improvement of their risk registers and, where relevant, the rationale for not placing candidate risks onto the Corporate Risk Register. The team have maintained the assurance of this process by adopting a 'whole team' peer review approach prior to providing feedback to risk leads.

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There are currently 20 Risks on the Corporate Risk Register. Four of these risks (Risks 11,12, 13 and 19) are new to the register, albeit that have been known and managed locally. Fifteen risks are unchanged and will continue to be recorded on the Register beyond July's Board meeting. One risk from the Workforce and Organisational Development Directorate (Risk 20) currently sits on the Corporate Risk Register but has been resolved and will be removed from the register before the September 2022 Board meeting.

The Board are asked to note that some of the risks within the Corporate Risk Register are amalgamations of separate risks:

- Risks 2 and 5 on the Corporate Risk Register are amalgamations of risks within the Capital Estates and Facilities Risk Register.
- Risk 12 is an amalgamation of risks within the Children and Women Clinical Board Register in relation to maternity services.

The amalgamation allows for ease of incorporation onto the Corporate Risk Register and does not detract from the description, impact, score or management of the original entries.

Candidate risks were accepted from Strategic Planning, Finance, Digital Health and Workforce and Organisational Development Corporate Directorates, alongside Medicine, Children and Women, CD&T, Mental Health and Specialist Services Clinical Boards. The Health and Safety and Strategic Planning Directorates, Surgery and PCIC Clinical Boards either reported no extreme risks or had extreme risks with scores below 20.

An updated risk register was not received from the Capital Estates and Facilities directorate; however their risks have remained on the Corporate Risk Register so that the Board remain sighted on the directorates extreme scoring risks.

The present position is therefore as follows:

May 2022	March 2022
• 16 risks rated 20 (extreme risk), two of which are new entries. • 2 risks re-defined and re-rated 15 (extreme risk) which if unchanged will be removed from the Corporate Risk Register	• 19 risks rated 20 (extreme risk), four of which are new entries. • 1 risk to be removed from the Corporate Risk Register

Trend Analysis. Staff shortages, often exacerbated by COVID-19 effects and Capital and Estates issues, remain a dominant feature of a number of risks. Operational level mitigations appear to be reducing the impact of these risk types on patient safety but they are adversely impacting on planned care capacity.

Each risk on the register can be linked to the Strategic Risks detailed upon the BAF and are grouped as follows:

Board Assurance Framework Risk	Corporate Risk Register Entry
Patient Safety	1, 2, 3, 4, 5, 7, 8, 9, 10,11,12,13,14, 15, 16, 17.
Capital - Estates	1,2,3,4,5,16,19
Workforce	5, 8
Financial Sustainability	6,18.
Staff Wellbeing	5

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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.
- The Reasonable Assurance rating provided by Internal Audit for the Health Board's Risk Management processes.

Recommendation:

The Board are requested to:

Note the Corporate Risk Register and the work in this area which is now progressing.

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

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

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes
The management and maintenance of the Health Board's Corporate Risk Register contributes to the Health Board's Risk Management processed and procedures.
Safety: No
Financial: No
Workforce: No

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

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Quality Safety and Improvement Committee	12/04/2022
Strategy and Delivery Committee	17/05/2022
Mental Health Capacity and Legislation Committee	26/07/2022

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CORPORATE RISK REGISTER SUMMARY JULY 2022

Risk Ref	Risk (for more detail see individual risk entries)	Clinical Board / Corporate Directorate	Link to BAF	Initial Risk Score	Risk Score March 22	Risk Score May 22	Risk Score July 22	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	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	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	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 Patient Safety	5x4=20	5x4=20	5x4=20	5x4=20	5x1=5
5	Risk to staff safety and regulatory compliance due to non-compliance with HTMs for ventilation - multiple locations UHW	Estates	Workforce, Capital Assets Staff Wellbeing, Patient Safety	5x4=20	5x4=20	5x4=20	5x4=20	5x1=5
6	Risk to estimated expenditure in financial plans due to significant increases in energy tarrifs	Estates	Financial Sustainability	4x5=20	4x5=20	4x5=20	4x5=20	4x4=16
7	Risk of patient harm and breaches of Welsh Government waiting time guidance due to delays admitting patients from WAST	Medicine	Patient Safety	5x5=25	5x4=20	5x4=20	5x4=20	5x2=10
8	Risk of delay in the assessment of patients leading to clinical risk and poor patient experience due to an inability to provide medical cover across the Medicine Clinical Board.	Medicine	Patient Safety Workforce	5x5=25	5x4=20	5x4=20	5x4=20	5x2=10
9	Risk of overcrowding in the Emergency and Acute Medicine footprint resulting in an ability to meet key quality standards impacting on patient experience, quality of care and discharge.	Medicine	Patient Safety	5x5=25	5x4=20	5x4=20	5x4=20	5x2=10
10	Risk to the health and wellbeing of minor inpatients following admission to adult mental health services	Mental Health	Patient Safety	5x5=25	5x4=20	5x4=20	5x4=20	5x2=10
11	Risk to patient safety due to an inability to discharge or place medically fit minor patients with behaviour difficulties within settings outside of acute paediatric settings.	Children and Women	Patient Safety	5x5=25			5x4=20	5x2=10
12	Risk of patient harm and poor patient experience due to staffing difficulties and shortages within maternity services.	Children and Women	Patient Safety	5x5=25			5x4=20	5x2=10
13	Risk of patient harm due to incorrect Point of Care Testing due to incomplete training and management of staff.	CD&T	Patient Safety	5x5=25			5x4=20	5x2=10
14	Risk to patient safety causing serious incidents due to patients not being admitted to Critical Care Department in a timely manner due to insufficient nursing workforce	Specialist Services	Patient Safety	5x5=25	5x4=20	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 bed capacity.	Specialist Services	Patient Safety	5x4=20	5x4=20	5x4=20	5x4=20	5x2=10
16	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	5x4=20	4x3=12
17	Risks to harm to haematology patienst (including bone marrow transplant) due to cross infection hazards created by an inadequate clinical environment.	Specialist Services	Patient Safety	5x5=25	5x4=20	5x4=20	5x4=20	5x1=5
18	Potential failure to achieve revenue statutory duty breakeven duty.	Finance	Financial Sustainability	5x4=20	5x4=20	5x4=20	5x4=20	5x2=10
19	Risk of service interuption and potential patient harm due to cyber security threats	Digital Health	Capital Assets	5x5=25			5x4=20	5x3=15
20	Risk to planned care capacity due to loss of agility in operational decision making if e-rostering capability lost through failure to renew contract in June 22.	WOD	Workforce	5x4=20		5x4=20		5x2=10

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Report Title:	**Commissioning Intentions 2023-2026 Update**			Agenda Item no.	8.2
Meeting:	**Board**	Public	X	Meeting Date:	28 July 2022
		Private			
Status *(please tick one only)*:	Assurance		Approval		Information x
Lead Executive:	**Executive Director of Strategic Planning and Commissioning**				
Report Author (Title):	**Deputy Director of Commissioning and Assistant Director Strategy and Planning**				

Main Report
Background and current situation:

This paper is providing information and assurance relating to the proposed Commissioning Intentions 2023-2026 aligned to the development of the Integrated Medium-Term Plan (IMTP) 2023-2026. The summary and detailed Commissioning Intentions are provided to support delivery of the Shaping our Future Wellbeing strategy and the development of the 2023-26 IMTP. They also support the commissioning assurance and governance process as part of the annual commissioning cycle and work programme of the Commissioning Team.

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

The Commissioning Intentions are intended to outline our aspirations for 2023/2026, and inform Cardiff and Vale UHB IMTP 2023-26. The summary Commissioning Intentions are intended to provide a summary of the main commissioning intentions for the coming year, and are underpinned by our ambition to;

'Achieve joined up care based on 'home first', avoiding harm, waste and variation, empowering people, and delivering outcomes that matter to people'.

The Commissioning Intentions remain in alignment with the Shaping our Future Wellbeing strategy, but have taken account of the context of Ministerial priorities and the work required to recover and reset amidst Covid-19. The detailed Commissioning Intentions are also reflective of the Strategic Programme Portfolio which includes Shaping our Future Hospitals, Shaping our Future Communities (@home), Shaping our Future through Quality Excellence, Shaping our Future Clinical Services and Shaping our Future Population Health.

The refresh of the Shaping our Future Wellbeing strategy will commence later on in 2022-2023. While emerging priorities are reflected in this year's Commissioning Intentions, there may need to be some changes as a result of the strategy work to inform the 2023-2026 IMTP.

Commissioning Intentions are formally delegated to the Executive Director of Strategic Planning and Commissioning for approval and they are brought to Board for information and to note the development of the commissioning function within the UHB.

Recommendation:

The Board is requested to:

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Note the proposed Commissioning Intentions for 2023/26 as part of the commissioning cycle and to inform the development of the IMTP.

Appendices:

- Detailed Commissioning Intentions 2023-2026
- Summary Commissioning Intentions 2023-2026
- Draft Commissioning Team Annual Report 2021-2022

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	√	Long term	√	Integration	√	Collaboration	√	Involvement	√

Impact Assessment:

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

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: No

Reputational: No

Socio Economic: Yes

The Health Board's Socio-Economic Duty has been referenced within the Commissioning Intentions 2023-2026 and it is acknowledged that this is a priority.

Equality and Health: No

Decarbonisation: Yes

Section 2, National Context provides details regarding the Decarbonisation Strategic Delivery Plan and related phasing.

Approval/Scrutiny Route:

Strategic Commissioning Group	Date: 15th June 2022

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Tîm Comisiynu
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board
Commissioning Team

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

Cardiff and Vale University Health Board

Commissioning Intentions

2023-2026

V1.1 DRAFT

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1. Introduction

This document sets out the high-level commissioning intentions of Cardiff and Vale University Health Board for 2023-26. This is a generic document which gives a broad overview of our commissioning intentions, for internal provision and across other providers. These commissioning intentions are aligned to the Shaping Our Future Wellbeing strategy whilst recognising our current transformation portfolio.

Over the next 3 years, in order to achieve financial balance, Cardiff and Vale UHB needs to work to eliminate the £20m underlying deficit by the end of the 3 year Integrated Medium Term Plan (IMTP).

It is informed by the Primary Care cluster plans in conjunction with the Cardiff and Vale of Glamorgan population needs assessments and the Wellbeing assessments of the two local authority areas to ensure we are delivering outcomes that matter to our population. These highlight the specific health needs of our population, and are supported by the needs profiles for our three localities.

The commissioning intentions form the bridge between our 10-year strategy and IMTP by continuing to outline our strategic objectives but also look towards the future priorities for our organisation. Our vision in Shaping Our Future Wellbeing – *a person's chance of living a healthy life is the same wherever they live or whoever they are* – is still pertinent in the healthcare environment today. Whilst the focus of some priorities of the strategy may require adjusting as we reflect on the impact of COVID-19, the focus on health inequalities remain a key driver how we intend to commission our services within Cardiff and Vale UHB. These commissioning intentions cover the last phase of 'Shaping our Future Wellbeing', therefore we will look to at how we might start to take our strategic objectives beyond 2025.

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2. National Context

The COVID-19 pandemic has and continues to significantly impact both delivery and access to healthcare services. Whilst COVID-19 has transformed and accelerated development in some areas, other services have slowed. The pandemic has highlighted the need to focus on illness prevention, wellness maintenance and continuing our focus on health inequalities. The current climate gives us a unique opportunity to reset and rebuild through the lens of the pandemic experience.

In 2023/26 the UHB will continue to respond to nationally identified principles including, but not limited to:

a) Planning to improve population health outcomes
   - improving the health and wellbeing of our populations
   - reducing health inequalities

b) Planning and service delivery that are patient-focused
   - listening to and acting on what our patients and communities are telling us
   - integrating services across the health and social care sector to facilitate continuity of care
   - supporting greater health self-management and earlier prevention, treatment and reablement.

c) Planning for quality services
   - ensuring clinical practice and models of service delivery are consistent with best practice and in pursuit of recognised standards
   - ensuring a systematic approach to realising quality and efficiency benefits of new technologies
   - ensuring services, wherever possible, are based on strong qualitative and quantitative evidence.

d) Planning for sustainable services
   - developing, linking and delivering services in a way that is sustainable from a clinical perspective
   - ensuring workforce models are sustainable
   - making efficient and effective use of resources.

e) Planning for safe & accessible services
   - delivering services as close to a patient's home as possible, while preserving the safety, quality and sustainability of health services
   - recognising that different services will be provided at locality, Health Board, regional and national levels to preserve the safety, quality and sustainability of health services.

f) Planning for needs of specific groups

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- considering cultural diversity in communities and the health needs of specific groups
- meeting the needs of veterans for physical and mental health support and interventions
- reflecting the particular challenges faced in urban and rural communities, including deprivation
- considering the Welsh language
- reflecting the different needs of patients along the life course

g) Implementing legislative changes

The UHB will respond to the Ministerial priorities as outlined in the Programme for Government 2021-2026, which include:

- Covid-19 Response
- NHS Recovery
- Working alongside social care
- *A Healthier Wales*
- NHS finance and managing within resources
- Mental health and emotional wellbeing
- Supporting the health and care workforce
- Population health, notably through the lens of pandemic experience and health inequality

The **Programme for Transforming and Modernising Planned Care and Reducing Waiting Lists in Wales**, provides five goals for planned care and the National Clinical Framework to ensure sustainable, prudent and value-based services as close to home as possible. It also further reinforces integration between primary care, community services and secondary care and between health and social care. The aim of the programme is to accelerate health and care recovery in the short to medium term focusing on stabilising and recovering the waiting lists, whilst longer-term transformative and innovative change is developed and embedded.

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The Programme for Transforming and Modernising Planned Care and Reducing Waiting Lists in Wales focuses on:

- The prioritisation of diagnostic services
- Early diagnosis and treatment of suspected cancer patients
- A fair and equitable approach to patient prioritisation to minimise health inequalities
- Emphasis on those patients at the highest end of the waiting list times
- Building sustainable planned care capacity
- Supporting appropriate information and communication

In order to do this, there will be a drive to:

- Continue to build a sustainable workforce
- Ensure infrastructure and estates are appropriate
- Allow for clinical and pathway redesign as part of the reset
- Use digital and data to evolve and transform the delivery of services

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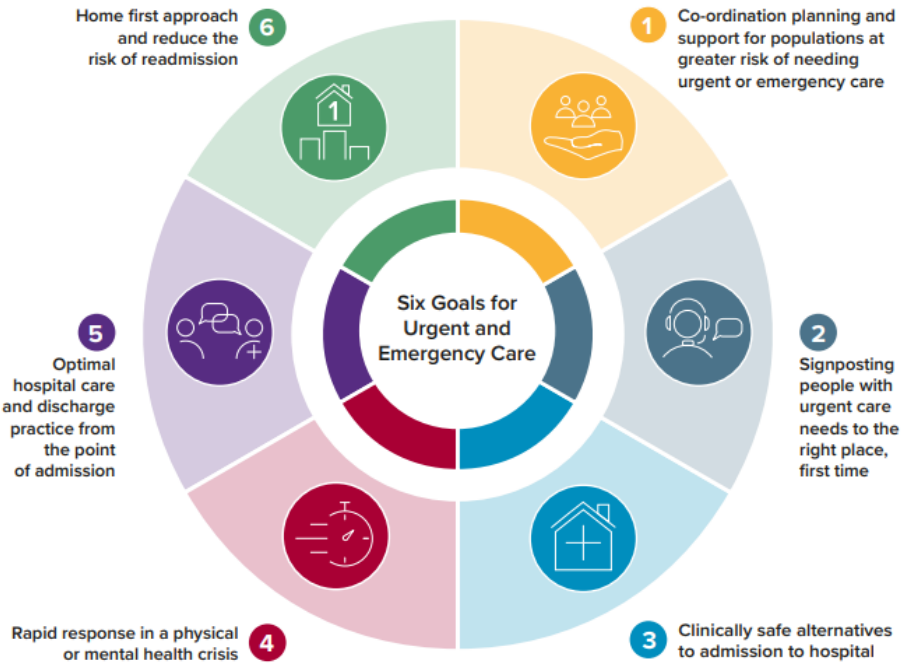
The **Six Goals for Urgent and Emergency Care** policy sets out the expectations for health, social care, independent and third sector partners for the delivery of the right care, in the right place, first time for physical and mental health. As part of the policy there are six goals for urgent and emergency care to support the best possible clinical outcomes, value and experience for patients and staff involved in the delivery of care.

Emphasis is on strengthening signposting, clinically safe alternatives to admission, rapid emergency care response, good discharge practice and preventing readmission. Alongside this, there is the need to tackle inequalities and prioritise new or existing models of care that are proven to work for all populations, ensuring we offer the most value to people, based on what matters to them.

The priorities outlined in the policy have medium or longer-term timescales for implementation. This acknowledges the challenges concerning recruitment and retention, and the increasing and complex levels of patient needs. The longer-term milestones recognise that sustainable and effective change will take time and require a cycle of learning, sharing and improving.



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The **Decarbonisation Strategic Delivery Plan** sets out 46 initiatives and targets for the decarbonisation of NHS Wales that will be assessed and reviewed in 2025 and 2030. There are three target phases, of which the main aims for 2022-2026 are:

- NHS Wales will have reduced carbon emissions by 16% in line with the 2025 interim target
- Low carbon heat evolution plans for acute hospitals will be in place
- By 2025, all lighting across the estate will be LED
- The total renewable energy potential for the NHS Wales estate will be known, with an implementation plan progressing
- Reducing emissions will be mandated within new procurement contracts for major suppliers
- Procurement emissions accounting will shift to a 'market-based' approach
- Medical gases with low global warming potentials will be used as standard with improved emissions accounting data available to assess the impact
- All cars and light goods vehicles procured will be battery-electric where practically possible. Sufficient charging infrastructure will have been installed to support an increased uptake in fleet, staff, and public electric vehicles
- Digital technology and telemedicine will be increasingly used to increase efficiency and reduce travel

The programme of work undertaken within these phases will play a central role in the Health Board's achievement of the goals of the Wellbeing of Future Generations Act (2015), ensuring that the services we provide remain environmentally sustainable long into the future.

The UHB anticipates that its formal commissioning roles and responsibilities from other providers will continue to include:

1. Specialised Commissioning as a member of WHSSC
2. Specialist adult learning disabilities from SBU
3. Long Term Agreements: Provision of care for Cardiff and Vale patients in neighbouring and near health boards (Swansea Bay, Cwm Taf Morgannwg, Aneurin Bevan, University Hospitals Bristol) and specialist cancer services from Velindre.
4. Reciprocal arrangements for service provision with Cwm Taf Morgannwg and other neighbouring health boards.
5. Tertiary Services
6. Collaborative commissioning of WAST
7. Collaborative commissioning of low and medium secure and residential placements for adults with mental health and learning disabilities needs

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8. 3rd and independent sector contracts to support early intervention, prevention and service delivery
9. Integrated commissioning with the local authorities under pooled budgeting and other arrangements.

As an integrated health board Cardiff and Vale UHB expects to provide the majority of care for its residents.

3. Legislative Context

a. Social Services and Wellbeing Act (2014)

We are pursuing further integration with our local authority partners. Key priority areas for extending joint working and integration include:

- Prevention and early intervention
- Older people with complex needs and long-term conditions, including dementia;
- People with learning disabilities;
- Carers, including young carers;
- Integrated Family Support Services;
- Children with complex needs due to disability or illness;
- Establishment of pooled funds – pooled funds are established in relation to older persons residential care has been in place since 2018.



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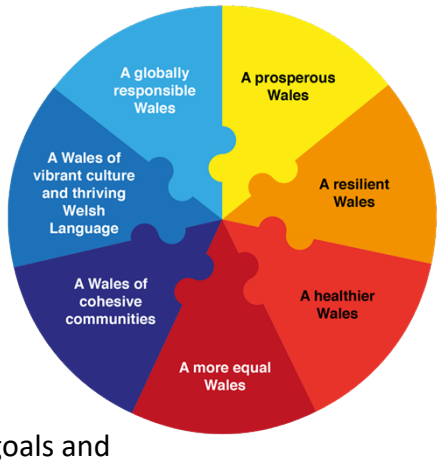
b. Wellbeing of Future Generations Act (2015)

We will work to achieve the Wellbeing Goals as we develop, redesign, deliver and commission services. Cardiff and Vale will consider the sustainable development principle when providing and commissioning services. We will:



- Long Term – Balance short-term needs with the need to safeguard the ability to meet long-term needs.
- Prevention – Act to prevent problems occurring or worsening
- Integration – Consider the impact of our own wellbeing goals on other goals and objectives, or on the objectives of other public bodies and partners
- Collaboration – Act in collaboration with patients, carers and partners to meet our wellbeing objectives.
- Involvement – Involve others in the achievement of our wellbeing goals and ensure that the diversity of the population is reflected.

c. Health and Social Care (Quality and Engagement) (Wales) Act (2020)

We will work to deliver the duties laid out in the Health and Social Care (Quality and Engagement) (Wales) Act (2020). We will:

- Focus on the enhanced 'Duty of Quality' to strengthen quality governance arrangements to ensure high quality and safe care
- Promote a culture of transparency and openness with patients in the event of an adverse outcome to enable learning and improved care quality in alignment with the organisational 'Duty of Candour'
- Use service user feedback and the Citizens Voice Body as an integral part to drive improvement, supporting patients to raise corners about their care.

Welsh Language Standards

We will consider the Welsh Language Standards when providing and Commissioning Services.

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4. Local Context

Locally our priority is to continue to deliver the Shaping our Future Wellbeing Strategy via the 3 year Integrated Medium Term Plan and to ensure that the local health system continues to provide high quality and responsive services that are sustainable.

The strategic objectives will continue to form the basis of our work programme for 2022-2025. Our strategic objectives are:

a) For our population – we will:
   i. Reduce health inequalities
   ii. Deliver outcomes that matter to people
   iii. All take responsibility for improving our health and wellbeing

b) Our service priorities – we will:
   iv. Offer services that deliver the population health our citizens are entitled to expect
   v. Deliver care closer to home where reasonable and practical

c) Sustainability – we will:
   vi. Have an unplanned (emergency) care system that provides the right care, in the right place, first time
   vii. Have a planned care system where demand and capacity are in balance
   viii. Reduce harm, waste and variation sustainably making best use of the resources available to us

d) Culture – we will:
   ix. Be a great place to work and learn
   x. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology
   xi. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives

These will be underpinned by our organisational values: kind and caring; trust and integrity; respect; personal responsibility.

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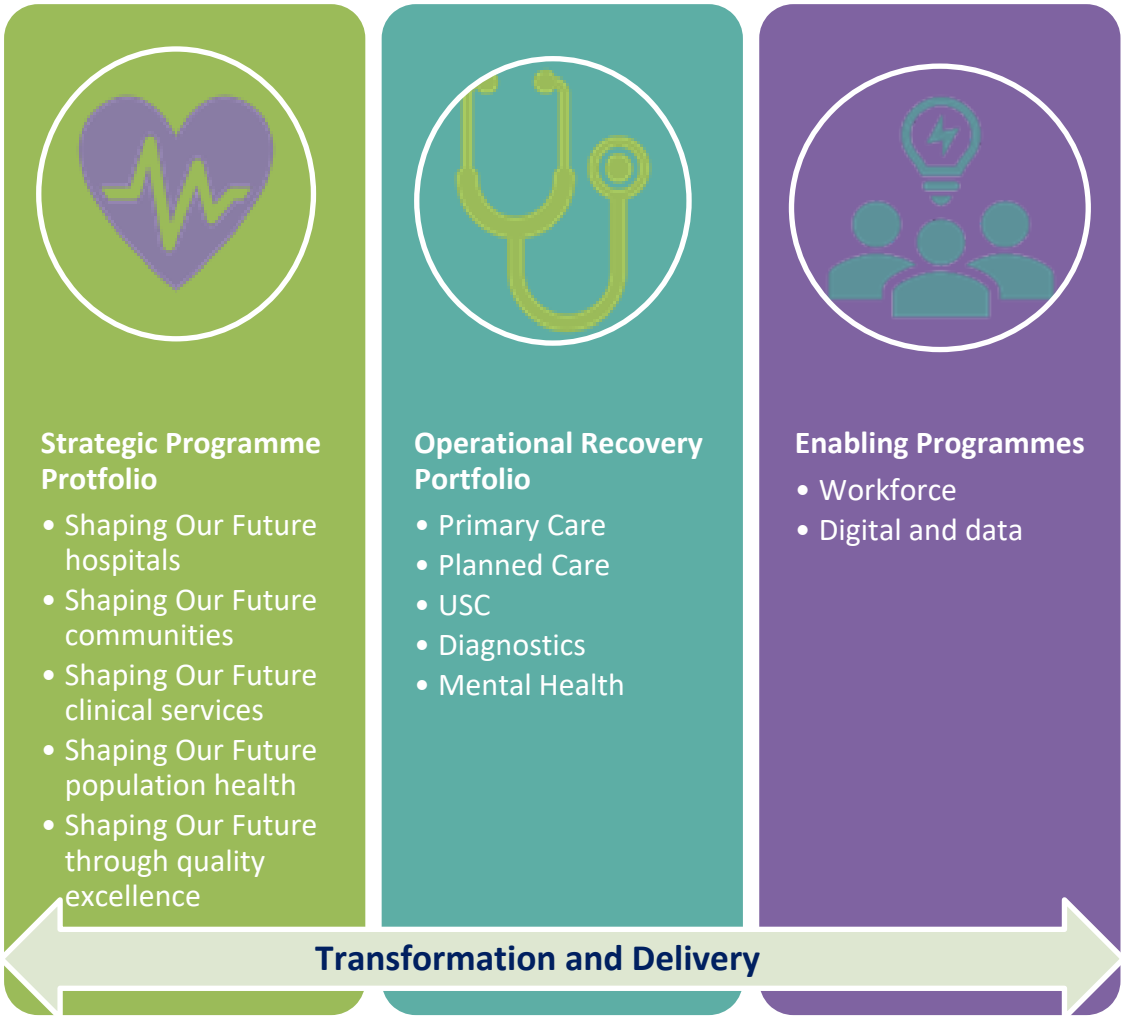
Shaping Our Future Wellbeing outlined many of our current ambitions including moving care closer to home, supporting prevention and wellness, delivering outcomes that mater to people and delivering care that is efficient and effective. Driving forward many of the values originating from Shaping our Future Wellbeing, are a series of programmes to deliver transformation across clinical services, hospital infrastructure and academia. The programme is a way of building on the momentum of change and innovation that Covid-19 has created by ensuring that any positive changes are embedded to improve outcomes for our population.



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The population in Cardiff is growing at a significantly higher rate than across Wales with a projected additional 36,000 extra people living in Cardiff by 2027. It is also an ageing population with a large percentage of chronic illness. Valuable lessons have been identified from the swift changes that COVID-19 necessitated and this learning can be used to move forward in the recovery and reset. As part of the recovery process, there is the need to reflect on our services in line with our current and projected population needs.

The COVID-19 recovery model objectives for reset and redesign are:

- Restore and improve access
- Transform pathways
- Minimise harm

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The People and Culture Plan 2022 – 2025 is designed to help the Health Board improve the experience of our people both now and in the future, while supporting the integration of health and social care services to deliver a seamless, co-ordinated approach from different providers, based on outcomes that matter to the person.



This Plan is built around seven themes which align to 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 multiprofessional and multi-agency working through integration of Health and Social Care services and the development of alternative workforce models to deliver a seamless, co-ordinated approach with partners 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, with both the technology available and the skills to utilise this effectively.
5. Excellent education and learning - to invest in education and learning to deliver the skills and capabilities needed to meet the future needs of the people we care for and support our people to progress their careers.
6. Leadership and succession - to have leaders in the health care system who embody inclusive, collective and compassionate 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.

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5. Recent Achievements

- The Health Board's new the launch of the new People and Culture Plan has been launched, setting 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.
- Eight nurses were presented with the 2021 Royal College of Nursing (RCN) Nurse of the Year award
- The National Organ Retrieval Service (NORS) at Cardiff and Vale University UHB successfully used a pioneering technique to retrieve organs including a liver originally declined by other centres due to poor function and was one of the first teams in the UK to use innovative Normothermic Regional Perfusion (NRP), successfully retrieving abdominal organs from two donors. Five lives were saved as a result.
- Since its implementation in spring 2020, the Wales Infants and Children's Genome Service (WINGS) has seen approximately 50 acutely unwell babies and infants with a suspected rare genetic condition and remarkably provided a diagnosis in over 40% of cases.
- The Obstetric Bleeding Strategy (OBS) Cymru reduced harm from postpartum haemorrhage through the use of a new checklist requiring midwives to measure blood loss throughout childbirth. Due to its success, the checklist has been adopted into the All Wales Postpartum Haemorrhage Guidelines and OBS Cymru were given the Health and Care Research Wales Research Impact Award.
- Cardiff and Vale University Health Board (UHB) has launched a new weight management and prevention service for children and young people, which is supported by Cardiff and the Vale of Glamorgan's Public Health Team and regional public service boards.
- The Nutrition for Your Little One (NYLO) and Active Families, Active Lives (AFAL) programmes were launched in alignment with Welsh Government's Healthy Weight Healthy Wales strategy, to give children the best start in life.
- Cardiff and Vale University Health Board is one of the top organisations for LGBTQ+ employees. The Health Board has ranked 37th in the Workplace Equality Index, which celebrates the 100 best-performing organisations across the UK in terms of LGBTQ+ Equality.
- Cardiff and Vale University Health Board's Primary Care Optometry Team held its first optometry service for homeless citizens in Cardiff. Having teamed up with local Dispensing Opticians and Optometrists and being supported by suppliers, Cardiff Council and the South East Locality Team, held its first session in November.
- The Cardiff and Vale of Glamorgan Suicide and Self Harm Prevention Strategy 2021-2024 was launched. The new strategy includes an action plan that details the specific ways in which it will be delivered across Cardiff and the Vale of Glamorgan over the next three years.

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6. Quality, Safety and Patient Experience Framework

The UHB wishes to ensure the provision of equitable services across Cardiff and the Vale which meet the needs of the population. The challenge is to ensure that its residents have equitable access to health care which is effective and of a proven quality. The UHB recognises that those who most need medical care are least likely to receive it. Conversely, those with least need of health care tend to use health services more (and more effectively). Also, rates of immunisation, and screening for cervical and breast cancer, are significantly lower in people living in more deprived areas - areas where cancer mortality rates are highest.

As an integrated healthcare provider, our focus on quality, safety and the patient experience must extend across all settings where healthcare is provided. The QSE Framework 2021-2026, recognises that a significant amount of care received by patients is provided in a primary or community care setting is a crucial element of the patient pathway, and key to delivering safe, high quality care as that part of the pathway which extends from the community to more acute settings. What really matters for our patients, carers and people in our communities must be central to our decision making, so that we can use our time, skills and other resources more wisely. The challenge to commission services that improve the health of our residents in Cardiff & Vale and provide prudent, integrated health and social care for a growing local population whist providing increasingly complex emergency, elective and tertiary care to meet local and regional demand within the resources available, has never been greater.

There is a focus on meeting the quadruple aim of excellence in population health and wellbeing, personal experiences of care, best value from resources and an engaged and committed workforce. Our philosophy of value-based, prudent, health and care underpins this and will continue to be a distinctive feature of the Welsh system. The recent Health and Social Care (Quality and Engagement) (Wales) Act which places both an enhanced duty of quality and an Organisational Duty of Candour will strengthen the approach to high quality, safe care. The UHB will be required to set out how it is meeting its statutory duties in annual reports to Welsh Government.

To achieve the aspiration of having a quality-led health service, all organisations need to operate within an effective quality management system. The All Wales Quality and Safety Framework, describes the interlinked key elements that must always be working together to ensure continuous improvement in quality: planning; improvement; and control; and to provide overall assurance that the system is working effectively to deliver the outcomes that we need for the people of Wales.

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The Quality, Safety and Experience (QSE) Framework 2021-2026 which has been developed through extensive engagement with a multitude of stakeholders throughout the Health Board, community and with many external partners. This has helped define our priorities for the next 5 years.

Traditionally we have focused on things that go wrong, and of course this is important and something we will always be committed to. However, to really become one of the safest, high quality organisations in the UK where people and patients experience great care, we recognise that there are a number of key enablers that we have to address.

In focusing on these 8 key priorities, we can aspire to provide safe, effective services that deliver excellent user experience equal to the best healthcare organisations in the world.

These eight key areas are:

- Safety culture
- Leadership and the prioritisation of QSE
- Patient Experience and Involvement
- Patient Safety Learning and Communication
- Staff Engagement and Involvement
- Data and insight
- Professionalism of QSE
- Quality Governance arrangements

Some of the key priorities within the QSE Framework 2021-2026 include ambitions to:

- Implementation of a Quality Improvement System (in line with the Clinical Services Framework)
- Working with University/student nursing/Allied professionals
- Implement a systems and human factors approach to workplace safety
- Identify, develop and resource, priority programs that equitably foster and promote workforce safety for staff (psychological and physical) including simulation and coaching for safety
- Develop and implement a Framework to support staff involved in incidents, complaints and claims
- Establish a Patient Safety Specialist Network, MDT Safety and Quality Clinics and a Safety Champion role.

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An increasing number of the services provided to the population of Cardiff and Vale are delivered in partnership with the Local Authorities and third sector organisations. It is important therefore that the planning of services involves a multi-agency approach and also involves patients, service users and carers to plan services in a way that reflects the needs to the local population. As an integrated healthcare provider, our focus on quality, safety and the patient experience must extend across all settings where healthcare is provided. Recognising that the majority of care received by patients is provided in a primary or community care setting, this element of the patient pathway is also key to delivering safe, high quality care.

7. Equality and Diversity

Cardiff and Vale University Health Board will support the elimination of all forms of unlawful discrimination from all UHB functions, policies, procedures and practices, promote equality of opportunity, foster good relations and create an environment where diversity is valued, respect for personal dignity and recognition of human rights by and for all employees, patients and the public. The Health Board has continued to demonstrate how it is taking into account the Public Sector Equality nine protected characteristics as well as considering vulnerable groups, including for example, carers, homeless, gypsy traveller communities, sex workers and prisoners. The UHB also recognises the requirements of the Socio-economic Duty: to deliver better outcomes for those who experience socio-economic disadvantage, and will consider the prevention of inequalities of outcome caused by socio-economic disadvantage when making strategic decisions.

The Race Equality Action Plan for Wales provides guidance on delivering better health outcomes for Black, Asian and Minority Ethnic people. The goals of the plan are specified as;

- Leadership and Accountability – to ensure that NHS Wales is anti-racist, with zero tolerance of any form of discrimination or inequality for employees or service users.
- Workforce – to ensure that the NHS Wales workforce reflects the population it serves; and staff in work feel safe, inclusive environments (recognising specific challenges for women in the workplace) that enable them to reach their full potential, recognising the intersectional factors causing cumulative disadvantage in an individual.
- Data and Intelligence – to ensure that health data in relation to race, ethnicity and intersectional advantage is actively collected, understood and used to drive an inform continued improvements in services.

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- Access to health services – to ensure public health messages to improve uptake and access to health services are developed through dialogue and in partnership; individuals are supported where necessary in order to access health care.
- Tackling health inequalities – to ensure disease and condition specific delivery plans and strategies include actions to address health inequalities experienced by some Black, Asian and Minority Ethnic people.

Cardiff and Vale University Health Board also recognise the priorities in;

- A Healthier Wales
- A more Equal Wales
- Equality Act 2010
- Welsh Health Equity Status Report
- Socio-Economic Duty

We will undertake Equality and Health Impact Assessments for all service developments and changes and associated policies, procedures and practices.

Further, the Health Board has adopted the following Equality Objectives which aligned to our ten Year Safeguarding Our Future Wellbeing will help us define key areas of priority and determine its progress:

- People are and feel respected (this includes patients, carers and family members as well as staff)
- People are communicated with in ways that meet their needs (whether this is through leaflets, face to face, signage, Welsh or other community languages including British Sign Language)
- More people receive care and access services that meet their needs (including those from disadvantaged communities)
- Gender and any other protected characteristic pay gaps are reduced

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8. Financial Planning Assumptions

- National guidance will be followed.
- Demographic growth impacts will be modelled using ONS population projection
    - Demand for services other than universal services may not directly correlate to increased population
    - Mapping should include the impact of future population growth and apply these to the impacts of service planning

Savings plans and investments will be agreed and applied on an individual Clinical Board basis, in line with the overall strategic framework of Shaping Our Future Wellbeing and considering impacts across the UHB. Priority will be given to any nationally mandated or legislated investments, after which business cases will need to be made for proposals which demonstrably improve quality, outcomes or value for money and are aligned with our strategic objectives.

The current financial planning assumption is that there will be a 2% uplift and all clinical boards will be required to recover brought forward deficits and make additional 2% savings, there may be some variation to this when final assignments are determined. Over the preceding three-year IMPT we need to eradicate the £20m underlying deficit.

The UHB is working to enable fair share population-based resource allocation and full cost recovery of our provider functions.

9. Target Planning

The UHB will continue to work on the improvement trajectories for achieving Welsh Government targets and will work towards no more patients are waiting more than 36 weeks for treatment than at the end of 2019/20. Whilst the waiting times have increased due to COVID-19 disruptions, the reduction of waiting times following the pandemic is part of the focus on recovery and reset plans.

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10. The Quadruple Aim

The Quadruple Aim are four interlocking aims that help develop a shared understanding of how we want our system to develop and how we will prioritise change. The philosophy of Prudent Healthcare is a distinctive feature of the Welsh system, enabling higher quality and value through reducing variation, waste and harm, and through less intensive clinical interventions.



There is also a commitment to prevention and early intervention, and to co-production and shared voice and control. Using the Quadruple Aim the Health Board will plan how our health and social care system contributes to achieving the goals defined in the Well-being of Future Generations Act.

Sustainable health and social care is a global challenge. The international profile of the Quadruple Aim means using it will help us learn and share with other health and social care organisations, so that we can share experiences and speed up learning. The four themes of the Quadruple Aim, are:

- Improved population health and wellbeing
- Better quality and more accessible health and social care services
- Higher value health and social care; and
- A motivated and sustainable health and social care workforce.

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11. Integrated Health and Social Care

The Cardiff and Vale Regional Partnership Board (RPB) includes the public sector, local third sector, National third sector ad representatives for people with needs for care and support. The aim to improve the health and wellbeing of our local population through enabling enhanced ways to deliver of health and care services. There is an agreed a Regional Outcomes Framework to help shape the focus of the and keep on track of the work.



The joint wish to achieve greater social value lies at the heart of this framework which aims to enable people to live the best lives they can in their homes and communities. The work will ensure that the ways to measure the effectiveness in enhancing social value are embedded within each of the underpinning shared priorities and recognises that supporting people and places to thrive is at the heart of the RPB's overarching outcome, enabling people to 'live the best lives they can in the homes and communities'.

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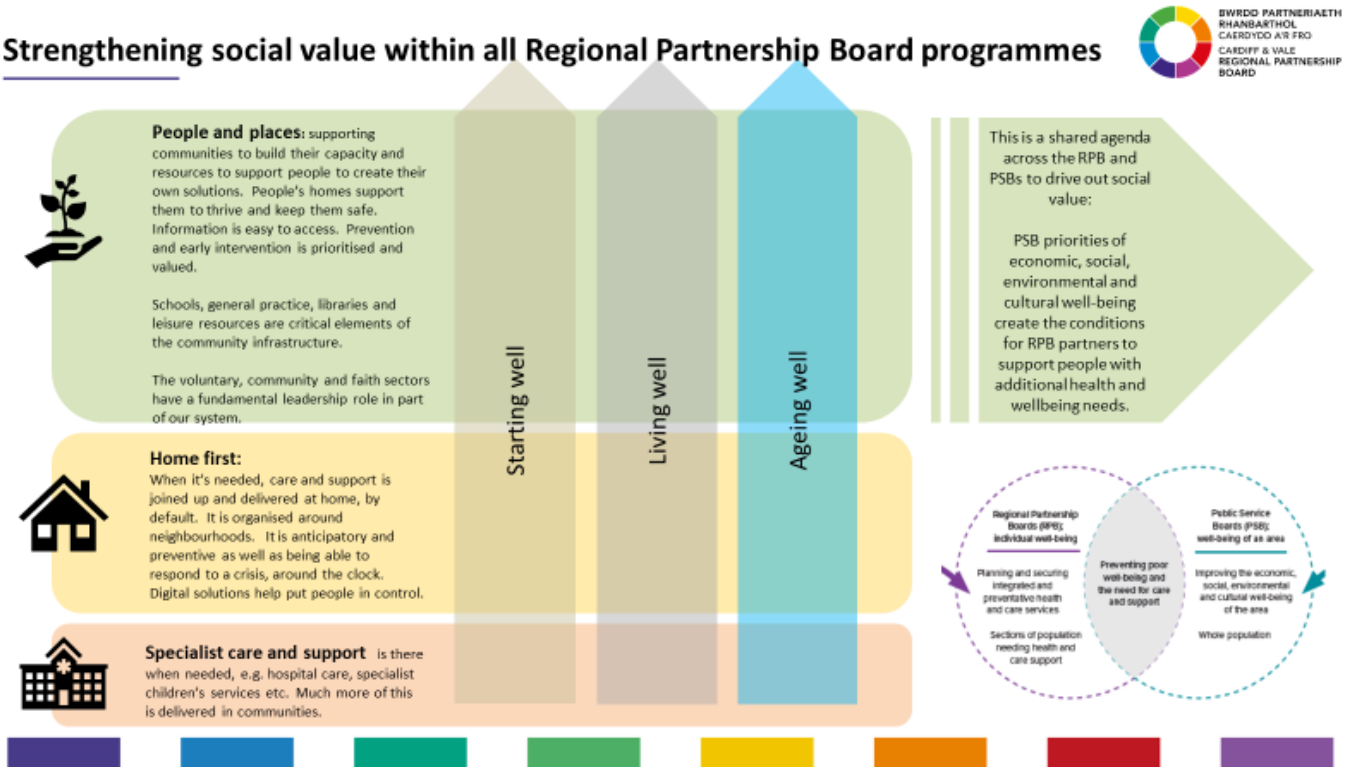

Starting Well:

- Accelerating work on emotional health and wellbeing for children and young people, in particular with the delivery of new secure accommodation to aid ongoing care and support following a hospital stay;
- Strengthening the focus on planning care and support for young people with learning disabilities.

Living Well:

- Creating and delivering an Unpaid Carers Charter to help raise awareness of available support;
- Strengthening the focus upon service planning and delivery for people with learning disabilities;
- Publication of a Cardiff and Vale Regional Disability Strategy for Infants, Children and Young People
- Embedding the code of practice for people with Autism;

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- Building plans and the right governance structure to support work to meet the needs of other key priority groups to live well in their communities.

Ageing Well:

- Continuing delivery of the @Home programme with specific acceleration of Access, Intermediate Care, Cluster development, Health and Wellbeing Centres and Vale Alliance plans;
- Delivering a revised structure to support the ongoing development of services for people with dementia and their families, focused on a refined set of outcomes following from the recent review of dementia work so far;
- Moving forward with work to address loneliness and isolation.

The 2021- 2023 Strategic Programme for Primary Care has established an Accelerated Cluster Development (ACD) Programme to ensure more rapid implementation of the Primary Care Model for Wales. This includes the introduction of Professional Collaboratives (PCs) and Pan Cluster Planning Groups (PCPGs) to broaden and strengthen clinical engagement and to increase the influence from the community to Regional Partnership Board (RPB) to inform decisions. A clearer separation of planning, commissioning and delivery functions will be developed.

This will help ensure a clear line of sight from the local front line health and care services in terms of understanding the needs of the local population and to be able to develop meaningful strategic priorities at RPB / County and Cluster level. There will also be potential opportunities for investment at a local level to deliver integrated, preventative models of care that support regional strategic priorities, as well as accelerating the wider implementation of successful projects that have been delivered at cluster level.

PCPGs will be required to agree a county population needs assessment and lead the development of integrated county level plans. This must inform and be informed by regional level assessments of need (which are a statutory function of RPBs). They should be viewed as a collective suite of interconnected needs assessments and plans. PCPGs will support the implementation of the joint partnership agenda, including delivery of change at a variety of levels, appropriate to need.

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PCPGs will bring together senior leaders from the NHS, Local Authority and key partners in the Third Sector to provide integrated system leadership which enables collaboration between partner organisations. PCPGs will also commission services and develop agreements to support partnership working, with strengthened local collaboration and a shared purpose.

As a Health Board we are committed to:

- Supporting the establishment of professional collaboratives;
- Working with clusters to extend collaboration at a cluster level with wider partners to respond to the needs of the local population;
- Establishing PCPGs at county level;
- To work with our partners to plan, commission and ensure the delivery of services at cluster, locality, county and regional level.

12. The Health and Social Care Regional Integration Fund

The Health and Social Care Regional Integration Fund (the RIF) is a £144.7 million five year fund to deliver a programme of change from April 2022 to March 2027. In order to maximise the impact, this fund merges several existing funding streams and will build on the previous work undertaken through the Integrated Care Fund and the Transformation fund. This is a new fund with distinct aims and objectives.

Key features and values of the Fund include;

- A strong focus on prevention and early intervention
- Developing and embedding national models of integrated care (also referred to as models of care in this document)
- Actively sharing learning across Wales through Communities of Practice
- Sustainable long-term resourcing to embed and mainstream new models of care
- Creation of long-term pooled fund arrangements
- Consistent investment in regional planning and partnership infrastructure

The aim of the fund is that by the end of the five-year programme at least six new national models of integrated care will have been established in relation to;

- Community based care – prevention and community coordination
- Community based care – complex care closer to home
- Promoting good emotional health and well-being

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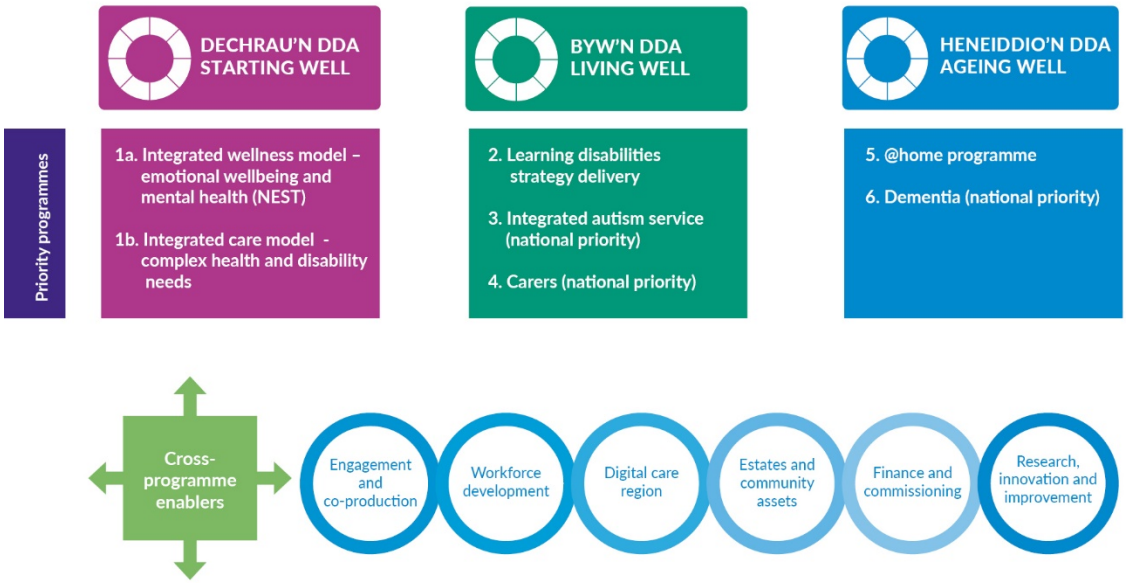
- Supporting families to stay together safely, and therapeutic support for care experienced children
- Home from hospital services
- Accommodation based solutions

The new Regional Integration Fund enables the Regional Partnership Board to plan for the next five years. It is made up of:

- Embedding Fund – to support existing projects that have been tested and evaluated as having had good impact and are part of the delivery of our emerging integrated care models
- Acceleration Fund – allowing us to develop and test new elements of our emerging integrated care models
- National ring-fenced fund – fully funded by the Welsh Government to support delivery of ministerial priorities – our work around the Integrated Autism Service, dementia and unpaid carers
- Infrastructure fund – to support the RPB to fulfil its duties under the Social Services and Wellbeing (Wales) Act

The RPB agreed the programmes of work that the RIF will be used to support delivery as outlined in the diagram below:



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13. Working with other Commissioners and Specialised Commissioning

The UHB is working with other Health Boards collectively and collaboratively to coordinate commissioning and deliver outcomes that matter to people in line with the Shaping Our Future Wellbeing 10-year strategy.

- *Specialist* – WHSSC
- *Collective Commissioning* – LD/Velindre/Regional Services
- *Collaborative Commissioning* – Ambulance/specialist mental health and learning disabilities nursing home beds
- *Long Term Agreements* – Contractual agreements with neighbouring health boards for provision of services to Cardiff and Vale patients.
- *Reciprocal Arrangements* - Development of cost neutral reciprocal arrangements for service provision with Cwm Taf Morgannwg and other neighbouring health boards.
- *Tertiary Commissioning*

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Appendix A – Detailed Commissioning Intentions for 2023-26

Immediate Priority

Deliver Outcomes that Matter to People: • **Reduce health inequalities** • **Deliver outcomes that matter to people** • **All take responsibility for improving our health and wellbeing**	
Description	Health Board Area Impacted
Shaping our Future Population Health	

Specific system programmes
• **Vaccination and immunisation**
  ○ Increase uptake of seasonal flu vaccine in staff and 'at risk' groups. All Clinical Boards to exceed 80% uptake by frontline staff.
  ○ Increase uptake of childhood immunisations
  ○ Maximise uptake of Covid-19 vaccination across risk groups
• **Systematically tackle inequalities**
  ○ Deliver against the Strategic Equality Plan and our Socio-economic Duty
  ○ Embed and deliver against Primary Care Cluster plans
  ○ Improve access to NHS dentists
• **Healthy weight: Move more eat well**
  ○ Provide systems leadership to ensure successful delivery of the existing MMEW partnership plan and development of the next iteration of the plan (from 2024 onwards)
  ○ Evaluate the impact of P&EY funded projects delivering against HWHW identified priorities/ MMEW plan action as part of MMEW partnership plan development
  ○ Support and enable Food Partnerships in Cardiff and the Vale to increase their reach/work towards achieving Sustainable Food Places Awards where eligible
  ○ Take forward action aligned to the MMEW healthy workplace principles that enables and supports staff to eat well and be physically active taking opportunities to strategically align
  ○ Improve the availability of healthy food for staff, visitors and patients across all Health Board food outlets
  ○ Scope opportunities to develop social prescribing interventions within primary care
  ○ Provide systems leadership to ensure successful delivery of the Cardiff Physical Activity and Sport Strategy (2022-2027), and deliver actions within the Implementation Plan. Support review of Vale Leisure Strategy
	All Clinical Boards, divisions, providers and Local Authorities

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○ Deliver Nutrition skills for life training to partners across C&V to support healthy eating behaviours and reduce health inequalities ○ Level 1, 2 and 3 services are in place for children and adults and fully embedded • **Sustainable and healthy environment** ○ Continue implementation of the Level 2 Healthy Travel Charter ○ Progress air quality monitoring on main UHB sites • **King's Fund recommended programmes** ○ To be confirmed by Summer 2022	
Addressing health behaviours and risks across care pathways and life stages • **Tobacco** ○ Increase the number of patients on admission and booking, who have smoking status recorded and offered smoking cessation support ○ Increase the rate of pregnant women accepting a referral to smoking cessation services (if a smoker) at booking as part of the MAMSS Programme ○ Provide 'enhanced enforcement' of Smoke-Free (Wales) Legislation 2021 with a dedicated No Smoking Team • **Alcohol** ○ Improve the early identification of alcohol related risk through standardising alcohol screening in 'mainstream' health settings such as primary care, secondary care, sexual health clinics and mental health services. ○ Reduce alcohol related admissions including an increased focus on working with primary and community health to manage alcohol use in chronic illness. • **Falls Prevention** ○ Increase the number of staff trained in Falls Awareness, to enable them to provide risk reduction messages to patients and undertake simple screening and signposting to falls prevention services ○ Work with primary and community health to improve pathways to falls prevention including Stay Steady clinics	All Clinical Boards, divisions, providers and Local Authorities
• **Learning disabilities** ○ Commitment to the Joint Commissioning Strategy for Adults with Learning Disabilities 2019-2024 ○ Care provision in line with the Improving Care, Improving Lives report recommendations ○ Early Intervention and Crisis Response ○ High quality specialist care with a focus on enablement	All clinical boards, divisions, providers and Local Authorities

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○ Timely transition to the best service that meets their needs ○ Voice and control – putting the individual and their needs at the centre of their care ○ Supporting people to achieve their own wellbeing ○ Co-production in the design and delivery of services ○ Short, effective hospital admissions, if required (AAU) ○ Multidisciplinary support for people with the most complex health issues ○ Support to lead a fulfilled and happy life in the local community ○ Develop and implement revised transition arrangements for young people moving into adulthood. • **Autism** ○ With partners, working to embed the Integrated Autism Service and all elements of the new Autism code.	
• **Ensure compliance with the Welsh Language Act** ○ Embed a systematic approach to Welsh language services as an integral element of service planning and delivery ○ Increase the capability of the workforce to provide Welsh language services in priority areas	All clinical boards, divisions, providers and Local Authorities
• **Improve identification and support for Unpaid Carers, in line with the Social Services and Wellbeing Act.** ○ Provide accurate, appropriate and up to date information to carers ○ Consult carers in a timely way and respect their knowledge of the cared for person ○ Supporting the development of a new regional Charter for Unpaid Carers.	All clinical boards, divisions, providers and Local Authorities

Service Priorities **Offer services that deliver the population health our citizens are entitled to expect**	
Description	Health Board Area Impacted
• **Cancer** ○ **Develop shared care and primary care support arrangements for cancer patients. Increasing focus on:** i. Access to screening, early diagnosis, including advice and guidance for GPs ii. Cancer survivorship, support after treatment and long term follow up arrangements iii. Acute oncology admissions	Medicine Surgery Specialist Dental PCIC CD&T Velindre
• **Stroke** ○ Improve outcomes of stroke patients, by reducing the levels of death and disability following a stroke	PCIC Medicine CD&T

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○ Reduce length of stay of stroke patients in bed-based services. ○ Evaluate opportunities for sustainable regional stroke services, including provision of a Hyper Acute Stroke Unit (HASU)	
• **Long Term Conditions** **Supporting self-care/management in relation to long term conditions where there is evidence of effective self-care approaches e.g. diabetes, cardiovascular disease and MSK. A number of approaches will be developed:** ○ Inclusion of self-care/management activities as appropriate, specifically diabetes and other long-term conditions, frail elderly, MSK ○ Promotion of and embed self-care approaches within encounters between providers and patients/clients ○ Inclusion of delivery of public health and self-care activity in staff job descriptions ○ Inclusion of public health and self-care activity in staff appraisals • **Diabetes** ○ Implement pre-diabetes intervention as part of national evaluation ○ Strengthen community-based diabetes provision including diabetes education and support/self-care	All Clinical Boards and providers
• **Dementia** ○ Development of integrated pathways ○ Implement dementia care bundle in hospital and community settings ○ Develop integrated hospital and community pathways to ensure patients with dementia are on the correct care pathway and to facilitate timely discharge ○ Taking forward the learning from previous partnership investment in Dementia to commission a new set of partnership priorities for dementia services in the long term.	PCIC Medicine Mental Health CD&T
Mental Health (all ages) • **Develop and implement system wide operational resilience plans with capacity and management systems supporting flow across the whole of the urgent care system.** ○ Continue the work of the Cardiff and Vale Recovery and Wellbeing College to provide free educational courses across mental health, physical health and wellbeing topics. ○ Enabling a change from traditional and institutionally based services, including moving away from a medical model. ○ Include peer workers within the 111 model ○ Establish a low secure women's service ○ Develop an all age eating disorder pathway	Mental Health PCIC Women's and Children's Local Authorities CAMHS Commissioning CD&T

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○ Review workforce capacity in respect of mental health support for physical health inpatients. • **Child and Adolescent Mental Health Services** ○ Embed neurodevelopment services within Community Child Health and develop integrated pathways with CAMHS ○ Focussing on models that meet the needs of children and young people.	
• **'Home First'.** ○ Managing Ambulatory Care Sensitive Conditions to reduce bed days, specifically pathways around: Atrial Fibrillation; Chronic Heart Failure; Chronic Obstructive Pulmonary Disease ○ Move early stages of pathways into primary and community care, specifically: Diabetes; Gastroenterology; Dermatology; Urology ○ Accelerated cluster development: a consistent target operating model which is sensitive and responsive to the needs of each GP cluster; ○ Health and Wellbeing Centres: Detailed scoping to align capital developments of Barry Hospital, Cardiff Royal Infirmary and North and West Locality Health and Wellbeing Centres; ○ Intermediate Care: Developing a common service specification and implementing a consistent, region-wide intermediate care service model; ○ Single Access Point: Design and specification of a target operating model to deliver co-ordinated, joined up access to health and care community services; ○ Enabling a new governance structure to enable increased integrated working through the Vale Alliance. ○ Ensuring timely and effective flow from hospital.	PCIC; Medicine; Specialist CD&T
• **Delivery** ○ Deliver improvement plans against the national waiting time standards	All Clinical Boards and providers

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Sustainability • Have an unplanned (emergency) care system that provides the right care, in the right place, first time • Have a planned care system where demand and capacity are in balance • Reduce harm, waste and variation sustainably making best use of the resources available to us	
Description	Health Board Area Impacted

Planned Care
• Focus on the five goals set out in the Programme for transforming and modernising planned care and reducing waiting lists in Wales, especially in relation to health and care recovery.
• All Clinical Boards and Corporate Departments to identify one or more priority projects for implementation during 2022-23 which demonstrate the ways of working, and contribute to the goals identified, under the Wellbeing of Future Generations legislation
• Frail Elderly:
  ○ Increase integration of health and social care and consider whole systems partnerships, agreeing and implementing pooled budgets for residential care for older people
  ○ Sustain the reduction in the number of admissions from nursing homes and further reduce length of stay following admissions from a nursing home
  ○ Work with our partners to publish a Market position statement and integrated commissioning strategy for care and support services for Older People
• Transform outpatient services, moving appointments away from acute hospital sites
• Reduce DNA rates
• Reduce percentage of patients with more than 1 cancelled procedure and increase number of new dates offered within 14 days
	PCIC
	Medicine
	Specialist
	Surgery
	CD&T

Unplanned Care • Focus on the six Goals for Urgent and Emergency Care policy including health, social care, independent and third sector partners for the delivery of the right care, in the right place, first time for physical and mental health • Co-ordinate planning and support for populations at greater risk of needing urgent or emergency care	PCIC Medicine WAST/EASC Dental Mental Health Women's and Children's CAMHS

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• Signposting people with urgent care needs to the right place, first time
• Clinically safe alternatives to admission to hospital
• Rapid response in physical or mental health crisis
• Optimal hospital care and discharge practice from the point of admission
• Home first approach and reduce the risk of readmission
• Develop ambulatory emergency care model
• Highly responsive urgent care services outside hospitals
  ○ GPs and primary care
  ○ Community services e.g. MH and community nurses
• Admission avoidance (e.g. Support to residential homes)
• Decrease emergency readmissions in the 30 days following discharge
• Develop urgent and emergency care networks
• Develop broader emergency care networks that connect all urgent and emergency care services together
  ○ Stroke services (See service priorities section)
	SBU (LD)
	CD&T

Accessibility of Primary Care • Address GP sustainability issues both in and out of hours • Increase number of dentists and optometrists with extended hours • Improve performance of OOH service • Improve availability of GP referred direct access to diagnostics over increased hours	PCIC CD&T Medicine
Increase Locality Working • Develop pathway and service plans for the operation of integrated community health and wellbeing centres • Improve integrated community working with primary, community care and partnership working	All Clinical Boards Cardiff Council Vale of Glamorgan Council Partners
End of Life care • Ensure all end of life patients have advanced care plans in place and do not attempt CPR (DNACPR) orders in place	All Clinical Boards

Quality, Safety and Experience Framework
 	
• **Support delivery of the Quality, Safety and Improvement Framework, with specific focus on:**
  ○ Improving compliance with the investigation and timely closure of Serious Incidents and Never Events, within prescribed WG timescales
  ○ Reduction in the number of falls that cause serious harm to patients
	All Clinical Boards and providers

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○ Full implementation of the revised Sepsis pathway ○ Reduction in the rates of healthcare acquired infections in line with WG targets ○ Reduction in the numbers of healthcare acquired pressure ulcers ○ Development of an annual risk based local clinical audit plan ○ Demonstrate improvement in all of the Health and Care Standards ○ Work towards full compliance with all NPSA alerts and NHS Wales Patient Safety Solutions	Corporate nursing team
Finance • **Ensure that Long Term agreements are appropriate** ○ Ensure that new developments are not subsumed into existing LTAs • **Allocation expectations** ○ Plan for a 2% uplift, recovery of brought forward deficits and make 2% savings. • **Continuing healthcare and funded nursing care** ○ Focus on the level of care at an individual patient level basis providing the right care, in the right place, at the right time.	All Clinical Boards and providers
Estates • **Deliver against estates plans:** ○ Develop estates plans to support the delivery of the South East Wales Regional Planning Forum i. NICU development ii. Obstetrics expansion iii. Develop strategic service and capital blueprint for integrated community health and wellbeing centres and wider integrated community infrastructure	Planning Mental Health Public Health Nursing PCIC Women's and Children's
Regional Planning • **Deliver Cardiff and Vale elements of South Wales Programme** i.e. Embed and evaluate the changes to service configuration to implement the enhanced neonatal network capacity and support the changes to obstetrics and paediatric flows arising from changes to inpatient service provision at Royal Glamorgan Hospital	All Clinical Boards

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• **Develop and implement the recommendations of the regional projects to improve the collaborative provision of:**
  ○ Orthopaedics
  ○ Ophthalmology
  ○ Diagnostics
  ○ Other collaborative service improvements that are agreed through the Regional Planning Forum
• Agreement of a new Area Plan for the Regional Partnership Board taking on learning from our Population Needs Assessment and Market Stability Reports.	

Culture • **Be a great place to work and learn** • **Work better together with partners to deliver care and support across care sectors, making best use of our people and technology** • **Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives**	
Description	Health Board Area Impacted
Great place to work and learn • Embed the themes set out in the People and Culture Plan 2022 – 2025 • Reduce sickness levels**,** improve staff wellbeing, and embed absence management • Embed workforce development and implementation plans to support the WOD strategy: Engaged, sustainable, efficient, transforming, capable • Improve workforce efficiency – ensure an affordable workforce plan is in place which is aligned to service and financial requirements. Make in-year improvements and the necessary recurrent workforce savings. • Increase sustainability of the workforce – ensure right people in right roles, in right place at the right time • Ensure all staff have an up to date Values-Based Appraisal (VBA) to improve performance and accountability • Within VBA**, ensure** all staff have completed the Statutory and Mandatory Training Core Modules	All Clinical Boards and Divisions Partners

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• Develop and maintain systems for clinical revalidation	

Working better with partners
• Improve interoperability between Clinical Boards, Local Authorities, 3rd/independent sector providers
  ○ Develop interoperability between different areas of the health board and local authorities and 3rd/independent sector providers that enables service transformation through the sharing of patient information.
  ○ Support tactical patient information-sharing initiatives that are aligned with the broader strategic objective of seeing accurate, timely and relevant patient information available to practitioners to support patient care
• Work with local authority and other partners through the C&V Regional Partnership Board to develop an updated Area Plan to address the findings of the Social Services and Wellbeing Act population needs assessment for the region
• Work with partners in the Cardiff Public Services Board and Vale Public Services Board to prepare Wellbeing plans to address the findings of the Wellbeing Assessment for the two areas carried out for the Wellbeing of Future Generations Act
	All Clinical Boards
	Cardiff Council
	Vale of Glamorgan Council
	Partners

Excel at teaching, research, innovation and improvement
• Become a centre of Excellence, a magnet and an anchor for learning, research and innovation for the region and Wales overall; fully integrated into the local community, fostering a sense of ownership and pride.
• Information Technology and Information:
  ○ Implement strategic plans outlined in Shaping our Future Wellbeing
  ○ Develop IM&T plans and governance for the Primary Care Cluster new models of care
	All Clinical Boards and Divisions
	Partners

Deliver in line with our values:
• Kind and caring; respectful; trust and integrity; personal responsibility
• Equality and Diversity
  ○ Support the elimination of all forms of unjustifiable discrimination from all UHB functions and policies.
  ○ Support the creation of an environment where diversity is valued.
	All Clinical Boards and Divisions
	Partners

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○ Ensure respect for personal dignity and recognition of human rights by and for all employees, patients and the public ○ Implement and embed the Strategic Equality Plan and Socio-economic Duty.	

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Appendix B – Detailed Commissioning Intentions for 2023-26

Medium-Term Priority

Deliver Outcomes that Matter to People: • **Reduce health inequalities** • **Deliver outcomes that matter to people** • **All take responsibility for improving our health and wellbeing**	
Description	Health Board Area Impacted
• Continue to work to identify those practices with populations with poorer health outcomes that have potential to benefit from a focus on primary and secondary prevention initiatives	PCIC Public Health Other Clinical Boards
Shaping our Future Population Health	
Specific system programmes • **Vaccination and immunisation** ○ Ensure staff and public are offered immunisations in line with current policy ○ Expand Fluenz programme in secondary schools ○ Implement a new service model for delivery and governance of immunisations across CAVUHB ○ Implement a comprehensive cycle of data cleansing and performance management at a GP practice and primary care cluster level for immunisation ○ Introduce and embed new vaccination programmes • **Systematically tackle inequalities** ○ Each clinical board to develop at least one indicator and begin to monitor inequity relevant to their services ○ Continue to expand the School Holiday Enrichment Programme (SHEP) ○ Asylum seekers ○ Review demand and capacity modelling and ensure appropriate capability and capacity in service provision. ○ Develop and implement specific pathways as appropriate. • **Healthy weight: Move More Eat Well** ○ Provide systems leadership to ensure successful delivery of the next iteration of the MMEW partnership plan (from 2024 onwards) ○ Ensure P&EY funding projects continue to deliver against HWHW identified priorities/ next iteration of the MMEW plan action targeting communities most in need	Public Health All Clinical Boards and providers

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- Support and enable Food Partnerships in Cardiff and the Vale to increase their reach/work towards achieving Sustainable Food Places Awards where eligible
- Embed action aligned to the MMEW healthy workplace principles that enables and supports staff to eat well and be physically active taking opportunities to strategically align
- Improve the availability of healthy food for staff, visitors and patients; limiting access to unhealthy food and beverage products on the premises
- Ensure that night staff have access to healthy food options
- Implement social prescribing opportunities, to include signposting / referral to physical activity, healthy eating, mental health and wellbeing and weight management support.
- Provide ongoing systems leadership to the Cardiff Physical Activity and Sport Strategy, and continue to deliver actions within the Implementation Plan.

- **Sustainable and healthy environment**
  - Continue implementation of the Level 2 Healthy Travel Charter
  - Progress air quality monitoring on main UHB sites
- **Addressing health behaviours and risks across care pathways and life stages**
  - Help staff, visitors and patients quit smoking
  - All Clinical Boards to record smoking status of inpatients on admission and refer all smokers to the UHBs in-house smoking cessation service, or record offer declined

    Develop workforce capability to deliver public health activity and appropriately support health behaviour change with the people they meet
  - Implement social prescribing opportunities, to include signposting / referral to physical activity, healthy eating, mental health and wellbeing and weight management support.
  - Continue to embed early identification of alcohol related risk through standardised alcohol screening in health settings.
  - Building the primary care base for treating alcohol use disorders and improving access to treatment within all general practices via the Alcohol Health Pathway

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○ Each Clinical Board to develop robust action plans to supportively manage obesity, including raising issues through Making Every Contact Count (MECC), routine weighing/measuring and referral to dietetics where appropriate. ○ Improve early identification of falls risks amongst older people through standardising screening by health professionals in accordance with NICE guidelines ○ Expand the early intervention falls prevention service (Stay Steady Clinic) to enable increased capacity and scale across Cardiff and Vale. ○ Embed prevention at every level of the organisation and across all stages of pathways, with all Clinical Boards developing and implementing a plan for embedding health improvement and prevention within at least one clinical team.	
• **Learning disabilities** ○ Commitment to the Joint Commissioning Strategy for Adults with Learning Disabilities 2019-2024 ○ Care provision in line with the Improving Care, Improving Lives report recommendations ○ Early Intervention and Crisis Response ○ High quality specialist care with a focus on enablement ○ Timely transition to the best service that meets their needs ○ Voice and control – putting the individual and their needs at the centre of their care ○ Supporting people to achieve their own wellbeing ○ Co-production in the design and delivery of services ○ Short, effective hospital admissions, if required (AAU) ○ Multidisciplinary support for people with the most complex health issues ○ Support to lead a fulfilled and happy life in the local community ○ Develop and implement revised transition arrangements for young people moving into adulthood.	Women's and Children's PCIC SBU Cardiff Council Vale of Glamorgan Council
Ensure compliance with the Welsh Language Act • Set out actions required to deliver services through the medium of Welsh in response to the Population Needs Assessment	All clinical boards, divisions, providers and Local Authorities

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Improve identification and support for Carers, in line with the Social Services and Wellbeing Act. • Supporting carers to recognise themselves in that role and helping staff to spot carers • Recognise the long-term support needs of carers	All clinical boards, divisions, providers and Local Authorities

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Service Priorities • Offer services that deliver the population health our citizens are entitled to expect	
Description	Health Board Area Impacted
Cancer • Development of standardised pathways with Velindre and other specialist providers	Medicine Surgery Specialist Dental PCIC CD&T Velindre
Stroke • Improve primary prevention	PCIC Medicine CD&T
Long Term Conditions • **Supporting self-care/management in relation to long term conditions where there is evidence of effective self-care approaches e.g. diabetes, cardiovascular disease and MSK. A number of approaches will be developed:** o Skilling up health and social care staff to 'Make Every Contact Count'; supporting patients to make behaviour changes for health gain; enabling staff to use appropriate contacts with patients/clients to help maintain or improve their mental and physical health and wellbeing, whatever their specialism or the purpose of that contact o Promotion of self-care through patient/client resources o Implement the diabetes community workforce plan	All Clinical Boards and providers
Dementia • **Development of integrated pathways** o Following on from self-assessment and actions, to monitor progress against the Dementia Standards, so that these are completed and maintained to a high standard utilising continuous improvement techniques • **Improving the capacity of the organisation to respond to the needs of those with a dementia diagnosis, their carers and family members** o Enhance the delivery of dementia awareness training in order to meet the Welsh Government target of **75%** of frontline staff trained across the UHB	PCIC Medicine Mental Health CD&T

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○ Ensure that all health professionals take an active 'Making Every Contact Count' approach to prevention of dementia and other chronic illnesses through discussion of lifestyle risk factors • Delivering a new set of partnership priorities for dementia services in the long term.	
@Home ○ Accelerated cluster development: a consistent target operating model which is sensitive and responsive to the needs of each GP cluster; ○ Health and Wellbeing Centres: Detailed scoping to align capital developments of Barry Hospital, Cardiff Royal Infirmary and North and West Locality Health and Wellbeing Centres; ○ Intermediate Care: Developing a common service specification and implementing a consistent, region-wide intermediate care service model; ○ Single Access Point: Design and specification of a target operating model to deliver co-ordinated, joined up access to health and care community services; ○ Enabling a new governance structure to enable increased integrated working through the Vale Alliance. ○ Ensuring timely and effective flow from hospital.	
Mental Health (all ages) • **Develop and implement system wide operational resilience plans with capacity and management systems supporting flow across the whole of the urgent care system.** ○ Develop and implement parity of esteem initiatives, including workforce development plans to show how teams can change their skill mix; support training for staff (on methods to assess someone's mental health and how to provide psychological support); ensure physical health assessment and support is routinely included in the care planning of people in mental health services; mainstreaming prevention, promotion and self-management ○ Develop integration of health and social care service provision across sectors and continue to work with partners to enhance the services that are provided 7	Mental Health PCIC Women's and Children's Local Authorities CAMHS Commissioning CD&T

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days a week, built around the Primary Care clusters, to enable response to health and wellbeing needs close to home. • **Child and Adolescent Mental Health Services** o Embed and integrate commissioned young people's emotional wellbeing service with primary mental health o Develop transition from child to adult services including joint work with children's social services • **Primary Secondary care interface** o Work with Primary Care to improve support for decision making closer to General Practice for Mental Health Care and Treatment. Enabling work of demand capacity analysis of current referrals and whole systems integrated Community Mental Health Team review of Adult and Mental Health Services Older Persons services, to be followed by service redesign to support GP Liaison and develop services through an intervention focus instead of service or team boundary focus. o Develop further shared care protocols with Primary Care on the prescribing of antipsychotics and other areas of prescribing • **Other** o Ensure new Psychological Therapies investment is targeted at waiting list reductions in primary care and facilitate the delivery of psychologically minded care and treatment across non-specialist professional groups and other clinical boards. o Ensure new perinatal investment improves early detection of mental health problems around childbirth across all clinical boards. o Develop interagency practice guidelines for those facing people who are suicidal and/or self-harming. o Work with substance misuse partnership commissioning structures to address the waiting list for addiction prescribing services. o Develop systems and processes to actively participate in wider substance misuse Alliance.	
Early Years and Maternal Health o Develop integrated patient-centred care to provide individual care plans	Women's and Children's PCIC Public Health

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Sustainability • **Have an unplanned (emergency) care system that provides the right care, in the right place, first time** • **Have a planned care system where demand and capacity are in balance** • **Reduce harm, waste and variation sustainably making best use of the resources available to us**	
Description	Health Board Area Impacted

Planned Care
• Focus on the five goals set out in the Programme for transforming and modernising planned care and reducing waiting lists in Wales, especially in relation to health and care recovery.
• All Clinical Boards and Corporate Departments to provide a brief case study and evaluation of the WFG project implemented during 2022-23; and identify additional project(s) for implementation during subsequent years which contribute to the Wellbeing of Future Generations goals and ways of working
• Review and implement efficient, effective whole systems pathways, specifically:
  ○ Ophthalmology
  ○ Dermatology
  ○ Gastroenterology
  ○ Urology
• Expand and implement new telehealth/assisted technology
• Reduce number of follow up appointments delayed past their target date
• Deliver NHS Outcomes Framework targets or develop action plans and improvement trajectories as appropriate.
	PCIC
	Medicine
	Specialist
	Surgery
	CD&T

Unplanned Care • Focus on the six Goals for Urgent and Emergency Care policy including health, social care, independent and third sector partners for the delivery of the right care, in the right place, first time for physical and mental health • Co-ordinate planning and support for populations at greater risk of needing urgent or emergency care • Signposting people with urgent care needs to the right place, first time • Clinically safe alternatives to admission to hospital • Rapid response in physical or mental health crisis • Optimal hospital care and discharge practice from the point of admission • Home first approach and reduce the risk of readmission	PCIC Medicine WAST/EASC Dental Mental Health Women's and Children's CAMHSSBU (LD) CD&T

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• Access to care in the right place and the right time
• Review and develop an integrated plan for medicine
  ○ Consider role of Llandough and community hospitals
  ○ Develop reciprocal arrangements with Cwm Taf and other neighbouring health boards
• Work with 111 project to ensure meets need; input to accurate Directory of Services for Cardiff and Vale to ensure residents are signposted to appropriate services
• Develop urgent and emergency care networks
• Evaluate the 2021/22 winter pressure schemes and commission/implement these on a substantive basis where appropriate
• Stroke services (See service priorities section)
• Ambulance services
• Improve productivity
• Decrease conveyance rates
• Increase proportion of direct admissions (not via A&E)
• Increase proportion of patients for Hear and treat/See and treat to ensure a reduction in ambulance responses
• WAST and health board to embed and improve the agreed process to ensure that frequent service users are managed consistently and equally
• Reduce patient transport bookings to be made on the day journey is required	

• Deliver NHS Outcomes Framework targets or develop action plans and improvement trajectories as appropriate. • Utilise information collected through the Patient Reported Outcome/Experience Measures (PROMs/PREMs) to redesign services and pathways to deliver improved outcomes and patient experience	All Clinical Boards CAMHS SBU (LD) Local Authorities Third Sector Partners
• **Accessibility of Primary Care** ○ Review and consider increased opening hours of Barry MIU	PCIC CD&T Medicine
• Delivery of a new Area Plan for the Regional Partnership Board taking on learning from our Population Needs Assessment and Market Stability Reports.	All Clinical Boards and providers

• **End of Life care**
  ○ Decrease the number of people who die in hospital
  ○ Develop End of Life planning processes to support patients to choose where to die
  ○ Include End of Life protocols and support within the winter pressures schemes
	All Clinical Boards

Patient Quality, Safety and Experience	All Clinical Boards and providers

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• **Support delivery of the Patient Experience Framework with specific focus on:** ○ Improving performance against the 30-day working response time; ○ 60% of concerns to be resolved via the informal route ○ Development of suitable environments which meet the needs of patients with sensory impairment especially those with impaired sight or hearing ○ Development of a workforce/volunteer network with advanced skills to meet the specific needs of those with sight and hearing loss ○ Being able to seek the views of patients and carers and the patient experience across all areas of the UHB ○ Increasing the number and utilisation of patient stories ○ The actions being taken on the themes emerging from 'what it is like to be a patient in the UHB' (You said/we did)	
Finance **Benchmarking** • Identify one specific care pathway for each directorate in which benchmarking and/or clinical evidence base suggests over-treatment is occurring **Decommissioning** • Implement Royal College of Radiology guidelines on reducing procedures with lack of clinical/cost effectiveness • Identify any procedures undertaken that are included on the NICE 'not to do' list and develop plan to decommission • Review processes where there is little evidence for efficacy or the benefit does not outweigh the cost	All Clinical Boards and providers
Estates • **Deliver against estates plans:** ○ Deliver full business case to re-provide Rookwood Hospital services at Llandough	Planning Mental Health Public Health Nursing PCIC Women's and Children's

Culture • **Be a great place to work and learn** • **Work better together with partners to deliver care and support across care sectors, making best use of our people and technology** • **Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives**

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Description	Health Board Area Impacted
• **Great place to work and learn** • Embed the themes set out in the People and Culture Plan 2022 – 2025 • Improve workforce capability – deliver quality training and development to meet learning and leadership skills • Transform the workforce to enable quality productivity and continuous improvement • Improve succession planning and manage implications of an ageing workforce • Ensure adequate and timely planning of workforce resource requirements and address staffing difficulties • Continuous improvement of local management actions to recruit and retain staff • Embed education and development within the organisation • Increase apprenticeship opportunities • Move away from traditional ways of working in Primary Care, developing new workforce roles and innovative practice	All Clinical Boards and Divisions Partners
Excel at teaching, research, innovation and improvement • Innovation ○ Develop and implement knowledge portal and academy • Research and development ○ Increase the number of research studies ○ Increase the number of patients entering trials • Education ○ Adherence to new GMC Medical Education standards to deliver improved patient outcomes through high quality medical training	All Clinical Boards and Divisions Partners
4. **Deliver in line with our values:** • Develop corporate level defined set of desired behaviours and embed at Clinical Board and divisional level with all employees • Demonstrate evidence of values being embedded internally through workforce processes such as Recruitment, VBA, Induction, Training and Education	All Clinical Boards and Divisions Partners

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Appendix C – Detailed Commissioning Intentions for 2023-26

Longer-term Priorities

Deliver Outcomes that Matter to People: • **Reduce health inequalities** • **Deliver outcomes that matter to people** • **All take responsibility for improving our health and wellbeing**	
Description	Health Board Area Impacted
Shaping our Future Population Health	

Specific system programmes
• **Vaccination and immunisation**
  ○ Ensure staff and public are offered immunisations in line with current policy
  ○ Implement a new service model for delivery and governance of immunisations across CAVUHB
  ○ Implement a comprehensive cycle of data cleansing and performance management at a GP practice and primary care cluster level for immunisation
  ○ Introduce and embed new vaccination programmes
• **Systematically tackle inequalities**
  ○ Evidence of regular monitoring of inequity relevant to each clinical board
  ○ Each directorate to analyse equity of access for one additional care pathway and implement changes based on findings
• **Healthy weight: move more eat well**
  ○ Improve access to healthy and affordable food in Cardiff and the Vale
  ○ Provide systems leadership to ensure successful delivery of the next iteration of the MMEW partnership plan (from 2024 onwards)
  ○ Ensure P&EY funding projects continue to deliver against HWHW identified priorities/ next iteration of the MMEW plan action targeting communities most in need
  ○ Support and enable Food Partnerships in Cardiff and the Vale to increase their reach/work towards achieving Sustainable Food Places Awards where eligible
• **Embed and sustain action aligned to the MMEW healthy workplace principles that enables and supports staff to eat well and be physically active taking opportunities to strategically align**
	Public Health
	All Clinical Boards and providers

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○ Implement social prescribing opportunities, to include signposting / referral to physical activity, healthy eating, mental health and wellbeing and weight management support. ○ Provide ongoing systems leadership to the Cardiff Physical Activity and Sport Strategy, and continue to deliver actions within the Implementation Plan. Support the development of the next iteration of the Strategy. • **Sustainable and healthy environment** ○ Continue implementation of the Level 2 Healthy Travel Charter ○ Progress air quality monitoring on main UHB sites ○ King's Fund recommended programmes	
Addressing health behaviours and risks across care pathways and life stages • **Tobacco** ○ To reduce smoking prevalence to less than 5% by 2030 reflecting Welsh Government's 'Smoke-Free' target as outlined in their Tobacco Control Strategy 2022-2023 ○ To increase the number of Community Pharmacies offering a Level 2 and Level 3 Enhanced Smoking Cessation Programme • **Alcohol** ○ Alcohol screening embedded into healthcare services • **Falls prevention** ○ Implementation of the pathways for falls prevention through a single point of access, enabling patients to receive early intervention and multi-factorial support to reduce their risks.	

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Service Priorities • Offer services that deliver the population health our citizens are entitled to expect	
Description	Health Board Area Impacted
Stroke • Social care staff better supported to care for stroke survivors	PCIC Medicine CD&T
Long Term Conditions • **Supporting self-care/management in relation to long term conditions where there is evidence of effective self-care approaches e.g. diabetes, cardiovascular disease and MSK. A number of approaches will be developed:** o Identification of opportunities for inclusion of health promotion and self-care initiatives through contacts with partners, for e.g. local authorities and third/independent sector o Provision of evidence-based self-care/management programmes or piloting innovative approaches where evidence is not available o Improve availability of near patient testing and agree offset of costs where appropriate	All Clinical Boards and providers
Dementia • **Development of integrated pathways** o Explore all resource opportunities to reinstate and sustain GP dementia diagnostic clinics o Consolidate and promote the support available to residential care homes to deliver better outcomes for people in their care with dementia o Increase the dementia diagnosis rate across the UHB o Comply with all expectations outlined in the national dementia strategy • **Improving the capacity of the organisation to respond to the needs of those with a dementia diagnosis, their carers and family members** o Promote dementia prevention awareness campaign using Welsh Government's Act Now materials o Support employees to adopt healthy lifestyles both in and outside of work that contributes to the reduced risk of cognitive impairment.	PCIC Medicine Mental Health CD&T
Mental Health (all ages)	Mental Health PCIC

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• **Develop and implement system wide operational resilience plans with capacity and management systems supporting flow across the whole of the urgent care system.**
  ○ Continue to maximise opportunities for working with the local authorities and improve the regular reporting of social care activity, quality and outcomes
• **Primary Secondary care interface**
  ○ Pilot a community secondary care discharge peer support model in one locality/cluster arrangement to act as navigator for vulnerable service users stepping down from community secondary care services.
• **Develop realistic and relevant service user focussed outcomes in mental health at the earliest stage possible time and through a service user lens.**
  ○ This is in the context of the most disabling impact of mental illness including loss of social networks, employment, and housing.
• **Other**
  ○ Develop and implement the requirement for a Dual Diagnosis delivery plan for Cardiff and the Vale (substance misuse)
	Women's and Children's
	Local Authorities
	CAMHS
	Commissioning
	CD&T

Oral and Eye Health
• **Oral Health**
  ○ Increase percentage of resident population with access to NHS dentists
  ○ Implementation of integrated pathways agreed by C&V Oral Health Action Group (OHAG)
  ○ Deliver Local Oral Health Plan
• **Eye Health**
  ○ Optometrists and GPs to work together to ensure patients are seen in the most appropriate setting
  ○ Implement Together for Health – Eye Heath Care Delivery Plan
	PCIC
	Dental
	Ophthalmology

• **'Home First'.**
  ○ Managing Ambulatory Care Sensitive Conditions to reduce bed days, specifically pathways around: Atrial Fibrillation; Chronic Heart Failure; Chronic Obstructive Pulmonary Disease as part of the All Wales Pacesetters programme
  ○ Move early stages of pathways into primary and community care, specifically: Diabetes; Gastroenterology; Dermatology; Urology
	PCIC;
	Medicine;
	Specialist
	CD&T

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○ Develop model for 'discharge to assess' in the community	
• **Delivery** ○ Deliver against the disease specific NHS Delivery Plans	All Clinical Boards and providers
Sustainability • **Have an unplanned (emergency) care system that provides the right care, in the right place, first time** • **Have a planned care system where demand and capacity are in balance** • **Reduce harm, waste and variation sustainably making best use of the resources available to us**	
Description	Health Board Area Impacted
Planned Care • Focus on the five goals set out in the Programme for transforming and modernising planned care and reducing waiting lists in Wales, especially in relation to developing and embedding longer-term transformative and innovative change. • GPs and secondary care clinicians to develop multidisciplinary care and access to specialist services within clusters around pathways of care • Ensure INNU, Prior Approval and IPFR policies are understood by primary care and all Clinical Boards • Ensure that the INNU intervention list is fully implemented and monitored by Clinical Boards • All Clinical Boards to understand the cost effectiveness of interventions and work to remove variation between services and locations. • Aim to reduce cost per Quality Adjusted Life Year (QALY) across services.	PCIC Medicine Specialist Surgery CD&T
Unplanned Care • Focus on the longer-term Goals for Urgent and Emergency Care policy including health, social care, independent and third sector partners for the delivery of the right care, in the right place, first time for physical and mental health • Co-ordinate planning and support for populations at greater risk of needing urgent or emergency care • Signposting people with urgent care needs to the right place, first time • Clinically safe alternatives to admission to hospital • Rapid response in physical or mental health crisis	PCIC All Clinical Boards

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• Optimal hospital care and discharge practice from the point of admission • Home first approach and reduce the risk of readmission • **Improve inter-practice referrals in Primary Care to reduce the number of secondary care referrals** ○ E.g. sexual health/contraception	

Finance
• **Ensure that Long Term agreements are appropriate**
  ○ Reduce tertiary activity carried out under secondary care agreements
• **Cost of tests and support services**
  ○ Ensure that all referrers are aware of the cost of tests and other diagnostics
  ○ Further develop internal trading frameworks
• **Decommissioning**
  ○ Each Clinical Board to review the Interventions Not Normally Undertaken (INNU) and ensure compliance with policy
	All Clinical Boards and providers

Culture • **Be a great place to work and learn** • **Work better together with partners to deliver care and support across care sectors, making best use of our people and technology** • **Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives**	
Description	Health Board Area Impacted

• **Great place to work and learn**
  ○ Embed the longer term aims set out in the People and Culture Plan 2022 – 2025
  ○ Increase workforce engagement by creating conditions to unleash capability, potential and commitment to goals and values of the organisation
  ○ Development and embedding of different service models which drive change in the workforce model and skill mix
	All Clinical Boards and Divisions
	Partners

• **Excel at teaching, research, innovation and improvement** ○ Use R and D to benefit patient care by providing new diagnostic and prognostic testing, more stratified medicine and more innovative therapies to our patients.	All Clinical Boards and Divisions Partners

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Strategic Planning and Commissioning
'shaping the future, delivering better outcomes today'

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Appendix B
Summary Commissioning Intentions
2023-2026



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Deliver high quality, value-based healthcare and clinical outcomes and better patient satisfaction. Provide environmentally sustainable patient pathways and an environment that will focus on prevention, aid recovery, dignity and healing, foster long-term patient managed health and are compliant with all relevant regulations.

Become a centre of Excellence, a magnet and an anchor for learning, research and innovation for the region and Wales overall; fully integrated into the local community, fostering a sense of ownership and pride.

Promote staff wellbeing and recognise innovation and staff effort. Enable recruitment, greater satisfaction and retention of high-quality staff , maintain a high calibre workforce and provide education and training necessary for their professional development.

Become a pioneer for understanding activity in more innovative ways, by:

1) Proactively utilising technology in delivery of care, with a focus on prevention and long term wellness;
2) Developing a platform adaptable for future technology integration;
3) Utilising Artificial Intelligence and machine learning to deliver precision medicine.

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Building on our established multi-agency approach working positively and strongly drive up the health status of the population by focussing on disease prevention at primary, secondary and tertiary levels, promoting health and wellbeing, and targeting the populations with the highest social inequalities. Apply learning, through the lens of the pandemic experience, especially to groups with specific needs such as co-morbidities, learning disabilities, vulnerable groups and Black, Asian and Minority Ethnic communities.

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Empower the person | **Home first** | **Outcomes that matter to people** | **Avoid harm, waste and variation**

Performance Requirements

Covid-19 Reset and Recovery

Reduce outpatient attendances	Deliver more care in primary & community services	Reduce non-elective admissions Reduce emergency theatre cases	Reduce elective surgery rates Reduce elective beds	Shift to day cases from inpatient	Ensure Financial Sustainability	Environmental sustainability	Equality and inequity
• Support patient self-care & management • Focus on primary, secondary & tertiary prevention & early intervention • Risk stratification, remote surveillance & monitoring • Best use of specialist input building on best practice and innovation • Increase non-face to face consultations	• Increase activity and services in primary & community care • Support prevention activities in primary and community settings • Deliver care closer to home • Increase community diagnostics and point of care testing • Increase social prescribing and early intervention	• Risk stratification, remote surveillance & monitoring • Identify inappropriate attendances at acute setting through data analytics • Use of data to identify issues in patient pathways • Investigate & identify initiatives to improve efficiency	• Reducing length of stay • More effective discharges to avoid readmissions • Improve early intervention and secondary and tertiary prevention • Improve and increase services within the community	• Strengthen the opportunities to undertake day cases procedures where inpatient stays are not clinically appropriate • Undertake day cases in line with BADS recommended list.	• Work within existing allocation, including any uplift • Achieve agreed level of cost improvement • Ensure financial sustainability within agreed timeframe	• Reduce emissions and embed emission efficiencies into processes. • LED lighting across estates • Digital technology to reduce travel • Increase use of Battery-electric vehicles	• Improve health and reduce inequalities in health outcomes focusing on wellness, prevention & early intervention • Focus on deprived populations, people with co-morbidities, LD, vulnerable groups & BAME communities

Alexander Nathan
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Shaping our future **Quality Excellence** | Shaping our future **Population Health** | Shaping our future **Communities** | Shaping our future **Clinical Services** | Shaping our future **Hospitals**

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Cardiff and Vale University Health Board
Commissioning Team



2021-22

Cardiff & Vale UHB Commissioning Team

Annual Report

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Publication Date: **Version 0.3**

XX XXXX XXXX

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Cardiff and Vale University Health Board
Commissioning Team

1. Foreword

Pending sign off:



There are exciting times ahead for commissioning within Cardiff and Vale University Health Board. While Covid-19 has disrupted services, it has also inspired thinking in terms of the future for commissioning within our organisation and how we can improve outcomes for our patients and deliver value for money in the services we deliver. The wellbeing of our resident population is paramount as we move into reset and recovery following the pandemic.

There is national level interest in Commissioning by the Directors of Planning Peer Network to outline and agree the role of commissioning within Wales and expedite the standardised adoption of commissioning values and principles. The intention is to build on existing areas of good practice and share understanding on how to commission for outcomes, integrate with partners and support the focus to tackle health inequalities.

There is a need for our reset and recovery priorities to emphasise embedding sustainable change that meets the changing need of our population in Cardiff and the Vale of Glamorgan. The pandemic has intensified existing health inequalities and highlighted new vulnerabilities. As part of our commissioning principles we must support the Health Board to provide access to quality healthcare services as part of sustainable recovery.

The Commissioning Team is a small team but has managed to achieve some key pieces of work as detailed further in this annual report. The team have continued to provide routine commissioning such as strengthening governance and assurance processes, delivering Individual Patient Commissioning Requests and providing commissioning support within the Health Board and to partners. Alongside this, some larger pieces of transformational partnership work have been undertaken within substance misuse and learning disabilities.

As outlined in the Commissioning Intentions, the work of the Commissioning Team continues to focus on outcomes that matter to people, measures that are meaningful and risk mitigation. As the team look towards the coming year, these values will ensure that we keep delivering the right services that matter to the people in Cardiff and the Vale of Glamorgan.

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Abigail Harris, Executive Director of Strategic Planning

2. Introduction to Cardiff and Vale Commissioning Team

The Commissioning Team aim to improve outcomes by focusing on the needs of our local population, driving improvements in services to ensure that those needs are met through high quality care.

We are a small team of four members who undertake different functions within commissioning, including externally commissioned services, individual patient funding requests and the wider commissioning needs of the organisation. The UHB also hosts the Area Planning Board Commissioning Team on behalf of the local partnership which provides leadership, strategy and direction for the commissioning and delivery of substance misuse services.

The current responsibilities of the Commissioning Team, including substance misuse are:

- Individual Patient Funding Requests (IPFR)
- Harm reduction and intelligence
- Contracts management
- Strategy and development
- Quality, safety and effectiveness

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2.1 Commissioning within Cardiff and Vale University Health Board

Our commissioning approach focuses on outcomes and value-based healthcare, with all commissioning decisions considering safety, dignity and respect, best practice and clinical guidance, efficiency and making the best use of our resource. This enables us to;

- Base service design, improvement and delivery on whole systems
- Deliver services based on achieving outcomes for our population, whoever they are, and wherever they live
- Better understand costs and resource allocations
- Continuously improve services
- Deliver the benefits of Shaping our Future Wellbeing for our current, and our future population.

Cardiff and Vale University Health Board, is an integrated commissioning and provider organisation. The Health Board is therefore responsible for planning and securing services based on the needs of the population, as well as providing safe, efficient health services.

All services play an integral part in ensuring we consistently use commissioning practices throughout the organisation. Whilst strategic commissioning is vital to meeting local need, it is acknowledged that commissioning happens at differing levels, including:

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National Commissioning

- WHSSC – Highly Specialised Services
- EASC (NCCU)
- NHS Collaborative/Exec
- Clinical Networks (WRCN)

Supra-Regional Commissioning

- WHSSC – Collective Commissioning

Regional Commissioning

- No formal structures
- Long Term Agreements
- NCCU (SARC)

Area-Based Commissioning

- No formal structures
- Long Term Agreements
- NCCU (SARC)

Local Commissioning

- Third Sector
- Long Term Agreements
- Non-Contract Activity (Protocols)

Individual Patient Commissioning

- Continuing Healthcare
- Funded Nursing Care
- CYP Complex Needs
- Pooled budgets
- NCCU (Frameworks)
- IPFR
- Non-Contract Activity



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In line with the Cardiff and Vale UHB Strategic Principles we use commissioning to deliver Shaping Our Future Wellbeing and commission services and interventions which;

Involve and collaborate with our population and partners in each stage of the commissioning cycle.

Balance short term need with longer term need.

Empower the Person

- Are people focussed.
- Are co-produced, built around individual and population need, and which enable people to stay healthy and manage their own care.
- Use technologies to provide better services, better information and to promote choices.

Home First

- Focus on prevention, early intervention, and which sustain outcomes.
- Drive an innovative and dynamic culture which challenges how services are traditionally delivered.

Outcomes that Matter to People

- Are focused on outcomes rather than services.
- Focus on momentum in the pathway.
- Brings service provision together around the needs of people and reduces boundaries and barriers to care.

Avoid Harm, Waste & Variation

- Reduce and manage demand by the most effective means.
- Are evidence-based.
- Based on robust data and performance management.
- Where benefit is not demonstrated, are reviewed accordingly.
- Are of high quality, accessible, equitable and safe.

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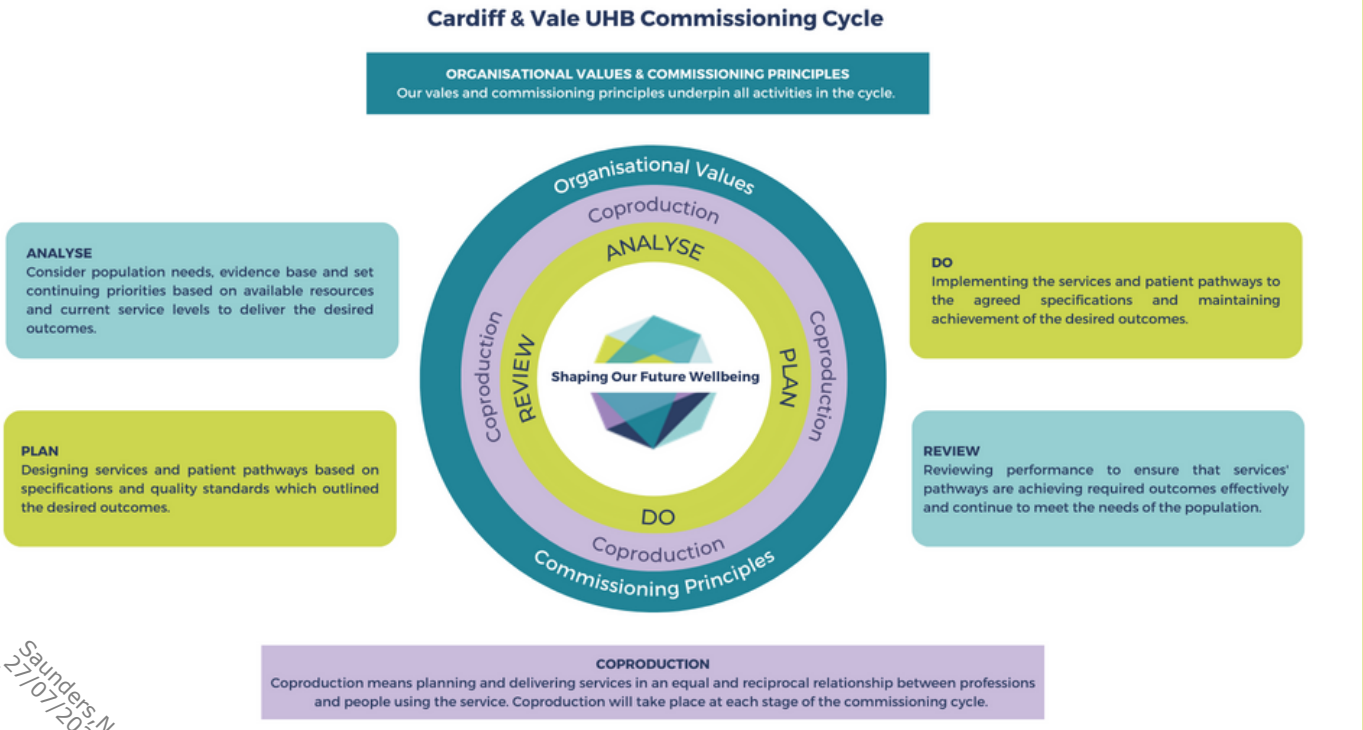
2.2 Commissioning Skills and the Health Board

The annual commissioning intentions form the bridge between our 10-year strategy and IMTP by continuing to outline our strategic objectives but also look towards the future priorities for our organisation. The annual Commissioning Intentions, informed by our population needs and assets assessments, have been built from primary care cluster and neighbourhood profiles and plans, and form the basis of Clinical Boards Interim Medium Term Plans (IMTP). This ensures a focus on outcomes that matter to our local populations.

As an integrated commissioner and provider organisation, Cardiff and Vale UHB commissions some services for our population from other organisations but the majority of care for its residents, is commissioned and delivered by our Clinical Boards. Our aim is that the same processes which are followed when commissioning services with other organisations, are applied to commission internally delivered services. As such, we need to regularly monitor and review the services we provide and ask questions about what healthcare we are offering our residents. The Commissioning Cycle allows us to put a shape to how we offer, review and monitor services.



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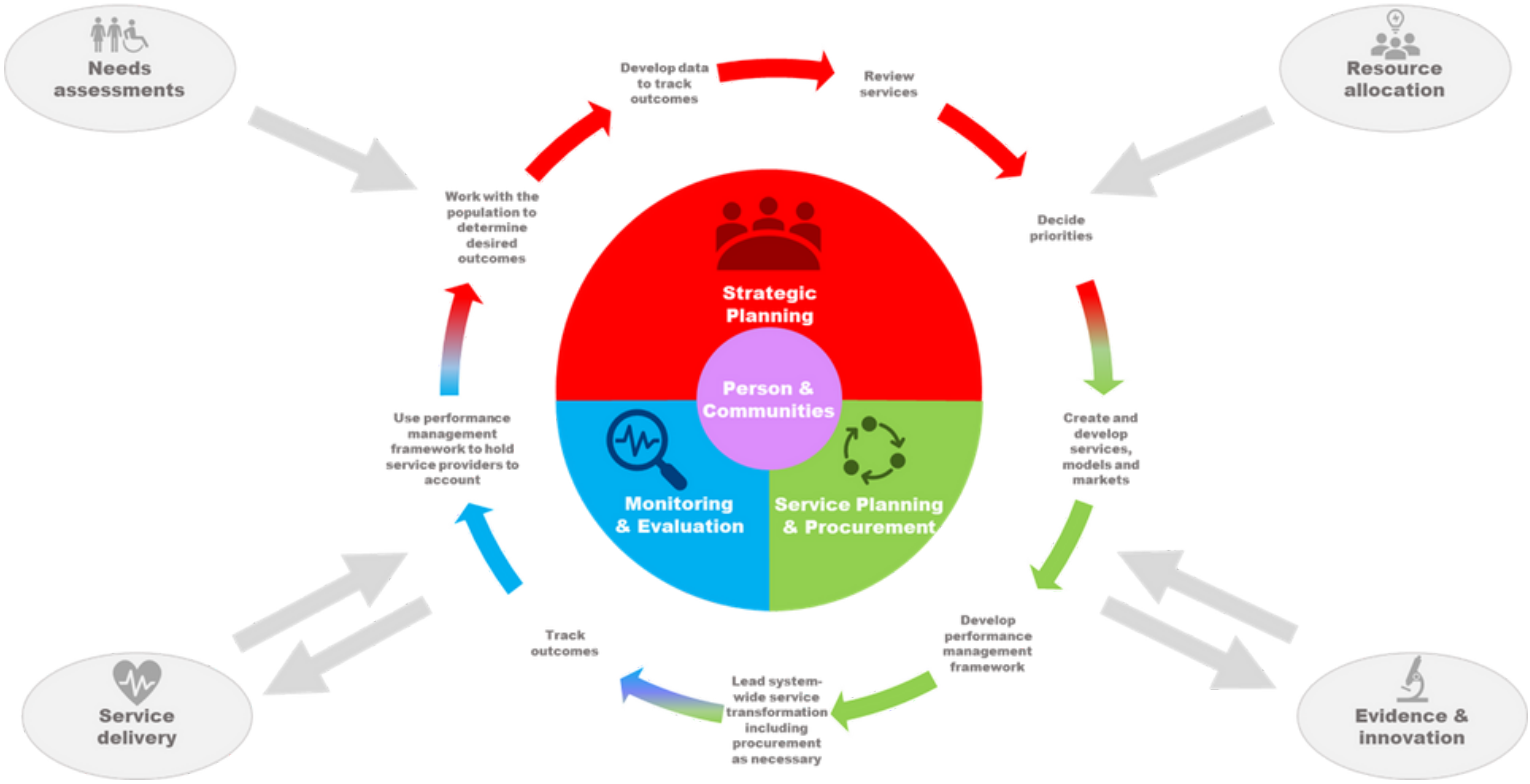
As mentioned previously, there is work underway to look at the role of commissioning within the wider organisation. The following cycle is an integration of commissioning principles within strategic planning.



Looking forward to 2022-23 the Commissioning Team will continue to engage with the national aim of developing and providing commissioning toolkits and support for the organisation and partners to enhance the skills required to deliver outcome and value-based healthcare. Locally, we will be revising the Commissioning Assurance Framework and looking at new ways to present monitoring and outcome measures.

For the Commissioning Team itself, the last year has seen some new faces join the team and changes to its structure. Previously, the team carried out a skills analysis to help us better understand how we can work more productively as a team and value our strengths and differences. With the recent changes to the team we'll be revising this and using it to focus on any training requirements moving forward. The skills analysis toolkit could be expanded over the coming year to those in the organisation carrying out commissioning functions to support their ongoing development.

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3. Adult Learning Disability Services

Adult Learning Disability services for Cardiff and Vale Residents are provided by Swansea Bay University Health Board. The regional service also supports residents of Swansea Bay University Health Board and Cwm Taf Morgannwg Community Health Board.

The three health boards have agreed the principles for a modernisation programme aiming to redesign the current model of care for specialist inpatient services. This includes the expansion and development of community Learning Disability provision in partnership with the seven local authority areas covered by the service. The outcomes for the modernisation programme are to reduce dependence on hospital-based services, ensuring that the new model of service is fit for purpose, meets population need, and mitigates some of the growth of high cost out of area placements.

The Head of Partnerships and Strategic Planning for Learning Disability Services in June 2021. The main purpose of role is to lead the Partnership agenda for Learning Disability across Cardiff and the Vale, and to capitalize on all opportunities to deliver integrated, or aligned services wherever it is timely and appropriate to do so.

To deliver this aspiration, the development of strong relationships is critical. As well as gaining an appreciation for the strategic direction of both local authorities, Swansea Bay Health Board, the Regional Partnership Board, and Welsh Government, being able to hear the voices and experiences of delivery teams, patients, and carers, is absolutely key.

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In 2021-22 we have;

Strategic Action Plan 2021-2026 - A regional response on the consultation being delivered by WG on the proposed new LD Strategic Action Plan has been submitted. This programme is a continuation of the Improving Lives programme, and will now be regarded as the Improving Lives Health legacy.

There is continued engagement with Swansea Bay UHB, Cwm Taf Morgannwg UHB and Local Authorities regarding commissioned services.

A project has been completed with Cardiff and Vale UHB Information Team to identify patients who were either not, or only partially vaccinated against Covid-19 in order to improve vaccination uptake.

A pilot was completed to support General Practices offer annual health checks for individuals with a learning disability.

There have been 42 clinicians trained as LD champions to date.

The workstreams aligned to the recommendations of the Joint Commissioning Strategy for Adults with Learning Disabilities 2019-2024 have been restarted following a pause during the pandemic.

Feedback in as to how services meet the 'Improving Care, Improving Lives' recommendations has been provided on a six-monthly basis.

A piece of work to validation of the General Practice Learning Disability register for patients supported by the Community Learning Disability Team has been undertaken

Health Check project increased awareness around the importance of the checks, and provided additional capacity to surgeries. Improved identification of patients with an LD, and signposting of support available to surgeries through SBUHB.

Agreement regarding the core role and function of the Community Learning Disability Teams.



Looking Forward to 2022-23

The Head of Partnerships and Strategic Planning for Learning Disability Services driving forward the modernisation programme by leading on partnerships and strategic planning, for service redesign and development.

Ongoing work to complete the that is being produced by Cardiff and Vale UHB, Swansea Bay UHB and Cwm Taf Morgannwg UHB to formally document the service provision.

Redesign the performance monitoring dashboard to align to the Service Level Agreement

Explore additional support around the interface with GP's, and contact with other Primary Care Services such as dental, optometry, and pharmacy.

Look into what 'good' transition looks like for individuals and families with varying needs. Transition Pathway Group to look at the transition process for our most complex service users and consider an 'enhanced' pathway for those children and young people with an already established Primary Health Need.

Finalise the Single Referral Pathway for the Community Learning Disability Teams and then embed new process.

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Business Case for Learning Disabilities Intensive Support Team that delivers a 7-day service which provides additional support to the service user. This in turn reduces unnecessary admissions to inpatient services and decrease the risk of placement breakdown.

4. Individual Patient Funding Requests (IPFR)

Cardiff and Vale University Health Board provides a comprehensive range of healthcare services for its population. There are some treatments or services that are required which currently fall outside the services that are routinely provided. If a clinician considers that a patient would benefit from a treatment that is not usually provided on the NHS in Wales, they can submit a special request to fund the treatment. This is called an Individual Patient Funding Request (IPFR).

As previously highlighted, part of our role as Commissioners and as the Health Board is to get the best value for this money. Demand for healthcare is growing, with new and often expensive treatments are becoming available almost every week. However, due to a finite amount of money, sometimes very difficult decisions sometimes have to be made.

There may be cases where a treatment is not available routinely because there is limited evidence for how well it works, or because it is very high cost and does not offer good value for money. An IPFR can be considered if a clinician believes that a patient's clinical circumstances are clearly different to other patients with the same condition, and when there is a clinical reason why their condition would respond differently to other patients' which means they would gain more clinical benefit from that treatment. As well as this, the application for the IPFR would need to demonstrate that the cost of the treatment for your condition is reasonable.
The Commissioning Team administer the IPFR and associated processes. This includes liaising with clinicians and patients to ensure that applications contain the required quantity and quality of information for the UHB to be able to make a fair and transparent decision. Decisions on IPFR requests are made by the IPFR panel, which can be made up of doctors, nurses, public health experts, pharmacists, finance representatives and lay members.

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4 more IPFR requests were considered during in 2021-22, than in 2020/21.

Panel members have the expertise and knowledge to consider the information provided in the application form and supporting documents and to make sure decisions made in line with the All Wales IPFR policy. When considering applications, the panel will only consider the clinical evidence provided, which ensures the IPFR process is fair, equitable and non-discriminatory.

17 IPFR Panel meetings were held between 1 April 2021 and 31 March 2022. IPFR Panel meetings moved from face-to-face to virtual during 2020/21 due to the Covid pandemic and the Panel has agreed to continue to meet virtually going forward.

A total of 28 IPFRs were considered by Cardiff and Vale University Health Board between 1 April 2021 and 31 March 2022. 4 more IPFR requests were considered during in 2021-22 than in 2020/21.

57% of requests were approved, 14% of requests were declined, 18% of requests were deferred pending additional information and 11% of requests were approved by Chairs Action due to the clinical urgency of the requests.

The Cardiff and Vale University Health Board considered 1 request for a review of the process followed by the All Wales IPFR Panel. The review panel upheld the grounds of the review and asked the original IPFR Panel to reconsider the request.

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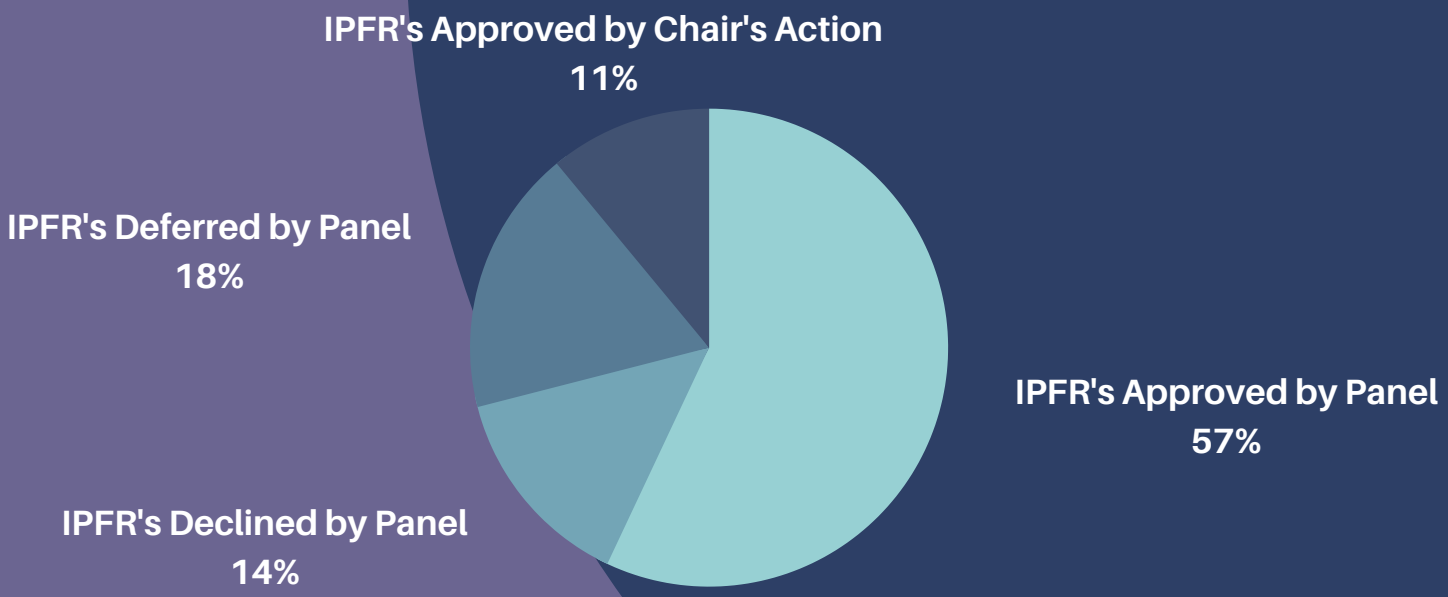

Outcomes of IPFRs considered by the Cardiff and Vale UHB IPFR Panel between 1 April 2021 and 31 March 2022

Electronic IPFR applications are accepted via the All Wales IPFR database. The database is supported by the All Wales Therapeutics and Toxicology Centre (AWTTC) who use the national information to monitor any medicine cohorts which might be suitable for consideration by the One Wales process. The IPFR Team collect outcome data for approved IPFR medicines requests. These updates are used to report clinical status and progress to IPFR Panel members, to assist them in consideration of extensions or renewals of authorisations for funding of Medicines and feed into the All Wales IPFR database for monitoring purposes.

Saunders, Katharine
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The annual IPFR Workshop was held virtually on 29th November 2021. The 2022 workshop will be held face-to-face.

5. Prior Approval Requests for non-contract activity (PAR)

Whilst we aim to provide treatment locally for our residents, there are occasions when a routine service is required, for example, when there is not a locally commissioned service, for a referral to a tertiary service or whilst repatriating into local services.

There was a considerable drop in the number of Prior Approval Requests received during 2020/21, which is believed to be due to many routine elective care was sometimes paused during the pandemic. The number of Prior Approval Requests received during 2021/22 has returned to pre-pandemic levels.



6. Funding for treatment in European Economic Areas

Welsh residents were legally entitled to request reimbursement for healthcare treatment in another EEA country if they were entitled to that same treatment from the NHS in Wales. The full criteria to access this route were outlined in the All Wales procedure for Welsh Patients Accessing Treatment in Countries of the European Economic Area.

Following the EU exit, the Department of Health and Social Care confirmed that treatment under the Cross Border Directive had not been continued under the UK EU Trade and Cooperation Agreement. Therefore, we have not accepted applications to access healthcare treatment in the EU other than for reimbursement for treatment that began, or authorisation was sought, before 11pm on 31 December 2020.

A total of 4 requests for reimbursement for treatment in countries of the EEA were considered by Cardiff and Vale University Health Board between 1 April 2021 and 31 March 2022. All requests were approved by Cardiff and Vale University Health Board.

All reimbursement requests for treatments with Prior Authorisation have been processed by the Health Board, there are no outstanding requests.

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7. S2 (Planned Treatment) Route

The S2 Route (planned treatment) is for residents of Wales who want planned treatment in an EU country or Switzerland.

The S2 Route for planned treatment in another EU country was previously contained in EU Regulation, however due to the EU exit arrangement this EU Regulation was revoked, effective 31 December 2020.

The S2 Route is part of the Trade and Cooperation Agreement (TCA) which applies from 1 January 2021. An alternative scheme "the Directive Route" where an individual is reimbursed for treatment received in another EEA member state has not been continued.

The key elements of the S2 Route are:

- The treatment must be available to the patient under the NHS in Wales and must be available under the treating county's state healthcare scheme.
- There must be written support from a clinician in either the UK, any EEA Country or Switzerland, which following their full medical assessment, supports the diagnosis, treatment and medical timeframe necessary for the treatment that the patient wants funding for.
- The NHS in Wales must confirm that it cannot provide the treatment or equivalent, in a medically acceptable timeframe, for the patient's condition / diagnosis (referred to as Undue Delay).

Saunderson, Kathryn
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In 2021-22 we have;

Recruited and trained two new Lay IPFR Panel members.

Recruited and trained one new Review Panel member.

Trained additional Public Health and Pharmacy IPFR Panel members.

26 IPFR outcome questionnaires were reported to the IPFR Panel between 1 April 2021 and 31 March 2022.

Adapted our processes for S2 requests for Planned Treatment in an EU country or Switzerland in line with All Wales Guidance issued by Welsh Government.

The Directorate of General Surgery and the IPFR Team worked together to develop a protocol for the consideration of prior approval requests for low energy contact X-ray brachytherapy (the Papillon technique) for early-stage rectal cancer patients for whom surgery is not suitable.



Undertake a review of how the non-formulary medicines process aligns with the IPFR process.

Revise the Top-Up Payment Policy for IPFR.

Next Steps for 2022/23



Recruit new IPFR Panel members.

Develop the Health Board S2 Procedure.

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8. Area Planning Board (APB) Support Team

8.1 Fatal Drug Poisoning Reviews

The APB Commissioning Team conduct systematic multiagency reviews of fatal drug poisonings that have occurred across Cardiff and Vale of Glamorgan in line with Welsh Government published guidance.

Between 1st January 2020 until 31st December 2020, 29 sudden deaths were reported to Cardiff and Vale of Glamorgan APB Support Team which met the criteria for review as a suspected fatal drug poisoning. This number is comparable with previous reporting years.

The majority of incidents involved residents of Cardiff local authority area, consistent with previous years. Data continues to demonstrate a wide-ranging demographic and substance profile underpinning cases reviewed across Cardiff and Vale of Glamorgan. With incidents typically involving individuals who were securely housed, and those engaging in non-injecting substance use at time of death (Tables A & B).

Whilst the median age range of cases has remained consistent over recent years, a disproportionately higher proportion of individuals were represented in the under 25 years age category during this reporting period (21% in 2021 vs 10% in 2020). The review of such cases identified no universal link or theme underpinning each death, as such no direct causal factor has been implicated in driving this change. Confirmed reports following Coroner's Inquest and Toxicology has highlighted the complex poly-drug profile of those cases reviewed over recent years, which will help to inform APBs harm reduction agenda.

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Summary of demographic characteristics and circumstances surrounding incident (2021)

29 Suspected Incidents

86% Male

14% Female

79% Residents of Cardiff

21% Residents of Vale of Glamorgan

42 Median Age

76% Lived in Secure Accommodation

27% Accessed health and social care support within 12 months of incident

14% Incidents linked to suspected stimulant use

48% Incidents linked to suspected opioid use

37% Controlled medications found at scene

76% Incidents occurred in private residences

31% Injecting paraphernalia found at scene

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8.2 Blood Borne Virus Screening

Due to COVID-19 restrictions on Public Health Wales Microbiology Services capacity, the screening programme for blood borne viruses (hepatitis B, hepatitis C and HIV) within substance misuse services was suspended throughout the majority of 2020. This has impacted opportunities to diagnosis and refer people into specialist treatment, and the subsequent progress towards Welsh Government's commitment to eliminating hepatitis C in Wales by 2030.

In December 2020, authorisation was provided by Welsh Government to APBs that BBV diagnostic services could recommence following improvements in lab diagnostic capacity. Following which a BBV Recovery Project Team was convened by CAV UHBs BBV Service with aim of reinvigorating and expanding screening and treatment pathways across Cardiff and the Vale of Glamorgan. Throughout 2021-22 the APB Support Team and Harm Reduction Group have supported this work, undertaking the following activities:

- Development of service level action plans to support identification of key tasks and barriers for implementation / upscale of BBV testing and referral to treatment
- Initiated performance review to support development of performance framework and key milestones of BBV testing across Cardiff and Vale of Glamorgan
- Embedding opt-out screening processes at point of entry and assessment
- Supported implementation and embedding of Hepatitis C Trust's peer led Follow Me project

During this reporting period (2021-22), 813 individuals were recorded to have received BBV test across Cardiff and Vale of Glamorgan substance misuse services. This represents an increase of 36% on number of individuals tested during financial year pre COVID-19 (2019-20).

27/7/2022 17:34:58 Rhondda Nathan

8.3 Needle & Syringe Programme Review

In order to inform the Area Planning Board's strategy to reduce drug related harms, and ongoing recommissioning activities the APB Support Team undertook a review of existing Needle and Syringe Programme (NSP) services across Cardiff and the Vale of Glamorgan. A previous review of NSP Services was undertaken by the APB Support Team in 2017. The decision to undertake the review during this time, was informed by a recommendation from a Health Needs Assessment of People who Publicly Inject[1], and recommended best practice as highlighted in the last review. The objectives of the review included:

- Describe the accessibility and coverage of injecting paraphernalia and associated activities services to ensure equitable service throughout Cardiff and the Vale of Glamorgan
- Describe the opportunities for secure and safe sharps disposal provided by NSP services to ensure equitable service throughout Cardiff and the Vale of Glamorgan
- Analyse the quality and consistency of NSP services to ensure the service model is fit for purpose and meets the needs of people who inject drugs (PWID) throughout Cardiff and the Vale of Glamorgan
- Highlight areas of good practice and opportunities for new and novel approaches for NSP provision
- Identify any training and/or additional support required by the workforce so that they have the knowledge and skills to deliver a positive experience for people using NSP services across Cardiff and the Vale of Glamorgan

Initiated in January 2021 the review was conducted using a mixed methods approach utilising; qualitative and quantitative feedback from current NSP providers, service users, key professional stakeholders, an assessment of current literature, and analysis of activity and demographic data obtained via Harm Reduction Database Wales. Final report and recommendations was produced in August 2021 following ratification via both Cardiff and Vale of Glamorgan Community Safety Partnerships'. Recommendations have since been carried forward by the APB's Harm Reduction Group and will inform the forthcoming Alliance delivery model.

[1] Cardiff and Vale UHB Public Health Team (November 2020).
Changing the Script: A Health Needs Assessment for those who inject in public in Cardiff

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8.4 Peer-to-Peer Naloxone Project

As part of its strategy to reduce drug related deaths, Cardiff and Vale of Glamorgan Substance Misuse Area Planning Board has launched a new assertive outreach pilot project which will see Naloxone being distributed to people who use drugs (and members of the community) via selected volunteer peer workers with lived / living experience (peer-to-peer). Whilst Naloxone has been supplied across the region via commissioned drug and alcohol support services since 2011, the project aims to enhance traditional distribution methods by drawing upon the expertise, experience, and social connections gained by individuals with ongoing lived experiences – reaching a much wider vulnerable group at high risk of overdose.

Where established in other parts of the UK and Internationally, peer-to-peer programmes such as this have been demonstrated to be both efficient and low-cost mechanisms in extending the reach of this life saving intervention and promoting wider harm reduction initiatives.

Overseen and supervised by local commissioned drug and alcohol support and treatment service Change Grow Live - Taith, training and co-development of the project's delivery model with 5 identified peer volunteers was completed in September 2021. With the project titled HIGH Cardiff (Help is Giving Hope) commencing activities early October 2021. As part of the projects' implementation, partnership working was undertaken with South Wales Police' local Community Safety Team and regional Drug Steering Group to ensure peer volunteers activities are appropriately communicated across the police force area. Includes ensuring local officers are aware on how peers can be identified to minimise disruption to their activities (via the distinctive 'Ask me about Naloxone' hooded sweatshirts, and identification cards). Furthermore, communications were issued to officers and police staff to raise awareness of Naloxone, its use within the community, and they support members of the public during an overdose event.

During the first three months of implementation (Oct-Dec 2021) the project was able to:

- Deliver over 149 supply transactions of Take-Home Naloxone (including appropriate training on overdose prevention and kit admiration) to individuals at risk / associating with people at risk of opioid poisoning within the Cardiff City Centre area. Representing 29% of all Take-Home Naloxone supply events undertaken across the region during the same period (516 supply events)
- Trained and supplied Take-Home Naloxone to 88 new individuals. Representing 53% of all new individuals supplied Take-Home Naloxone across the region (165 new individuals supplied)
- Contributed towards an uplift of the number of individuals 'at risk' of opioid poisoning carrying an Active' Take-Home Naloxone kit

Furthermore, initial work has been undertaken to scope hot spot areas surrounding the center's borders for targeted engagement, and expand operational hours to evenings. As the team continue to embed and grow in confidence it is anticipated HIGH Cardiff will seek opportunities to promote additional harm reduction information (e.g. preventing injecting site infections, street-benzodiazepines, BBV screening and treatment), as well as supporting delivery of naloxone/overdose prevention training to wider health and social care teams and members of the community.

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8.6 Contract Management

Cardiff and Vale APB commissions a range of services to provide different levels and types of drug and/or alcohol treatment for children, young people, families, and adults.

Our treatment system in Cardiff and the Vale is structured in tiers and ranges from basic advice and information, harm minimisation (reduction), psychosocial interventions, clinical provision including inpatient detoxification, and relapse prevention. The following statistics provide headline information on activity during 2021/22.

N.B. please note the overall total is likely to be higher due to service limitation related to Covid, performance reporting was suspended for quarter one of this year. The data below relates to information gathered from providers quarterly returns from 1st June 2021 – 31st March 2022.

3,814 Total Referrals Received

3,789 Valid Referrals Accepted*

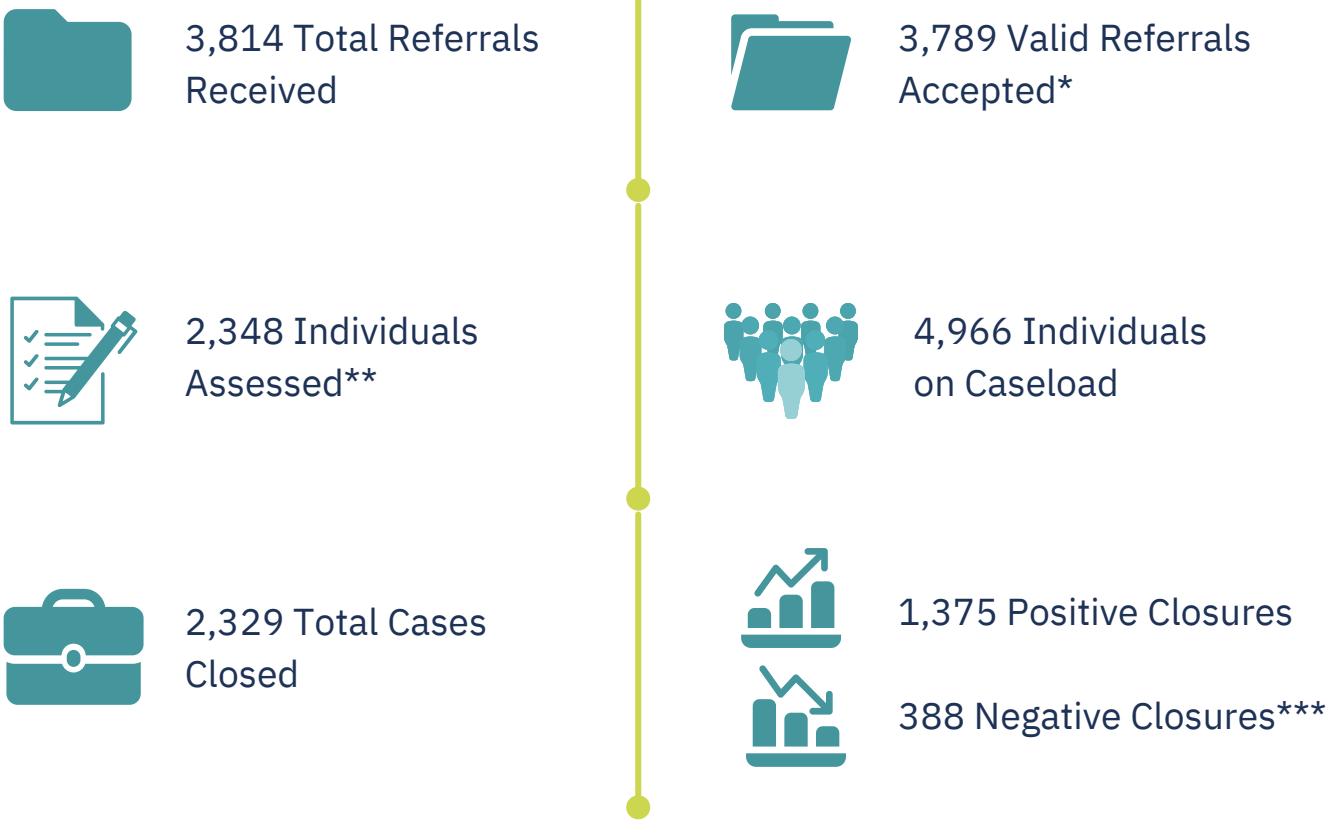
2,348 Individuals Assessed**

4,966 Individuals on Caseload

2,329 Total Cases Closed

1,375 Positive Closures

388 Negative Closures***



*Reasons referrals may not be accepted (valid) include referral does not might service criteria, individuals decline treatment and fails to opt in, not a Cardiff or Vale of Glamorgan resident
**Overall total is likely to be higher for individuals assessed due to service limitation related to some services not reporting also worth noting not all service assess individuals referred to service.
***Negative closures include individuals leaving treatment in an unplanned way, moving out of area with no plans to access support in the new locality.

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8.6 Recommissioning

Cardiff and Vale APB have continued to progress the recommissioning of services which commenced with a substance misuse needs assessment in 2018, but which was delayed due to Covid-19 pandemic last year. Our aim is to align our support and treatment system through commissioning for Outcomes and an Alliance Contract.

The Alliance will be responsible for transforming the way that Substance Misuse Services are delivered in Cardiff and The Vale of Glamorgan, and embedding these changes across the entire system.

Our focus is on creating systemic change: changes to culture, funding structures, commissioning, and provision which will support a new way of working. We are aiming to create an environment where provider organisations, people with lived and living experience of substance use, with commissioners, share responsibility for achieving outcomes and are mutually supportive - learning from each other, and making decisions based on what's best for people using services. The Alliance will share decision making and take collective responsibility to achieve our goal of a fully integrated and coordinated Substance Misuse system which focuses on people's strengths, and supports their whole health and wellbeing. We expect that will take time to embed and to begin to deliver the anticipated benefits of this approach, and this is why we have agreed that the contract should span ten years.



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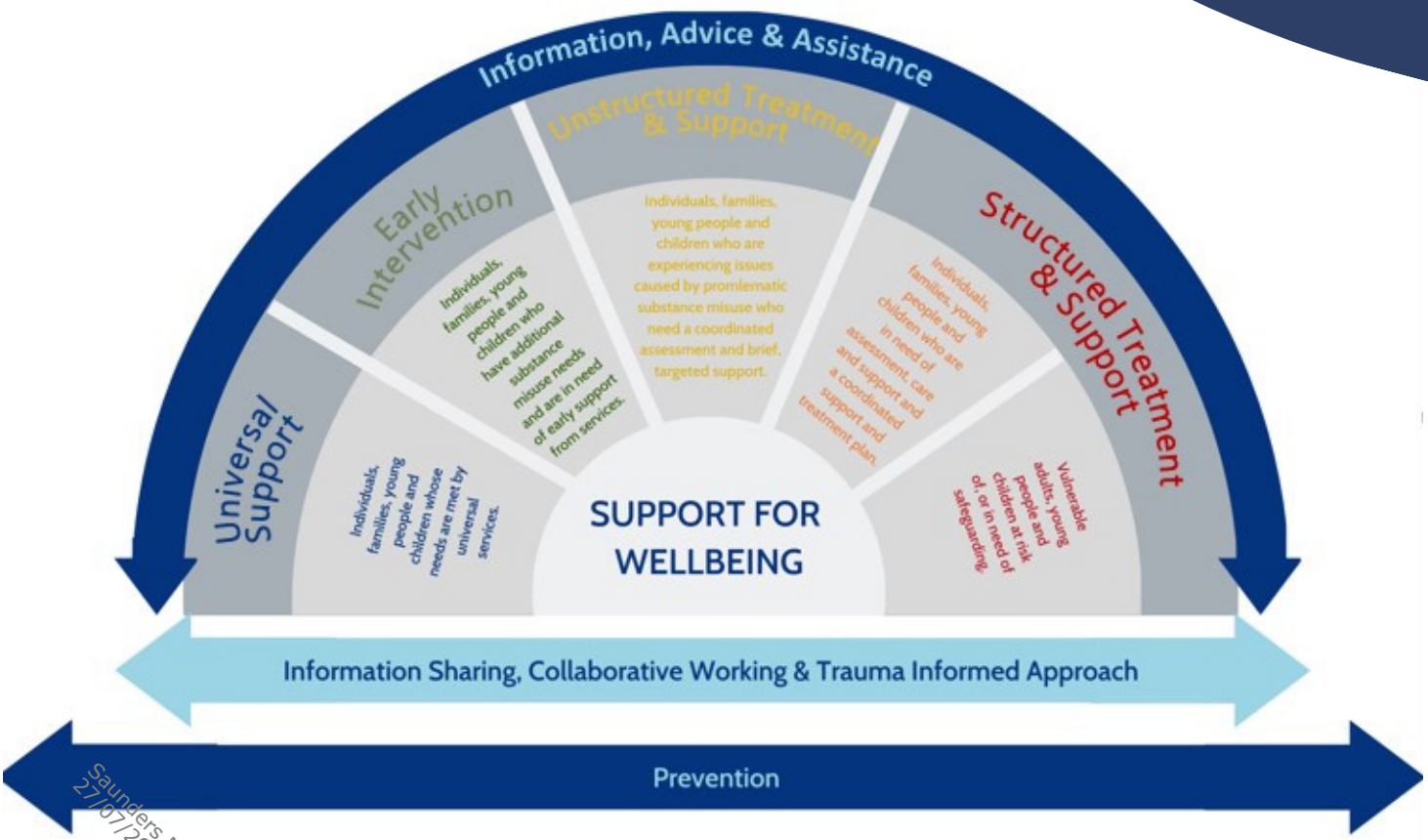
Our Vision for the substance misuse support and treatment system

"People in Cardiff and the Vale have easy access to integrated, inclusive and evidence-based substance misuse services, which promote health and well-being, build resilience and develop people's strengths to enable positive outcomes."



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Commissioning for Outcomes

Commissioning for outcomes is an approach which focuses on the change that will occur as a result of particular activities and interventions. The approach has potential to build a system which promotes, values, and measures the change that matters to people, rather than being focused on tightly defined and highly specified services. It moves away from commissioning specific interventions and measuring basic outputs, and opens up space for providers to innovate and flex services as required to meet the outcomes.

We have chosen to commission for outcomes as it will;

- Give providers the space to be innovative and flexible in shaping services.
- Afford providers the freedom to work closely with the people they support to co-produce services around their collective and personal needs, strengths, and wishes.
- Enable providers, and commissioners to demonstrate the public value of substance misuse services.
- Align activity across all services to achieve a common set of goals.
- Enable providers to adapt and change their practice and provision, to reflect new evidence and research in a timely way.

An Outcomes Framework has been developed collaboratively with stakeholders, including front line workers, and people using our services. The Framework articulates the outcomes that people using services felt were most important to them, alongside the principles by which substance misuse services will operate across the system.

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Joint Contracting

A number of Substance misuse funding streams have been pooled to enable the APB Support Team to joint contract on behalf of Cardiff and Vale UHB, Cardiff Council and the APB. This is a key enabler to the whole system transformation, assisting the development of a joined-up system.

Establishing an Alliance

Alliance contracting strongly aligns to outcomes-based commissioning and has the potential to drive the transformational change that the people using services and front-line workers have told us they want to see. The use of an Alliance contract will bring together providers and commissioners who share this vision to create an integrated team to lead, coordinate and deliver services designed to meet the agreed outcomes.

The key features of an Alliance contract include;

- Commissioners enter into a single overarching contract with a number of providers.
- Commissioners are part of the alliance.
- Objectives are aligned for all parties and everyone signs up to an agreed vision and values against which the contract will be delivered.
- All parties are jointly responsible for delivering the agreed outcomes.
- Commissioners and providers share risk and opportunities.
- Strong relationships are essential and disputes are resolved within the Alliance.
- Decisions are made jointly on a “best for people” rather than a “best for organisation” basis.
- Innovation is expected and built into the contract

An Alliance agrees to;

Work to a common goal (shared vision, purpose, objectives and outcomes).
Act in a certain way (shared principles, values and behaviours).
Have a contractual agreement (alignment, commitments and financial framework).


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In 2021-22, we have;

Negotiated the financial arrangements for joint contracting.

Facilitated a series of engagement and information events for providers interested in bidding to provide services in Cardiff and the Vale as part of an Alliance.

Worked with our expert reference group of people with lived experience of substance misuse to develop the Alliance Prospectus, tender documents, and tender evaluation criteria.

Agreed the use of a 10-year contract

Drafted our Alliance Agreement

Issued the tender and undertaken a competitive dialogue process to select a Bidding Group with which to establish an Alliance to provide substance misuse services. The selection Panel comprised key individuals from the APB Partnership, and included two people with lived experience of using our services.

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Next Steps for 2022/23

Contract Award

Implementation of the detailed mobilisation plan

Establishment of the shadow Alliance Leadership Team

Finalising the Alliance Agreement with the successful bidding group

Collectively agreeing outcomes measurements and indicators

Contract to start on 1st August 2022



9. Welsh Health Specialised Services Committee

WHSSC are responsible for the joint planning of Specialised and Tertiary Services on behalf of Health Boards in Wales. The aim of WHSSC is to ensure that specialised services are commissioned from providers that have the appropriate experience and expertise; are able to provide a robust, high quality and sustainable service; are safe for patients and are cost effective for NHS Wales.

WHSSC is managed through functional directorates (patient care, medical, planning, finance and corporate services) which integrate through six multi-disciplinary Programme Commissioning Teams.

The Commissioning Team work with WHSSC to ensure efficient and effective service provision and to reduce duplication and ensure consistency across Wales whilst maintaining a provider and commissioner focus. We engage with WHSSC through the quarterly provider meetings, WHSSC Management Group Meetings and the Joint Committee meetings and liaise with them in regards to the Clinical Impact Assessment Group (CIAG) prioritisation process and commissioning intentions.

There are health care services we do not directly provide, including unscheduled and planned care from neighbouring health boards and NHS Trusts. As such we need to be assured that healthcare provided elsewhere is able to demonstrate safe, high quality services. This includes services provided under Long Term Agreements (LTAs) between Health Boards. LTAs currently have a focus on the finance and contracting element, however we intend ensure that a broader commissioning perspective is applied to services provided under these agreements.

A collaborative approach is fundamental including input from stakeholders such as service users, Local Authorities and third sector organisations. An increasing number of the services provided to the population of Cardiff and Vale are delivered in partnership with the Local Authorities and third sector organisations. It is important therefore that the planning of services involves a multi-agency approach and also involves patients, service users and carers to plan services in a way that reflects the needs to the local population. As an integrated healthcare provider, our focus on quality, safety and the patient experience must extend across all settings where healthcare is provided, not purely for the services we provide. We cannot focus on secondary care, recognising that the majority of care received by patients is provided in a primary or community care setting and that the primary and community care element of the patient pathway, is as key to delivering safe, high quality care as that part of the pathway which is provided in more acute settings.

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10. Looking Forward to 2022-23

As the impact of the COVID-19 pandemic on our services becomes clearer, we have an opportune moment to reflect on how we build on our learning. The focus on value-based, person centred healthcare should be at the forefront of recovery plans going forward.

It is now not only imperative to restore service provision but to use this time to reflect on how commissioning principles can support services deliver of the right services, to the right people at the right time. It is pertinent that we use the population health needs as a driver to frame our considerations and prioritise as we begin to restore services back to full their potential.

The pandemic has highlighted the need to focus on illness prevention, wellness maintenance and continuing our focus on health inequalities. The population in Cardiff is growing at a significantly higher rate than across Wales with a projected additional 36,000 people living in Cardiff by 2027. It is also an ageing population with a large percentage of chronic illness. Valuable lessons have been learned from the swift changes that COVID-19 influenced and these lessons can be used to move forward in the recovery and reset. As we provide increasingly complex services to meet the needs of our population, there will be commissioning decisions required in relation to emergency, elective and tertiary healthcare.

Our strategic plan, Shaping Our Future Wellbeing, outlines many of our current ambitions including moving care closer to home, supporting prevention and wellness, delivering outcomes that mater to people and delivering care that is efficient and effective. Driving forward many of the values originating from Shaping our Future Wellbeing, are a series of programmes to deliver transformation across clinical services, hospital infrastructure and academia. The programme is a way of building on the momentum of change and innovation by ensuring that any positive changes are amplified and embedded to improve outcomes for our population.

Saunders Nathan
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Questions? Contact us.

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Saunders,Nathan
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Pwyllgor Gwasanaethau Ambiwlans Brys
Emergency Ambulance Services Committee

Reporting Committee	**Emergency Ambulance Services Committee**
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	12 July 2022

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

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link: https://easc.nhs.wales/the-committee/meetings-and-papers/july-2022/. The minutes of the EASC meeting held on 10 May 2022 were approved.

CHAIR'S REPORT

Members noted:

- the recent meetings attended by the Chair including the Appraisal with the Minister for Health and Social Services on 30 May 2022. The Chair confirmed that it would require a collaborative effort working with the Committee, Welsh Ambulance Services NHS Trust (WAST) and health boards (HBs) to deliver the objectives relating to reductions in handover delays.
- the meeting with the Chief Ambulance Services Commissioner (CASC), WAST Chair and Chief Executive and WAST Sub-Committee Chairs on 1 July 2022. Both the Chair and Jason Killens reported that all present at the meeting felt this was a useful session with all able to share their concerns in relation to quality, safety and patient experience.
- the meeting with Judith Paget, Chairs and Chief Executives on 8 June 2022. Members were aware that the Chairs and Chief Executives had made a commitment to improve immediate release requests.

'FOCUS ON' PERFORMANCE REPORT

The significant challenge in the provision of timely ambulance services at present was noted and the actions being taken and opportunities to drive improvement were discussed in the Focus on session which included:

Recent high-level outputs from the Performance Report

- Red performance remained extremely challenging (at approximately 50%) with some variation noted
- Increasing median response times (approximately 7minutes 50seconds) and the implications in terms of the response for patients and outcomes
- Median response times for Amber 1 patients (over 2 hours)
- Increasing lost hours (baseline last October of approximately 74 minutes with current average handovers of approximately 2 hours)
- 4 hour waits for patients continue to be significant with in excess of 100 x10 hour plus waiting times.

Gwenan Roberts (NHS Wales) 2022-07-13 17:13:58

EASC Action Plan

It was noted that the EASC Team has been asked via the Welsh Government (WG) Integrated Quality, Planning and Delivery (IQPD) meeting to enhance the existing EASC Action Plan to provide one overall comprehensive plan with the focus on the improvement priorities and actions for the remainder of 2022-23.

The work undertaken, led by the CASC working with WAST and health board teams as part of the fortnightly handover improvement plan meetings, was noted including:

- the agreement of trajectories against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours
- the undertaking of an annual review at the end of September 2022 against the trajectories
- the number of core actions being undertaken across each health board
- an element of variation in some of the other actions being undertaken by health boards
- the impact that these actions would have on the trajectories and in ensuring the required progress was made.

The EASC Action Plan would continue to be developed to reflect the discussions with Chief Operating Officers (COOs) and WAST and reported via the existing EASC governance arrangements, via the NHS Wales Leadership Board and also through the WG IQPD process.

Members commented that:

- the weekly WAST Performance Dashboard (of management information) circulated by the EASC Team was very helpful and provided up to date live information that health board teams could relate to the previous week, month and 3 monthly trend
- information relating to immediate release was not as transparent and it was requested that it could be added to the dashboard as a weekly metric. It was agreed that the EASC Team would work with WAST to provide this information as soon as practicable. A live PowerBI dashboard for Immediate Release Directions (previously red release requests) would be available to all NHS Wales colleagues from week commencing 25 July 2022 as a screen in the current WAST health board view of the Operational Delivery Unit PowerBI data set
- the focus should be on the actions with the highest impact
- there was a need as individual Chief Executives to take responsibility for communicating decisions and agreements made to their respective Boards thus ensuring the required openness and transparency. This would ensure that Boards had oversight of the actions individual HBs were committed to and would ensure that Executives and Independent Members were clear on the actions being taken locally and nationally to improve system safety and the patient experience.
- The EASC Action Plan would be shared at the NHS Wales Leadership Board.

Handover Delays

- An update was provided on the local fortnightly meetings being held between the CASC, COOs and WAST. This included the development of handover improvement plans for each health board, agreed trajectories for each organisation against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours, core actions being taken across the system and an element of variation in some of the other actions being undertaken.

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Members noted a number of core actions to avoid conveyance including:

- the advanced paramedic practitioner and its navigator role (SBUHB)
- the need to explore the impact on the number of conveyances into emergency departments (EDs) and continuing to link in with flow centres, community hubs and primary care clusters to maximise the opportunities
- the potential for WAST access to urgent primary care centres
- the increased use of 111
- the likely impact of same day emergency care services (SDEC) following the immediate success of the Hywel Dda UHB pilot, although the likely staffing challenges were noted
- 111 press 2 for Mental Health (MH)and its likely impact due to the number of MH calls to WAST.

It was agreed that the next version of the EASC Action Plan would focus on the increasing number of long wait handovers.

The principle of the importance of immediate red release was agreed, there was a concern about its viability at the present time. A proposal for maximising the impact of this was therefore made relating to compliance (of immediate release) when approaching the 4-hour deadline and the significant impact that this could have in terms of freeing up ambulance resources. Members noted that this would require the right conversation at the time between the hospital and ambulance control to ensure risks are balanced in the moment.

Members noted issues relating to the lack of social care input (and ambulance services) and a proposal was made to consider the inclusion of a social care practitioner in the WAST control room to ensure that the social care requirements were identified to avoid ambulance conveyance to EDs; this could also be extended to provide an advice line for care homes. Other opportunities, such as having a national maternity line, would be explored further with the WAST Team, COOs and the EASC Management Group as appropriate.

Red Demand and Variation

- Variation in terms of red performance was noted and an acceptance that this variation needed to be reduced.
- It was agreed that further work would be undertaken with Optima with a view to facilitating a presentation at a future meeting of the Committee to broaden colleagues understanding of the drivers of variation in red performance.

Performance Reporting

- Members noted exciting work relating to the linking of system wide data with Digital Health Care Wales which described and tracked the patient's journey through the system and how this could present opportunities for improving the design of services.
- Members noted that the most important aspect currently being looked at was the application of the WAST Clinical Safety Plan, in particular understanding the impact of higher levels of CSP on patients waiting in the community. The risk and harm that patients could be exposed to, and also quantifying the impact of the non-attendance of an ambulance, would be areas to be focused on next.

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- Members queried whether there was any evidence to suggest that escalation of the WAST CSP impacted on the numbers of patients attending ED by their own means; and also, the impact that this had on those waiting outside in an ambulance. Members noted that progress was slow as this was a complex and extensive data set and work to retrospectively track patients following 'can't send' and other touch points with health services were expected to provide clarity in relation to levels of harm and the impact of prioritisation.

Members were asked to note that the two commitments (25% reduction on the minutes lost per arrival and no handover delays over 4 hours) had been referred to by the Minister for Health and Social Services as part of the update on the Six Goals for Urgent and Emergency Care Programme on the 19 May 2022 and were the subject of recommendations by the Health and Social Care Committee in their recent report on Hospital discharge and its impact on patient flow through hospitals.

Members noted the information contained within the latest version of the Ambulance Service Quality Indicators (April & May 2022) and are available at this link https://easc.nhs.wales/asi/ .

Following discussion, Members **RESOLVED** to:
- **NOTE** the content of the report.
- **NOTE** the Ambulance Services Quality Indicators
- **ENDORSE** the EASC Action Plan
- **ENDORSE** the handover improvement trajectories
- **NOTE** the performance reporting information submissions.

QUALITY AND SAFETY REPORT
The Quality and Safety Report provided Members with an update on quality and safety matters for commissioned services. The following areas were highlighted:
- the work of the Healthcare Improvement Wales (HIW) Task & Finish Group established to coordinate and lead the work in response to the recommendations made as part of the HIW Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover
- progress of the NHS Wales Delivery Unit on Appendix B Task & Finish Group which will be established to review the process related to serious incident joint investigation framework; working between WAST and health board and make recommendations for improvement
- the general growth in the demand and focus on quality and safety issues closely linked to the deteriorating performance position.

Members **RESOLVED** to:
- **NOTE** the content of the report
- **NOTE** the impact of deteriorating performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services
- **NOTE** the provision of Quality and Safety Reports relating to commissioned services at all future meetings.

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PROVIDER ISSUES

Jason Killens, Chief Executive at the Welsh Ambulance Services NHS Trust (WAST) gave an overview of key matters including:

- the seasonal forecasting and modelling undertaken by WAST as a matter of routine and the concerning modelled results
- WAST had updated its tactical Performance Improvement Plan with specific action for the summer months
- WAST was currently at escalation level 3 (maximum 4)
- in the last 3 months, 33 patient safety incidents had been shared with health boards as part of the joint investigation framework (known as Appendix B).
- lost hours in relation to handover delays for May totalled 22,080 hours (18% of WAST's total capacity or 25% of total conveying capacity)
- WAST has recently introduced a new Managing Attendance Plan with seven work-streams and improvement trajectories. The Plan was being reported to the Executive Management Team every two weeks
- Post-production Lost Hours (PPLHs) amounting to 5,835 hours were lost in May-22 for a range of reasons e.g. vehicle defect, trauma stand down, police interview, etc. Members noted these could not be viewed as areas for potential efficiencies.
- detailed the significant programme of work relating to the Non-Emergency Patient Transport Service (NEPTS) including to further assess the benefits of the all Wales business case and the transfers of work from HBs. Members noted that a roster review to maximise efficiency would be undertaken with implementation expected in 2023-24.

Members noted that the 4-stage process to develop rosters had been completed, with the new rosters implemented from September 2022 starting with Hywel Dda University Health Board. It was confirmed that the roster review roll-out would continue as follows:

- Cardiff and Vale UHB in late September
- Swansea Bay UHB in early October
- Aneurin Bevan UHB during mid-October
- Cwm Taf Morgannwg UHB in late October
- Betsi Cadwaladr UHB in early November and
- Powys mid-November 2022.

Members noted that each health board would benefit from growth in terms of total numbers of staff and a commitment was made to ensure that there would be no reduction in emergency ambulance cover in West Wales. However, there would be changes in the mix of the fleet including less single staffed cars and an increase in double staffed resources. It was agreed that more information would be provided by WAST on a health board by health board basis.

Stephen Harrhy updated Members in relation to the ongoing work WAST to ensure the required progress was made against key elements of work within the report including:

- the roster review programme equated to approximately 70 additional WTEs
- supporting the constructive discussions with the staff side representatives regarding working practices – it was noted that indicative timescales would be helpful and would be provided in the next report
- the improvement trajectories for sickness as part of the new Managing Attendance Plan

- the role that first responders could take to supplement ambulance services, although not at the expense of the core ambulance service.

Immediate red release
The Immediate Release Protocol developed by WAST was considered and discussed with a view to agreeing the next steps. It was noted that the protocol had been considered by Chief Operating Officers and set out the national process relating to Red and Amber 1 immediate release requirements.

A conversation was held on the implications of classifying each episode where an immediate release direction was declined as a 'never event' (this was specific terminology used within the Welsh Health Circular WHC / 2018 / 12 https://gov.wales/sites/default/files/publications/2019-07/never-events-list-2018-and-assurance-review-process.pdf which did not include immediate release of ambulances). It was agreed that the protocol needed to emphasise the requirement to improve and enhance the escalation process; all were keen not to over complicate the process and there was agreement that WAST would amend the language used and circulate a further version. Once received, Members recognised that each organisation would be responsible for taking the revised protocol through their local governance processes.

Members **RESOLVED** to:
- **NOTE** the WAST Provider Report
- **NOTE** the actions required for the immediate red release protocol.

CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT
Stephen Harrhy presented the report and highlighted the following:
- Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and the Wales Air Ambulance Charity had undertaken a strategic review of the service and confirmed that the existing model of four aircraft would be retained for the population of Wales. Members noted that a strategic review of air bases was also being considered in order to maximise coverage. It was noted that this could impact on the location of the existing bases in North Wales. Jason Killens suggested that there could be opportunities to explore efficiencies in co-locating services for EMRTS and WAST and agreed to make contact to discuss potential options
- Temporary funding (£3m non–recurrent funding) for additional ambulance capacity had been secured from Welsh Government to fund additional front-line staff (approximately 100 additional staff members) to support WAST services during these unprecedented system wide pressures. The progress of recruitment, utilisation and impact would be reported via the EASC Management Group and an update on progress provided at the next Committee meeting.

Members **RESOLVED** to: **NOTE** the report.

EMERGENCY AMBULANCE SERVICES COMMISSIONING FRAMEWORK
Members noted that the approach taken in the development of the Framework had been adapted to provide clarity on the commissioning of core services alongside services considered to be 'transformational,' but optional, within the commissioning arrangements.

Saunders, Nathan
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Members received a draft of the Framework as an appendix to the report and it included the high-level expectations of the ambulance service and proposed the opportunity to develop local Integrated Commissioning Action Plans (ICAPs). The process would involve more joint working with WAST and health boards to develop plans at a local level. Members noted the process would also provide the foundation for development of the Commissioning Intentions for emergency ambulance services.

In addition to recognising opportunities for national transformation, the local ICAPs would capture the local transformation programmes and their implications for ambulance services, identifying opportunities and developing and tracking resource requirements for delivery. The key principles and content of the draft Framework were endorsed, it was confirmed that the existing Framework would remain extant until the final version was presented and approved.

Following discussion Members **RESOLVED** to:

- **NOTE** the progress made in developing the new Emergency Ambulance Services Commissioning Framework
- **ENDORSE** the content of the Framework and the ongoing plans for development.

EASC COMMISSIONING UPDATE

Members noted that formal confirmation was awaited from Welsh Government regarding the status of the EASC Integrated Medium Term Plan and that a quarterly update with regard progress made against the IMTP would be provided at the next meeting. An update against the Commissioning Intentions (Emergency Ambulance Services, Non-Emergency Patient Transport Services and Emergency Medical Retrieval and Transfer Services) would be provided to EASC Management Group at the August meeting.

FINANCE REPORT

The EASC Finance Report was received and the purpose of the report was to set out the estimated financial position for EASC for the 2nd month of 2022/23 together with any corrective action required. No corrective action was required.

EASC SUB GROUPS

The confirmed minutes from the following EASC sub-groups were **APPROVED**:

- Chair's Summary EASC Management Group – 16 June 2022
- EASC Management Group – 21 April 2022
- NEPTS Delivery Assurance Group – 3 May 2022
- EMRTS Delivery Assurance Group – 29 March 2022.

EASC GOVERNANCE INCLUDING THE RISK REGISTER

The report on EASC Governance was received. Governance documentation is available at https://easc.nhs.wales/the-committee/governance/

Members **RESOLVED** to:

- **ENDORSE** the risk register
- **NOTE** the progress with the actions to complete the requirements of the EASC Standing Orders
- **APPROVE** the EMRTS DAG Annual Report 2021-2022
- **APPROVE** the EASC Communications and Engagement Plan
- **APPROVE** the EASC Assurance Framework

- **APPROVE** the completion of the Internal Audit on EASC Governance
- **NOTE** the information within the EASC Key Organisational Contacts.

Key risks and issues/matters of concern and any mitigating actions

- Red and amber performance
- Handover delays (and the development of handover improvement plans in HBs with trajectories)
- Community care capacity

Matters requiring Board level consideration

- Consider and oversee the implications of the commitment made at the meeting with Judith Paget by Chairs and Chief Executives improve immediate release requests on 8 June 2022.
- To acknowledge the significant risks for patients in relation to handover delays and the need for health boards to implement the local handover improvement plan and identified trajectories) for every emergency department against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours
- Note that a live PowerBI dashboard for Immediate Release Directions (previously red release requests) would be available to all NHS Wales colleagues from week commencing 25 July 2022 as a screen in the current WAST health board view of the Operational Delivery Unit PowerBI data set
- Note the roll out of roster reviews for each area before the end of November 2022
- From the Performance Report
    - Red performance remains extremely challenging (at approximately 50%)
    - Increasing median response times (approximately 7minutes 50seconds) and the implications in terms of the response for patients and outcomes
    - Median response times for Amber 1 patients (over 2 hours)
    - Increasing lost hours (baseline last October of approximately 74 minutes with current average handovers of approximately 2 hours)
    - 4 hour waits for patients continue to be significant with in excess of 100 x10 hour plus waiting times.

Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	**6 September 2022**			

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GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Service Partnership Committee**
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	19 May 2022

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

Matters Arising – Recruitment Update

Gareth Hardacre, Director of People & OD gave an update on the progress being made on the Recruitment Modernisation Action Plan following the deep dive on this topic in the March Committee.

All organisations are now live on the latest version (3) of NHS Jobs. Progress has been made in letting the IT contract for the Pre-Employment Checks, but this has been slightly delayed as clarification is needed by the Home Office surrounding the cyber security requirements in the product specification. However, the deadline of September 2022, where either face-to-face checks are re-introduced or the IT solution is in place, should still be met.

The Action Plan for revising specific recruitment processes is due to go to Workforce Directors on May 20th and includes the proposal to establish a senior Programme Board to oversee delivery of the Plan. Performance against Recruitment Key Performance Indicators is improving, despite there being no drop in the level of activity across NHS Wales.

It has been agreed that a deep dive on Recruitment will be undertaken with the BCUHB Executive Board and the offer was made to do something similar with other NHS Wales organisations.

The Committee **NOTED** the update.

Medical Examiner Service

Andrew Evans, Director of Primary Care Services and Ruth Alcolado, Medical Director jointly presented to the Committee on progress with the development of the Medical Examiner Service. The service is currently examining around 1000 deaths a month, with a target of 2500 by the time the service is launched on a statutory footing, which is now likely to be April 2023 at the earliest. To date, the

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service has been able to identify potential learning for Health Boards and Trusts in approximately 25% of cases reviewed, and it is considered that 10% of cases would benefit from a Stage 2 Mortality Review – these figures are consistent with what is being reported in England. There are however differences in the way that the service is operated in the two countries, and the nature of the set-up in Wales allows greater identification of local, regional, and national issues.

One of the key benefits of the service thus far is to give each family the opportunity to speak with a Medical Examiner Officer. This has been very well received and in many cases the families have expressed their gratitude for the care received by their family member from Health Boards and Trusts at the end of their life.

To further successfully develop the service Health Boards and Trusts need to ensure timely notification of death, availability of clinical notes, and access to the relevant doctor to discuss the cause of death. The commitment from the service to Health Boards includes that all deaths will be scrutinised by the autumn of this year; that there is effective communication on themes and trends; and that there should be effective monitoring of performance.

In summary it was noted that the service is already making a positive contribution to patient safety, and that consultation is underway and/or planned with clinical colleagues to address any issues and to maximise the benefits.

The Committee **NOTED** the presentation.

Chair's Report

The Chair updated the Committee on the activities that she had been involved with since the March meeting. These have included:

- Meeting with the Minister as part of the all-Wales Chairs' Group. It was helpful that the Minister had recently visited IP5 and consequently gained a good understanding of what NWSSP does and had been left with a positive impression of the organisation;
- Attending her first NWSSP Audit Committee which again had been very positive;
- Continuing to meet with senior NWSSP management, and in particular recently from Specialist Estates and the Temporary Medicines Unit, to gain a better understanding of what they do;
- Attending the DHCW Board Development session in April where NWSSP received positive feedback;
- Chairing the Welsh Risk Pool Committee; and
- Arranging to attend the Velindre Trust Board at the end of June as part of their Board Development session.

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Looking further forward the Chair is keen to hold a development session with the Committee, ideally in person for a half-day in the autumn and including other members of the NWSSP Senior Leadership Group. This could include a stock-take

session on what works well and what doesn't work so well for the Committee; allow the Committee to better understand what NWSSP does, ensuring that it is aligned to NHS Wales's organisation priorities and also those of the Welsh Government; looking to the future in terms of which services it should provide; and assessing the current structure of the Committee and whether it needs wider (e.g. clinical) representation. A plan for how the session might work will be brought back to the July Committee.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- Senior NWSSP management participated in the meeting with Welsh Government in early May to review the IMTP. The meeting was very positive, and the IMTP has been well-received with the Outcome Letter expected in June;
- Work has been undertaken with colleagues from Welsh Government and Public Health Wales regarding the future plans for the recently vacated Lighthouse Laboratory at the IP5 facility. Within IP5, the Surgical Materials Testing Laboratory have had a new laboratory completed which will enable them to perform additional tests and to develop new testing regimes for medical devices, which they were unable to do at the existing Bridgend site;
- Progress continues to be made in terms of the overarching Transforming Access to Medicine Outline Business Case, with a number of workshops held to consider site selection. There is on-going discussion with workforce colleagues and Chief Pharmacists regarding the Organisational Change Programme; and
- The recent cyber security assessment, conducted as part of the NHS Wales Cyber Resilience Unit's work to implement the Network Information Security (NIS) Regulation in all health organisations in Wales, demonstrated that generally NWSSP is well protected from cyber-attacks. A formal project has been launched to address the key areas for improvement identified in the report's recommendations. One of the key tasks in the initial phase, a desktop exercise based around a cyber incident, was carried out at the May Informal Senior Leadership Group.

Items Requiring SSPC Approval/Endorsement

Decarbonisation Action Plan

Chris Lewis, Environmental Management Advisor presented the Plan which had been formally submitted to Welsh Government on 31st March. The Committee had previously had the opportunity to review the plan in detail at its November 2021 meeting. Clarity was provided in terms of explaining that this was the inward-facing NWSSP plan and that NWSSP were substantially involved in the production of the national plan which embraces the role that NWSSP plays in supporting NHS Wales organisations to achieve their own decarbonisation targets. Key actions in the internal facing plan include reducing the impact of our buildings, fleet, and

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new laundry service, as well as working with staff to help raise the profile of decarbonisation across the organisation.

The Committee **ENDORSED** the Action Plan.

Laundry Detergent Contract

Anthony Hayward, Assistant Director of Laundry Services, attended the Committee to present a paper for endorsement and approval by the Committee. Following the transfer of laundry services to NWSSP from April 2021, there is now the opportunity to tender for laundry detergent on an all-Wales basis. This should provide opportunities for economies of scale compared to the current fragmented arrangements. However, the Laundry Service are also keen to include the provision of dosing pumps and a management information system into the contract which is anticipated to total £2m over a five-year period.

The Committee **ENDORSED** the paper.

Draft Annual Governance Statement 2021/22

The Committee reviewed the draft Annual Governance Statement which will be taken to the NWSSP Audit Committee in July for formal approval. The statement is substantially complete, but the formal Head of Internal Audit Opinion is still to be received and the final energy consumption figures for the year are still being calculated. The Statement is a positive reflection on the past year and there are no significant matters of control weaknesses that need to be included. The final version of the Statement will be brought back to the July Partnership Committee for information.

The Committee **ENDORSED** the Statement **IN PRINCIPLE** recognising that it was still draft, and that formal approval would be sought at the Audit Committee.

Service Level Agreements 2022/23

The Committee received the Service Level Agreements for the core service provided by NWSSP to NHS Wales for formal annual approval. The papers included the overarching Service Level Agreement and a cover paper detailing any amendments to the supporting schedules, none of which were significant. (The schedules were provided separately to Committee members for information). It was however noted that the Procurement SLA element would need to be brought back to the July Committee as it is to be further amended to reflect changes resulting from the implementation of the new Operating Model.

The Committee **APPROVED** the SLAs for 2022/23 noting that the Procurement SLA is due to be further amended and resubmitted for approval.

Salary Sacrifice – Staff Benefits

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The Committee was presented with a paper setting out the arrangements for the Home Electronics and Cycle to Work Staff Benefit Schemes. There are currently different arrangements in place across NHS Wales, with some schemes being operated by NWSSP on behalf of NHS Wales organisations and other schemes

being operated and managed within health organisations. As well as potentially not providing optimal value-for-money, there is a risk that staff could fall below minimum wage rates due to being members of schemes administered by different organisations. The paper asked the Committee to approve a tender for a scheme to be administered by NWSSP that would cover home electronics and cycle to work schemes.

The Committee **ENDORSED** the approach being taken by NWSSP in awarding a contract(s) for Home Electronics and Cycle to Work with an aim of having an All-Wales arrangement in place, centrally administered by NWSSP, which will be made available to all Health Board, Trusts and Special Health Authorities.

Finance, Performance, People, Programme and Governance Updates

Finance – The Director of Finance & Corporate Services reported the outturn position, which is currently subject to external audit, and highlighted that a small surplus of £11k had been generated against total income of £870m. The DEL expenditure for the Welsh Risk Pool was £129.615m and the risk share agreement was invoked at the IMTP value of £16.495m. Additional Welsh Government risk pool funding of £4.861m was agreed above the core allocation and risk share funding to account for the additional cases settled in 2021/22. £17.018m capital funding was received in 2021/22 and fully utilised. £12.348m was spent in March 2022, including the purchase of Matrix House which completed on 30th March. The Committee were complimentary of the new style finance report.

Performance – Most KPIs are on track except for those relating to Recruitment Services, where the situation is improving due to the implementation of the Modernisation Plan, which was covered earlier on the agenda, but where there is still further progress to be made.

Project Management Office Update – Of the 24 schemes being managed by the PMO, there is only one that is currently rated as red. This is the project for the replacement of the Student Awards System which is approaching end-of-life and with no option to extend the support contract arrangements beyond March 2023. The deadline to issue a tender for the procurement of a replacement system is 31st May, but currently there is no guarantee of funding for this from Welsh Government.

People & OD Update – Sickness absence rates remain at very low levels with an absence rate of 2.61% for March. Performance and Development Reviews and Statutory and Mandatory training results continue to improve although there is still room for further improvement. Part of the issue is in areas such as the Medical Examiner Service where staff may be on multiple contracts, but a solution is being sought for this. Headcount is increasing due mainly to the additional staff recruited as part of the Single Lead Employer Scheme.

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Corporate Risk Register – there remain two red risks relating to the pressures currently being noted within the Employment Services Directorate, and particularly in Recruitment and Payroll Services, and the energy price increase. A new risk has been added relating to the Student Awards system, which was

highlighted earlier in the Project Management Office Progress Report.
Papers for Information
The following items were provided for information only: • Transforming Access to Medicine Progress Report • Information Governance Annual Report 2021/22 • Audit Committee Highlight Report • Quality and Safety Assurance Report • Complaints Annual Report 2021/22 • Finance Monitoring Returns (Months 12 and 1)
AOB
N/a
Matters requiring Board/Committee level consideration and/or approval
• The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.
Matters referred to other Committees
N/A

Date of next meeting	21 July 2022

Saunders,Nathan
27/07/2022 17:34:58

Report Title:	**Stakeholder Reference Group Report**			Agenda Item no.	8.3.3
Meeting:	**UHB Board**	Public	X	Meeting Date:	**28th July 2022**
		Private			
Status *(please tick one only):*	Assurance		Approval		Information
Lead Executive:	Executive Director of Strategy and Planning				
Report Author (Title):	**Sam Austin, Chair of Stakeholder Reference Group**				

Main Report
Background and current situation:

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

ASSESSMENT
The SRG considered the following.

Updating Shaping Our Future Wellbeing Strategy
The SRG received a presentation from Marie Davies on updating the UHB's Strategy and was then asked to consider the following

- How can we ensure that key stakeholders are truly meaningfully engaged – especially as our workforce, partners and communities are exhausted and still dealing with the ongoing consequences of the pandemic?
- How and how often does SRG want to engage or receive updates on progress?
- Are there critical considerations of which we need to take account that haven't been covered in the presentation?

The SRG raised a number of questions and made several observations.

- Is there a document describing progress against the Strategy that sets out precisely what has been implemented? The SRG was informed that the UHB was developing a Regional Outcomes Framework (OF) with its partners and a local OF to help with monitoring short and long term outcome changes.
- The 2025-35 timescale is welcomed as it is difficult to have a five year strategy.
- A wide range of engagement techniques should be employed including face to face meetings and events in places where groups that have not traditionally engaged congregate Specific Third Sector workshops with a wide range of groups would be helpful provided they had clearly defined aims and questions.
- Did the COVID 19 pandemic blow the Strategy off course and can the UHB learn anything from the pandemic in terms of its future strategy? The SRG was informed that the Strategy had not been 'blown off course' but conceded that progress in some areas had slowed down due to the imperative on investing in changes that it would not otherwise have introduced. On a more positive note some developments have been accelerated such as greater use of virtual clinics which have been a great success.
- Concern was expressed about the lack of available capital and revenue funding.
- During the engagement the UHB must be open about the potential tension between what it would like to do and the need to recover backlog activity lost during the pandemic. It will be important to clearly set out its priorities.
- Equality and diversity must have greater prominence as problems with inequality of health and inequality of accessing treatment have been exacerbated during the pandemic.
- Appropriate remuneration is required to help with staff retention.
- The SRG would like to remain fully engaged in the Strategy refresh process.

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People and Culture Plan
The SRG received a presentation from Rachel Gidman on the UHB's People and Culture Plan. The key objectives under each of these themes were briefly explained together with the achievements to date.
The SRG was then asked to consider two specific questions:

- How can we ensure that this is a truly integrated People and Culture Plan?

- What one thing can we do differently to move this integrated agenda forward?

The SRG raised a number of questions and made several observations.

- Different terms and conditions between health and social care can create difficulties. Rachel Gidman agreed that further discussions were required regarding greater alignment of terms and conditions although this was very political and she was aware that the Chief Executive Officers of the Local Authorities would be leading on this.
- The Third Sector is good at training staff but they frequently leave for statutory organisations which pay better salaries.
- Good cultures take a long time to develop but are easily destroyed. The UHB should not be over ambitious but build a number of 'small' successes. Rachel Gidman agreed that quick wins and actions were imperative to give confidence to staff. The Plan illustrates short / medium and long-term goals
- Opportunities around joint training across sectors should be explored to help build trust and relationships.
- Evidence highlights that the happier the workforce the better the patient outcomes. Staff must be given the appropriate resources to help them deliver the best outcomes
- The challenges of workforce were not under estimated by the SRG. New workforce models are required in the future. To enable this to happen, leads in each profession need to be engaged and to work in partnerships with colleges and universities to build the right curriculum/competencies
- One member of the SRG suggested that consideration should be given to exit interviews. The SRG was informed that these are undertaken but generally had a poor return response. The UHB was exploring what would keep staff in work before leaving.

Recommendation:

The Board / Committee are requested to:

- **NOTE** this report

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Impact Assessment:

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

Risk: Yes/No

N/A

Safety: Yes/No

N/A

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

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

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Report Title:	Local Partnership Forum Report			Agenda Item no.	8.3.4
Meeting:	UHB Board	Public	x	Meeting Date:	28 July 2022
		Private			
Status *(please tick one only):*	Assurance		Approval		Information x
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Deputy Head of People and Culture				

Main Report
Background and current situation:

The UHB has statutory duty to "take account of representations made by persons who represent the interests of the community it serves". This is achieved in part by three Advisory Groups to the Board and the Local Partnership Forum (LPF) is one of these.

LPF is co-chaired by the Chair of Staff Representatives and the Executive Director of People and Culture. Members include Staff Representatives (including the Independent Member for Trade Unions) and the Executive Team and Chief Executive. The Forum usually meets 6 times a year.

LPF is the formal mechanism for the Health Board and Trade Union/Professional Organisation Representatives to work together to improve health services. Its purpose, as set out in the Terms of Reference, fall into four overarching themes: communicate, consider, consult and negotiate, and appraise.

Key items discussed at the meeting held on 16 June 2022 can be summarised as follows:

The Chief Executive provided an update report to the Forum, key points included: thanking staff for continuing to work in such challenging circumstances; the forthcoming IHI (Institute for Health Improvement) visit; a recent visit by Health Minister Eluned Morgan to the Emergency Unit and to learn more about the Shaping Our Future Hospitals programme and our ambitions for transforming care in Wales; a piece of work taking place with CEOs across Wales around the impact of the social care crises and the need to create additional capacity; and the importance of taking up the offered flu and Covid-19 boosters later in the year, especially in light of rising Covid-19 numbers.

The Forum received a presentation describing the current operational position. This was supplemented by information about some of the work taking place within Therapies to support the operational position. Staff representatives raised the issue of the operational footprint and getting back to business as usual while transforming services, and in the context of another possible wave. They asked if principles could be agreed in partnership in readiness for the future.

The Equality, Diverity and Inclusion Manager descibed the actions being taken around the Race Equality Action Plan (REAP) (now referred to as as the Anti Racist Wales Action Plan). The Plan includes 5 goals for health (leadership, accountability, workforce data, access to servcies and tackling health inequalities) and the UHB will be establishing a working group to develop a local action plan. At the beginning of the year the UHB launched the One Voice Network to support our diverse communities, help shape our organisation through collaboration and really help us become an anti racist Health Board.

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The Forum received a presentation on progress of the Move More, Eat Well (MMEW) plan and was asked to consider four questions on how to support and enable staff to move more as part of the working day: How do we best engage staff to gain insight into their experiences? How can we support and enable staff to move more? How can we embed moving more into the working day?

What opportunities are there already for staff, and what is working well? It was noted that one of the real challenges is maintaining weight loss and addressing behavioural patterns and that staff should be encouraged to come forward with their own ideas and commitments rather than have them set by the leadership team.

The Forum was introduced the concept of the TrAMs (Transforming Access to Medicines) Programme which is being developed on an all Wales basis with a proposal to create three hubs across Wales and which will be hosted by Shared Services. A consultation is currently taking place and will end on 8 July 2022. The creation of the hubs would mean approx. 240 wte staff in Wales transferring to Shared Services under a TUPE arrangement, however, more staff could be affected if part of their role was in scope. It is thought that approximately 75 Cardiff and Vale staff could be directly affected. The location of the hubs has not been finalised yet.

The Local Partnership Forum received a copy of the Integrated Performance Report which had previously been considered by Board.

Staff representative members requested further conversation around three topics: staff with long covid, staff retention and turnover, and queries being raised around shift patterns through the implementation of the new e-rostering system. These matters were referred to the Workforce Partnership Group (a sub Group of LPF) for more detailed discussions.

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

This report provides Board with a summary of the key issues discussed at the meeting held on 16 June 2022.

Recommendation:

The Board is requested to:

- NOTE the contents of this report

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Saunders, Nathan
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Prevention		Long term		Integration		Collaboration	x	Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/No No
Safety: Yes/No Yes
Patient Safety, Quality and Experience is included in the Integrated Performance Report
Financial: Yes/No Yes
The financial situation is included in the Integrated Performance Report and was also referred to in the CEO Update and IMTP Update
Workforce: Yes/No Yes
Key WOD KPIs and workforce actions are included in the Integrated Performance Report
Legal: Yes/No No
Reputational: Yes/No No
Socio Economic: Yes/No No
Equality and Health: Yes/No No
Not explicitly but the Local Partnership Forum takes a keen interest in the EDI agenda
Decarbonisation: Yes/No No

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

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