Public Board Meeting

Thu 29 September 2022, 09:30 - 17:00

Barry Hospital, Mary Lennox Room - CF62 8YH

Agenda

09:30 - 09:32
2 min

1. Welcome & Introductions

Charles Janczewski

09:32 - 09:34
2 min

2. Apologies for Absence

Charles Janczewski

09:34 - 09:36
2 min

3. Declarations of Interest

Charles Janczewski

09:36 - 09:38
2 min

4. Minutes of the Board Meeting held on 28.07.22 & Minutes of the Annual General Meeting held on 19.07.22

Charles Janczewski

- 4.1a Public Board Minutes 28.07.22 TD.pdf (17 pages)
- 4.1b AGM minutes 2022MD.CAJ.pdf (12 pages)

09:38 - 09:40
2 min

5. Action Log – 28.07.22

Charles Janczewski

- 5 Action Log.pdf (2 pages)

09:40 - 14:15
275 min

6. Items for Review and Assurance

6.1. Patient Story - Daring to Dream

Jason Roberts

30 minutes

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

Charles Janczewski

10 minutes

- 6.2 Chair's Board Report - Sep 2022.pdf (8 pages)

Saunders,Nathan
22/09/2022 12:07:25

6.3. Chief Executive Report

Suzanne Rankin

20 minutes

6.3 CE Report to Board_Sep 22_Final.pdf (10 pages)

6.4. Board Assurance Framework

Nicola Foreman

10 minutes

6.4 BAF Sept 2022 - Covering report.pdf (3 pages)
6.4 BOARD ASSURANCE FRAMEWORK - SEPT 2022.pdf (36 pages)

6.5. Chairs reports from Committees of the Board:

15 minutes

6.5.1. Finance Committee Chairs Report August 2022

6.5.1 Finance Chairs Report - August 2022.pdf (3 pages)

6.5.2. Health & Safety Committee Chairs Report July 2022

6.5.2 Health and Safety Chairs Report July 2022.pdf (3 pages)

6.5.3. Mental Health Legislation & Mental Health Act Committee Chairs Report - July 2022

6.5.3 MHLMCA Chair's Report July 2022.pdf (3 pages)

6.5.4. Quality, Safety & Experience Committee Chairs Report - August 2022

6.5.5. Strategy & Delivery Committee Chairs Report - July 2022

6.5.5 S&D Chair's Report (July mtg).pdf (4 pages)

6.5.6. Audit & Assurance Committee Chairs Report - September 2022

6.5.7. Digital & Health Intelligence Committee Chairs Report - June 2022

6.5.7 DHIC Chair's Report (June mtg).pdf (3 pages)

6.6. Break for Refreshment (10 minutes)

6.7. Integrated Performance Report:

Fiona Kinghorn / Jason Roberts / Rachel Gidman / Paul Bostock / Catherine Phillips

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

45 minutes (total)

6.7 Integrated Performance Report September 2022 (final) v0.3.pdf (23 pages)

Saunders,Nathan
22/09/2022 12:07:45

6.8. South East Wales Vascular Network Update

Meriel Jenney / Paul Bostock

10 minutes

6.8 SEWVN report for CAVUHB Board September 2022_V.02.pdf (5 pages)

6.9. Update on Stroke as part of regional working

Abigail Harris

10 minutes

6.9 Regional Stroke Service - update.pdf (4 pages)

6.10. RPB Market Stability Report

Abigail Harris

10 minutes

6.10 MSR UHB Board (002).pdf (6 pages)
6.10a EHIA-MSR 2022.pdf (40 pages)

6.11. WHSSC Specialised Services Strategy

Charles Janczewski / Maxine Evans / Sian Lewis

30 minutes

Appendices 1, 2 and 3 referred to in the Briefing Paper are published under the Supporting Documents section of the website:

https://cavuhb.nhs.wales/about-us/governance-and-assurance/board-meetings/2022-23/specialised-services-strategy-supporting-papers/

6.11 Health Board Briefing Paper - Specialised Services Strategy Development.pdf (3 pages)
6.11a Health Board Presentation - Specialised Services Strategy Development.pdf (11 pages)

6.12. Annual Letter from the Ombudsman

Jason Roberts

10 minutes

6.12 PSOW annual letter for Board.pdf (4 pages)
6.12a Cardiff and Vale UHB Eng.pdf (8 pages)
6.12b Cardiff and Vale UHB Cym.pdf (8 pages)

6.13. Shaping our Future Wellbeing Strategy Refresh Update

Abigail Harris / Ceri Phillips

10 minutes

6.13 Strategy Refresh Update_cp.pdf (3 pages)

6.14. Assurance Mapping Update

Nicola Foreman

10 minutes

6.14 Assurance Mapping Update.pdf (3 pages)

6.15. Break for Lunch (30 minutes)

Saunders,Nathan 22/09/2022 12:07:13

6.16. Nosocomial Investigations Update

Jason Roberts

10 minutes

6.16 Nosocomial Investigations Update.pdf (4 pages)

14:15 - 16:00
105 min

7. Items for Approval / Ratification

7.1. Top Level Organisation Structure

Suzanne Rankin

15 minutes

- 7.1 Executive Director Portfolios - covering report.pdf (3 pages)
- 7.1a App A Executive Structure 2022.pdf (1 pages)
- 7.1bApp BExecutive Director Portfolios v2.pdf (4 pages)

7.2. RPB Regional Unpaid Carers Charter

Abigail Harris / Jason Roberts

10 minutes

- 7.2 Unpaid Carers Charter_CVUHB_Health Board_29.09.22.pdf (4 pages)
- 7.2a CAV Unpaid Carers Charter.pdf (1 pages)
- 7.2b Young Carers Charter.pdf (1 pages)
- 7.2c Unpaid Carers Charter companion document-Final Draft 31.08.22.pdf (24 pages)

7.3. Wellbeing Hub@ Park View Outline Business Case:

Abigail Harris

The OBC is commercially sensitive and contains confidential information. A copy of the OBC is available to Board Members under the Supporting Documents section of AdminControl along with relevant appendices.

15 minutes

- 7.3 WH@PkV OBC CAV Board Report.pdf (5 pages)
- 7.3a Park View OBC exec sum.pdf (25 pages)

7.4. Velindre NHS Trust Business Cases – Radiotherapy Services, Radiotherapy Satellite Centre

Catherine Phillips / Abigail Harris

10 minutes

7.5. Winter Plan

Abigail Harris / Paul Bostock

10 minutes

7.6. Relocation of Fracture Clinic Facilities

Catherine Phillips

10 minutes

- 7.6 SBAR - UHW Fracture Cinic Lakeside Wing.pdf (3 pages)

7.7. Scheme of Delegation and Earned Autonomy

Nicola Foreman

5 minutes

- 7.7 Scheme of Delegation and Earned Autonomy.pdf (3 pages)

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22/09/2022 12:07:4

7.8. Senior Leadership Board – Terms of Reference

Suzanne Rankin

5 minutes

- 7.8 SLB Terms of Reference Covering Report.pdf (2 pages)
- 7.8a SLB ToR.pdf (5 pages)

7.9. South Wales Cochlear Implant and BAHA Hearing Implant Device Service

Abigail Harris

10 minutes

- 7.9 WHSSC Cochlear Services Engagement Report Sept 2022.pdf (7 pages)
- 7.9a Appendix 1 - Cochlear - Core Engagement Document.pdf (23 pages)
- 7.9b Appendix 1a - Cochlear engagement Questionnaire.pdf (5 pages)
- 7.9c Appendix 2 - Cochlear Summary Report.pdf (12 pages)
- 7.9d Appendix 3 - Draft Cochlear EQIA.pdf (16 pages)

7.10. Committee / Governance Group Minutes:

Nicola Foreman

1. *Charitable Funds Committee – 21 June 2022*
2. *Strategy & Delivery Committee – 12 July 2022*
3. *Finance Committee – 29 June 2022 and 27 July 2022*
4. *Audit & Assurance Committee – 5 July 2022*
5. *Quality, Safety & Experience Committee – 15 June 2022*
6. *Stakeholder Reference Group – 24 May 2022*
7. *Local Partnership Forum – 16 June 2022*

5 minutes

- 7.10.1 CFC Minutes 21.06.22.pdf (13 pages)
- 7.10.2 SD Minutes 12.07.22.pdf (16 pages)
- 7.10.3a Finance Minutes 29.06.22.pdf (8 pages)
- 7.10.3b Finance Minutes 27.07.22.pdf (9 pages)
- 7.10.4 Audit Minutes 05.07.22.pdf (15 pages)
- 7.10.5 QSE Minutes 15.06.22.pdf (13 pages)
- 7.10.6 Minutes of SRG Meeting 24 May 2022.pdf (6 pages)
- 7.10.7 LPF minutes 16.06.22.pdf (9 pages)

7.11. Break for Refreshments (10 minutes)

16:00 - 16:15
15 min

8. Items for Noting and Information to Report

8.1. Corporate Risk Register

Nicola Foreman

10 minutes

- 8.1 Corporate Risk Register Update - September 2022.pdf (4 pages)
- 8.1a Corporate Risk Register September 2022 - Board Summary.pdf (2 pages)
- 8.1b Detailed Corporate Risk Register September 2022.pdf (5 pages)

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22/09/2022 12:01:45

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

Nicola Foreman

1. *NWSSP Assurance Report – 21 July 2022*
2. *Stakeholder Reference Group –*

3. Local Partnership Forum - August 2022

4. WHSSC Briefing – 12 July 2022

5. EASC minutes (12th July 2022) & Chairs report (6 September 2022)

5 minutes

- 8.2.1 NWSSPC Assurance Report 21.07.22.pdf (6 pages)
- 8.2.2 SRG Chairs Report July 2022..pdf (2 pages)
- 8.2.3 LPF Briefing - August 2022.pdf (3 pages)
- 8.2.4 WHSCC Joint Committee Briefing (Public) 12 July 2022.pdf (6 pages)
- 8.2.5a Confirmedminutes_EASC_12July.pdf (14 pages)
- 8.2.5b Chair's EASC Summary from 6 September 2022 Final.pdf (10 pages)

16:15 - 16:15
0 min

9. Agenda for Private Board Meeting:

i. Approval of Private Board minutes
ii. HIW report relating to Emergency Care at UHW
iii. Approval of Private Committee minutes
iv. Cardiff and Vale Local Public Health Team Transfer
v. Accelerated Cluster Development

16:15 - 16:20
5 min

10. Any Other Business

Charles Janczewski

5 minutes

16:20 - 16:20
0 min

11. Review of the meeting

Charles Janczewski

16:20 - 16:20
0 min

12. Date and time of next meeting:

Thursday November 24th - Barry Hospital, Mary Lennox Room

16:20 - 16:20
0 min

13. Declaration

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]

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22/09/2022 12:07:45

Unconfirmed Draft Minutes of the Public Board Meeting
Held On 28 July 2022
Woodland House – CF14 4HH
12.00pm – 5pm

Chair:		
Charles Janczewski	CJ	University Health Board Chair
Present:		
Ceri Phillips	CP	University Health Board Vice Chair
Gary Baxter	GB	Independent Member – University
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
Fiona Kinghorn	FK	Executive Director of Public Health
Sara Moseley	SM	Independent Member – Third Sector
Catherine Phillips	CP	Executive Director of Finance
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:		
Stephen Allen	SA	Chief Officer South Glamorgan Community Health Council
Mike Bond	MB	Managing Director (Acute Services)
Tim Davies	TD	Head of Corporate Business
Marcia Donovan	MD	Head of Corporate Governance
Hannah Evans	HE	Managing Director (Non-Acute Services)
David Thomas	DT	Director of Digital and Health Intelligence
Malcolm Latham	ML	South Glamorgan Community Health Council Chair
Observers:		
Joanne Brandon	JB	Director of Communications
Jana Meier	JM	Member of Public
Melanie Wilkey	MW	Head of Outcomes Based Commissioning
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Sam Austin	SA	Stakeholder Reference Group Chair -Llamau
Lance Carver	LC	Director of Social Services – Vale of Glamorgan Council

Item No	Agenda Item	Action
UHB 22/07/001	**Welcome & Introductions** The University Health Board Chair (UHB Chair) welcomed all to the Board meeting in English and in Welsh. He welcomed Hannah Evans and Mike Bond to their first meeting of the Board as Managing Directors for Acute Services and Non-Acute Services.	
UHB 22/07/002	**Apologies for Absence**	

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	Apologies for absences were noted.	
UHB 22/07/003	**Declarations of Interest** No Declarations were noted.	
UHB 22/07/004	**Minutes of the Meeting Held on:** *1) 14.06.2022 – Special Public Board* *2) 30.06.2022 – Special Public Board* *3) 26.05.2022 – Public Board* The Executive Director of Public Health (EDPH) advised the Board that within the Public Board minutes of the 26.05.2022, the name of the Health Board Test, Trace and Protect resource should state "Local Authority Partnership Test, Trace and Protect resource". **The Board resolved that:** a) Pending the above amendment, all 3 sets of notes were approved as a true and accurate record of each meeting.	
UHB 22/07/005	**Action Log** The Action Log was received. **The Board resolved that:** a) The Action Log was reviewed and noted.	
UHB 22/07/006	**Patient Story – A poem from a Patient.** The Patient Story was received in the form of a poem written by a Patient. The poem identified some key communication issues the patient had experienced from Health Board staff. The Executive Director of Therapies and Health Sciences (EDTHS) advised the Board that communication was a key skill that staff required and noted that all staff needed to understand how communication between staff and patients worked. The Executive Director of People and Culture (EDPC) advised the Board that the topic of communication between Staff and Patients had been highlighted quite a lot over the past 2 years and noted that discussions with the educational team were ongoing around how to provide the best levels of communication to Patients. The Chief Officer of the Community Health Council (COCHC) advised the Board that lack of communication was picked up all of the time during their visits and noted that Staff were often so busy that they could not stop to talk to Patients. He added that Staff needed to be reminded that talking to patients could often help with recovery and so more awareness was required. The Independent Member – ICT (IMICT) advised the Board that it was a powerful message that a Patient had taken their experience and created a positive and powerful poem which should be recognised. The UHB Chair asked the Executive Nurse Director to communicate the Board's thanks for the effort and for sharing the poem with the Board. **The Board resolved that:**	

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	a) The Patient Story was noted	
UHB 22/07/007	**Chair's Report and Chair's Action taken since last meeting** The Chair's Report and Chair's Action taken since last meeting were received. The UHB Chair advised the Board that his report was broken down into three sections: • Youth Board. • Nursing – Which included an overview of the work carried out by the Organ Donation Specialist Nurses Team within the Cardiff and Vale Health Board (The Health Board). • Chairs Actions and application of seal. The Independent Member – Local Council (IMLC) advised the Board that a member of the Youth Board had been involved in helping with the appointment of the new CEO for the Health Board and noted that it had been a really positive experience for them and the Health Board. The Board resolved that: a) The report was noted b) The Chair's Actions undertaken were approved c) The application of the Health Board Seal and completion of the Agreements detailed within the report were approved.	
UHB 22/07/008	**Chief Executive Report** The Chief Executive Report was received. The CEO advised the Board that it had been her intention to revise the report received and noted that it was the first step in that journey and expressed her thanks for any feedback received. She added that the intention would be to move to a more substantive report that would reflect the Organisational risks and challenges and would use conversations held in sub-Committees of the Board, Management Executive meetings or the new Senior Leadership Board meetings to provide a rounded approach to response. It was noted that part one of the report provided a strategic overview and executive narrative summary of the most significant issues and risks currently faced by the Organisation which included: • Covid19 • High levels of staff absence • High vacancy levels • Challenges across the community The CEO advised the Board that she was deeply concerned about the quality of care particularly around urgent and emergency pathway and the impact that had on Patients dignity and wellbeing, and noted that a lot of work was being done through partnerships to focus on that priority. The Board was advised that Improvement Cymru (IC) had 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 and noted that site visits had occurred over the period 07-08 June 2022. It was noted that a full report on the observations and deductions from the site visits was expected but the CEO advised the Board that the Executive team had received a high-level	

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	verbal debrief from the Safe Care Together team at a meeting on the 8th July where the team provided positive feedback and identified a few areas for improvement which included: • 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 condition of infrastructure and estate and the potential it had to have a detrimental impact on team morale as well as the delivery of safe, effective and reliable care. The CEO advised the Board that at present Management Executive meetings occurred weekly, was chaired by the herself and that its membership was comprised solely of the Executive Directors. She added that operational and strategic issues affecting the Health Board were discussed at that meeting and coordinated ahead of notification to the Board and its sub-committees. It was noted that the Health Services Management Board (HSMB) currently met monthly and was attended by the Chief Executive, Executive Directors and Clinical Board Directors with its purpose for discussion and dissemination of current issues and it was not constituted as a decision-making meeting. The CEO advised the Board that the meetings would be consolidated and that the governance would sit with the HSMB which would be renamed to Senior Leadership Board (SLB). It was noted that the new arrangements would be presented to The Strategy and Delivery Committee in August 2022 and that the change would see formalised terms of reference, a standing agenda, minutes and actions plans and twice monthly meetings. The UHB Chair thanked the CEO for being so open and honest about the current Health Board situation. The IMLC asked if there was anything Independent Members could do to help support the current situation. The CEO responded that helping the Health Board to engage with stakeholders was really important for success as well as helping to reassure the public that the Health Board was doing everything it could to provide the best service for them as well as acknowledgement of the level of demand being placed on teams. The Independent Member – Community (IMC) asked if future CEO reports could have reflection on waiting list times and other areas that the public would be interested in reading about which could then be used by Independent Members to reassure the public. The UHB Chair concluded that the future CEO reports did not require an "all embracing" approach and only areas that needed specific focus would require to be received by the Board. **The Board resolved that:** a) The Strategic Overview and Key Executive Activity described in the report were noted.	
UHB 22/07/009	**Board Assurance Framework** The Board Assurance Framework (BAF) was received. The Head of Corporate Business (HCB) advised the Board that he would take the paper as read and noted that each year the Management Executive Team agreed which significant risks would impact upon the delivery of the Health Boards Strategic Objectives.	

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It was noted that the discussion took place at Management Executives on 9th May 2022 and it was agreed the following risks would be included in the Board Assurance Framework for the financial year 2022/23:

- Workforce
- Patient Safety
- Sustainable Culture Change
- Capital Assets
- Delivery of 22/23 commitments within the IMTP
- Staff Wellbeing
- Exacerbation of Health Inequalities
- Financial sustainability
- Urgent and Emergency Care

The HCB advised the Board that no further risks had been added since the last meeting and any key changes were highlighted within the BAF.

The UHB Chair noted that there had been substantial amounts of change to the risk scores and invited the appropriate Executive to comment on their risk.

The Executive Director of People and Culture (EDPC) advised the Board on the risk score for the Sustainable Culture Change risk from 16 down to 8.

It was noted that culture took a long time to change and what had come to fruition was that teams were driving the people and culture agenda and that leadership programmes were coming into place so the benefits being seen from the people and culture plan were now being seen which was reflected in the reduction of the risk score.

The EDPC advised the Board on the risk score for the Staff Wellbeing risk from 20 down to 15.

It was noted that as a result of the Covid19 pandemic, employees had been exposed to unprecedented levels of psychological and physical distress both at home and in the workplace.

The EDPC added that the wellbeing agenda was being driven forward and investment had been provided at the beginning of the year to provide various wellbeing initiatives which were now coming into the Organisation and that the hard work being done by teams behind the scene were now starting to play out.

The UHB Chair advised the Board on the risk score for the Delivery of IMTP 22-25 from 20 down to 15.

It was noted that a plan had been submitted to Welsh Government (WG) but the status of that plan was not known at present.

The UHB Chair added that the IMTP described a number of things the Health Board wanted to move forward with which aligned with the points raised by the CEO in her report around the pressures being seen within the Health Board.

It was noted that difficult conversations would need to be had by Clinical Boards at the SLB.

The CEO advised the Board that the risk score for the Urgent and Emergency Care risk should drop from 20 down to 15.

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It was noted that there had been key changes to the risk and that the operational position was reported into Management Executives weekly with further mechanisms in place to monitor key schemes in Urgent & Emergency Care Operational Delivery Plan

	The South Glamorgan Community Health Council Chair (SGCHC) advised the Board that the colour red as seen within the report indicated a negative response to the general public. The CEO responded that the Health Board did not wish to cause distress to the public but noted that red signified a very real picture on the risks which the Board needed to be advised about. The Executive Medical Director (EMD) added that assurance had to be provided and a conversation was required with the Chief Medical Officer around the public expectations because the public needed to understand how difficult things were in the Health Board as well as wider areas such as the Welsh Ambulance Service (WAST). **The Board resolved that:** a) The 9 risks to the delivery of Strategic Objectives detailed on the attached BAF for July 2022 were reviewed and noted.	
UHB 22/07/010	**Chairs reports from Committees of the Board:** The Chairs Reports from the Committees of the Board were received. • Finance • H&S • MHLCLC • QSE • S&D • Audit The UHB Chair thanked the Chairs of the Committees for the continued support. **The Board resolved that:** a) The Chairs reports were noted.	
UHB 22/07/011	**Integrated Performance Report:** The integrated Performance Report was received. The UHB Chair invited each Executive to comment on the relevant section of the report and noted that the report should be taken as read. **Population Health:** The Executive Director of Public Health (EDPH) advised the Board that the data suggested that the peak of the current Covid19 wave had been reached in the middle of July but noted that some of data was conflicting. She added that cases within the community were low but cases in care homes were high so it was a mixed picture. The Board was advised that a joint delivery plan for the Autumn Covid19 booster and influenza vaccines was currently being developed and that arrangements for a new Cardiff Mass Vaccination Centre (MVC) on the Woodland House site would support delivery of the Autumn booster programme from September 2022. It was noted that the mass vaccination teams had highlighted that they would do things like “pop ups” with ethnic communities, homeless people, etc to provide the vaccine. The EDPH advised the Board that good progress had been made on smoking cessation and that the Mental Health Clinical Board were taking the lead and working with Health & Safety colleagues and the Public Health team to progress smoke-free Mental Health units and that engagement with staff and patients would be key to its success.	

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Quality and Safety:

The Executive Nurse Director (END) advised the Board that patient concerns had continued to rise and that the Health Board continued to deliver on its 30-day response target.

It was noted that communication was the largest concern raised and that slips, trips and falls were the highest reported incidents within the Health Board.

It was noted that the falls collaborative group were working well around those incidents.

The END advised the Board that significant work had been undertaken by the Clinical Boards to close Nationally Reportable Incidents (NRIs) and that at the time of reporting there were a total of 79 open NRIs and of those, 41 were overdue for closure.

It was noted that Hospital Infections was a key priority and that a senior review panel had been implemented.

The Board was advised that the Quality, Safety and Experience (QSE) Committee had received an in-depth report in June 2022 around pressure ulcer damage and assurance could be provided that pressure damage was reducing within the Health Board.

The Executive Medical Director (EMD) advised the Board that a deep dive around mortality would be had with the QSE Committee at its August 2022 meeting.

The Independent Member – Legal noted that the number of falls remained at a certain level following 3 factors identified:

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

He asked what was being done around those factors.

The END responded that as an organisation falls would never be eradicated and that the key is to ensure that as few as possible falls result in serious harm.

He added that learning from falls needed to be shared widely across Clinical Boards and integrated into the work that they did.

The EDTHS advised the Board that she was the Executive lead on falls and noted that there had been a transition period with the retirement of staff from falls work but added that roles were out to advert and would be appointed soon.

She added that those roles were pivotal to oversee training which was one of the factors identified.

The Independent Member – Finance (IMF) noted that no improvement had been seen from the baseline in hospital infections and asked how big the concern was.

The END responded that an increase in infections would always be a concern and that when benchmarking against other Health Boards in Wales, all were in a similar situation.

The CEO added that if there was an Emergency Unit with 250 patients in it then there would be an infection problem and that the Health Boards ability to mitigate impacts was automatically very challenged.

The END added that the Board could not get away from the fact that staff were working in some of the oldest Healthcare infrastructure in Wales which also played a part in the wider picture of hospital infections.

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Workforce:

The EDPC advised the Board that the Health Board had a really excellent work force and thanked them for their hard work.

It was noted that there were challenges seen within the workforce data due to lag and noted that sickness rates had decreased in May 2022 but had increase in June 2022 due to the Covid19 wave.

The EDPC advised the Board that her team were looking at the triangulation of data to receive a more accurate picture of workforce sickness.

Areas of concern were identified which included:

- Retention rates. It was noted that the team were trying to find out why people were leaving and entry questionnaires were also being provided.
- Data – It was noted that the Values Based Appraisals and medical appraisals should be separated because medical appraisals were over 90% and done every year which was the right way forward.

The EDPC advised the Board of examples of what the team have been working on since which included:

- The launch of Winningtemp for staff which monitored how staff felt on a weekly basis.
- The welcoming of overseas nurses.

The Independent Member – Trade Union (IMTU) noted that the reduction of staff suffering with long Covid19 was great news and asked how that had been reduced.

The EDPC responded that staff who had been absent due to long Covid19 had been reviewed on a case by case basis. The Health Board did not want people to have to leave their jobs and so with management support and wider discussions, members of staff could if necessary be re-deployed around the Organisation to keep them in the Health Board.

The UHB Vice Chair asked if there was evidence in terms of improving and sustaining the health of the workforce.

The EDPC responded that there was and it was important to measure that. Areas such as occupational health data and wellbeing are consistently reviewed but that she would welcome suggestions on any other data sets that could be produced to provide a firmer picture of workforce health and well-being.

The UHB Vice Chair responded that hotspots where more targeted interventions were needed would help.

Performance:

The Managing Director (Non-Acute Services) (MDNA) advised the Board of 3 areas for update which included:

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- Mental Health – It was noted that performance against part 1a of the Mental Health Measure had improved to 93% and it was anticipated to raise to 95% by the end of July 2022.

- Primary Care and Dental – It was noted that since publication of the report, Dental services were operating at around 60% of pre-Covid19 activity but it was expected to see an increase in activity as moving through Q1 into Q2 driven by new

	contractual arrangements and changed IP&C guidance which over 73% of practices had opted into. • Planned care – It was noted that the report included the position on two specific planned care ministerial ambitions – elimination of more than 52 weeks new outpatients by the end of December 2022 and elimination of more than 104 week waits for all stages of pathway by the end of March 2023. The MDNA advised the Board that the Health Board would not be able to deliver the planned care targets on all 35 specialities but aimed to achieve it in 25 of them. The Independent Member – University (IMU) advised the Board that a communications plan would need to be put in place because there were still patients who would have waited a long time by December 2022. The MDNA responded that there were actions in train around improvement of communication to patients, and part of the plan was to contact patients directly with updates on waiting times supplemented with advice and guidance on a range of support measures available whilst waiting. The UHB Chair asked for actions on this to be brought to the next board meeting. The Chief Officer of the Community Health Council (COCHC) advised the board that the Community Health Council (CHC) had undertaken 2 “mystery shopper” exercises around dental and noted that dental waiting lists were rising. He asked what was being done to manage those waiting lists and manage patient expectations. The MDNA responded that as part of the new contractual arrangements put in place, 25% of that had to be linked to new appointments and new patients which would equate to 35,000 new appointments by March 2023. The Managing Director (Acute Services) (MDA) advised the Board on challenges being faced in Urgent Care and identified 2 key areas: • Delays in the Emergency Unit (EU) • Workforce restraints It was noted that Covid19 admissions had reduced since the last Board meeting which had allowed the operational team to further de-escalate some Covid capacity. The MDNA added that the relaxation of IP&C measures in June 2022 had led to a reconfiguration of the EU footprint which had gone some way to easing the previous complexity of streaming patients designated for admission. It was noted that the pace had increased in joint working with Health Board partners and whilst some of the actions raised were more short term to address the current challenges being faced, the Health Board, in conjunction with its partners, had also developed a more sustainable and transformational plan, in line with the national six goals for urgent and emergency care. **Finance:** The Executive Director of Finance (EDF) advised the Board that an improvement plan had been submitted at the end of quarter one to drive down deficit. She added that the report to Board reported on the month 2 position of the Health Board and assured the Board that the Finance Committee had reviewed the month 3 position in detail at its meeting the previous day.	**HE**

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	The EDF advised the Board that there was confidence in the Health Board's savings for the financial year and that more work was to be done on the recurrent position. She added that there was confidence that the Health Board would get to its target financial position through focus on reducing length of stay and improving quality of care. The Independent Member – Third Sector (IMTS) asked if there was any indication as to what that meant on the next IMTP cycle. The UHB Chair responded that it was unlikely that the Health Board would have the IMTP signed off. **The Board resolved that:** a) The contents of the integrated report were noted.	
UHB 22/07/012	**IMTP report on Q1** The IMTP report on Q1 was received. The Executive Director of Strategy and Planning (EDSP) advised the Board that on the 30th June 2022, The Board had approved a final version of 2023 plan for the Health Board. It was noted that work had also taken place to ensure that appropriate mechanisms were in place to assure both the Strategy and Delivery Committee and the Board on 'in year' progress of plan delivery. It was noted that the robustness of current mechanisms had been the focus of both Audit Wales and Internal audit reports and that Audit reports and WG feedback had remarked that arrangements required strengthening. The EDSP advised the Board that the Strategy and Delivery committee were engaged in the development of the revised approach that was shared with the Board. It was noted that the report received by the Board had been split into 2 sections and that feedback was welcomed: • Annual Plan delivery • Strategic programmes delivery The UHB Chair advised the EDSP that a "plan on a page" would be useful to identify key priorities and actions. The EDSP responded that it would be incorporated into future reports and a that a RAG (Red-Amber-Green) rating could be utilised for the Board report. The UHB Chair thanked the EDSP and noted that the Health Board were good at identifying when not on track, but sometimes not so good at how to get back on track. **The Board resolved that:** a) The status of plan implementation as at Quarter One was noted.	
UHB 22/07/013	**Health & Safety Annual Report** The Health & Safety Annual Report was received. The EDPC advised the Board that she would take the report as read and gave credit to the Health & Safety team for the amount of detail provided within the report. Key areas were highlighted from within the report which included:	

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	• The migration of the E-DATIX Incident Reporting system to DATIX CYMRU. • Incidents around sharps injuries had increased – probably due to staff fatigue. • Increased violence and aggression was being experienced by Staff. • Structural Improvements. • Fire enforcements It was noted that the increase in violence and aggression was not acceptable and "hot spots" had been identified such as Accident & Emergency (A&E) and paediatric units. The EDPC advised the Board that work was being undertaken with the Local Authority on training and noted that the Health Board worked with a zero tolerance around violence and aggression. The IMLC noted that it appeared within the report that the Medicine Clinical Board had not met for any Health & Safety (H&S) meetings and asked if concern was needed around that. The EDPC responded that operational H&S meetings were trying to be improved and for a standardised template to be used. She added that the H&S Culture plan which would be discussed further on in the Board meeting was about reframing the whole H&S agenda and noted that conversations were being had with Clinical Boards around attendance at meetings and relevant reframing. The IMC noted the data around Manual Handling incidents within the report and asked if the incidents were linked to lack of training. The EDPC responded that the Head of Health & Safety had noted trends and was doing work to unpick themes and trends which would be received by the Board in the future. The UHB advised the Board that the Health and Safety Committee would also provide assurance to the Board following on from their meetings. The IMTS asked how the Board would be alerted to decisions made within the Strategy and Delivery Committee around infrastructure issues which had been identified during Patient Safety walks. The EDPC responded that the ambition was to bring Quality and Safety and Health and Safety closer together and noted that actions would be fed back to the Management Executives. The EDF added that infrastructure issues around H&S needed to be reported appropriately, often and ensure that the systems in place are utilised to move things forward. The UHB Chair noted that the Board also needed to exercise the level of practicality of what could be done and outcomes provided from patient safety walkarounds The CEO concluded that the Health Boards teams needed help to understand real time horizons for some of the challenges identified within the H&S report. **The Board resolved that:** a) The Health and Safety Annual Report 2021-2022 was approved	**RW/RG**
UHB 22/07/014	**Health & Safety Culture Plan.** The Health & Safety Culture Plan was received. The EDPC advised the Board that the Health and Safety Culture Plan 2022-2025 had been developed to provide a structured, prioritised approach to underpin the Health Boards H&S aims and objectives.	

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	She added that it had been established from the findings of an independent external review conducted in 2021 and a full department workshop session which was conducted in October 2021. It was noted that 6 themes had been identified in the external review which included: • To achieve 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 would do. • To achieve Health and Safety risk & incident management excellence – to embed a process that could identify and mitigate 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. • To achieve communication excellence – to create an environment to enable collaboration and open discussion ensuring clear, consistent communications which would utilise 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 non-conformances could be identified, rectified in an appropriate time bound fashion, and share the improvements with Clinical and Service Boards. • To achieve fire safety excellence – to develop leading fire safety preventative and protective measures that would provide a robust, compliant, and resilient approach to fire safety management The EDPC advised the Board that the Health and Safety Culture Plan would be received by the Strategy and Delivery Committee and the Health and Safety Committee for scrutiny. She added that it would also be put out to the Organisation for comments. The UHB Chair thanked the EDPC and noted that it was pleasing to see the document. The IMC asked if there was a communications channel set up for the comments around the plan. The EDPC responded that conversations had been held with the Director of Communication and that a newsletter went out bi-monthly which would now incorporate Health and Safety. **The Board resolved that:** a) The Health and Safety Culture Plan 2022-2025, was approved.	
UHB 22/07/015	**Outline Business Cases:** The Health & Wellbeing Centre@CRI Outline Business Case (OBC) was received. The EDSP advised the Board that they would already be familiar with the OBC because it was discussed at the previous Board meeting when the Capital Programme was received. She added that the OBC was featured as a priority within that programme. It was noted that the Health Board had taken a unique approach to the OBC because the programme business case (PBC) for Shaping Our Future Wellbeing had been approved in	

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	2019 which set out a series of developments that the Health Board wanted to take forward to enhance and develop community services. It was noted that the OBC set out the programme for the completion of the Cardiff Royal Infirmary (CRI) as the Health and Wellbeing centre for the South East locality and how it would also set out how the Health Board envisaged how to complete the development over the next 8-10 years. The EDSP advised the Board that the OBC had been received by the Capital Management Group and received by the Finance Committee the day prior to the Board meeting. The UHB Chair asked if the Finance Committee had endorsed the OBC. The Chair of the Finance Committee, the Independent Member – Capital and Estates (IMCE) responded that they had. The COCHC commended the Health Board on the development of CRI and noted the CHC fully supported the programme. The EDF advised the Board that she had recognised the point identified within the OBC around the cost of maintaining the building and noted that the individual Full Business Cases (FBCs) would need to be worked through to provide clarity on how the Health Board could afford it. The IMICT advised the Board that the OBC highlighted a number of parking spaces would be lost at CRI and noted that car parking was a constant issue identified by staff at CRI. The EDSP responded that the conversation was raised continually with staff across all hospital sites and noted that from a planning perspective, sustainability had to be a priority and move conversation would be required. The EDPH added that the placement could produce inequalities in health. The UHB Chair noted that it had identified the need for an engagement piece of work with staff and the public. **The Board resolved that:** a) The Outline Business Case for the redevelopment of Cardiff Royal Infirmary to provide a Locality Health and Wellbeing Centre as set out in the OBC, which included the associated capital and revenue costs, and assessed risks and benefits was noted and supported. b) It was noted that the Capital Management Group and Business Case Approval Group 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 Full Business Case stage was approved.	
UHB 22/07/016	**Risk Management Strategy** The Risk Management Strategy was received. The Head of Corporate Business (HCB) advised the Board that they would be aware that any issue that related to Risk Management Strategy (RMS) would be received by the Board and noted that the report received related to the internal audit completed in March 2021 around the Health Boards Risk Management. It was noted that the Health Board had received a reasonable assurance rating which was shared at the April 2022 Audit and Assurance Committee.	

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	The HCB noted that whilst progress had been made against the recommendations raised in the review, there was scope to improve the Health Board's processes and the following additional recommendations were made: • 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) • Risk owners should be reminded of their roles and responsibilities to ensure that the risk management information held within the risk registers was complete and regularly reviewed and updated (Priority – Medium) • 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). It was noted that whilst efforts to continually improve the Health Board's Risk Management processes would continue to be made, including putting in place arrangements to adequately respond to the above recommendations, it was not thought necessary to amend the Health Board's existing Risk Management and Board Assurance Framework Strategy and Risk Management Procedure. The HCB advised the Board that the move from reasonable assurance to substantial assurance could only be achieved by further engagement from Clinical Boards and noted that he was confident the changes to the HSMB would provide a much more appropriate forum for Clinical Boards. He added that all Clinical Board triumvirates would have received training on the RMS by the end of August 2022. The IMCE noted that the paper received made it clear that risks were subject to internal audit and asked if the Health Board ever received an external perspective. The HCB responded that the Health Boards Risk Management System was not formally subject to an external review. However, the Health Board is subject to considerable scrutiny from external regulators. The IMCE asked what governance was being held around the training of Clinical Boards. The HCB responded that the training of clinical board personnel on risk management procedure was recorded, monitored and fed back to Clinical Boards as part of the Risk and Regulation team 'check and challenge' process. He added that the new Senior Leadership Board would bring together all of the relevant people, in the same room and at the same time, thus improving overall communication on risk. The MDNA provided Board with further assurance that the Clinical Boards were now bringing their higher scored risks to Executive review. **The Board resolved that:** a) The contents of the Risk Management Strategy were noted. b) Assurance was received that the Health Board's Risk Management processes and procedures had received Reasonable Assurance from Internal Audit c) It was agreed that the Health Board's Risk Management and Board Assurance Framework Strategy and Risk Management Procedure (with supporting Risk Assessment and Risk Register) did not, at the time of the Board meeting, require updating.	**TD**

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UHB 22/07/017	**Committee Membership** The Committee Membership information was received. The HCB advised the Board that the information had to be received by the Board as a rule under its standing orders. The EDPH noted that not all of the Executives had been listed on the Charitable Funds Committee. The HCB responded that Charitable Funds was one exception to the rule. **The Board resolved that:** a) The Executive Leads of the Committees of the Board were approved and the changes detailed within the last column of appendix 1 with effect from 1st August 2022 were approved. b) It was noted that there were no other changes to the Membership required at this time.	
UHB 22/07/018	**Committee / Governance Group Minutes:** The Committee / Governance Group Minutes were received. **The Board resolved that:** The Committee / Governance Group Minutes were noted	
UHB 22/07/019	**Corporate Risk Register** The Corporate Risk Register (CRR) was received. The HCB advised the Board that he would take the report as read and raised the 4 risks that were new to the register: • 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 – score of 20 • Risk of patient harm and poor patient experience due to staffing difficulties and shortages within maternity services – score of 20 • Risk of patient harm due to incorrect Point of Care Testing due to incomplete training and management of staff – score of 20 • Risk of service interruption and potential patient harm due to cyber security threats – score of 20 The HCB noted that the risks were known to the relevant teams and were being managed locally. The IMLC noted that the number of risks against Patient Safety was high and asked if it was factored in relation to the proportion of time spent. The HCM responded that it was the percolation seen on the CRR and to get the risks onto the CRR, a risk had to be scored at 20 or above or if the risk team believed the risk should be on the CRR. The CEO noted that Patient Safety is “what the Health Board does” and noted that it quite rightly, dominated everybody’s day.	

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	The COCHC expressed his concerns at some of the detail provided within the CRR and noted that the public would get very worried when reading it. The UHB Chair responded that the purpose of the CRR was to give assurance to the Board and Executives. The CEO added that there was a difference between technical reports and public facing reports. The COCHC noted that the public had access to the papers and asked for a paragraph to state if the public wanted to get in touch to discuss, that they could. **The Board resolved that:** a) The Corporate Risk Register and the work in in the area which was now progressing was noted.	
UHB 22/07/020	**Commissioning Intentions** The Commissioning Intentions were received. The EDSP advised the Board that they were received every year and noted that the Commissioning Intentions were intended to outline the Health Boards aspirations for 2023 to 2026, and to inform the Health Boards IMTP 2023-26. It was noted that the refresh of the Shaping our Future Wellbeing strategy would commence later on in 2022-2023 and that whilst emerging priorities were 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. **The Board resolved that:** a) The proposed Commissioning Intentions for 2023/26 as part of the commissioning cycle and to inform the development of the IMTP.	
UHB 22/07/021	**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 22/07/022	**Agenda for Private Board Meeting:** ***i.*** *Approval of minutes* ***ii.*** *IMTP Position – Verbal Update* ***iii.*** *Regional Planning Architecture* ***iv.*** *Approval of Private Committee minutes* *Covid-19 Inquiry Update*	
UHB 22/07/023	**Any Other Business** No other business was received.	
UHB 22/07/024	**Review of meeting** The UHB Chair thanked the Board for attending the meeting and noted how nice it was to be held in person again.	
	Date & time of next Meeting: September 29th 2022 – Barry Hospital	

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Unconfirmed Minutes of the Annual General Meeting
Held on Tuesday, 19th July 2022
Via Microsoft Teams.

Present:		
Charles Janczewski	CJ	UHB Chair
Suzanne Rankin	SR	Chief Executive Officer
Ceri Phillips	CP	UHB Vice Chair
Rebecca Aylward	RA	Interim Deputy Executive Nurse Director
Gary Baxter	GB	Independent Member - University
Caroline Bird	CB	Interim Chief Operating Officer
David Edwards	DE	Independent Member - ICT
Nicola Foreman	NF	Director of Corporate Governance
Rachel Gidman	RG	Executive Director of People and Culture
Akmal Hanuk	AH	Independent Member - Community
Fiona Jenkins	FJ	Executive Director of Therapies & Health Science
Meriel Jenney	MJ	Executive Medical Director
Mike Jones	MJ	Independent Member – Trade Union
Fiona Kinghorn	FK	Executive Director of Public Health
Catherine Phillips	CP	Executive Director of Finance
David Thomas	DT	Director of Digital and Health Intelligence
Rhian Thomas	RT	Independent Member - Capital & Estates
John Union	JU	Independent Member - Finance
Observers:		
Timothy Davies	TD	Head of Corporate Business
Marcia Donovan	MD	Head of Corporate Governance
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Sam Austin	SA	Deputy Chief Executive at Llamau
Vivienne Harpwood	VH	Chair Powys Teaching Health Board
Carol Shillabeer	CS	Chief Executive Officer- Powys Teaching Health Board
Jo Whitehead	JW	Chief Executive Officer- Betsi Cadwaladr UHB

AGM 22/07/001	**Welcome and Introductions** The Chair of the Cardiff and Vale University Health Board (UHB Chair) welcomed everyone to Cardiff and Vale University Health Board's AGM in English and Welsh. The Chief Executive Officer was welcomed to her first meeting as CEO. The UHB Chair confirmed that the AGM would focus on the previous 12 months within the Health Board and noted that recovery of services would be an important focus for the Health Board over the next 12 months and beyond. It was noted that a lot of innovative work had already taken place which had included:	

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	• The opening of the Vanguard Opthalmology Theatres to support cataract surgery. • The opening of the Same Day Emergency Care (SDEC) service to support Emergency Unit (EU) admissions. The UHB Chair noted that those areas of work had been great examples of partnership and joint working across Clinical Boards, Primary Care and Secondary Care. It was noted that the Health Board was working in line with the Welsh Government's (WG) planned care strategy to reduce the number of people on the waiting lists and to help support and keep them well as they waited. Attendees of the meeting were advised that it had been disappointing to see an increase in the number of verbal and physical assaults that had been reported against emergency workers which not only included hospital and GP practice staff, but also included staff across partner organisations, including Welsh Ambulance Trust, the Police and the Fire Service. It was noted that the Health Board operated a zero-tolerance policy to any inappropriate behaviour and was saddened to have to raise the issue. The UHB Chair advised attendees that the mass vaccination effort had continued over the past 12 months, with over 1 million vaccinations being delivered to the local communities. He extended his deepest gratitude to all staff teams, partnerships and Third Sector organisations for their hard work and for being part of one of the largest partnerships in Health Board history. It was noted that planning was underway to deliver the additional booster vaccinations in the Autumn and, as the Health Board looked forward, it was important to reflect on the previous 2 years and to try and take away the positives of what had been achieved.	
AGM 22/07/002	**Apologies for Absence** Apologies for absence were noted.	
AGM 22/07/003	**Declarations of Interest** There were no Declarations of Interest noted.	
AGM 22/07/004	**Minutes from the Annual General Meeting held on the 29th July 2021** The minutes of the Annual General Meeting held on the 29th July 2021 were received and confirmed to be an accurate record. **Resolved that:** The minutes of the Annual General Meeting held on the 29th July 2021 were approved as a true and accurate record.	
AGM 22/07/005	**Annual Report 2021/22** The Annual Report 2021/22 was received.	

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The CEO introduced herself and expressed her gratitude to have been appointed as the CEO of Cardiff and Vale University Health Board and thanked everybody for the warmest of welcomes to both the organisation, including colleagues and partners across Wales, and also the Welsh people.

The CEO advised attendees of the changes that had been made within the Executive team and welcomed:

- Professor Meriel Jenney as the Executive Medical Director (EMD).
- Jason Roberts who had recently been appointed as the new Executive Nurse Director (END).
- David Thomas, the Director of Digital and Health Intelligence.
- Caroline Bird, the Interim Chief Operating Officer (ICOO) who would shortly be leaving the Organisation and would be replaced by Paul Bostock in September 2022.

Attendees were provided with an overview of what the Health Board had delivered over the last year together with some service statistics, which included:

- Over 1 million COVID-19 vaccines had been delivered.
- There had been 69,000 inpatient day case admissions.
- 135,773 patients had attended the EU.
- 695,098 outpatient appointments had been allocated.
- 141,817 contact traces had been carried out by the Test, Trace and Protect (TTP) teams.

It was noted that the statistics received showed a sense of the scale of the required response that had to be sustained over the last 12 months and the CEO advised attendees to read the Health Board's Annual Report which provided a high-level overview of each service.

Attendees were advised that, operationally, occupancy had continued to increase and so a "Choices Framework" had been implemented which had enabled the senior teams to make operational decisions on where resource focus was required.

The CEO advised attendees of some key areas that had seen challenges:

- Mental Health – A record level of community and acute level demand had been seen with a referral increase of 146% compared to pre-pandemic levels.
- Compliance in 4 and 12 hour waits within the Emergency Unit (EU)
- Long ambulatory waits
- Dentistry capacity

It was noted that improvement work would continue to address the issues noted.

It was noted that there had been a lot of debate in the media in relation to Dentistry and that it was true to say that Community Dental and General Dental Services (GDS) were still operating at a lower level of activity than before the pandemic. However, work was being undertaken with the Dental teams to ensure that the service could meet the ambition of achieving 70% of the pre-pandemic activity levels.

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The CEO highlighted two areas of great achievement which included:

- The Welsh Eye Care Service, which had been operating at levels very consistent with pre-pandemic capacity at 90% or above and through the use of the mobile Ophthalmology theatres, it was expected to be back at pre-pandemic levels by the end of 2022.

- Cancer care. It was noted the Health Board continued to work through the single cancer pathway to provide routine and emergency cancer services with treatments remaining at 90% of the pre-pandemic levels.

Attendees were advised that the Health Board's Integrated Medium Term Plan (IMTP) set out how the Health Board aimed to deliver services and achieve the highest quality care and treatment experience and outcomes for patients.

It was noted that to do that, the Health Board would need to focus on transformation, whilst embracing and driving through clinical innovation, supporting breakthrough treatments and medications to optimise the opportunities the Health Board had to deliver better care, higher quality and more efficiency.

It was noted that another focus for the Health Board would be to ensure the Workforce was transformed and that new workforce models were implemented to provide a stable Workforce which would feel valued and respected.

- Innovation

The CEO advised attendees that there was a clear set of Ministerial priorities set by Welsh Government (WG) which referred to the Health Board's reset and recovery plans.

She added that it was an important approach being deployed to reduce the backlog of patients on planned care waiting lists and that importantly, that work was aligned with the Six Goals work for urgent and emergency care, which was a national programme.

- Sustainability

The CEO advised attendees that over the course of the next year, the Health Board would be refreshing and evaluating its Strategy, Shaping Our Future Wellbeing.

She added the Strategy was underpinned by what mattered to people and would ensure that everyone had the same chance of living a healthy life irrespective of who they were and where they lived.

It was noted that an important part of the sustainability approach was to ensure that the Health Board worked collectively and with partners to create buildings and environments where teams and patients could thrive.

- Partnerships

The CEO advised attendees that one of the ways in which the Health Board could meet the complicated and competing demands was by working in collaboration with partners across the system and in the Community.

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She added that it would be important to place more emphasis on the co-design and co-production of services with the people who actually used them and that a deep methodology would need to be deployed to do that more robustly.

	The CEO noted that the pandemic had been an incredibly difficult time for everybody, professionally and personally and continued to curtail many of the things people wanted to do in their lives. She added that as the United Kingdom moved into a recovery phase, it was really important that the Health Board would not forget the patients and the colleagues that had been lost to the pandemic and a brief moment of silence was observed to pay tribute to them. The CEO personally thanked colleagues at the Health Board, and across the NHS and the Health and Social Care system for their unwavering resilience, commitment and dedication to continue providing excellent care in the most challenging of circumstances including: • The COVID-19 pandemic • Flooding • Heatwaves • Rail Strikes • The war in Ukraine • Wars around the World. It was noted that those areas affected patients, staff and their families who supported them and thanked them again for doing brilliant work despite those challenges.	
AGM 22/07/006	**Financial Accounts 2021/22** The Financial Accounts 2021/22 were received. The Executive Director of Finance (EDF) introduced the Financial Accounts for 2021/22 presentation which provided an overview of income and expenditure for 2021/22, performance against financial target and a financial outlook for 2022/23. It was noted that the Health Board had two primary statutory responsibilities with regard to its financial duties: • A duty to ensure that the Health Board's Revenue and Capital expenditure did not exceed the combined funding allocated to it over a period of 3 years. • A duty to prepare and obtain from the Welsh Ministers an approved Integrated Medium-Term Plan (IMTP) which would achieve the rolling 3-year position. It was noted that the Health Board had agreed an IMTP with WG in 2019/20 that took the Health Board through to 2020/21 and that the financial duty had been met. Attendees were advised that during the pandemic, the planning process had been paused in March 2020 and a quarterly planning arrangement had been put in place for 2020/21. • Revenue Resource It was noted that in terms of revenue resource, the Health Board had a responsibility to balance and it was noted that the Health Board had balanced for the last 3 years which meant that it had achieved its financial duty under both section 175(1) and 175(2a). • Capital Resource	

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It was noted that the Health Board had a financial duty to ensure capital expenditure remained within the WG Capital Resource Allocation over the same three-year period and that the Health Board had a combined surplus of £0.234 over the three-year period which meant that the Health Board had met the statutory duty.

The EDF advised attendees that the Health Board's net operating costs and revenue resource for 2019/20 was just over £1b which moved up to £1.2b for 2020/21 and 2021/22.

She added that the reason for the increase was largely in response to the costs of the COVID-19 pandemic.

It was noted that the Health Board received £1.7b in annual income which was made up of 5 parts which included:

- Training and Education - £53m
- Welsh Health Specialist Services Committee (WHSSC) - £295m
- Other Health Boards - £83m
- Welsh Government Allocations – £1.2b
- All other Income - £83m

It was noted that the Health Board's annual expenditure of £1.7b was made up of 8 parts which included:

- Nursing Staff - £315m
- Medical and Dental Staff - £190m
- Other Staffing costs - £281m
- Drug costs - £131m
- Primary Health Care Services - £250m
- Continuing Health Care - £66m
- Healthcare from Other Providers - £280m
- Other Hospital and Community Expenditure - £221m

The EDF advised attendees that over the course of two years, the Health Board's staffing level had increased in response to the COVID-19 pandemic and that there was a total of 16,687 employees.

It was noted that assurance on the accuracy of the Annual Accounts could be taken from a number of areas which included:

- The work and review carried out by the Audit and Assurance Committee throughout 2021/22
- The work completed by Audit Wales and summarised in their ISA 260 Report
- The response given to the Audit enquiries to those charged with governance, and management and the Letter of Representation provided to Audit Wales
- The work carried out by Internal Audit and Counter Fraud throughout 2021/22
- The Accounts that were approved by the Health Board's Board members on 14 June 2022.

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It was noted that an unqualified audit opinion was given by Audit Wales on the 2021-22 financial statements and that the financial statements were fairly and

	appropriately presented without any identified exceptions and in compliance with accounting guidelines and free from material misstatement. • Financial Outlook for 2022/23 The EDF advised attendees that the pandemic had impacted on the Health Board's ability to deliver its savings target during 2020/21 and 2021/22 and that the Health Board had submitted a financial plan to WG that projected a £17.1m deficit in 2022/23. It was noted that the Health Board was developing long term plans to address the deficit and that the position assumed ongoing WG support for local COVID-19 response costs, national WG COVID-19 Programmes and exceptional cost increases such as energy. The EDF concluded that the 2022/23 IMTP which included the financial plan, continued to be discussed WG.	
AGM 20/07/007	**Questions from the Public on Annual Report and Accounts 2021/22** The UHB Chair invited questions from the public and noted that they did not necessarily need to be in relation to the Annual Reports and Accounts. The Director of Corporate Governance (DCG) noted that three questions had been received from Jane Caroll, the Senior Officer for Employment relations at the Royal College of Nursing in Wales. • Question 1 - What was the Health Board doing to ensure safe staffing across all Clinical teams, especially those without coverage within section 25b of the Wales staffing Levels Act? The Interim Deputy Executive Nurse Director (IEND) responded that it was a high priority for the Health Board to ensure delivery of high quality and responsive care to patients and their families and that was dependent on having a highly skilled nursing workforce. It was noted that the Health Board aimed to be the number one employer for Nurses in Wales and it was highlighted that throughout the COVID-19 pandemic the Health Board had continued to recruit nurses. It was noted that there were 193 newly registered nurses joining the Health Board imminently and a further 200 had been recruited from overseas to support the Health Board. The IEND advised the attendees that the shortage of nurses was a national issue and that the Health Board was very clear in its approach to managing the daily risks from staffing. She added that the Health Board had introduced new models of care which had been created to support the registered Nurse workforce. It was noted that retainment of Nurses was important and that the Health Board had an extensive career framework and leadership pathway for the Nursing team which was supported by training and development programmes. The IEND concluded that the Staffing Act 25b had recently been signed off by the Board and all of the establishments had been reviewed and found to be compliant with the Act.	

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- Question 2 - What contingencies were there to reprioritise services should another COVID-19 wave be experienced and what plans were there around the vaccination programme for the Autumn.

The Interim Chief Operating Officer (ICOO) responded that a number of waves had been experienced in COVID-19 and that learning had been used from each wave to inform ongoing contingency planning and implementation.

It was noted that two of the ways the Health Board had responded was by:

- Repurposing existing capacity to ensure that there was the maximum capacity available for COVID-19 patients whilst balancing the risk between both COVID-19 and non-COVID streams.

- Opening of additional capacity in areas such as the Lakeside Wing at the University Hospital of Wales, an additional ward area at St. David's Hospital and an additional ward area at University Hospital Llandough.

- Maintaining surgical capacity by implementing a protective elective surgical unit and commissioning external capacity from independent private hospitals.

It was noted that as mentioned earlier by the CEO the Health Board was using a Local Choices Framework which was WG guidance applied locally giving the option to suspend or reduce certain activities to allow the release of physical or staff capacities to support pressures within the system.

The UHB Chair invited the Executive Director of Public Health (EDPH) to respond to the second part of the question regarding the Autumn vaccination plan.

The EDPH advised attendees that the Health Board was in a position to "stand up" the Test, Trace, Protect (TTP) partnership, if required, with local partners in Cardiff Council and the Vale of Glamorgan Council.

She added that planning had been ongoing for several weeks in relation to the Autumn booster programme for a range of groups as set out by the Joint Committee of Vaccination and Immunisation (JCVI).

It was noted that the Health Board would use a mixture of resources for the programme which included:

- Mass Vaccination Centres
- Community Pharmacies
- Primary Care

The EDPH advised attendees that it was important to note that the Autumn booster programme would form part of a respiratory winter vaccination plan as the Health Board was also proactively planning for the flu vaccination season.

- Question 3 - How is staff welfare and wellbeing being supported as they continued to see exceptional demand on services whilst supporting the recovery plan?

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The Executive Director of People and Culture (EDPC) responded that the Mission Statement of the Health Board was "Caring for People and Keeping People Well" which was predominantly aimed at the population, but noted that also included the Health Board's staff.

	It was noted the Staff health and well-being was at the top of the Board Assurance Framework (BAF) to ensure that Health Board Executives and Board Members are sighted on the well-being agenda. The EDPC advised attendees that a number of staff havens had been created throughout the health system to allow staff to reflect, relax and talk to colleagues. She added that a six-month listening exercise was implemented with the Health Intervention team which went out to the Organisation and listened to Staff to see how they felt. It was noted that the Health Board had embraced the Future Generations Act and had been taking staff out to retreats where they could have team sessions to talk, to reflect and to look at the hope and direction of the future. It was noted that refurbishment of a number of staff rooms was ongoing and was a large programme of work across the Organisation. The EDPC concluded that the financial well-being of staff was important and the ways to support staff and promotion of staff benefits to assist with the cost of living had been discussed at the Health and Well-being Strategic Group. It was noted that the presence of leadership was important to staff and that it was not only about the well-being but also the development and inclusivity that enabled staff to feel like they belonged in the Organisation.	
AGM 20/07/008	**Adoption of the Annual Report and Accounts** The UHB Chair advised attendees that the Annual Report had been commended by the CEO and that the public Accounts had been commended by the EDF Director of Finance. The Board formally adopted the Annual Report and Accounts.	
AGM 20/07/009	**Our Year in Review** Attendees were presented with a video presentation which outlined the Health Board's activity over the past 12 months.	
AGM 20/07/010	**Quality and Safety** The Quality and Safety presentation was received. The EMD advised attendees that some of the issues, challenges as well as successes would be presented and noted that the context of Quality and Safety for 2021/22 was COVID-19 and that it would be difficult to describe what had happened in that context without referencing COVID-19. She added that there were 5 harms associated with COVID-19 which included: • Harm directly arising from SARS-CoV2 infections • Indirect COVID-19 harms due to surge pressures on the Health and Social Care system • Harms arising from population-based health protection measures (e.g. lockdowns) • Economic harms, such as unemployment and reduced business income arising from COVID-19.	

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- Harms arising from the way COVID-19 had exacerbated existing, or introduced new, inequalities in society.

Attendees were advised the Health Board would be investigating all cases of nosocomial transmission.

It was noted that mortality is not something that was usually discussed at an Annual General Meeting but the EMD highlighted that it would be important to discuss.

- **The Medical Examiner**

It was noted that assurance could be given that the Health Board was looking at a number of ways to monitor mortality across the system and noted that the Medical Examiner Independent Scrutiny of Inpatient and Community Deaths was the step change over the past 12 months that would underpin the Health Board's ability to learn from deaths and improve the quality and safety of patients.

It was noted that the Medical Examiner would:

- Review inpatient deaths and had started doing so in early 2021.
- Provide an independent scrutiny of all inpatient and community deaths.
- Review approximately 60% of inpatient deaths within the Health Board.
- Discuss the care of the deceased with the next of kin to ensure their concerns were captured and addressed
- Refer any concerns back to the Health Board so that it could investigate and respond accordingly.

- **Mobilising Safety**

The EMD advised attendees that it was clearly key for patients to stay safe and avoid falls and noted that a number of initiatives had been introduced particularly in the community around how to maintain strength and balance in general health.

She added that research work was underway to assess the efficiency of virtual clinics which could reduce the number of falls across the system.

It was noted that there was an extension of the Welsh Ambulance Service Trust (WAST) in a fall pick up project which would provide the aim to avoid unnecessary admission to hospital.

- **Preventing Pressure Damage**

The EMD advised attendees that pressure damage was another important area that the Health Board needed to report and be transparent on.

A number of areas were highlighted which included:

- The vast majority of pressure ulcers remained in the lower categories (were less severe)
- Pressure ulcer reporting had improved significantly since 2017
- All category 3 and 4 pressure ulcers were subject to an investigation to establish the cause
- The Health Board had re-established the Pressure Damage Group to progress a number of quality improvement initiatives
- Data was being used to drive improvement.

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- **Infection Prevention and Control National Targets**

The EMD advised attendees that the Health Board had not been able to achieve the targets in the last 12 months in terms of the levels of infection but noted that there had been an improvement in three areas:

- E Coli
- MRSA
- Pseudomonas aeruginosa

It was noted that the Health Board had brought in an important audit program and that it was learning from the audits and had continued formal investigations into all cases of C difficile to try and understand why an increase was being observed.

- **Patient Experience**

The EMD advised attendees that it had been identified how difficult it had been for patients and their families with the reduction of visiting and a number of initiatives had been introduced which included:

- A 7-day service provided by the Concerns Team
- Drop off and collection service for clothes/toiletries etc
- A loneliness chatter line which was volunteer led
- Bereavement follow up calls
- Electronic devices provided to wards for virtual visiting
- Development of Patient experience support worker roles.

- **Patient Experience Feedback.**

The EMD highlighted the excellent feedback received by the Patient Experience Team for those patients using the mass vaccination centres.

It was noted that over 31,000 people used feedback machines in the mass vaccination centres with 98% rating their care as very good/good.

It was noted that the Health Board had developed the “Seldom Heard” group to work with Local Authorities, Third Sector partners and communities to identify and mitigate obstacles to vaccination and noted that it was an important piece of work that was ongoing to accommodate the Autumn vaccination programme.

- **Quality and Patient Safety 2022 – 2026**

It was noted that in September 2021 the Quality Safety and Experience Framework was published setting out an ambitious programme of work designed to improve quality and safety across the Health Board, including the following aims:

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- To achieve the maximum possible reduction in harm
- To deliver speciality programmes of education and training in quality and patient safety
- Implement the Once for Wales service user experience system in line with the National Programme Board

	• To develop the way incidents are investigated to include human factor • To ensure Health Board wide learning about quality and safety • To embed the use of Data to support scrutiny and understanding of quality and patient safety The EMD concluded that Quality and Safety was everybody's business and one of the real messages that the Health Board wanted to share over the coming 12 months but also noted that it was a data driven area which would be key to supporting the scrutiny and understanding of the Health Board's Quality and Patient Safety and how to improve. The UHB Chair thanked the EMD for the presentation and noted that members of the public did not have a chance to consider the information presented ahead of the meeting and invited them to send any questions they may have had into the Organisation.	
AGM 20/07/011	**Closing Remarks and adoption of Annual Report and Financial Accounts and Annual Quality Statement 2020/21** The Chair thanked everyone who had contributed to the success of the Health Board the previous year. **Resolved that:** a) The Annual Report and Financial Accounts and Annual Quality Statement 2020/21 were adopted.	

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ACTION LOG

Following Public Board Meeting

28 July 2022

(Updated for the meeting 29 September 2022)

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Actions Completed					
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.	**25.08.2-22**	**Nicola Foreman**	**Completed.** Mortality Statistics presented and discussed at the Board Development Session held on 25 August 2022.
UHB 22/07/016	**Risk Management Strategy**	To confirm if all Clinical Board triumvirates would have received training on the RMS by the end of August 2022.	**31.08.2022**	**Nicola Foreman**	**Completed** The Risk and Regulation Team have met with all Clinical Board triumvirates and provided Risk Management Strategy training.
Actions in Progress					
UHB 22/07/011	**Integrated Performance Report**	**Performance Section**: Improvements required in communication around waiting times	**29.09.2022**	Hannah Evans / Jo Brandon	**UPDATE BY 29 September 2022**
UHB 22/07/013	**Health & Safety Annual Report**	Discussion required around actions arising from Patient Walk rounds	**29.09.2022**	Rachel Gidman /	**UPDATE BY 29 September 2022**

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MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
					Conversations to be held with IMs offline around how actions are moved forward following their Patient Safety Walks
Actions referred TO Committees of the Board/Board Development					
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	**Completed** The report was due to be published in September, hence a report on this inspection was presented and discussed in the Private session of the QSE Committee meeting held in August
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	Discussed at June QSE meeting (agenda item 2.4). *A further verbal update was presented at the Private session of the QSE meeting in August. A more detailed report is due to presented to the next QSE Committee.*
Actions referred FROM Committees of the Board/Board Development					

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Report Title:	Chair's Report to Board				Agenda Item no.	6.2	
Meeting:	Board	Public	x		Meeting Date:	29.09.2022	
		Private					
Status *(please tick one only):*	Assurance		Approval	x	Information		x
Lead Executive:	Chair of the Board						
Report Author (Title):	Head of Corporate Business						

Main Report
Background and current situation:

QUEEN ELIZABETH II, 1926 – 2022

As I present my report to the first Public Board Meeting since the death of our late Queen it is my sad duty to formally record Cardiff and Vale University Health Board's reflections on the late Queen Elizabeth II.

Her Majesty was an ardent supporter of the NHS, our staff, and hundreds of charities and organisations that are a vital part of our care systems.

In November 1971, Queen Elizabeth formally opened University Hospital of Wales and met with staff and patients. Speaking at the opening, she praised not only frontline teams but also the many hundreds of staff that play a vital role behind the scenes.

More recently, Her Majesty presented the NHS with the George Cross, recognizing the contribution of staff over its 70-year history – testament to Her Majesty's unwavering support for the NHS over the course of her reign.

On behalf of the Board and all colleagues in Cardiff and Vale University Health Board I offer our sincere condolences to the Royal Family and extend our thanks to Her Majesty Queen Elizabeth II for her exemplary public service to the NHS over the past 70 years.

THE CHILDREN, YOUNG PEOPLE AND FAMILY HEALTH SERVICES

Introduction. The Children, Young People and Family Health Services promote and support a healthy start in life for approximately 105,000 children, young people and their families as they grow and develop. Our aim is to ensure through prudent healthcare, that all children and young people are able to reach their full potential and be physically and emotionally healthy.

Our team of highly skilled professionals work alongside parents, children and young people to support their needs from birth to 18. We also work closely in partnership with other organisations to provide support to families and to safeguard the health and wellbeing of children and young people in Cardiff and the Vale of Glamorgan.

We provide high quality and integrated care services to children with disabilities and complex needs, those with developmental difficulties, behavioural difficulties and emotional wellbeing and mental health concerns, as well as children and young people in special circumstances such as those in care.

Saunders-Nancy (29/09/2022 13:07:13)

The services provided by the Directorate mean that working with Social Care and Education partners is an essential part of service delivery. We have staff based within Multiagency teams to support Young People in the Youth Justice system, in the Care system and in the Adolescent Resource Centre. In

addition, we are a key part of the Regional Partnership board, and the Starting Well partnership which focuses on strategic integration to provide better care.

In this report we will briefly describe our activities using the themes of Early Intervention and Prevention, Complex Needs and Disability, Emotional and Mental Health, and Working in Partnership.

Early intervention and Prevention

Immunisation delivery and Innovation. Last year the service successfully delivered, between October 2021 and January 2022, an expanded school-based influenza vaccine programme which vaccinated 73.3% of the target cohort.

Cardiff and Vale UHB was the first Health Board in Wales to use a digital consent form and move to a completely paper-free agile consent system. 54,356 e -consent forms were received, and 39,873 vaccines administered. It was the first time that the team immunised high school pupils with Fluenz, the first time Health Care Support Workers administered vaccines, and the first-time staff used the Mass Vaccination Centre's for mop up sessions. These sessions also supported co-administration of COVID vaccines to pupils. The introduction of an agile system, led by the Directorate's Digital Coordinator, means that data can be inputted onto national database systems live at point of delivery in schools. This was also used to support HPV administration during the spring and summer terms.

Continence Service Redesign. There have been historic difficulties for children and young people in accessing continence services and long waits for appointments. To tackle this challenge a Nurse Led Service has been developed. The service offers support and advice for children with Constipation/daytime symptoms/nocturnal enuresis and this will shortly be reinforced with training and support for School Nursing and Health Visitors, to increase their staff confidence and competencies around continence. There are plans in place for the service to deliver Bladder Scanning, provide Catheterisation teaching to patient/families and education settings and provide Transcutaneous electrical nerve stimulation for relevant conditions.

Since the introduction of the Nurse led service there has been a consistent reduction in children waiting from a peak of 839 in February to 684 at the end of July.

Children Looked After. The directorate provides a service for Children Looked After and for children placed for adoption. This is a small staffing team; the service is delivered by 1.3 WTE Consultant sessions and 4.8 WTE Specialist Nurses. There has been a consistent increase in Children in care in Cardiff and the Vale of Glamorgan rising from 840 in 2017, to 1275 in March 2022, with no associated increase in the staff team. The service is under significant pressure and has statutory targets for Health Assessments that it is unable to deliver against. Capacity to deliver initial health assessments by Doctors will be further impacted by retirement this Autumn; this can be mitigated to an extent by uplifting the nursing establishment, which is underway.

Health Visiting & Flying Start Expansion. The health visiting service continues to work on post pandemic recovery to catch up with a backlog of children requiring face to face assessment. Changes to clinic times, including weekend working, are enabling additional catch-up appointments. The service also continues to see significantly higher levels of safeguarding activity than pre-pandemic.

Re-allocation and recruitment of additional staff has enabled the Flying Start Programme expansion (Phase 1 in September 2022). The service is progressing to a more integrated approach across generic and flying start services, to deliver a hybrid model that will optimise workforce planning and risk management.

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Significant work has been completed to improve compliance with Domestic Abuse screening. The service now reports over 90% compliance against a previous mean of 35%, and data will shortly be recorded digitally, enabling near real time sharing with other agencies.

Children and Young People Weight Management Service. Following a pilot scheme this service is now established with multi-professional team to support children with weight management difficulties from 2- 17.5 years supporting around 200 new assessments a year.

Complex Needs and Disability

The numbers of children with complex needs and disability is increasing within Cardiff and the Vale of Glamorgan. As a direct result of this the Education departments in both Local Authorities are developing new provision to accommodate a further 600 plus places for children with additional learning needs.

Learning Disability Team Development. There is an increased requirement to meet the health needs of Children and Young People with a learning disability, to enable families to become more able to care and be more resilient. This will reduce the requirement of high cost agency packages and residential placements which are often out of the local area. A multi-disciplinary Child and Adolescent Learning Disability Service (CALDS) is in development, to provide specialist nursing and psychology support for children and young people from 5 to 18yrs and specialist support and advice to professionals in Continuing Care and the CHfW.

Children's Community Nursing Service. The Children's Community Nursing Service respite team cares for children with continuing care needs. Whilst the overall number of children on the caseload varies, the number of children who are technology dependent and /or have more complex medical needs is increasing. These children may present as delayed discharges in the Children's Hospital.

A case for a Children's Respite House is being supported with Regional Integration capital funding and a Feasibility Report has been developed. Informal consultation meetings have been held for parents and staff. This facility will support earlier discharge for complex patients requiring ongoing nursing care and care outside of the home.

Continuing Care. The Directorate continues to experience pressures, both operational and financial, regarding a small number of children and young people needing individual residential placement. The case management of this cohort is highly intensive. The current issue has been exacerbated by a local residential provider closing to new admissions, requiring individual temporary placements which, for a number of children, is at an increased risk. A Joint Operational Policy for Children meeting Continuing Care is in final draft stage and a partnership meeting to ratify the policy across agencies is being progressed.

Neurodevelopmental Services (ND). Over the last 18 months, the service has seen a significant upsurge in referrals, both in the overall number received and accepted. The current waiting list is 1710, with the longest waiter at 134 weeks. The service receives an average of 190 referrals monthly with an average acceptance rate of 49% indicating that a large number of referrals may be inappropriate for the service. However, there remains a substantial demand versus capacity deficit.

Initial work has been undertaken to streamline the service re-design the service model, with the aspiration to move to a therapy led service. Alongside, there is a plan to increase the nursing provision to provide the ongoing care and support families need following a diagnosis; increasing the availability of Nurse prescribers would also release medical capacity to the assessment team. The service will require additional funding to increase staffing capacity to meet the demand sustainably, the recent funding announcement by Welsh Government may offer the opportunity to enable this, however confirmation of funding flows is still awaited.

Cyngor Caerdydd 12/01/23 Cardiff Council

Emotional and Mental Health

Single Point of Access (SPOA). SPOA, launched in November 2021, was introduced to streamline processes and enhance access to emotional wellbeing services for young people. A consultation line is open 10am – 2pm Monday to Friday for professionals to access advice on; wider support available for young people, whether a referral to the service would be beneficial, and direction to the most appropriate support. to meet their needs. The SPOA has conducted 730 consultations with the most common topics discussed being suicidal ideation, emotional regulation, anxiety and low mood. Provision of advice has been the outcome for the majority of these calls with a referral only being recommended in approximately 20% of consultations.

Emotional Wellbeing & Mental Health Website. The Directorate was pleased to launch a new website for children, young people, families and professionals in November 2021. Children, young people and their families previously told us they did not know where to go for information about our services or more general information about how to look after themselves and their loved ones. The website https://cavyoungwellbeing.wales/ was created in response. The Youth Board were involved in all stages of the development. From launch on 16th November 2021 to 23rd August 2022, there have been: 6,410 users, 9,115 sessions, 31,324-page views and an average of 3.4 pages visited per session.

School In-Reach. In recognition of the rising number of young people facing emotional wellbeing challenges, as well as the impact on the education staff supporting them, the Welsh Government has funded a School In-Reach service in every health board to support children, young people and education staff. The School In-Reach Service in Cardiff and the Vale will work with schools to support the wellbeing of both learners and staff. This will include working with education settings to identify any specific needs impacting their community, and provide specialist advice, consultation, training and direct work to respond to these needs in a timely way.

The School In-Reach links to the SPOA to ensure that the young people are supported to access the right service to meet their needs and circumstances. Education professionals can also use the SPOA for information, advice and assistance.

Joint Assessment Team and Intervention Pathways. We are bringing together our individual CAMHS and Primary Mental Health services into one Emotional Wellbeing and Mental Health service with one front door through the SPOA and one assessment, creating a seamless route for children and young people to get the intervention and support they need. Our vision is for children and young people to have a single comprehensive assessment and, through collaborative working, to ensure they receive the right intervention from our Emotional Wellbeing and Mental Health 'pathways' or our third sector partners. This new structure will help the service to create dedicated assessment capacity to support our delivery and obligations under the Mental Health Measure (2010). Across Primary Mental Health and CAMHS, the external waiting list has reduced from a combined total of 560 patients waiting for an assessment in December 2021 to 262 patients waiting at the end of August 2022.

Eating Disorders. Over the last two years, the Eating Disorder service has secured transformation funding to develop a multi-disciplinary service that meets the needs of children and young people. The impact of the COVID-19 pandemic has been significant and the number of children and young people being referred to the service has seen a marked increase with a peak noted in October 2020 of 17 referrals. Since April 2022, the service has increased its capacity and this has seen the waiting list reduce from a total number of 64 waiting in January 2022 to 45 patients waiting for an assessment at the end of August 2022. Future refinement will bring together adult mental health services, primary care and medicine in a joint pathway, with a particular emphasis on improved transition between services.

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CRISIS. Over the last two years significant work has been undertaken to develop the CRISIC service and extend the provision. Additional funding through WG transformation and COVID recovery funding has supported an increase in staffing and skill mix of the team. The increased staffing has allowed the service to extend its operating hours up until midnight, supporting extended access to crisis assessment, advice and consultation. The service aspires to move to a 24/7 nurse led service given the current complexities and challenges of operating an out of hours on call medical support rota.

The service is developing an Intensive Home Treatment Service, expected to be fully operational later in the year. This will act as a community alternative to inpatient admission and provide stabilisation work for a 12-week period. In addition, an acute interface team has been developed, staffed by Health Care Support Workers, offering care and support to any child or young person admitted anywhere across the UHB footprint.

Early Support Hub. The service has recently commissioned an early support hub that young people can access via drop in, without needing a referral, outside of normal hours to get information, advice and signposting. Once the contract is awarded we will work with the successful provider to develop pathways between the drop-in hub, SPOA and crisis teams.

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
1004	A Sublease of part of the Wellbeing Centre at the Maelfa Wellbeing Hub, Llanedeyrn for use as a Café unit.	A 25-year sublease between (1) Cardiff and Vale University Health Board and (2) The County Council of the City and Council of Cardiff
1005	A lease of the University Hospital of Wales Concourse units	A 2-year lease between (1) Cardiff and Vale University Health Board and (2) Gentian Enterprises Limited
1006	A Sublease of part of the Wellbeing Centre at the Maelfa Wellbeing Hub, Llanedeyrn for use as a GP Surgery	A 20 year sublease between (1) Cardiff and Vale University Health Board and (2) Dr George Brand and Dr Gareth Powell
1007	A Service Level Agreement between for the provision of Alternative Learning Needs Services.	A Service Level Agreement between (1) Cardiff and Vale University Health Board and (2) Rhondda Cynon Taf County Borough Council
1008	A lease of the University Hospital Llandough Post Graduate Building	A 15-year lease between (1) Cardiff and Vale University Health Board and (1) Headway Cardiff and South East Wales
1009	A grant funding agreement in relation to the Integrated Care Fund Main Capital Programme	An agreement (1) Cardiff and Vale University Health Board and (2) The County Council of the City and Council of Cardiff
1010	A grant funding agreement in relation to the Integrated Care Fund Main Capital Programme	An agreement (1) Cardiff and Vale University Health Board and (2) The Vale of Glamorgan Council

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1011	A grant funding agreement in relation to the Integrated Care Fund Main Capital Programme	An agreement (1) Cardiff and Vale University Health Board and (2) Glamorgan Voluntary Services
1012	A lease of additional Car Parking Space at Field Way, Cardiff	A 12-month lease between (1) Knox & Wells Holdings Limited and (2) Cardiff and Vale University Health Board
1013	A Lease Extension at the Holm View Vaccination Centre	A 2-month lease extension between (1) Vale of Glamorgan Council and (2) Cardiff and Vale University Health Board

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

Date Signed	Description of Document	Background Information
14.07.2022	An Agreement for Lease for a Sublease of part of the Wellbeing Centre at the Maelfa Wellbeing Hub, Llanedeyrn for use as a GP Surgery	An Agreement for Lease between (1) Cardiff and Vale University Health Board and (2) Dr George Brand and Dr Gareth Powell for the grant of a 20 year Sublease between the same parties.
21.07.2022	A Service Level Agreement for the provision of Pathology Services.	A Service Level Agreement between (1) Cardiff and Vale University Health Board and (2) Betsi Cadwaladr University Health Board
08.08.2022	An NEC 3 Short Contract for Engineering and Construction Works-	An Agreement between (1) Cardiff and Vale University Health Board and (2) Amberwell Engineering Service Ltd in relation to Woodland House Vaccination Centre relocation works.

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	
08.07.22	A4N Refurbishment Works	Approval to enter into an agreement with a value totaling £564,463.44 inc VAT	12.07.22	Ceri Phillips 11.07.22	Mike Jones 11.07.22	N/A
12.07.22	Application of UHB Seal: UHW Concourse lease	Approval to apply the UHB Seal and enter Lease.	14.07.22	John Union 12.07.22	Rhian Thomas 12.07.22	N/A

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	and Sublease at Maelfa (GP Surgery)					
25.07.22	Application of UHB Seal – Alternative Learning Needs Service Level Agreement - (1) Cardiff and Vale University Health Board and (2) Rhondda Cynon Taf County Borough Council	Approval to apply the UHB Seal and enter Agreement.	04.08.22	Ceri Phillips 25.07.22	Mike Jones 25.07.22	N/A
01.08.22	Application of UHB Seal - Lease to Headway Charity - (1) Cardiff and Vale University Health Board and (2) Headway Cardiff and South East Wales	Approval to apply the UHB Seal and enter Lease.	04.08.22	Rhian Thomas 01.08.22	John Union 01.08.22	N/A
11.08.22	Approval to enter into contract for Early Support Mental Health and Wellbeing Hub Services	Approval to enter agreement with a value of £2,400,000.00 (Including VAT)	19.08.22	Ceri Phillips 16.08.22	Mike Jones 16.08.22	N/A
18.08.22	Application of UHB Seal - Lease of Car Park at Fieldway, Heath, Cardiff, CF14 4UH	Approval to apply the UHB Seal and enter Lease.	19.08.22	Ceri Phillips 18.08.22	Mike Jones 18.08.22	N/A
18.08.22	Application of UHB Seal - Lease Extension - Holm View Vaccination Centre	Approval to apply the UHB Seal and enter Lease.	05.09.22	David Edwards 31.08.22	Gary Baxter 23.08.22	N/A
22.08.22	Approval of Radiology Maintenance Contracts for Siemens and Althea Equipment	Approval to enter into agreements with values totaling £651,314 (Inc VAT) and £704,971.56 (Inc VAT).	23.08.22	Ceri Phillips 23.08.22	Mike Jones 23.08.22	N/A
25.08.22	Permission to enter into Grant Funding Agreement with the Secretary of State for Health and Social Care for an award totaling £1,848,418.85 for the POLARIS Surgical Trial	Approval to enter into a grant funding agreement with funding totaling £1,848,418.85	26.08.22	Mike Jones 25.08.22	Rhian Thomas 25.08.22	N/A

Saunders,Nathan 22/09/2022 12:37:45

26.08.22	UHL Fluoroscopy Refurbishment.	Approval to enter into an agreement with a value totaling £859,387.53 (Inc Vat)	01.09.22	Mike Jones 31.08.22	John Union 31.08.22	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.

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

Saunders,Nathan 22/09/2022 12:07:45

Report Title:	**Chief Executive's Report to Board**				Agenda Item no.	6.3	
Meeting:	Public Board Meeting		Public	x	Meeting Date:	29.09.22	
			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:

This paper seeks to provide a position statement seven months into my appointment as CEO of Cardiff and Vale University Health Board ('the HB'). Through the following narrative I hope to provide a sense of the strengths, weaknesses, opportunities and threats currently providing the context to the operational and strategic delivery of the HB's range of statutory, IMTP and strategic ambitions, objectives and activities.

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

In summary my sense is: the HB's key strength is its people who are a talented, committed, professional and compassionate group of colleagues who impress every day; our weaknesses most significantly originate from the many examples of poor-quality estate and IT infrastructure and a need to modernise policies, procedures and systems together with the need to embrace organisational methodologies for data collection and management, quality and service improvement and learning. We have many opportunities. We operate from a strategically beneficial location, and we have many significant partnerships such as those with Cardiff University as well as with the Cardiff City and Vale of Glamorgan Local Authorities. These factors, alongside the level of commitment and ambition that runs deep across Team CAV, should see us take our rightful place in due course alongside the top healthcare systems in the UK.

The contemporaneous threats are those posed by the continuing need to recover from the Pandemic. There are further threats of a particularly difficulty winter deepened by the possibility of further COVID waves, a bad flu season and the impacts on our team and the community we serve of the cost of living crisis. Whilst these anxieties give great cause for concern, the potential cumulative impact on the resilience of our most import and precious asset, our people, is of most concern. The plans contained within the People and Culture Plan will need to be augmented by detailed winter planning and a focused response to the cost of living crisis. Nevertheless, I remain optimistic that with this great team working together we can build on our strengths, address our areas for improvement, mitigate the threats and take our opportunities so that we can be ever more successful.

Safe Care Together

As I briefed to the Board Meeting in July we were fortunate enough to receive, in June, a foundational site visit from Improvement Cymru and the Institute for Health Care Improvement as part of the 'Safe Care Together' collaborative national programme. In July we had yet to receive the report from this foundational visit but this has now been received and I offer below my reflections on the observations made in this report and what these mean for our improvement agenda.

Saunderson Watkin 22/09/2022 12:19:45

As I have previously described to Board, Committees and across our Staff Networks when I joined the Health Board I was immediately struck by the candour with which people shared information, their opinions and their constructive observations of the strengths and weaknesses of the organisation. As I have had more time and opportunity to meet our people and understand the full

array of our services and locations I consistently observe teams with a clear sense of a shared team purpose and a strong unity between professional groups. I remain grateful and proud of the immense dedication and professionalism of our people and the commitment shown to improving health and care delivery for patients and community. It was therefore heartening to see that these workforce attitudes and culture were also independently verified by the Safe Care Together report.

One of my earliest observations when arriving in the HB was the need to develop our quality management system; this is necessary for the high standards of care we aspire to deliver to our patients and community but is also a key tenet of re-balancing our financial plan. I am conscious from my own observations of activities across the HB, and evidence provided by Safe Care Together report, that many of our strategic and operational level leaders have created environments that are driving innovation around safety and improvement at a service and departmental level.

It is neither possible or fair to list all the innovation and improvement examples in this report. However, it is heartening to note that leaders are working together across professional boundaries and that strong innovation and improvement examples can be found in primary and community care, secondary care, diagnostics and therapies and mental health. Of course, innovation and improvement are not limited to the delivery of our clinical services, and we can also find strong examples across our supporting functions such as people and culture, leadership development, estates management, finance and digital.

But, whilst we have many good examples of innovation and improvement activity, we are yet to observe a deep spread and scale of these initiatives and systems across the HB in a systematic way. The Safe Care Together report indicates that some improvement and transformation leaders struggle to lead or scale improvement from within their own clinical board and into and across others.

The recent formation of the Senior Leadership Board, which brings together senior leaders from the Executive and the Clinical Boards into a unified decision-making forum, has strong potential to share awareness, build will and coordinate the capacity and capability building activities required to enable spread and scale.

Another challenge to the spread and scale of our innovation and improvement activity is a lack of clarity around organisational priorities and how improvement efforts should be aligned to them. Furthermore, as identified by the Safe Care Together report, even when activity appears aligned there has on occasion been an absence of a rigorous “programme wrapper’ to drive results, timeliness and impact at scale. I am conscious of the demands made on leaders, teams and individuals when trying to design, deliver and manage improvement initiatives alongside the myriad of other operational demands on their time and space. This factor reinforces the need to ensure that our busiest people are required to invest their energies and time in the progressive improvement of the highest priority improvement efforts.

The HB has a well-established strategy, Shaping our Future Wellbeing, and this in turn shapes our strategic and operational objectives. Our strategy is currently being taken through a review and refresh process to ensure it remains relevant for the next 5-year epoch of its application. The revision process will result in clearly articulated and relevant organisational priorities over clear time horizons. A key part of the strategy refresh process is team and stakeholder engagement and this, alongside the communications plan for the finally revised strategy, should improve organisational awareness of the strategic and operational priorities that are required to align and systematise innovation and improvement activity.

Davies,Nathan
25/07/2022 12:10:45

In the meantime, it is important that we progress current opportunities and seek to develop and exploit opportunities for more connection and improved learning across the organisation, in a manner which removes any perceived or actual bureaucratic boundaries between clinical boards

and across the sub-departments of the boards. As Safe Care Together observed we need to "develop stronger systems thinking and help teams to understand the interdependencies and connections that are necessary to be successful in all aspects of service and care delivery".

In November 2021, the HB established the Change Hub. This comprises of a small team of skilled, experienced programme management experts whose role is to support programmes using best practice to strengthen and drive consistency across key strategic initiatives. By focusing on complex, transformational programmes (the 20% of all organisational change activity) and driving a more consistent, controlled and rigorous approach to projects, the team, with Executive direction, can now provide stronger support to realise consistency and success.

In June 2022, the Change Hub undertook a review of the organisation's transformation capability by surveying those actively involved in delivering projects and programmes. The review provided a key benchmark self-assessment of how we as an organisation deliver projects, programmes and portfolios. It provided an assessment of the processes and mechanisms for ensuring effective delivery of projects and programmes and identified key areas of focus for our Maturity Improvement Plan. The Measurement and Maturity Improvement Plan are key components to strengthening the environment and culture that will realise greater learning and success in transformational activities.

Crucial to the improvement of our quality management system is the availability and use of data across the organisation. The senior leadership teams and Safe Care Together both recognise that we generally have plenty of data, but we have a pressing need to improve how we capture, collate, analyse and distribute our data to best inform our learning, improvement and innovation ambitions. For some of our colleagues and teams there is a poor availability of reliable data, or an inconsistent approach to its use. Our data systems are often designed to deliver 'assurance' through the measurement of performance against KPIs, and data of this type and configuration does not readily support improvement. In addition, colleagues sometimes have to access multiple information systems to acquire or input data. These areas need a well-defined and supported programme of improvement which is currently being scoped by relevant members of the Executive Team.

Earlier this month the Executive Team attended the Spread and Scale Academy, a developmental and learning opportunity provided by the Dragons Heart Institute in partnership with the https://www.billionsinstitute.com/. This programme created time and space for the Executive Team to deepen their shared understanding of the approach needed to deploy innovation and improvement at scale across the HB alongside the opportunity to agree aims and objectives for the Shaping our Future through Quality Excellence which will provide the "programme wrapper" to this important work over the coming weeks and months.

We have an ambitious work plan to improve our digital structures and collective data analysis capability. There are many recent examples in which business analysts, IT and clinical teams have worked to produce data that effectively supports operational decision making and contributes to the assurance of performance. Informed by the evidence of the Safe Care Together report we now need to develop a whole system approach to managing quality and achieve a position in which data can be used more effectively for operational decision making across the HB, whilst still providing the necessary assurance to the board and external bodies.

As an Executive we are now consistently focused on the development of our quality management systems with the intention of better aligning quality planning, quality improvement and quality control. Ultimately the aim is to continue to encourage and support locally driven improvements but to ensure that these are aligned to organisational priorities, and adopt improvement methods that will enable the potential to achieve and sustain results at scale.

Saunders Nathan
25/07/2022 12:07:45

Cost of Living Crisis

Recently a number of committees and Independent Members have rightly expressed concern over the potential impact of the rising cost of living on the health and well-being of our population and our team.

It is useful, therefore, to describe the potential impacts that a rising cost of living may have on our population, and the current impacts and mitigations for the cost of living impacts on our team.

The rising cost of living crisis results from the fall in 'real' disposable incomes that the UK has experienced since late 2021. It is caused predominantly by high inflation outstripping wage and benefit increases, and has been further exacerbated by recent tax increases (Institute for Government, 2022).

According to the Office for National Statistics the Consumer Price Index (CPI) rose by 10.1% in the 12 months up to July 2022, up from 9.4% in June 2022. The Consumer Prices Index including owner occupiers' housing costs (CPIH) rose by 8.8% in the 12 months to July 2022, up from 8.2% in June 2022. July 2022's CPIH figure is the highest recorded annual inflation rate in the National Statistic series.

In May 2022 the Bank of England assessed that inflation could peak at 13.1% in the fourth quarter of financial year 2022/23, and remain high for the next two years. The largest upward contributions to the inflation rate come principally from electricity, gas and other fuels, housing costs, transport (mainly fuel) and food and non-alcoholic beverages.

There are already strong indicators that the rising cost of living is impacting on the health of citizens in Cardiff and the Vale and it is very likely that these impacts will continue if inflationary pressures continue. Perhaps not surprisingly, the negative impact on health will have the most impact on poorer individuals and households. The Institute for Fiscal Studies has identified that poorer households are currently experiencing higher inflation on average than better-off households. This is because energy costs, the major driver of recent inflation, makes up a greater proportion of household budgets for low-income households. Notably, poorer households are more vulnerable to increasing inflation rates than richer households as the latter group is able to absorb higher energy costs, for example by reducing how much it saves, but that option is unavailable for low-income households. The Welsh Government estimates that following the price cap increase in April 2022, up to 45% of all households could be in fuel poverty[1], up to 8% of all households could be in severe fuel poverty[2] and up to 15% of all households could be at risk of falling into fuel poverty[3]. The NHS Confederation has described a looming 'humanitarian crisis' if energy costs continue to rise at current rates. It should be noted that the recent UK Government's Energy Bill may steady the rise in energy prices. However, the future position for business energy costs is currently uncertain and objective assessments continue to predict higher than normal energy prices throughout the winter months, and an increasing impact of energy prices on food inflation. It is also apparent that, even if domestic energy costs stabilise as a result of government intervention, lower income families are likely to retain debt and other financial harms beyond the period of energy cost stabilisation.

A report commissioned by the Royal College of Physicians in May identified that 60% of people in Wales feel that their health has been negatively affected by the rising cost of living; the majority of respondents said this was due to increased domestic energy costs, but increased food bills and rising transport costs were also cited as having the same negative health impact. The BMJ reports that transport costs are preventing poorer patients from accessing diagnostic appointments leading to late diagnosis and delayed treatment. It also points to some longer-term impacts, with some people reducing meals to one a day to save money, and it projects that some currently healthy people could, in due course, require treatment for physical and mental conditions resulting from, or exacerbated by the ongoing financial challenges. Public Health Wales recognises that the COVID-19

Supplementary Agenda 4.10.22

[1] 10% of their full household income to maintain a satisfactory heating regime.

pandemic exacerbated existing health inequalities and created new vulnerabilities, and the proximity of the current cost of living crisis to the pandemic risks further exacerbation of health inequalities. Rising living costs has potential to result in health-harming, even life-threatening, situations in the short term, while embedding a long-term public health issue at an individual and population level.

At an individual level, sustained or increased cost of living pressures risks adverse impact on our populations use of energy, transport and accessibility, housing stability, food accessibility and consumption, and household debt. The potential consequences of these impacts include social isolation, increased mental health conditions, increased disease vulnerability, undernutrition, obesity, lower educational attainment and an increased incidence of violence and abuse.

At a systemic level, sustained or increased cost of living pressures risks the creation of increased health inequity, increased health service demand, worse health service provision, and reduced community stability. For children, many have already faced educational and health challenges during the pandemic and adding a cost-of-living crisis will only worsen their prospects, creating a potential for longer term intergenerational impacts.

The NHS is not immune to the inflationary pressures facing our wider economy and individual households. NHS funding settlements are made in cash terms, i.e., before the impact of inflation is factored in. The October 2021 Budget provided additional funding for health and social care. However, the economic landscape has changed significantly since then. Due to rapidly rising inflation the Institute for Fiscal Studies estimates that the NHS England budget, expected to grow by 4.1% in real terms in October 2021, now looks to grow by 3.6% in real terms. Furthermore, inflationary pressures have resulted in increased exceptional costs for NHS services on items such as energy, equipment and wages for bank and agency staff.

Energy cost increases are being seen as exceptional costs in all quarters of the HB's financial position to date. The current HB forecast, informed by information provided by Shared Services, is £28.441m for the year, which is £7.541m higher than the estimate in the annual plan and reflects an increase of £7.144m on the annual forecast in July. Currently Welsh Health Boards are forecasting a mean £169.8% increase in energy costs across financial year 2022/23 (NHS Confederation, Sep 22); this forecast may need amending in consideration of future UK Government interventions, but it is reasonable to suppose that our energy costs will remain significantly higher than previously anticipated.

Other key costs pressures currently experienced relate to Medical and Nursing Staffing (Agency and Premium costs) as well as food prices. These costs pressures can be predominantly attributed to the effects of the rising cost of living.

General Practitioners, Community Pharmacists, General Dentists and Optometrists are independent contractors providing NHS Services through a national commissioning framework supporting and maintaining patients to access and receive care within the community. As independent contractors they have a responsibility to ensure ongoing access to primary medical services and are responsible for all costs associated with running their businesses. Contractual and item of service payment are used to cover the costs of running these NHS Services. Allocations and payments have not risen to reflect increased energy costs and, like many businesses, they will be trying to manage energy costs that were previously in the region of £10,000 to £40,000 but which have or are predicted to increase to the region of £40,000 - £100,000 depending on the size of the building. In addition to significantly higher energy costs many primary care contractors are also facing inflationary costs for staff, equipment, and medical materiel. When these costs are compounded it raises long term business viability and sustainability issues with the threat of contract termination. In such cases the responsibility for ongoing provision of primary care services will revert back to the HB as the Commissioner.

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We are obtaining consistent feedback from our staff networks, Trade Unions and Local Partnership Forum indicating the adverse effect that the cost of living is having on some of our team members and families. This is consistent with evidence provided by organisations such as the NHS Confederation and the RCN which indicate that, in particular, our younger and lower paid workers are struggling with soaring bills and prices.

As a HB there is only so much we can do as an employer to ameliorate the financial issues faced by our staff. However, the HB remains committed to operate as a Real Living Wales employer and our Financial Wellbeing Task and Finish Group has produced an Action Plan which identifies further actions we can take to sign post our colleagues to the variety of HB, local authority and wider community advice and support schemes available to them. The themes of such advice and support include access to personal financial advice (including pensions), debt management, the benefits system, salary sacrifice schemes and Credit Unions. Colleagues are also orientated towards such things as Blue Light Card Discounts, Trade Union hardship funds, community larders and community foodbanks.

The COVID pandemic has provided a good test bed for the benefits of agile and flexible working. Agile and flexible working options provide opportunity for individuals to reduce travel costs, and flexible working may for some assist in reducing other domestic costs such as child care. For many of our team agile working is not available due to the nature of an individual's employment. However, where feasible (and desirable to the individual) we actively encourage agile working. We have invested considerably in the digital infrastructure needed to make this a practicable option and we have recently published an Agile and Flexible Working policy to clarify our position for colleagues and their managers. Along with other Health Boards we also provide salary sacrifice schemes for application to car lease, pension advice, childcare and cycle to work.

Beyond pay, pensions and sick leave arrangement (as part of the terms and conditions of employment) the HB and our charity have invested in a variety of Occupational Health and Wellbeing services and initiatives; whilst these don't solve an individual's specific financial hardship they have an important role to play in supporting any adverse effect that such hardship has on health and well-being.

As a HB we recognise that pay is one of the critical factors that influences the recruitment and retention of staff. Furthermore, the Institute for Fiscal Studies (2022) recognises that 'a higher cost of living leads to an increased exit rate from the NHS acute trust sector and an increased rate of job changes between trusts'. These factors, taken together with arguably more acute recruiting and retention challenges within the social care and nursing home sectors, results in significant challenges to the post COVID normalisation of services and backlog reduction.

In sum, the cost of living crisis represents a very significant threat to both our population and team with the impacts potentially manifesting in higher levels of demand for care and treatment alongside greater team turnover, sickness and other signs of degraded resilience and sustainability. The senior leadership team are alert to these risks and impacts, and as described are delivering mitigating actions and seeking to identify further areas for action and response. However, in reality it is unlikely that the in the worst-case scenario all impacts can be fully mitigated. The full extent of the scenario remains uncertain and we will continue to work with relevant agencies and our colleagues to refine and strengthen our response.

Winter Planning Update

Saunders Kathryn 22/09/2022 12:07:45

Each year the HB develops winter preparedness plans, in partnership with Local Authorities, Public Health Wales, WAST and the third sector. The purpose of these plans is to, as much as possible, prepare for and mitigate the impact of winter pressures. It is notable that for the HB, Winter 22/23 will follow a Spring and Summer in which we have already experienced intense operational pressures;

and although COVID-19 infections appear to be declining, there remain significant pressures on the community from increased costs of living, increased physical and psychological morbidities now emerging post lock downs, and the continuing challenges faced when planning for discharge into community care and nursing homes.

Winter 21/22 was particularly challenging due to the discovery of the Omicron variant which alongside workforce issues, once again required an extraordinary response from our health and social care teams. In response to Omicron, the winter period saw Wales move in to Alert Level 2 which imposed increased social restrictions. Operational responses to the combined COVID-19 and winter pressures included the enactment of the Choices Framework to reduce elective activity to support unscheduled care pressure and the delivery of the COVID vaccination booster programme.

In early August the Chief Operating Officer's team conducted a review of Winter 21/22, based on data analysis and the qualitative feedback received, to determine lessons and planning priorities for this Winter. The following key conclusions have been drawn in relation to Winter 21/22:

- The combination of predictable winter pressures, workforce shortages and the rapid increase in Omicron made Winter 21/22 particularly challenging.
- The unscheduled care system continued to work closely together to develop innovative approaches despite the sustained pressure on performance and quality.
- The timeliness of HB decision making on supporting winter schemes was in line with previous years, although central funding from Government was delayed, impacting on delivery of plans.
- Team absences were high and presented major challenges for services across Wales.
- In some areas, additional workforce had a direct positive impact on freeing up capacity to manage wider operational pressures. For example, providing additional resilience to rotas and benefits to safety and flow of patients presenting to our 'front door' over the winter period.
- However, delays in recruitment and the ongoing significant workforce challenges across Health and Social Care significantly impacted the successful delivery of many areas in all organisations.
- The implementation of the Local Choices Framework was necessary to meet COVID-19 demand, this impacted on planned care services and recovery.
- In both Health and Social Care some winter preparedness schemes were not delivered.
- The operational and financial tracking of winter pressures funding was complicated by the various and unique sources of funding being managed across Health and Social Care.

In looking forward to this Winter these points have been used to inform the development of the 22/23 integrated Winter plan. Specific recommendations for the development of the plan are as follows:

- The HB should continue to implement its previously successful models for medical support during the winter period in order to manage demand.
- The need for additional winter beds is evident. Even with the process improvements and the development of alternative services, there remains a higher requirement for beds in the winter than the summer. Therefore, additional winter beds remain a necessity.
- Much of the pressure experienced within the HB can be linked to wider system pressures such as those in social care. Consideration should be given to how future winter preparedness can support unblocking these currently intractable issues.
- Additional hospital site management should continue to be built into out of hours plans for the winter, with particular emphasis on continuing to improve access to CAV 24/7.
- Earlier commitment to funding will result in staffing posts being advertised earlier, thus minimising delays in recruitment before the winter period.
- Services must prepare for another uncertain winter in 2022/23. There will be a requirement to agree escalation procedures in response to potential future COVID variants as well as preparing for a likely increase in influenza outbreaks and other respiratory illness. In this context the HB

Sarah.Nolan 22/09/2022 12:17:49

should continue its commitment to deliver COVID/Influenza mass vaccination, aligned with JCVI guidance.
- The HB should review the Local Choices Framework and update it for potential use in response to general pressures.
- In line with previous years, there is likely to be a significant amount of winter schemes requested, and these will undoubtedly exceed the HB's Winter Reserve of £1.5m and thus require further discussion (last year £2.8m of Health Board schemes were approved through Management Executive with a further £1.3m of Health and Social Funding managed on behalf of the Regional Partnership Board).

In addition to the specific planning for Winter 22/23 there are a number of initiatives already in train which have the potential to form a substantial part of the winter plan. At programme level these include the National 6 Goals Programme, the work to increase out of hospital capacity by the equivalent of 1000 beds across Wales and the formation of a Cardiff and Vale Regional Incident Management Team in partnership with our local authority colleagues in order to provide strategic leadership and coordination across our collective winter and operational challenges. At a local level these include recently approved initiatives such as the Acute Frailty Model and the increased use of Acute Care Physicians.

A number of integrated Winter Preparedness Workshops have been conducted through August and this is leading to the refinement of a plan based on the principles outlined above. The final plan will be brought to the Senior Leadership Board on 22 September 2022 for approval.

Finance Update

In August the Finance Committee were provided with a Finance Position Report for Month 4 of the current financial year. The report identified that at this juncture the HB is reporting a year to date overspend of £7.999M against our submitted draft plan. This overspend comprises £2.299M of operational pressures and a planning deficit of £5.700M; this is four twelfths of the planned deficit of £17.1M identified in our revised 2022/23 Financial Plan submission to Welsh Government. The £2.299m unplanned overspend is a deterioration from the overspend of £1.602m in Month 3.

The largest operational overspends are in the Medicine Clinical Board (£1.957m deficit) where the main pressure areas are nursing and medical staffing, in Mental Health (£1.247m deficit) where there are nursing and continuing healthcare placement pressures and Capital Estates & Facilities (£1.123m deficit) where there are pressures against security costs, patient catering in EU and reduced commercial income. The in-month surplus against Central Budgets includes £0.7m year to date underspend against commissioning budgets due to an increase of the forecast risk sharing surplus by WHSSC. The HB faces a significant challenge as it continues to deliver services from an operational footprint that is still reconfiguring, albeit at pace, from its COVID demands and infection control configuration. In particular, WHSSC commissioned specialties operate to sensitive contract parameters that include high marginal rates for under and over performance.

Delivery of the core financial plan includes a £19.400m savings requirement. At month 4, the HB had identified £17.397m of green and amber schemes to deliver against the final £19.400m savings target leaving a further £2.003m schemes to identify. £11.844m recurrent schemes were identified against the £15.400m recurrent element of the target leaving a further £3.556m to find.
The current HB forecast assumes that the HB will successfully identify and deliver the required cost and income improvement to meet the revised Financial Plan deficit of £17.1m.

Saunders Martin 22/09/2022 12:10:03

However, the continued deterioration of the HB position in Month 4, and the ongoing nature of the cost pressures, places the ambition to return to a position within the 2022-23 planned deficit at risk. A central focus of Executive Performance Reviews with Clinical Boards is on the remedial actions and additional savings that are needed to mitigate and address these cost pressures. Additionally,

the recent project to produce a High-Level Resource Map will further assist in informing emerging cost pressures and savings opportunities.

Conclusion

This brief report provides a rather superficial view of the current HB's position and inevitably falls short in providing detail of the highly complex context, the vast range of activities and interventions and does little to convey the depth of the "human" experience of those that use our services and rely on our partnership working and endeavours, nor the depth of our team's commitment, compassion and professionalism. Nevertheless, I hope that Board colleagues are able to secure a sense of the organisational position, strengths, weaknesses, opportunities and threats but most importantly of all, the intended approach to the future.

Working collaboratively with colleagues and partners to place excellence at the heart of all that we do, driving systematic quality improvement and continuous learning and culture shift through enabling activities and interventions, such as developing insight from data and placing in the hands of leaders and colleagues, and building capacity and capability. Deploying tenacity in pursuance of infrastructure improvements, matched with agility in planning and creativity in delivery and using qualitative and quantitative data and experience to inform plans and interventions to mitigate short- and medium-term risks. Most significantly of all, always seeking to do the right thing for the community that we serve and our team, at the right time, in the right way such that their experience and outcomes match or exceed those considered to be the very best.

The future is challenging but can also be bright if we work together, live our values through our behaviour and commit to learn and improve together always.

Recommendation:

The Board are requested to:

NOTE the Strategic Overview and Key Executive Activity described in 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	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

Sandra Nathan 2022 12:07:45

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:

Saunders,Nathan
22/09/2022 12:07:45

Report Title:	Board Assurance Framework 22-23 – September 2022				Agenda Item no.	6.4	
Meeting:	Board		Public	x	Meeting Date:	29th September 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.

It should also be noted that the Chief Operating Officer (COO) is reviewing risks to Strategic Objectives and there are likely to be some changes to the BAF which relate to cancer, elective care and the sustainability of clinical services. These changes will be reflected in the BAF presented to the Board in November 2022.

It has also been agreed by the Executive that a risk in relation to Digital should be added to the BAF. This risk is currently been developed and will be presented to the Board, along with other risks on the BAF in November 2022.

The key changes to the risks on the BAF from July 2022 are highlighted in red. There have been no changes to the scoring of any of the BAF risks.

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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.

Recommendation:

The Board are requested to:

- **Review and note** the 9 risks to the delivery of Strategic Objectives detailed on the attached BAF for September 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
Saunders,Nathan 22/09/2022 12:02:45
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	
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 *(no controls)*	Net Risk *(after controls)*	Change from July 22	Target Risk (*after actions are complete)*	Context	Executive Lead	Committee
1. Workforce	Open	5, 12,19	**25**	**20**		**10**	Across Wales there have been increasing challenges in recruiting healthcare professionals and this situation has got worse over the last two years due to Covid 19. Meeting the requirements of a growing population which is older and with more complex health needs as well as increasing demand on health services has led for an increasing need in clinical staff. Staff costs represent the largest expense for the NHS in Wales. The pay bill has continued to increase year on year, with a significant increase over the last three years.	Executive Director of People and Culture **Last Reviewed:** 02.09.22	Strategy and Delivery Committee **Last Reviewed:** 12.07.22 Quality, Safety and Experience Committee **Last Reviewed:** 30.08.22
2. Patient Safety Saunders,Nathan 22/09/2022 12:07:45	Open	1, 2, 3, 4, 5, 7, 8, 9,10, 11, 12, 13, 14,15,16, 17,18,19, 20, 21, 22.	**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:** 06.09.22	Quality, Safety and Experience **Last Reviewed:** 30.08.22

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 behaviours framework will make a positive cultural change in our health system for our staff and the population of Cardiff and the Vale.	Executive Director of People and Culture **Last Reviewed:** 02.09.22	Strategy and Delivery Committee **Last Reviewed:** 12.07.22
4. Capital Assets	Open	1,2,3,4,5,13, 18,21,22,24	**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:** 08.09.22	Finance Committee & Strategy and Delivery Committee **Last Reviewed:** 12.07.22
5. Delivery of IMTP 22-25 Saunders.Nathan 22/09/2022 12:07:45	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:** 08.09.22	Strategy and Delivery Committee **Last Reviewed:** 27.09.22
6. Staff Wellbeing	Open	5, 7,12,19.	**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	Executive Director of	Strategy and

							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	People and Culture **Last Reviewed:** 02.09.22	Delivery Committee **Last Reviewed:** 27.09.22
7. Exacerbation of Health Inequalities	Open		**16**	**12**		**12**	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:** 09.09.22	Strategy and Delivery Committee **Last Reviewed:** 27.09.22
8. Financial Sustainability	Cautious	6, 23	**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:** 06.09.22	Finance Committee **Last Reviewed:** 28.09.22
9. Urgent and Emergency Care	Cautious	7,9	**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	Interim Chief Operating Officer	Strategy and Delivery Committee

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							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.	**Last Reviewed:** 01.09.22	**To be reviewed:** 15.11.22

Lines of Defence

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

Key:

(1) First Line of Defence – Management level assurance

(2) Second Line of Defence – Risk and Regulation Team, Patient Experience Team, Patient Safety Team, Workforce Governance, Information Governance assurance.

(3) Third Line of Defence – Independent level Assurance (Internal Audit, Audit Wales, HIW, CHC, Other regulatory or inspection reports) Counter Fraud.

Risk Appetite

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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 84%. • 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) • Qtrly IMTP Updates. • Effective partnership working with Trade Union colleagues (WPG, LPF). (1)

Impact Score: 5	Likelihood Score: 4	**Net Risk Score:**	**20 (Extreme)**
Gap in Controls	Ability to on-board International nurses at pace due to Visa processing. No plan to recruit additional International Nurses, last cohort arrives in November 2022. Workforce supply affected by National Shortages.		
Gap in Assurances			

Actions	Lead	By when	Update since July 2022
1. Approval to engage in the All Wales International Nurse Recruitment Campaign (cohort 2 – end of 2022/early 2023)	Jason Roberts	Oct 22	Paper has been developed for consideration by ME in Sept.
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	Complete. Paper presented to ME on 18/07/22, approval received to extend contract for 12 months.

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	• Recovery Plans reported to Management Executive, Strategy and Delivery Committee and the Board (1) (3) • CAHMS position reviewed at Strategy and Delivery Committee (1) • Mental Health Committee aware of more people requiring support (1) • Review of clinical incidents and complaints continues as business as usual and has been aligned with core business and reviewed at Management Executives (1)(2) • Update of situation in EU shared in private session of QSE Committee in Feb 22. (1) • 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)**

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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 July 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.	Programme of work in place and being led by the Chief Operating Officer, supported by Operational Teams to address the backlog	Paul Bostock	31.03.23 Review October 22	Programme currently been reviewed by COO
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 demands as a result of the 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 and including development around change and transformation • 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		

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	• Strategic Equality Plan and Welsh Language Standards implementation and monitoring via the Equality, Diversity, Inclusion and Welsh Language Team • Executive Team identified as Inclusion Ambassadors, each leading on a Protected Characteristic, and Welsh Language		
Current Assurances	Internal Audit on Staff Wellbeing, Culture and Values (Sept 2022) report [3]; Engagement of staff side through the Local partnership Forum (LPF) [1] Matrix of measurement now in place which will be presented in the form of a highlight report to Committee [1]		
Impact Score: 4	**Likelihood Score: 2**	**Net Risk Score:**	**8 (High)**
Gap in Controls	Agreed and consistent organisational approach to cultural change Continued high demands impacting on ability to release staff for development / involvement in transformation / development		
Gap in Assurances	VBA rate continues to be low Capacity to respond to requests for cultural and transformation work Effective measures of culture / engagement		

Actions	Lead	By when	Update since July 2022
1. Learning from Canterbury Model with a Model Experiential Leadership Programme- Leadership Programmes have been developed: (i) Acceler8 (ii) Collabor8 (iii) Climb Compassionate and inclusive leadership principles will be at the core of all the programmes	Rachel Gidman	02/09/2022	Acceler8 Senior Leadership Programme Cohort 1 completion Sept 2022. Nominations for Cohort 2 received and currently being assessed. To start September 2022. Large response following second communication to Executive Directors. Collabor8 Leadership programme designed with collaboration with Innovation and Improvement Team. Nominations to be sought Sept 2022 to start Oct 2022. Interest already received. Education, Culture and OD Team (previously LED) also designing 'bite size' leadership and management opportunities including Coaching for Performance; Effective Communication Skills; REACTMH (having effective wellbeing conversations) 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 agreed, including discussions on reverse mentoring. Coaching supervisors to be trained, starting Oct 2022 to support coaching network. Feedback suggests VBAs being undertaken but not uploaded onto ESR. Simplified process has been communicated and training ongoing to support for both managers and staff. Simplified paperwork agreed and part of communication.

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			Continued requests to facilitate cultural programmes within directorates and teams. ALAS work commencing September 2022 utilising Culture and Leadership Programme and Framework. 6-month programme of work developed to support EU, includes manager development, engagement sessions, coaching. Exit conversations also being facilitated face-to-face. Internal Audit undertaken June-August 2022 (Staff Wellbeing, Culture and Values at CAVUHB), initial draft report received Sept 2022. Overall 'Reasonable Assurance' reported, management response currently being drafted for Exec Director of P&C sign-off. Going to Audit Committee November 2022 for formal sign-off. 10 actions identified, no surprises, many already in action stage.
2. Showcase	Rachel Gidman	02/09/2022	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 Welsh Language Standard being implemented. Inclusion - Nine protected Characteristics	Rachel Gidman	02/09/2022	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 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 complete, 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 agreed and the Equity and Inclusion Team are supporting CBs in identifying and developing Inclusion Ambassadors. Existing networks are collaborating to develop the scope and outline of an 'Ally Network'. Work is at an early stage, initial proposal to be taken to the ESWLSG meeting. The Anti-Racist Wales Action Plan developed by Welsh Government was

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			published in June 2022. Board development commenced with an initial session in August 2022, including a talk from a staff member on 'Representation'. Board Development to continue in Oct and Dec 2022, supported by Race Equality First in collaboration with the One Voice Network. Development of the draft CAV Anti-Racist Wales Action Plan started, working group being identified through the One Voice Network, and broader staff and TU network. Stonewall Workplace Equality Index currently being completed, submission due 20th September, results published February 2023. Access into work programmes are progressing well, including Project Search and Kickstart.
4. CAV Convention	Rachel Gidman	TBC	Action under review and date to be confirmed once known.
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. The condition of facilities within our main hospitals are impacting on our ability to continue to provide the full range of services, and provide the new treatments WHSSC would like to commission from us. This is as a result of insufficient funding and resource to bring the estate up to the required condition in a timely way.		
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 • Staff facilities are inadequate in many areas.		
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. • 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. • The Health Board has submitted to Welsh Government a 10-year capital outlook, which has been prioritised to reflect the most pressing infrastructure and service challenges and risks.		

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	• Shaping Our Future Hospitals Programme Business Case was submitted to WG in October '21 and scrutinised at WG Infrastructure Investment Board in December '21. The WG Cabinet has considered Our Future Hospitals PBC alongside the priorities across the whole of Wales. There is support 'in principle' for the Health Board to proceed with the development of the next stage of the business case process – the Strategic Outline Case.
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 (Strategic Outline Case) as part of Our Future Hospitals Programme to secure funding to enable a UHW replacement/redevelopment to be built. (1) • 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) (2) • Strategy and Delivery Committee continue to oversee the delivery of the Capital Programme (1)

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 July 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. The Health Board continues to prioritise the use of the discretionary capital budget to target small priority schemes.	Abigail Harris	31.03.23	New action
3. The Health Board continues to progress a number of major capital schemes	Abigail Harris	31.03.23	New action

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	(including Shaping Our Future Wellbeing in the Community and Shaping Our Future Hospitals Programme) aligned to our prioritised 10-year Capital Programme outlook.			
4.	An acute infrastructure group is overseeing the short – medium term priorities.	Abigail Harris	31.03.23	New action
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 fail to deliver the commitments set out in the 22/23 – 24/25 Plan both in terms of service and financial commitments. 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. There are a number of factors in play including the impact of unscheduled care pressures in the system, and unforeseen demands of 'cost of living' impact.		
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 and quality of care and patient experience could be impacted. If we do not achieve the commitments for 22/23, it will make it more challenging to develop a balanced IMTP for 23/24-25/26.		
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) (3) The financial position is reviewed by the Finance Committee which meets monthly and reports into the Board. (1) The Board receive a financial update report from the Executive Director of Finance at each of its meetings. (1)		

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	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. [1] WG also holds monthly Integrated 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. [1]		
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 July 2022
1. Ensure overarching governance is in place to drive delivery of key programmes.	Suzanne Rankin	31/07/22	Complete – Strategic Programmes monitored by Strategy and Delivery Committee
2. Ensure detailed plan with programme to drive delivery of financial recovery plan	Catherine Phillips	31/11/22	In progress
3. Provide Q2 progress report – including mitigating actions, the Board for scrutiny.	Abigail Harris	28/07/2022	This will be presented to Strategy and Delivery Committee and Board in November.

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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 • Cost of living 'crisis'		
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 (ad-hoc and upon request) • 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		

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	• Development of rapid access to Dermatology • 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) • HIT Team recommendation plan completed following UHB engagement, priority actions to be focus (1) • Taking Care of Carers Audit and Action Plan (3) • Internal audit on Staff Wellbeing, Culture and Values (September 2022) Report (3) • Trade unions insight and feedback from employees (2)			
Impact Score: 5	**Likelihood Score: 3**	**Net Risk Score:**	**15 – (Extreme)**	
Gap in Controls	• Staff shortages leading to movement of staff and high demand for cover • Transparent and timely Communication especially to staff who are not in their substantive role e.g. redeployed, hybrid working • Health Charity funding for EWS agreed in principal, to be confirmed by the charitable fund trustees September 2022 • Continued increase in referrals to Occupational Health and increased PEHD work to support mass-recruitment • EWS seeing an increase in staff presenting with more complex issues, including a rise in referrals needing a wellbeing check due to the presentation of risk in the referral			
Gap in Assurances	• Organisational acceptance and approval of wellbeing as an integral part of staff's working life balanced against demand and flow • Awareness and access of employee wellbeing services, particularly for staff without email / internet access • Clarity of signposting and support for managers and workforce			
Actions		**Lead**	**By when**	**Update since July 2022**
1.	Health Intervention Coordinator (1) providing reactive and immediate support to employees directly affected by COVID	Nicola Beavan	02/09/2022	Supporting lead counsellor to identify and deliver bespoke support and development in areas of need, examples include EU programme (supported by Dr Julie Highfield), Community Nursing.
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 Dec 2022 Sept 2022 Feb 2022 Oct 2022	The Health Intervention team are now in the implementation phase of their project. Priorities identified include: Development of CAV Wellbeing Strategy and Framework (Dec 2022) Implementation of works around rest space and hydration. (20 staff rooms completed; 10 remaining UHW (end of Sept 2022); work with CEF and Water Safety Group re

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			installation of 13 hydration stations. Peer support developments – MedTRiM (training Oct 2022); Schwartz Clinical Lead and steering group training (Oct 2022)
3. Enhance communication methods across UHB - Social media platform - Regularity and accessibility of information and resources - Improve website navigation and resources	Nicola Beavan	02/09/2022 9th Sept 2022 Sept 2022 Nov 2022	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. Response to Cost of Living crisis and support for staff. Working group established in partnership with Tus. Initial signposting with support from Money Helper (a WG approved provider of advice and guidance) to go live Sept 2022. Cost of Living action plan to be reviewed 7th Sept by working group and Strategic Wellbeing Group. Internal audit highlighted action for sharepoint sight re inclusion and signposting to wellbeing resources. Work being completed to address.
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	Claire Whiles	Ongoing Sept 2022	Leadership and Management development offerings to support staff health and wellbeing added to existing offerings, e.g. REACTMH training; Managing Remote Teams

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		Oct 2022 Oct 2022 Oct 2022	REACTMH train the trainer completed. Roll out plan in development. To commence September 2022. The Acceler8 Senior Leadership Programme Cohort 1 completed September 2022. Formal evaluation to take place. Acceler8 Cohort 2 nominations received, selection process live. To commence Oct 2022 Collabor8 Leadership Programme developed, nominations go live Sept 2022, programme to commence Oct 2022. EWS working closely with Education, Culture and OD Team (ECOD), and Equity and Inclusion Team to ensure alignment and reduce duplication. ECOD working in partnership with Innovation and Improvement Team on all programme development.
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 22/09/2022 12:07:45	Claire Whiles	02/09/2022 End Sept 2022 Dec 2022 Nov 2022 Oct 2022	Work on evaluation metrics underway with support from innovation and improvement team and public health. This will underpin the project plan for wellbeing interventions supported by 'slippage funds. Work to align work with people and culture plan and priorities. Schwartz Round Clinical leads to be agreed and trained. Steering Group Members to be decided and training arranged. Recruitment of facilitators to be positioned to ensure representation of workforce population, collaboration with existing

			Sept 2022 Dec 2022 End Sept 2022.	networks essential. Change of focus from 'local pilots' to whole UHB – plan being adjusted accordingly. Wellbeing Retreat Pilot commenced July 2022. Currently all dates fully booked until October 2022. Current focus on Medical Workforce. MDT approach to commence September 2022. Evaluation of impact to commence. UHL Staff Room Refurbishment complete, including delivery and installation of artwork. The majority of UHW rooms complete, 10 in progress for completion by end of September. HIT working with Estates Team organising hydration station installation. Work with Water Safety Group next step – areas identified and units purchased. Cost of Living working group established as an action from Wellbeing Strategy Group. Action plan to be confirmed Sept 2022. UHB Wellbeing Strategy / Framework in development. Final draft to be completed by Dec 2022. Management Response to Internal Audit agreed and returned.
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)

The COVID-19 pandemic 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 the harms caused by the COVID-19 pandemic 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
	• It is recognised that the COVID-19 pandemic is responsible for five harms to population health, all of which are experienced inequitably. These are the direct harm caused by infection, indirect harm due to surge pressures on the health and social care system, harms caused by population based health protection measures (e.g. lockdown), economic harm and harms caused by exacerbaing inequalities in our society.
	• 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

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	are not tailored towards reducing inequalities will fail to address the causes of increasing health inequality • The impact of inflation leading to the 'cost of living crisis' currently being experienced in the UK, with rising prices for energy (gas, electricity) and fuel (petrol, diesel) food and other goods and services has a negative impact on health as real disposable incomes fall with this being more marked in lower income households. High inflation also risks exacerbating mental health challenges with concerns about debt being a leading cause of anxiety

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
	  ○ 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
	• Winter 2022/23 is an uncertain time with concerns about resurgence of COVID-19 and/or influenza which disproportionately impact the most vulnerable in society, together with the economic impact of the rapid increase in inflation. This may mean that health inequalities widen if public policy and local interventions do not act to rectify this imbalance swiftly. However, most levers for economic action are at the UK government level. Warmth and food availability will be key issues locally

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

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	• 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 • In August 2022 the Chancellor recognised that support is needed even for staff on wages up to £45,000 and included senior nurses in this description to manage increased energy bills. There may be additional opportunities to signpost staff to resources to help them to cope with the cost of living crisis this winter **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 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

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	• 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 July 2022**
1. Embed a 'Socio-economic Duty' way of thinking into strategic/operational planning, *beyond* complying with our statutory duty	Fiona Kinghorn /Rachel Gidman	Draft framework by December 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.
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 Executive Director of Public Health has agreed a collaborative partnership approach to 'Amplifying Prevention' with both local authorities. The workshop held in July has been used to 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 be agreed 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	Fiona Kinghorn	March 2023	Amplifying prevention indicators being developed

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and with partner organisations, and develop a broader suite of indicators to monitor progress			
Impact Score: 4	**Likelihood Score: 3**	**Target Risk Score:**	**12 (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 (1) 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 (1).		
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 July 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 to understand resources which will be made available to the Health Board in 2022/23.
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 Senior Leadership Board, monthly Finance Committee and Board. Performance meetings with Clinical Board re introduced.

Saunders Nathan 22/09/2022 12:07:45

3. To understand the impact of responding to the Covid 19 pandemic has had on the organisations underlying position. To deliver on our savings plan recurrently		Paul Bostock	31/12/22	COVID response and recovery costs are being reviewed for plans to sustain in line with Service need. Savings are being managed and monitored with Clinical Boards.
Impact Score: 5	Likelihood Score:1	**Target Risk Score:**		**5 (Moderate)**

Saunders,Nathan
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9. Urgent & Emergency Care – Interim Chief Operating Officer (Paul Bostock)

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) (1) • Mechanisms in place to monitor key schemes in Urgent & Emergency Care Operational Delivery Plan (1) • 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. (1) • Urgent and Emergency Care reported as part of the Board Integrated Performance report (1)		
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 July 2022
1. Secure funding and develop implementation plan for further MDT cluster rollout	PB / AH	31.03.23	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	PB	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	PB	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 / PB	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	PB	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)**

Saunders,Natalan 22/09/2022 12:07:43

Key:

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

Saunders,Nathan
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Saunders,Nathan
22/09/2022 12:07:45

Report Title:	Finance Committee – Chair's Report				Agenda Item no.	6.5.1	
Meeting:	Board		Public	x	Meeting Date:	29 September 2022	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Head of Corporate Governance						

Main Report
Background and current situation:

The purpose of this report is to provide the Board with a summary of key issues discussed at the Finance Committee Meeting held on 24 August 2022.

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

The standard items of business were discussed at the meeting. Those included the following:

Financial Report for Month 4 – in terms of the Health Board's financial position, as at Month 4 there was a reported £8 million deficit, of which £5.7 related to the planned deficit of £17.1 million and £2.3 million related to the operational position.

The Health Board was still forecasting a deficit of £17 million at year end. It was also assuming that Welsh Government would fund the incurred COVID-19 and exceptional costs of £25.976 million and that it would continue to be funded to the end of the financial year.

The Committee received an analysis of each Clinical Board's financial performance. Some were experiencing operations overspends (ie Medicine Clinical Board and the Mental Health Clinical Board). That was due to continued trends, which included the pressure of recruiting nursing and medical staff, and delayed transfers of care. Committee Members requested more data, including more details with regards to the recovery plans to address those overspends.

Financial Risk Register – the Committee was advised that the Health Board was unlikely to meet the Revenue Funding Limit and thus was unlikely to achieve its Three Year Rolling Breakeven Duty.

Savings Programme – the savings target was £19.4 million, of which £17.397 had been forecast to be delivered, which meant that £2 million needed to be identified in order to achieve that target.

In addition, the Committee was presented with a **High-Level Resource Map** which set out an overview of the funding the Health Board received (including funding from Welsh Government and funding received from WHSCC and other Health Boards for services provided by the Health Board), and how it would be used. It was agreed that the High-Level Resource Map would be shared with Board Members at a future Board Development Session.

Sandra Newman 22/09/2022 12:07:44

Copies of the minutes from August's Finance Committee will be shared with the Board in due course (ie once they have been approved).

Recommendation:

The Board is requested to:

a) Note the contents of this Report.

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

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: 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 25/04/2022 14:07:45

Saunders,Nathan
22/09/2022 12:07:45

Report Title:	**Health and Safety Committee – Chair's Report**				Agenda Item no.	**6.5.2**	
Meeting:	**Board Meeting**		Public	X	Meeting Date:	**29 September 2022**	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		
Lead Executive:	**Chair, Health and Safety Committee**						
Report Author (Title):	**Head of Corporate Governance**						

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 July 2022.

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

The standard items of business were discussed at the meeting. These included the following:

- **A verbal overview of Health and Safety matters** – this included:-

- an update regarding an NWSSP audit undertaken to evaluate the adequacy of systems and controls in place with Health and Safety in response to an external review undertaken in 2021. Many of the recommended actions have been incorporated into the Health Board's three year Health and Safety Culture Plan. Substantial Assurance was provided.

- Lone worker – a new contract has been awarded.

- **Fire Safety Report** – there were no new fire issues to report.

- **Environmental Health Inspector Report –** Environmental Health have identified some issues with the central processing unit. These were being addressed and would be tracked on the Regulatory Compliance Tracker. The Barry Hospital ward based catering service have received a five star food hygiene score following an inspection in June 2022.

- **Enforcement Agencies Report** – two actions (T2 UHW Animal House ventilation and UHW theatre trolleys) have been addressed by the Health Board and are currently awaiting sign off from the HSE.
-
- **Risk Register for Health and Safety -** The highest current risk ratings are 16, two of which are covered by the Health and Safety Culture Plan. Discussions are currently taking place to determine ownership of the third which related to the management of bariatric patients.
-

Saunders,Natalie
22/09/2022 12:07:45

Health and Safety Culture Plan update – the draft H&S Culture Plan was due to be presented to July's Board for formal approval. The said Plan sets the scene for the next three years and supersedes the H&S Priority Improvement Plan.

Waste Management Compliance Report – Internal Audit have undertaken an audit to assess the Health Board's compliance with the relevant waste management legislation and guidance and to monitor the Health Board's progress towards national and local waste reduction targets. Reasonable Assurance was provided.

Health and Safety Annual Report 2021/2022 – the Committee also received the H&S Annual Report which highlighted the work undertaken by, and the changes made to, the Health and Safety Department during the past year. Full details are set out in the report attached as Agenda Item 8.1 of the Committee papers.

The minutes of the Audit Committee held on 19 July 2022 contain further details of the above matters highlighted in this report.

The Board is requested to:

a) **NOTE** the contents of this report.

Link to Strategic Objectives of Shaping our Future Wellbeing: *Please tick as relevant*			
1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	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

Saunders,Nathan 22/09/2022 12:07:45

Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
22/09/2022 12:07:45

Report Title:	Mental Health Legislation and Mental Capacity Act Committee – Chair's Report				Agenda Item no.	6.5.3	
Meeting:	Board		Public	x	Meeting Date:	29 September 2022	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Head of Corporate Governance						

Main Report
Background and current situation:

The purpose of this report is to provide the Board with a summary of key issues discussed at the Mental Health Legislation and Mental Capacity Act Committee Meeting held on 26 July 2022.

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

The standard items of business were discussed at the meeting. These included the following:

1. **Mental Capacity Act**

Mental Capacity Act Monitoring Report – whilst overall 59% of the relevant staff had undertaken the Mental Capacity training, the Committee was concerned with the level of training undertaken. It was noted that the Mental Capacity element of the training had now been linked to the Safeguarding training in order to improve the MCA training compliance rates. Further, a Liberty Protection Safeguards project lead had been appointed and that new appointee would be providing MCA training.

Liberty Protection Safeguards – the deadline for responses in relation to the Consultation on draft Regulations and new Code of Practice for the Mental Capacity Act and the LPS for England and Wales expired on 15 July 2022. The Health Board was awaiting to hear the outcome of the same. Work was currently being undertaken to predict the increase in cases under the LPS, likely 200 – 400 per year. Welsh Government were releasing phased funding to support LPS preparedness and implementation. The Committee was informed that there was a financial risk to the Health Board as permanent funding would be required to support Liberty Protection Safeguard arrangements.

2. **Mental Health Act**

Mental Health Act Monitoring Exception Report – the Committee was informed that whilst the number of Section 136 assessments remained fairly stable for adults, there had been a significant increase in Section 136 assessments for children and young people via CAMHS (19 assessments compared to the 6 in the previous quarter). Some of the 19 assessments had related to the same individual. It was noted that the system was dealing with very complex young people at the moment with significant issues. Further that work was being undertaken to better develop relationships with Social Services to enable a multi team response to determine how the needs of the individual young people could be best met and to provide the appropriate care and assistance.

Laura Lewis Nathan
23/09/2022 12:07:45

3. **Mental Health Measure**

Mental Health Measure Monitoring Reporting including Care and Treatment Plans Update Report – the Committee received the current compliance rates targets set in respect of Parts 1-4 of

the Measure. Meeting the compliance target rates for CAMHS continued to be challenging due to a number of factors, which included: -

- a significant increase in referrals in comparison with 2021;
- the volume of referrals has increased and have remained significantly higher than pre-Covid levels; and
- within the core service, capacity has been reduced by long term sickness.

To mitigate those factors, the Committee was informed of a number of initiatives, such as

- There was currently a significant recruitment drive with the development of new services as a result of COVID recovery monies.
- The services would be moving to a Joint Assessment team model which would combine CAMHS and PMH (Primary Mental Health) in its current format to create dedicated assessment capacity. It was anticipated that this model would be fully operational from the beginning of quarter 3 in 2022.

4. **Corporate Risk Register (CRR) –** currently there was one extreme risk allocated to this area, namely the risk to the health and wellbeing of minor inpatients following admission to adult mental health services. The Committee was informed by the Managing Director Operations – Non-Acute that there were ongoing actions to address that risk and that the CRR would be updated accordingly in order to provide assurance to the Committee and Board.

5. **Policies -** the Committee approved the Community Treatment Order Policy & Procedure

The Committee was also informed that the draft Mental Health Act Bill was published at the end of June 2022 and that had outlined a number of changes. A detailed report relating to the same was due to be presented to the Committee in October.

Recommendation:

The Board is requested to:

a) Note the contents of this Report.

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

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

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

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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: 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
22/09/2022 12:07:45

Report Title:	Strategy and Delivery Committee – Chair's Report				Agenda Item no.	6.5.5	
Meeting:	Board		Public	x	Meeting Date:	29 September 2022	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Head of Corporate Governance						

Main Report
Background and current situation:

The purpose of this report is to provide the Board with a summary of key issues discussed at the Strategy and Delivery Committee Meeting held on 12 July 2022.

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

The standard items of business were discussed at the meeting, which included: -

Shaping our Future Wellbeing Strategy - an update on each of the Strategic Delivery Programmes which fall under the Health Board's overarching Shaping our Future Wellbeing Strategy, was received. The update included the current status, key progress, planned actions, risks and mitigations for each of the Programmes.

It was noted that there had been a delay in delivering some of the work under some of the Programmes due to ongoing COVID pressures (Shaping Our Future Population Health Programme), operational pressures continuing to absorb capacity (Shaping Our Future Community Services @Home), and staff capacity and sickness (Shaping Our Future Clinical Services).

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 the Regional Outcomes Framework to provide assurance, and would ultimately form an integrated component of the wider quarterly assurance on the delivery of the IMTP.

Performance Reports

- **Workforce** – whilst sickness levels had remained high for May, the rate was the lowest it had been since July 2021. The compliance rate for value based appraisals remained very low and the Committee noted that this was most likely due to continued operational pressures. Good progress had been made with recruiting staff. In particular, 200 people had participated at the Health Board's Careers Fair at Hilton Hotel on 4 May and of the 130 applications, 99 candidates were successfully appointed. Due to success of the event another two were planned for later in the year.

- **Operational** - the Committee was informed 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 Services was a priority for the Health Board. Mental Health Services had been impacted significantly due to Covid-19 and that was still being felt in terms of increased demand and inpatients.

Saunders Martin 22/09/2022 12:07:45

Board Assurance Framework – it was suggested that the risk regarding the Digital capability of the Health Board should be picked up within the BAF.

The Committee was also presented with updates in relation to: -

Six Goals for Urgent and Emergency Care - the Welsh Government's plan centred around six goals for the health and care system, and supported by £25m a year recurrent funding. The plans were intended to support people to access the right care, in the right place, as quickly as possible. This would help relieve pressure on GPs, ambulance services and emergency departments.

Planned Care Recovery – the Committee was informed of the five goals for Planned Care recovery and the actions which followed from the same, namely: -

- Nobody would wait longer 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 weeks 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.

A detailed discussion took place and Committee Members questioned how realistic the Health Board was with regards to meeting those targets, having noted that the workforce availability was a central part of issues identified and that there were many unknowns in terms of recruitment and retention of staff. It was agreed that a further report would be brought back to the next Committee with an update of the improvements made in this area.

Flu vaccination programme 2021/22 – the 2022/23 Flu plan and the Covid-19 vaccination plan would be aligned to form a Winter Respiratory Virus Vaccination Plan in line with Welsh Health Circular 2022 (010).

Annual update on childhood immunisation - the Committee was advised that there was a clear pattern of inequity in relation to immunisations and noted that in some of the Clusters there was a much higher uptake than others. The Committee was informed of the priority actions that were being undertaken by the Health Board to increase uptake in the level of childhood immunisation and to address the said pattern of inequity.

National and Local Policy and Planning Framework – a high level overview was received by the Committee. The Framework was a very useful guide and set out the context within which the Health Board and NHS Wales operated. It included information relating to government, policy, strategic and structural levels and responsibilities, and how the same fitted together within the national and local Framework.

Health and Safety Culture Plan 2022-2025 - the Committee was advised that, following on from an external audit, 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 aims and objectives. The Plan set out the actions to be taken over the next three years, with a clear focus on improving Health and Safety Culture within the organisation. It was noted that third party contractors would be tied in via the Statement of Intent as part of the contract management scheme. The Health and Safety Committee would receive regular updates regarding the progress made in relation to this Plan.

Signed: [illegible] 21/06/2022 11:08:17

Full details of all of the matters raised and discussed during July's Committee meeting would be set out in the approved minutes and would be available in due course.

Recommendation:

The Board is requested to:

a) Note the contents of this Report.

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

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: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route:

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23/09/2022 12:07:45

Committee/Group/Exec	Date:

Saunders,Nathan
22/09/2022 12:07:45

Report Title:	Digital Health Intelligence Committee – Chair's Report				Agenda Item no.	6.5.7
Meeting:	Board		Public	x	Meeting Date:	29 September 2022
			Private			
Status *(please tick one only):*	Assurance	x	Approval		Information	
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Head of Corporate Governance					

Main Report
Background and current situation:

The purpose of this report is to provide the Board with a summary of key issues discussed at the Digital Health Intelligence Committee Meeting held on 7 June 2022.

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

The standard items of business were discussed at the meeting. These included the following:

Review and Delivery of the Digital Strategy – it was noted that the Health Board's Digital Strategy was being refreshed and that work was progressing with defining the Digital Roadmap and associated business cases to support the Digital transformation programme. The Committee had a detailed discussion with regards to some of the proposed business cases, including those related to Electronic Patient Records (EPR) and Enterprise Architecture, along with the financial investment required to drive Digital transformation forward. The very challenging scale of the required financial investment was discussed and noted. The Committee was informed that a 10-year forecast plan, which set out what was needed for Digital (including capital and revenue) had been submitted to Welsh Government. That 10 year forecast plan, which did not include the UHW2 work, set out a total cost of £275 million.

IG Data & Compliance (SIs, Data Protection, GDPR, FOI, SARs, Staffing & Mandatory Training) – the Committee received and discussed the report which detailed the Health Board's compliance with a number of statutory and mandatory Information Governance matters, including Freedom of Information requests, Subject Access Requests (SARs) under the Data Protection legislation and Caldicott Guardian requirements. The Committee was informed that the compliance rate (circa 63%) for staff's mandatory Information Governance training remained below the expected target of 85% and that it was recognised that this was a targeted area for improvement.

Joint IMT and IG Corporate Risk Register – the Committee received and discussed the paper relating to the Corporate risks regarding Information Management, Information Technology and Information Governance. Cyber Security remained a "red" risk at 20. The Cyber Security risk was discussed in detail in the Private session of the Committee.

Another significant matter discussed at the Committee was in relation to performance of the **Clinical Coding** Department. The Committee was informed of the results of an external audit undertaken to assess the Health Board's performance against Welsh Government's (WG) targets and was pleased to hear that the Health Board had far exceeded the WG minimum recommended targets. Concerns was raised regarding the retention of the Health Board's Clinical Coders and that this was a national problem in Wales. The Committee was informed that the department had enlisted contract coders to provide support until permanent staff were appointed and fully trained.

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Recommendation:

The Board is requested to:

a) Note the contents of this Report.

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

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: 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:

Sawyers,Nathan 21/09/2022 12:07:4

Saunders,Nathan
22/09/2022 12:07:45

Report Title:	C&V Integrated Performance Report				Agenda Item no.	6.7	
Meeting:	C&V UHB Board	Public	X		Meeting Date:	29 Sept 2022	
		Private					
Status *(please tick one only):*	Assurance	X	Approval		Information		X
Lead Executive:	Fiona Kinghorn, Jason Roberts, Rachel Gidman, Paul Bostock, 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 4	
% of children up to date with scheduled vaccines by 4 years of age	95%	na	83.5%	**
	Standard		**Aug-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	85%	*

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	Aug-22
30 day complaints response compliance %	75%		80%
Patient Experience			**Jul-22**
Patient Experience	na		86%
Falls			**Aug-22**
Slips Trips and Falls (30 day moving total)	na		257
Slips Trips and Falls with harm - moderate to severe (30 day moving total)	na		38
Serious Incidents	**Standard**	**Trend**	**Aug-22**
Nationally Reportable Incident (SI)**	na		11
Number of Never Events	0	na	0

Mortality	Standard	Trend	Jul-22
Myocardinal Infraction within 30 days of admission, age 35-74 (Rolling 12 Months)	na		3.9%
Stroke within 30 days of admission (Rolling 12 Months)	na		13.1%
Hip Fracture within 30 days of admission, age 65 and over (Rolling 12 Months)	na		3.3%
Crude Mortality (Last Week of the month)	29.4		32
			Jun-22
Still births (Rolling 12 Months)	na	na	23
Infection Control			**Aug-22**
All Reported Infections (Rolling 12 Months)	743		777

Workforce

	Standard	Trend	Jul-22
Sickness Absence Rate (in-Month)	6%		7.3%
Sickness Absence Rate (12-Month Cumulative)	6%		7.2%
Values-Based Appraisal Compliance	85%		32.0%
Medical Based Appraisal Compliance	85%		76.4%

	Standard	Trend	Jul-22
Turnover Rate	7% - 9%		13.6%
Mandatory Training Compliance	85%		72.7%
Fire Training Compliance	85%		64.8%

Operational Performance

	Standard	Trend	Aug-22
A&E 12 hour waiting times	0		1020
A&E 4 hour waiting %	95%		59.9%
Ambulance Handover Times >1 hour	0		763
			Aug-22
Waiting less than 26 weeks %	95%		55.4%
RTT Waiting Over 36 Weeks	0		45600
Diagnositcs >8 weeks Wait	0		3563

	Standard	Trend	Jul-22
Mental Health Part 1a - Assessments within 28 days	80%		94.3%
Mental Health Part 1b - Therapy Commencing within 28 Days	80%		94.3%
			Aug-22
Patients Delayed over 100% for follow-up Appt	0		43454
			Jul-22
Single Cancer Pathway	75%		51.4%

Finance

	Standard	Trend	Aug-22
Deliver 2022/23 Draft Financial Plan	£17.1m planned deficit	na	£9.652m deficit
Remain within capital resource limits.	Within planned expenditure £10.967	na	£12.991m
Reduction in Underlying deficit (Forecast)	Reduce from £29.7m to £20.0m	na	Forecast Year End ULD £29.7m
Delivery of recurrent £15.400m 1.5% devolved target (Forecast)	£15.4m	na	£11.966m

	Standard	Trend	Aug-22
Delivery of £4m non recurrent target	£4m	na	£5.479m
Creditor payments compliance 30 day Non NHS (Cumulative)	95%		92.6%
Remain within Cash Limit (Forecast cash surplus)	Within Cash Limit	na	Forecast deficit
Maintain Positive Cash Balance	Positive Cash Bal.	na	£5.147m

* *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*

Saunders-Norman
22/09/2022 12:09:45

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

POPULATION HEALTH

Covid-19 update:

- **Epidemiology**
  - Most Covid-19 indicators were low and stable, or showed further improvement, during August 2022, including care home clusters, hospital clusters, patients actively treated for Covid-19 in hospital beds (including critical care), wastewater surveillance, and ONS mortality figures.
  - The ONS infection survey now only gives estimated prevalence at a Wales (rather than C&V) level and again suggests infections are currently low, and falling or stable.
  - There was a suggestion of increasing prevalence at an all Wales level of infection in 0-19-year olds, and of cases testing positive in hospital, through LFD/PCR testing in the last week of August. Both of these are from a low base and it is too early to say if these are a genuine trend.

- **Test, trace and protect (TTP)**
  - No significant changes have occurred with TTP since the last report; test and tracing services are operating, as previously described, in the current 'Covid Stable' environment, in line with the Welsh Government plan *'Together for a safer future: Wales' long-term Covid-19 transition from pandemic to endemic'*. Preparations are underway for the winter months, planning a holistic approach to the management of viral respiratory illness, which includes Covid-19, flu and Respiratory Syncytial Virus.

- **Covid-19 vaccination**
  - On 1st Sept 2022, the delivery of the autumn Covid-19 booster vaccination programme commenced. All older adult care home residents will be vaccinated in the first 2-3 weeks of the programme, ensuring they are fully protected. Once care homes are completed, the mobile team will start providing autumn boosters to all eligible housebound residents and long stay hospital inpatients.
  - 19 GP sites are participating in the autumn booster programme and will be vaccinating the over 80-year-old cohort. GP sites will complete their delivery by the end of September.
  - 11 Community Pharmacy sites are participating in the booster programme. They will be vaccinating people aged 80 years and over and social care workers. The Well Pharmacy mobile unit will also be used for autumn booster, based at the IKEA store in Cardiff.
  - The mass vaccination centres at Holm View (Barry) and Woodland House (Cardiff) will vaccinate all other eligible cohorts from 5th Sept including frontline healthcare workers, people who are in clinical risk groups and people aged 50 years and over.
  - From 19th Sept, all frontline staff employed by CVUHB will be offered an appointment. Staff can also receive their flu vaccination when they attend for their covid-19 autumn booster vaccination (assuming stock for both vaccines is available).
  - Community Pharmacies will offer co-administration to all social care staff when attending for their autumn covid-19 vaccination (assuming stock for both vaccines is available).
  - Walk-in appointments will continue for 1st, 2nd and 1st booster doses to all eligible individuals at both MVC sites.

Saunders,Natalie
22/09/2022 21:10:45

Monkeypox update

- As of 8 Sept 2022, there were 3,523 confirmed cases of Monkeypox in the UK. Of these, the majority are in England with 45 in Wales, 90 in Scotland and 30 in Northern Ireland. A UKHSA technical briefing of 2 Sept 2022 states there is a continued decline in daily cases.

- As of 8 Sept 2022, Cardiff and Vale have managed 15 confirmed cases of which 2 are still being actively managed.
- The 2022 outbreak has mainly been in gay, bisexual, and men who have sex with men.
- The median age of cases in the UK is 36 years (interquartile range 31 to 44).
- Whilst the primary transmission route is through close or sexual contact the virus has been detected in air and environmental samples in the hospital room of infected patients. However, there are no confirmed instances of airborne transmission.
- There are no reported deaths in the UK.
- Limited household transmission has been described in the UK.
- There are limited supplies of vaccine available in Wales: to date these have been shared between people who have been exposed (post-exposure); people at higher risk (pre-exposure); and some staff in Cardiff and Vale University Health Board (pre-exposure).
- From end of September, Cardiff and Vale UHB will participate in a pan-Wales pilot project for pre-exposure prophylaxis which will evaluate fractional dosing. This involves giving smaller doses and will increase the number of at-risk people getting a monkeypox vaccine, meaning that the supplies available in Wales should meet the immediate need.

Tobacco Control update

- **Smoking Cessation**
  Tier 1 Smoking Cessation
  No new Tier 1 Smoking Cessation data available. Last reported submission was Quarter 4, 2021-2022. Quarter 1, 2022-2023 will be available at the end of September 2022.

- **Model for Access to Maternal Smoking Cessation Support (MAMSS)**
  In Quarter 2, 2022-2023, 21% of pregnant women who smoke accepted a referral to MAMSS, compared to 28%, Quarter 1, 2022-2023 and 52%, Quarter 4, 2021-2022. This reduction can be explained in part due to decreased number of pregnancy bookings overall, and fewer smokers amongst those who have booked. A new Nicotine Replacement Therapy (NRT) pathway for pregnant smokers introduced during March 2022 has also impacted upon referrals, as NRT is now routinely offered at booking.

- **Smoking Prevalence**
  National Survey for Wales, annual data. Next release, July 2023.

QUALITY AND SAFETY

Concerns – Patient Experience

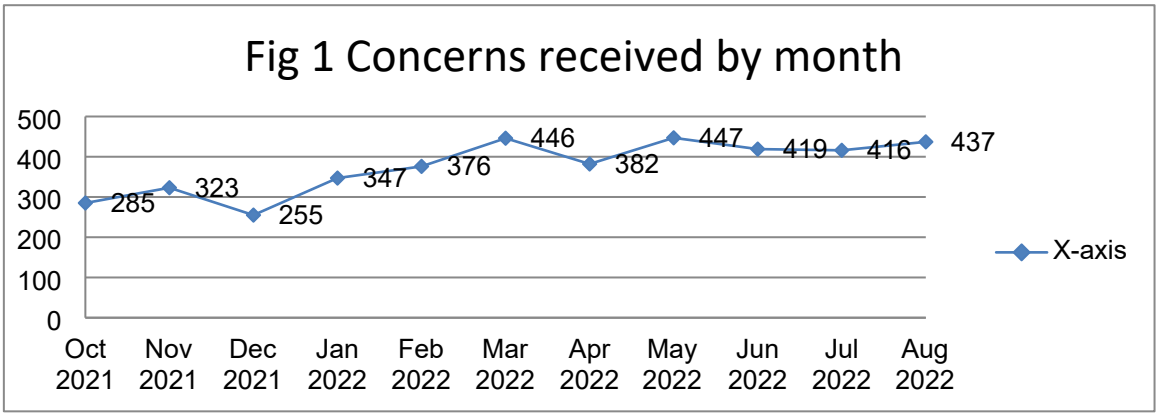
We have maintained an overall 30 working day response time for all concerns, of 80%. This is despite a significant increase in the numbers of concerns being received (see Figure 1).

In July and August, we processed 50% of concerns in line with Early Resolution (*this process can be utilised dependent upon the nature of the concern*) this ensures that a response is received within 2 working days, if however, we cannot issue a satisfactory response to a concern then the formal process must be used.

Saunders,Nathan 28/09/2022 12:21:45

It should be noted that previously we have been able to process up to 80% of concerns via the Early Resolution route but it is dependent upon timely response to enquiries and ensuring that a satisfactory resolution for the complainant is achieved.

However, the volume of concerns is challenging and it is appreciated that failure to answer concerns in a timely way is not acceptable and we continue to be focused upon improving the response times whenever possible and addressing the underlying themes.



We currently have 395 active concerns. Surgery and Medicine Clinical consistently receive the highest number of concerns Figure 2

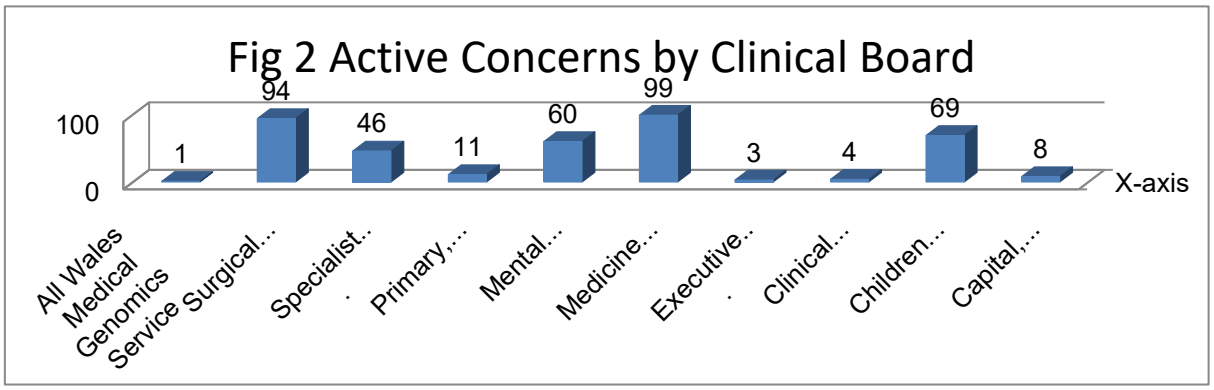
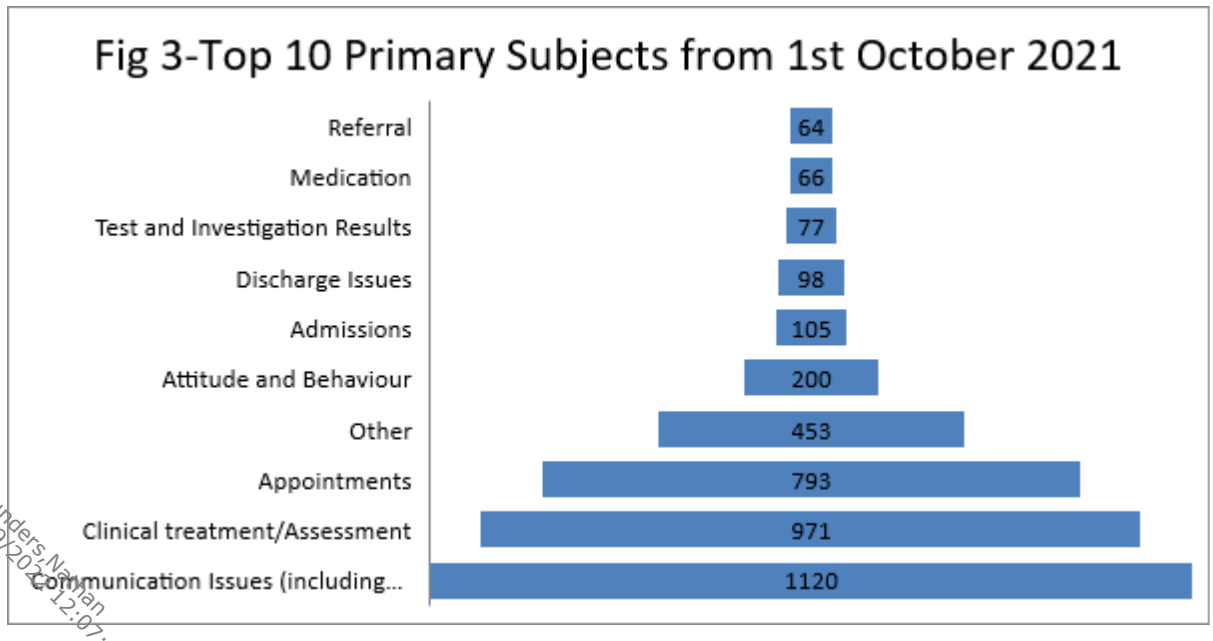


Figure 3: demonstrates the 10 main themes noted in Concerns. We consistently receive a high number of concerns related to Communication however, it should be noted that the number of concerns relating to Clinical treatment and attitudes and behaviours is rising.



Saunders,Norman
22/09/2022 12:07:45

As a quality indicator, the numbers of concerns referred to and subsequently investigated by the Ombudsman remains very low. From 1st April 2022, we have dealt with 39 referrals to the Ombudsman which represents a small percentage.

Feedback

Viewpoint MVC (Mass vaccination Centre) feedback

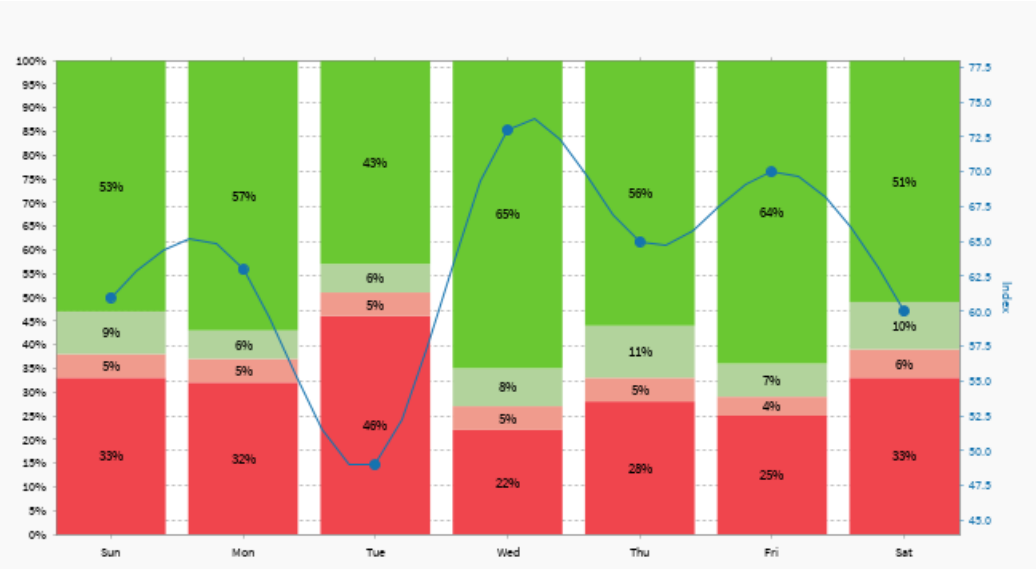
In relation to the MVC feedback, those reported as being satisfied are respondents who when asked: How would you rate your experience at the Mass Vaccination Centre (MVC) today? chose the 'Very happy' or 'Happy' button options i.e. gave a positive response was 92% in July

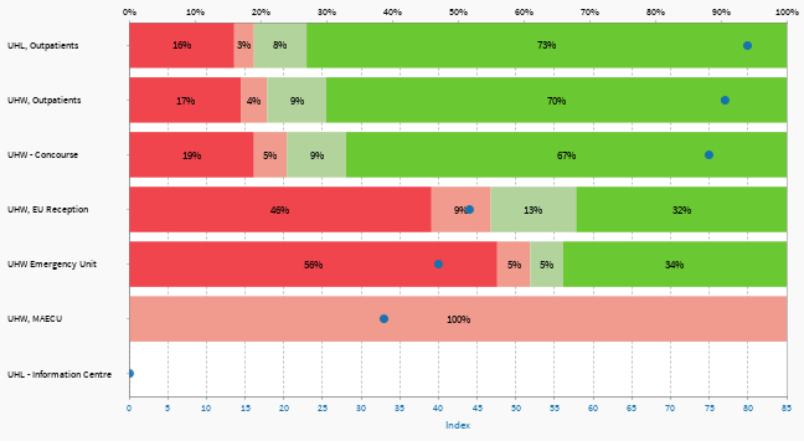
***Please note**, there is no MVC data for August due to the closure of the areas… originally in Splott, Barry and Bayside MVCs.*

HappyOrNot feedback

In relation to the 'HappyOrNot' feedback, those reported as being satisfied are respondents who when asked: How would you rate the care you have received? chose the 'Very happy' or 'Happy' button options i.e. gave a positive response.

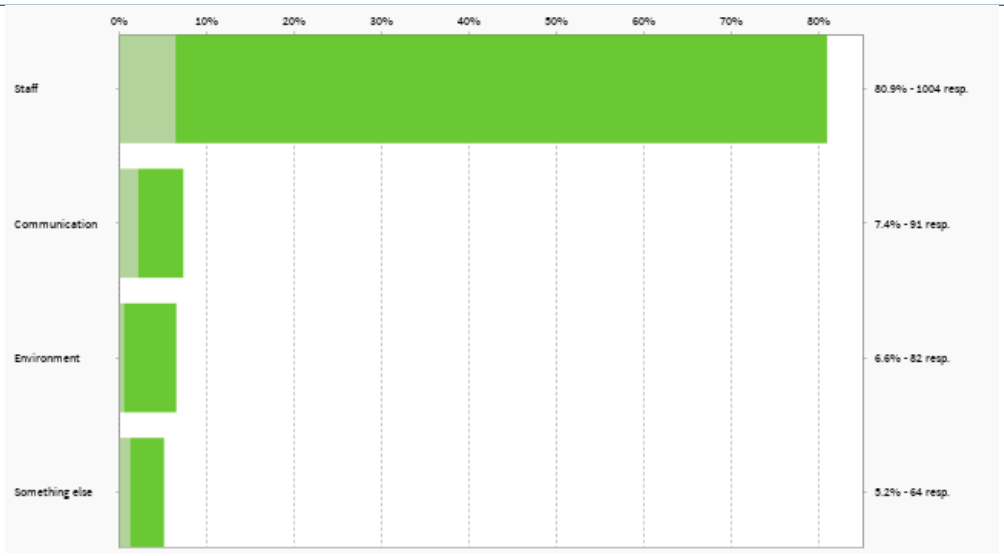
A breakdown of the feedback being: an increased dissatisfaction on Tuesdays across the sites. We are currently exploring the reasons for this consistent result





Saunders,Nathan
22/09/2022 12:07:45

When People are happy with the care received the main reasons for their answers are overwhelmingly the staff



With a particular focus upon the Emergency Unit feedback

Summary values	June	July	August
Surveys completed	2399	2666	2513
Response: Very happy button (Excellent/Very positive)	64.9%	54.1%	56.1%
Response: Happy button (Good/Positive)	7.7%	7.3%	8.5%
Response: Unhappy button (Fair/Negative)	3.7%	4.2%	5.7%
Response: Very unhappy button (Poor/Very negative)	23.7%	34.4%	29.7%
Respondents satisfied	**72.6%**	**61.4%**	**64.7%**

***Please note**, the marked drop in satisfaction during July is partially due to increased survey completions on one day (26th July) via the EU entrance kiosk. On this day, we received 415 responses (the vast majority being negative and made at 6:00am and 9:00am). This daily number of responses is much greater than other days that week i.e. approx. 4 times greater.*

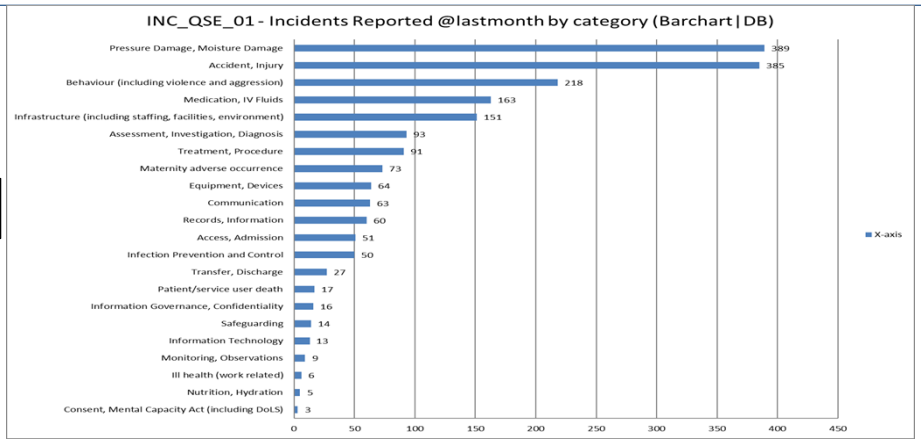
Incident reporting

Figure 4: illustrates patent safety incidents reported in August 2022 by incident type. A total of 1961 incidents were reported in August 2022 with the most commonly reported incident relating to the development of pressure or moisture damage. It is possible that incident numbers will reduce as individual incidents are validated and duplicate incidents removed from the total numbers.

Pressure damage is subject to investigation to establish if there were any modifiable elements or omissions in healthcare. Pressure damage that is deemed to be associated with healthcare provision are subject to national reporting requirements.

Schmidt, Nathan
5/9/2022 12:07:45

Fig 4

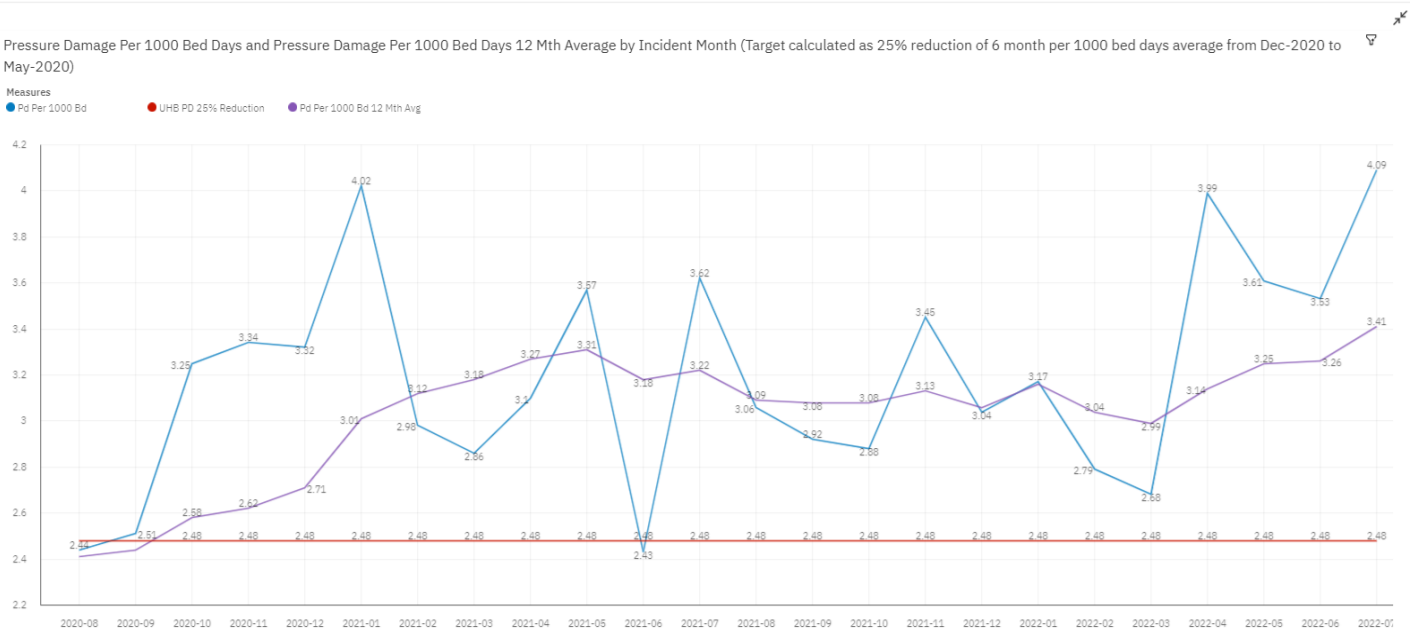


Pressure Damage

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 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%, However in July we can see a marked increase in Pressure Ulcers 3.41 per 1000 bed days

- The Cardiff and Vale UHB Pressure Damage group was re-established as a collaborative in 2022 to progress a number of quality improvement initiatives. The collaborative, reports directly to the QSE committee.

The aim of the collaborative, is to demonstrate a reduction in avoidable pressure ulcer cases - this will be achieved through education and training and having validated data that can drive improvement and experience.



Falls

Figure 5 illustrates falls per thousand occupied bed days and illustrates that the numbers of inpatient falls has been consistently reducing for the past two years, with the rolling annual falls per thousand bed days reducing from 6.53 in September 2020 to 5.43 in July 2022.

Saunders, Kathryn
22/09/2022 10:07:45

Fig 5

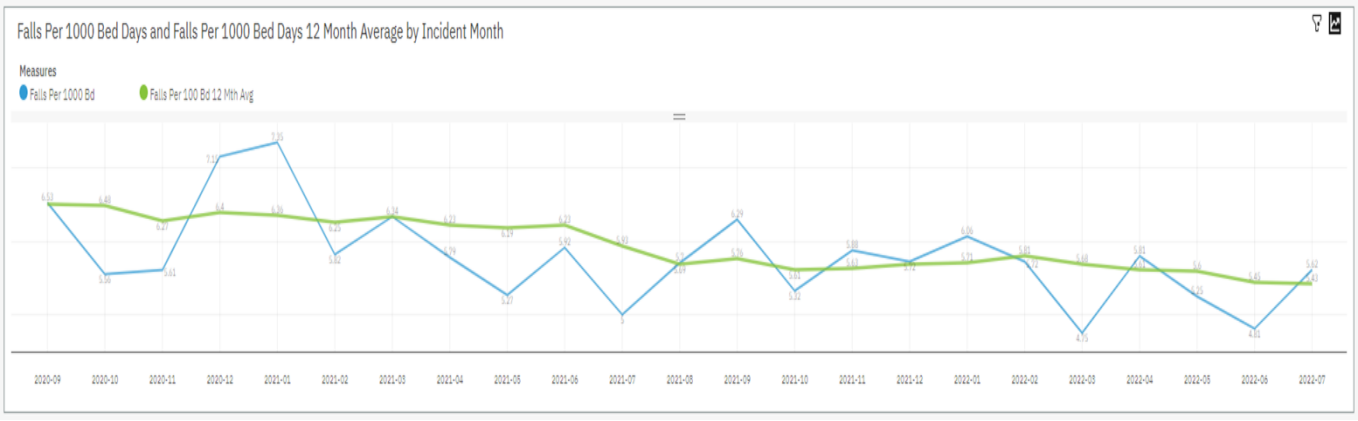


Figure 6: illustrates falls per thousand occupied bed days by Clinical Board. Medicine report the highest number of inpatient falls with 8.5 falls per 1000 bed days recorded in July 2022. There has been a sustained reduction in the number of inpatients falls in Mental Health services over the past 12 months reducing from 8.46 falls per 100 bed days in July 2021 to 4.56 in July 2022.

Fig 6

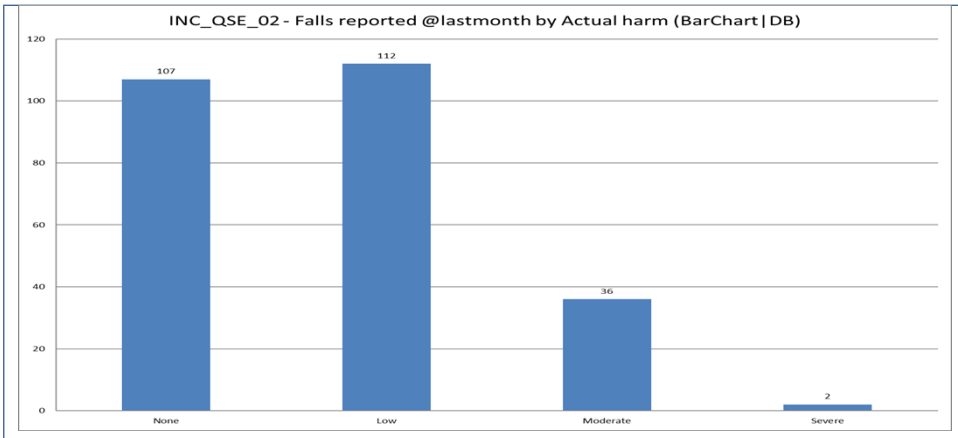


All Injurious falls are discussed at the Cardiff and Vale UHB falls review panel to capture learning. Recent themes have included failure to use flatbed lifting equipment for patients who have fallen and sustained a hip fracture and omissions in recording blood pressure, with the patient lying and then standing to recognise the presence of orthostatic hypos tension. A list of medications that could contribute to the risk of patients falling has been developed to support informed risk assessments for inpatients.

Figure 7: below illustrates the harm sustained as a result of the patient fall at the time that the incident was reported. The majority of falls result in no or low harm.

Fig 7

Saunders,Nathan
22/09/2022 12:07:45



Nationally Reportable Incidents (NRIs)

The last report to board provided details of Nationally Reportable Incidents (NRI) and provided details of open and overdue NRIs until 17 August 2022.

Figure 8: illustrates performance until 31st August 2022.

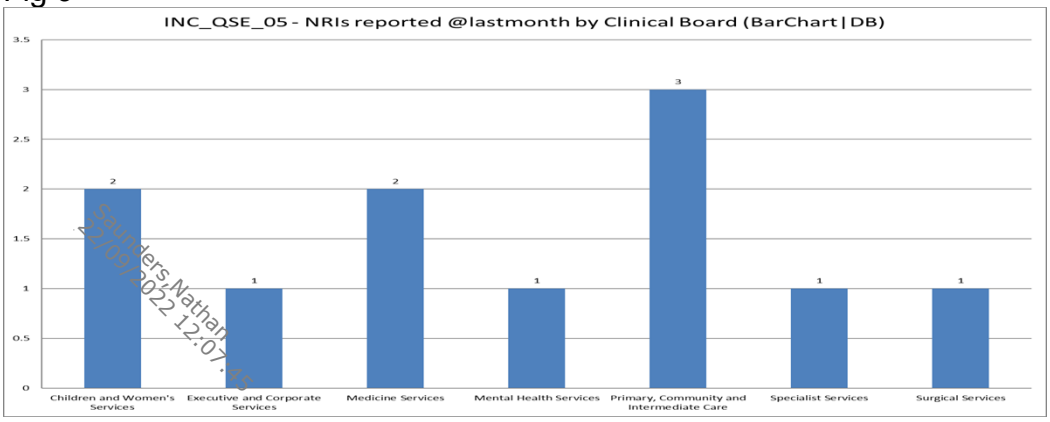
Fig 8

Clinical Board	Open NRIs 31.08.2022	Overdue NRIs 31.08.2022
Children and Women	12	3
CD&T	3	1
Executive	12	7
Medicine	11	7
Mental Health	10	7
Surgery	8	3
PCIC	4	2
Specialist	1	0
Total	**61**	**30**

The 12 NRIs attributed to the Executive Team relate to delays in ambulance conveyance. There is variation in how these incidents are reported and investigated across Wales and a national Task and Finish group has been convened to standardise this approach, including agreeing which organisation should report the NRI and lead the investigation for each case. At present Cardiff and Vale UHB take responsibility to report and investigate and close all NRIs that relate to the population of Cardiff and the Vale of Glamorgan and these account for 20% of all NRIs within the Health Board.

Figure 9: illustrates new NRIs reported in August 2022 by Clinical Board.

Fig 9



Saunders,Nathan
20/09/2022 12:07:45

Figure 10: illustrates the harm levels attributed to all NRIS reported in August at the point of reporting. It should be noted that harm level can be subject to amendment during the investigation.

Fig 10

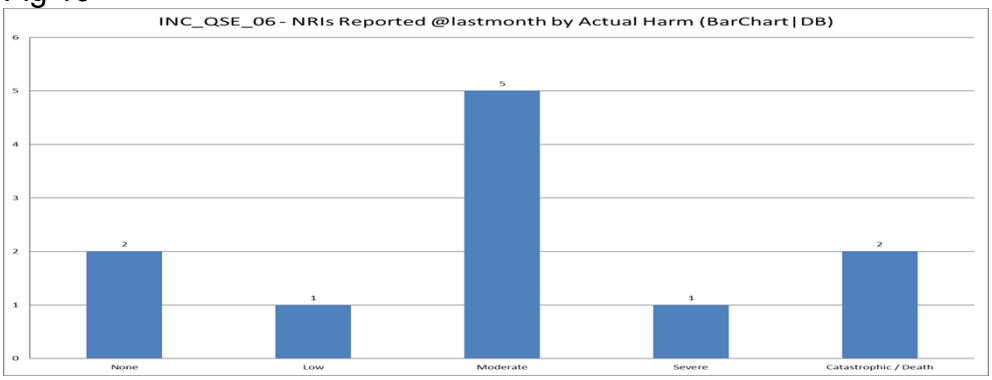


Figure 11: illustrates NRIs reported in August 2022 by incident type.

Fig 11

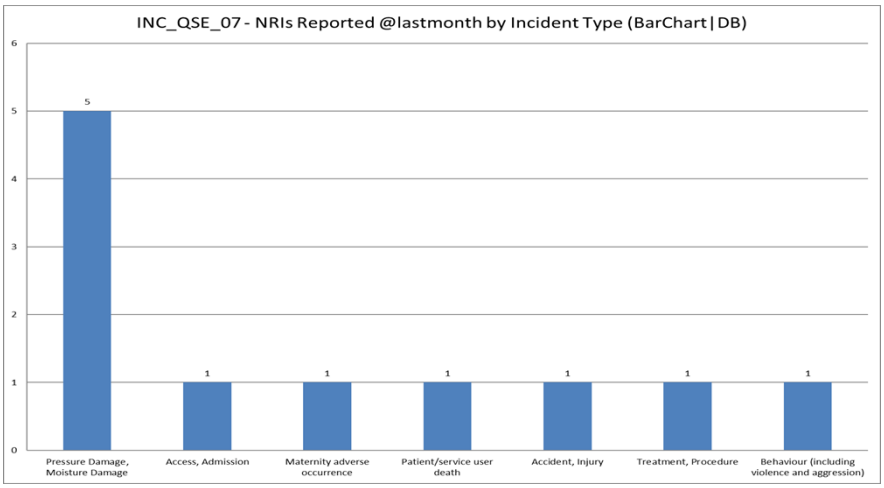
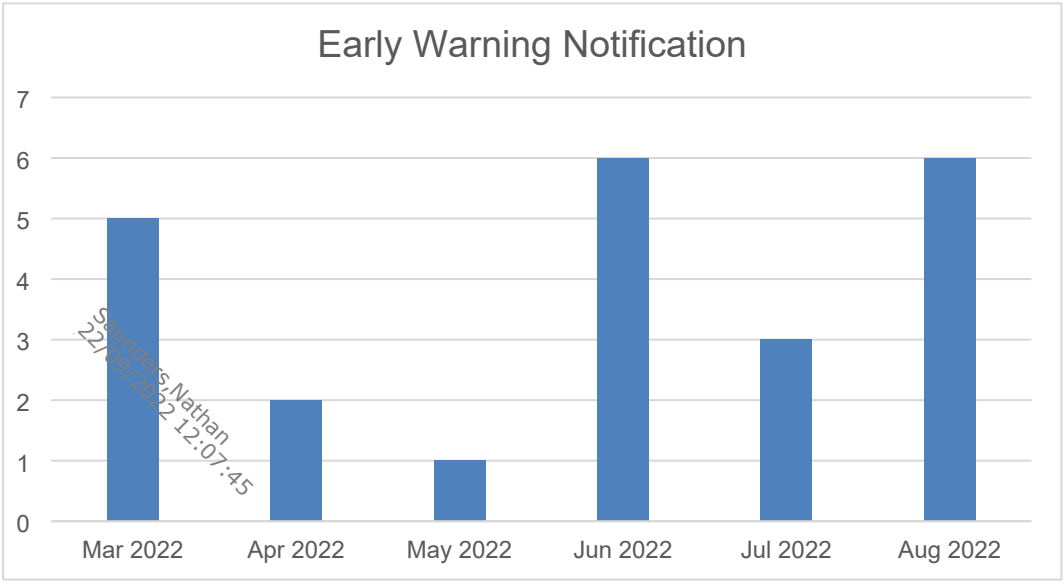


Figure 12: illustrates the number of Early Warning Notifications reported to Welsh Government



Mortality

Crude mortality is the measure of actual deaths and when monitored over a prolonged period, supports the monitoring of trends in mortality rates. Figure 13 demonstrates the numbers of inpatient deaths that occur in the Health Board on a weekly basis and compares this measure with the average for the previous 5 years for the same week. The blue line demonstrates a mortality rate that is comparable to the 5-year average for the same reporting week with the exception of March 2020 and December 2020 to February 2021, the first and second waves of covid-19 where inpatient deaths rose above the 5-year average.

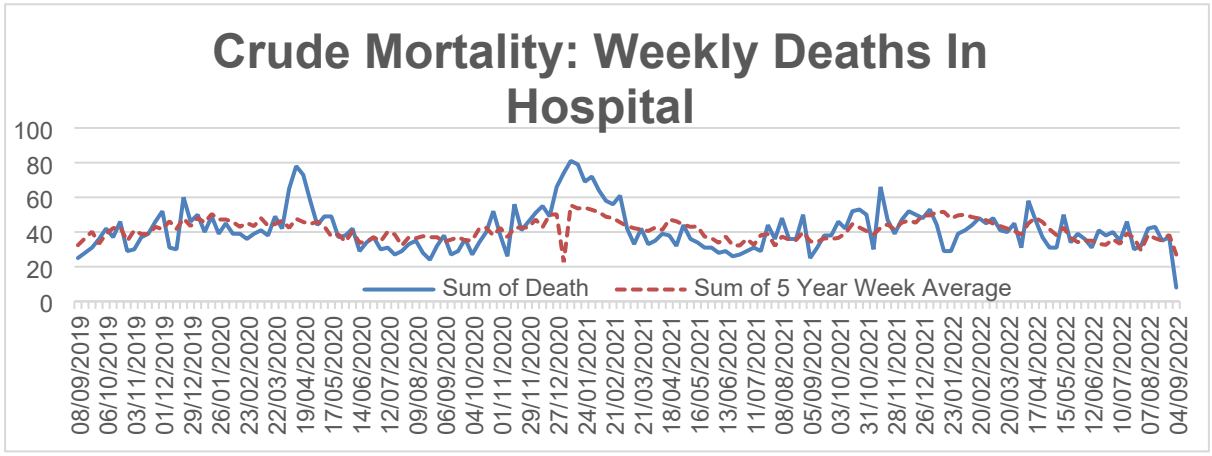


Fig13

The trends noted in inpatient crude mortality, mirrors all-cause mortality across Cardiff and Vale which includes deaths in both inpatient settings and the community reported weekly (figure 14). In addition to the weekly mortality numbers reported against the 5-year average, the numbers of deaths where Covid-19 was recorded in any position of the death certificate is recorded as the pink line.

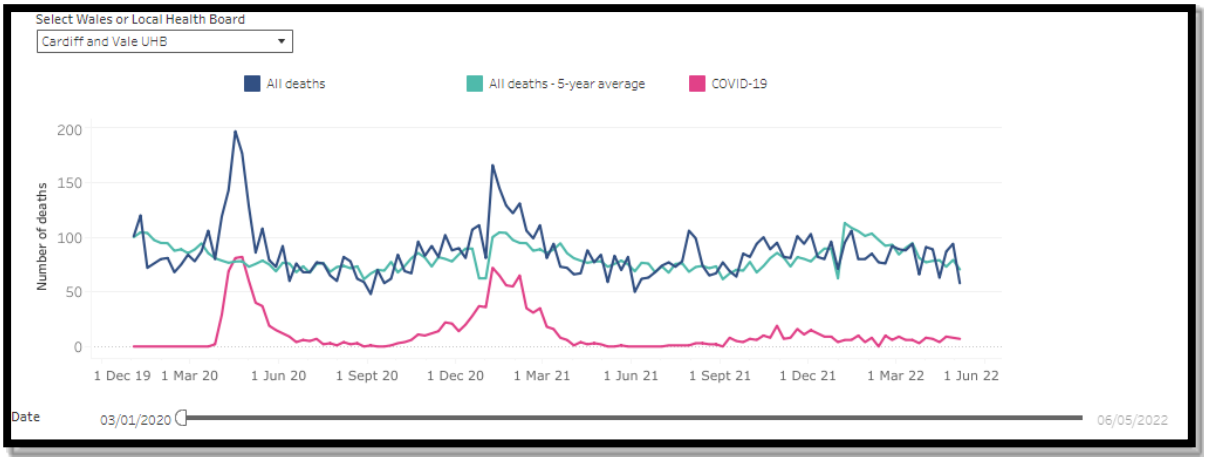


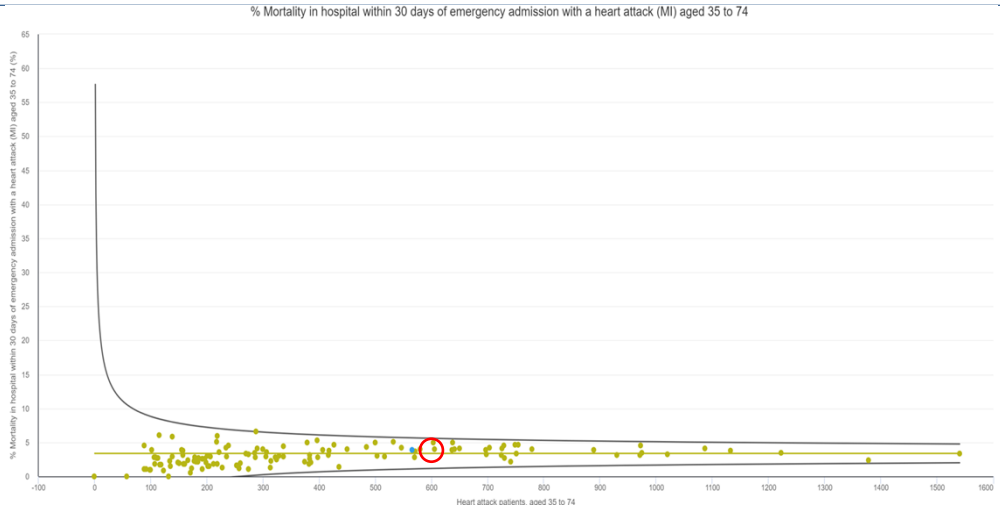
Fig 14

<u>Condition Specific Mortality</u>

Condition Specific Mortality is reported as a funnel plot with the normal expected performance falling between the two solid lines, taking into account the levels of activity for the particular condition for each reporting organisation.

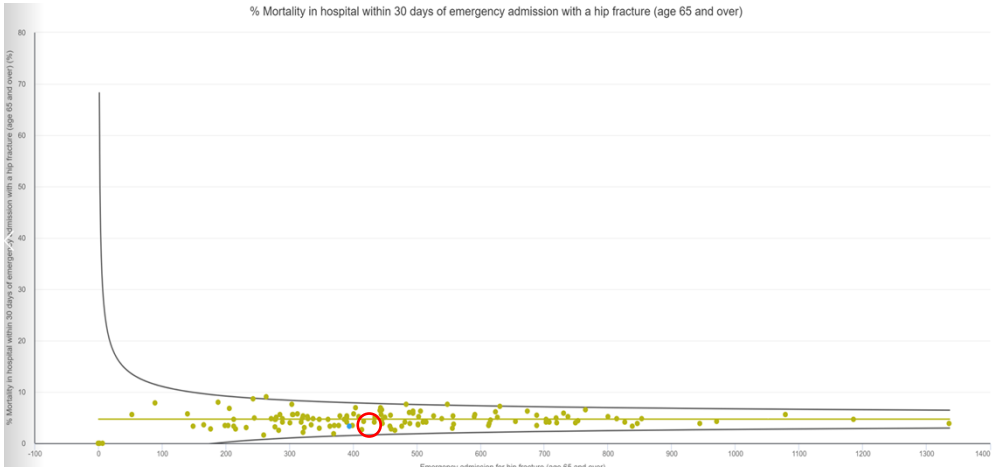
Myocardial Infarction (Heart Attack)

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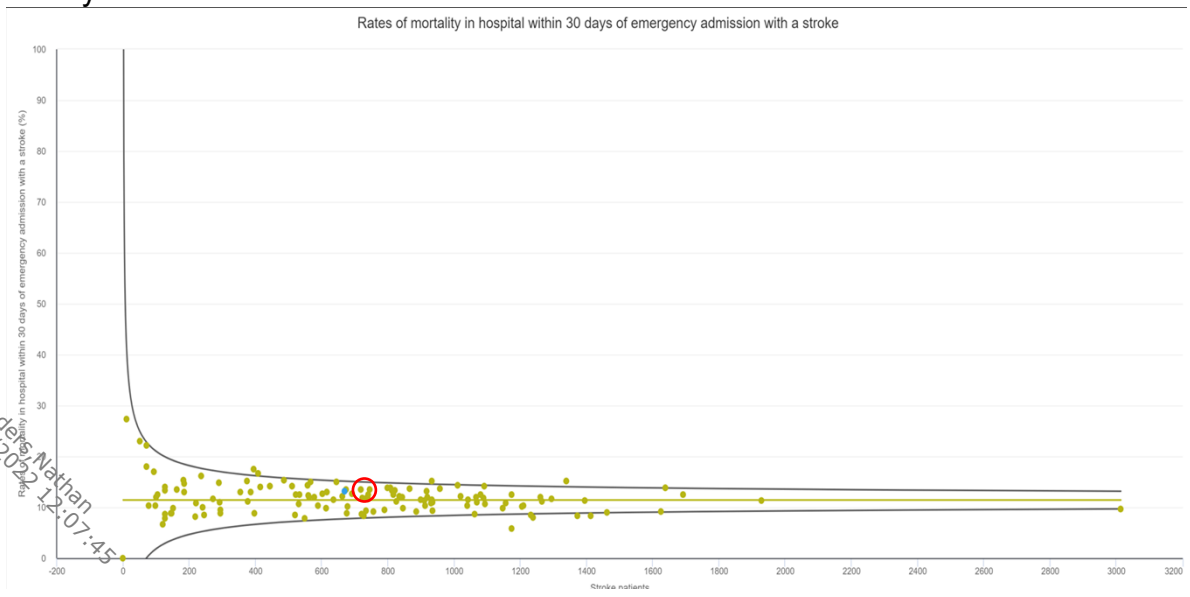
At the end of July 2022, the rolling annual inpatient mortality (patient age 35-74) was 3.894% compared to a national average of 3.337%.

Hip Fracture Mortality



Hip Fracture rolling annual mortality in July 2022 was 3.299% sitting below the national average and within the expected parameters.

Stroke Mortality



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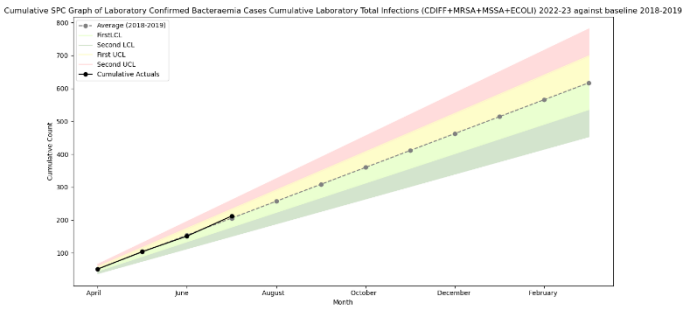
Stroke annual rolling mortality in July 2022 was 13.134% sitting above the national average but again within the expected range.

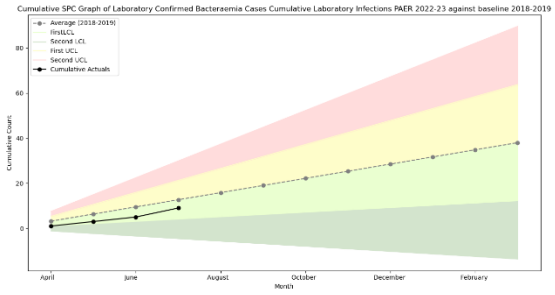
Infection Control

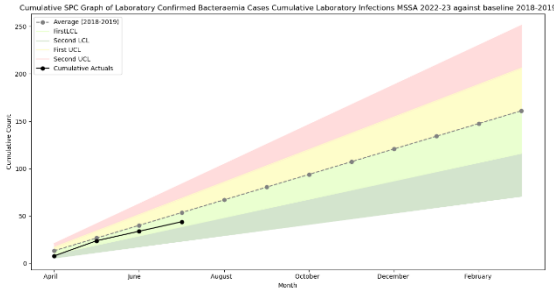
Hospital Infections – the grouped total Cdiff, Ecoli, MRSA and MSSA infections, is showing no in-year improvement against the 2018/2019 baseline. However, Ecoli, MRSA and MSSA are demonstrating an in-year improvement, whereas Cdiff in-year has increased, compared to baseline of December 2018.

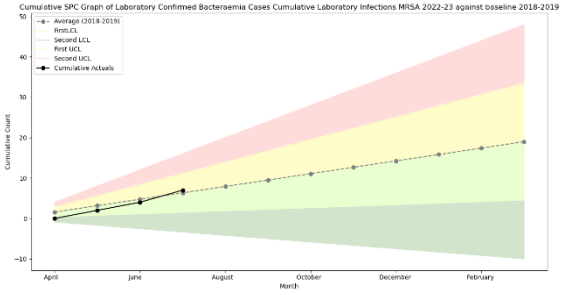
Cdiff rates were observed to be high across the UK after the first and subsequent waves of Covid, all community cases are now subject to investigation to understand the cause of the infection.

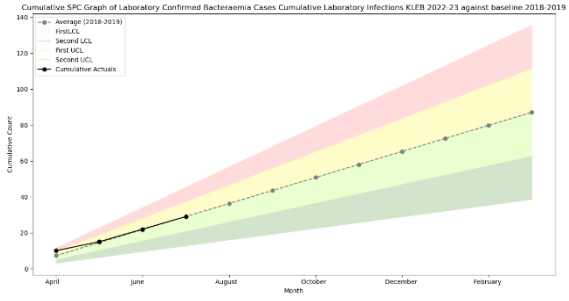
There has been significant investment in the IP&C team in the past 2 years, which has enabled increased audit and review of infections and supports a bespoke approach to supporting wards and primary care reviews.

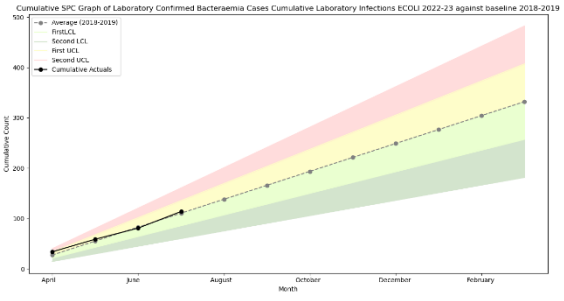


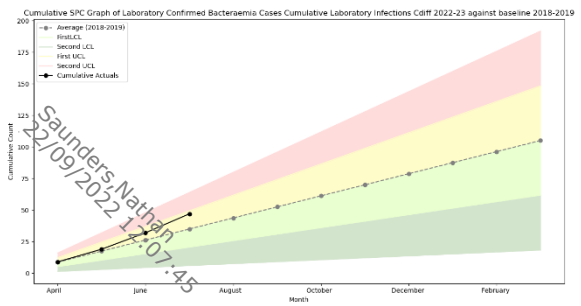


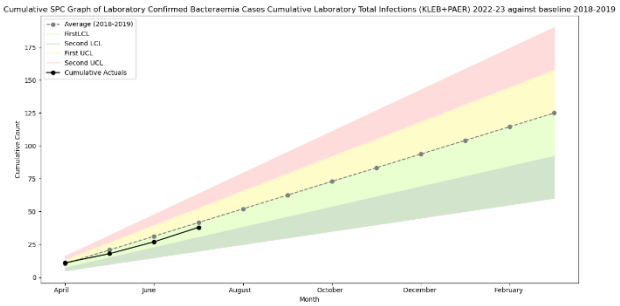




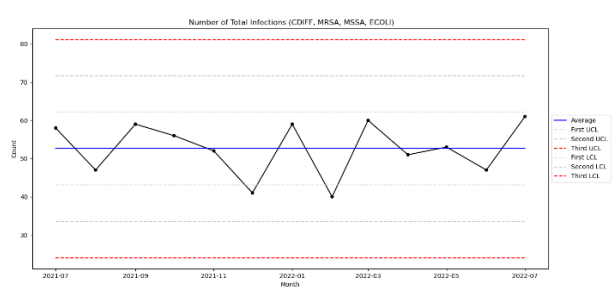


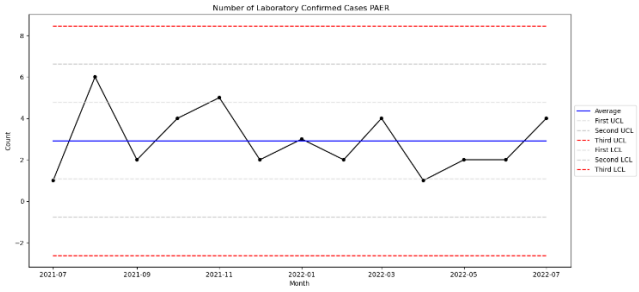


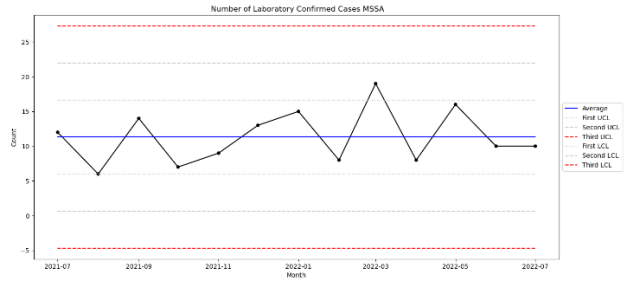


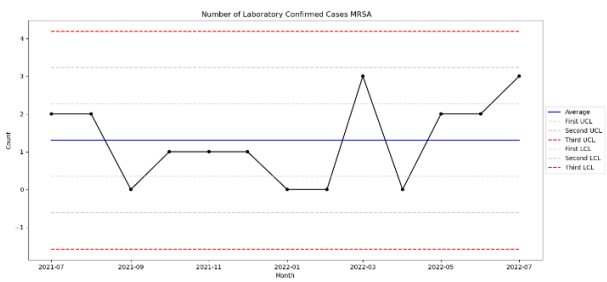


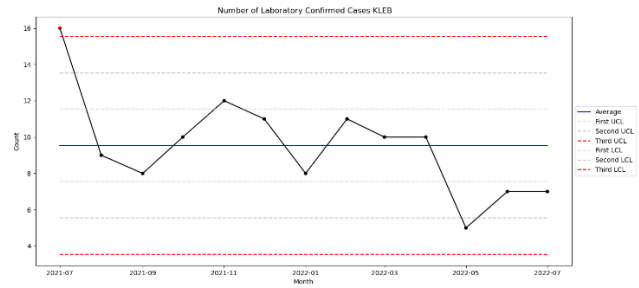
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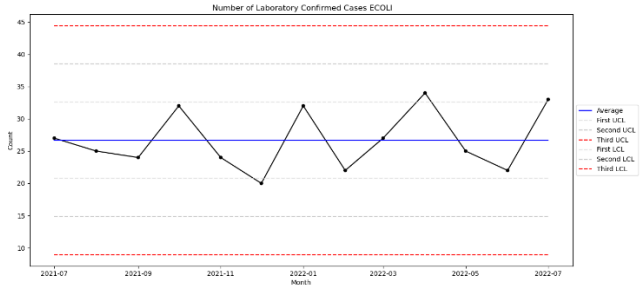


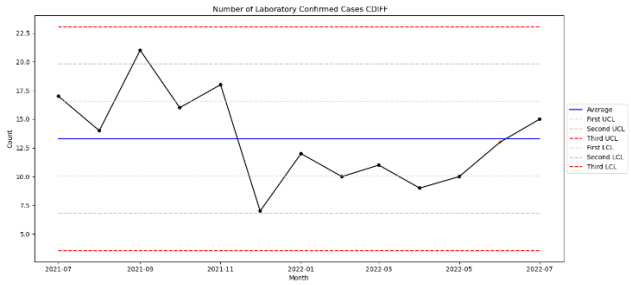


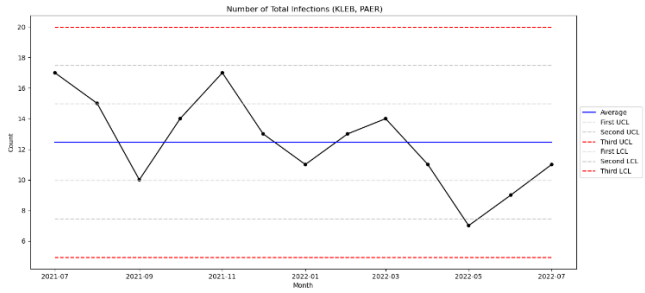












CAVUHB HCAI Reduction Expectation Position – 2022/23

1. Organism	2. Max no. to achieve the required reduction	3. No. to end of July	4. % difference to the equivalent period 2021/22	5. UHB position - FY rate (1st = lowest)
6. C difficile	7. 126	8. 47	9. ↓ 8%	10. 2nd
11. SAUR (MRSA/MSSA)	12. 100	13. 50	14. ↑19%	15. 3rd
16. E. coli bacteraemia	17. 338	18. 114	19. ↑5%	20. 2nd
21. Klebsiella sp. bacteraemia	22. 100	23. 29	24. ↓33%	25. 5th
26. P. Aeruginosa bacteraemia	27. 27	28. 9	29. ↑29%	30. 5th

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Actions to progress the improvement trajectory

- Weekly Cdiff/SAUR meeting with IP&C, Micro, AMR specialist pharmacists ongoing
- Plan to reinstate MDT review rounds with the above
- MRSA RCA review meetings with the EMD, EDON, IP&C and clinical teams
- IP&C audit plan for 2022/23 includes increased audits of PCV/CVC bundle compliance and insertion pack usage
- ICNET SSI surveillance to begin within the next month
- Working with clinical teams to further standardise products/procedures including IV access teams
- Regular audits of clinical environments and equipment
- Working with Capital/Estate/Facilities teams to improve clinical environments
- Build on the existing Education programme to widen staff groups included

PEOPLE/WORKFORCE

The Executive Director of People and Culture provides regular workforce metrics updates to the Board and an overview report demonstrating progress with the People & Culture Plan.

- **Sickness Absence** rates remain high; the monthly sickness rate for July is 7.34%. The rates for June and July are at the highest they've ever been for this time of year. The cumulative rate continues to rise, at 7.24%; 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 where the absence reason has been identified as 'Anxiety/stress/depression/other psychiatric illnesses' has reduced.

- The rate of compliance with Values Based Appraisal remains very low; the compliance at July 2022 was 34.57%. It is likely that operational pressures continue to adversely affect compliance. VBA training continues with focused and targeted support and a condensed template for a VBA has been designed in collaboration with TU Partners to provide support for effective conversations.

- **Turnover** rates have increased month-on-month over the last year, but fell for the first time for June 13.58% UHB wide. The July turnover rate is 13.60%. An empirical analysis of the leavers indicates that approximately 1% of the turnover has been 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 1.90% increase in turnover during the last 12 months, which equated roughly to an additional 255 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 'Voluntary Resignation - Promotion'.

- Statutory and Mandatory training compliance rate continues at just over 13% below the overall target of 85%. It is likely that operational pressures continue to adversely affect compliance.

- Compliance with Fire training has fallen slightly in July, down to 64.82%. In June the compliance with Fire training was 65.02%.

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Appendix 1 - Workforce Key Performance metrics dashboard for July 2022.

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

Improving the health & wellbeing of our staff

- Inner Wellness webinars for all staff continued in July and August with high attendance and positive feedback. The final webinar will take place in September.

- The first 2 Wellbeing Retreats have taken place and informal feedback has been very positive. Work is currently underway to capture feedback from participants, with engagement planned in September 2022, supported by The Fathom Trust.
- Development of Peer Support, including Schwartz Rounds and MedTRiM is gaining momentum. Clinical leads for Schwartz Rounds to be confirmed in September 2022, followed by training for the Steering Group and identification of facilitators. MedTRiM Practitioner Training scheduled for October 2022.
- Staff Wellbeing Framework development will now commence September 2022, progress and development to be supported by Strategic Wellbeing Group.
- The number of staff on long term absence suffering with long Covid is continuing to reduce and as mentioned earlier in the report the number of staff on long term absence suffering with anxiety/depression has also reduced.
- ADOD working with Innovation and Improvement Team to underpin Wellbeing Plans with effective measurements to capture progress and impact.
- Work to support colleagues with the Cost of Living has commenced with the establishment of a working group, including Trade Union representation. Signposting will go live on the UHB internet by the 5th September. Working with Communications Team to cascade advice available, including purchase of food, bill prioritising tools, debt advice and WG links to financial support. Further action meeting taking place 6th September, including development of CAV Community Cupboard.

Enhancing the way, we engage and listen to our teams

- Wellbeing survey for our Medical & Dental teams closed on 31st July 2022. 378 responses received and initial report received 31st August. Work is underway to triangulate with other engagement responses (e.g. MES) to identify next steps.
- The Winning Temp Staff Engagement Platform was launched in July. Currently a 12% participation rate after 7 weeks, the team are supporting the Executive Director of Nursing to encourage further engagement and regular sharing of findings.
- 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 continue to increase. Researching potential organisational diagnostics, conversations taking place with HEIW regarding using the NHS Culture and Leadership Programme approach. Work commencing Sept 2022.

Improving the way, we attract, recruit and retain

- The Temporary Staffing Department (Bank) have increased the supply of HCSW's by appointing in excess of 150 Bank HCSWs since June.
- The second Cardiff and Vale UHB Recruitment Event was held on 14 July at The Hilton Hotel, Cardiff and generated a lot of interest across a wide range of professions and roles.
- A further 10 Widening Access events with schools were held during July and early August to promote NHS careers. This takes the total to 39 since February 2022.
- The Nursing Hub is continuing to recruit into our permanent HCSW vacancies, the aim is to recruit in excess of 200 HCSW's within the next 3-6 months. This will improve quality and reduce our over reliance on Agency HCSW's.
- A series of careers videos will be produced following a successful funding bid from the Charitable funds committee.
- Full funding has been provided to offer 15 work experience placements with Prince's Trust 16-30-year olds to commence in November.
- The People Resourcing Team will be participating in a recruitment event for Ukrainian and Afghan refugees in September.
- Participation in the Public Sector fun day in Grangetown area to promote the UHB as an employer.
- Further apprenticeship schemes have now been agreed which include Estates posts, decontamination technicians and complaints admin posts.
- Over 15 apprentices have been recruited since April and following the successful review of our PCIC apprentices in June, a further cohort will be recruited.

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Improving workforce efficiency through systems and workforce analytics

- The plan is still to complete the implementation of the new e-rostering system for the Nursing Workforce by 31/03/22, although we do appreciate that it will be more difficult to release Nurse Managers for training during the winter months.

- By the end of August 2022, 84% of consultant job plans were under construction in the e-system. The contract for the e-job planning software has been extended for a further 12 months.
- Medical and Dental establishments are being finalised, ESR will be updated to improve the accuracy of our reporting.
- The contract for the Medical and Dental staff bank (managed for the UHB by Medacs) has been extended for a further 12 months. The M&D shift fill rate continue to be above 90%.
- We are continuing to develop our people analytics.

Offering excellent education, learning and leadership development

- First Cohort of Royal College of Nursing Cadets hosted in July. All 13 attendees were from an ethnically diverse background and discussions are underway to ensure an inclusive approach to the recruitment of future cohorts.
- 331 Nurses that joined us via the International Nurse Recruitment campaign have now achieved registration.
- 21 of the UHB's nursing HCSW are starting the flexible undergraduate nursing programme in September.
- Acceler8 Cohort 1; Module 6 completed, final module scheduled for September 2022. Cohort 2 nominations now received. Allocation of places under-way, currently over-subscribed.
- One physio assistant and one occupational therapy assistant will be starting the flexible part-time undergraduate programmes are for Physiotherapy and Occupational therapy in September 2022 as part of a HEIW pilot.
- Collabor8 programme design agreed and nominations will be sought in September 2022 with the programme commencing October 2022.
- Coaching network progressing well with cohort 3 of coach trainees due to commence in the autumn.
- Working with Innovation team to develop links between programmes (Climb; Acceler8; Collabor8), to clarify pathways and establish leadership networks and mentoring opportunities.
- REACTMH Training for Managers – facilitators now trained via the 'train the trainer' approach. Roll-out plan in development to start October 2022. Session will also be built into existing management development programmes.

OPERATIONAL 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. The revised NHS Performance Framework for 2022/23 was issued in June 2022, reflecting some of the Ministerial priorities outlined in national plans. Board reports will continue to update 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 in most specialties by the end of March 2023.

Emergency & Urgent Care

Attendances at the Emergency Unit have increased since the first Covid wave but remain lower than previous years. Performance against the 4-hour standard, 12-hour trolley waits and ambulance handover times are shown in the balanced scorecard.

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The challenging position across the urgent & emergency care system as verbally reported at previous Board meetings has continued. There are two main factors which continue to combine to cause current difficulties. The first is the very high levels of adult bed occupancy, which is predominantly driven by the number of patients who are delayed transfers of care (DTOC) and the continued challenge in our ability to achieve timely discharge and create flow for the Emergency Unit.

The second is the sustained workforce challenges which is being driven by the high number of escalation beds that are open to support the DTOC levels, the number of trained nurse vacancies and our high sickness absence rate.

At the time of writing, the UHB had 41 Covid positive inpatients across its two acute hospital sites.

In order to address the current pressures and improve the operational performance for our patients, a number of plans, in conjunction with its Local Authority and WAST partners, are being brought together into an overall Winter Plan for the Health Board to bridge the anticipated gap in capacity this winter.

Cancer

July was another disappointing month for delivery against the single cancer pathway (SCP) with just 51.4% compliance against the 75% standard. There are currently just over 3,000 suspected cancer patients on the single cancer pathway, of which 712 have waited over 62 days. There have been a number of actions taken to improve the oversight and operational grip of the process for overseeing patients and a cancer summit has been arranged with the tumour group leads and operational teams to understand the demand (referrals for patients with suspected cancer have now exceeded pre-Covid levels), the causes for delay in the 62-day pathway and what actions are required to reduce the delays experienced by our patients.

Planned Care

The total number of patients waiting for planned care and treatment, the ***Referral to Treatment (RTT)*** waiting list was 129,778 as at August 2022. The tail of this waiting list breaks down as follows:

- Patients over 156 weeks – August - 489
- Patients over 104 weeks August – 7,687
- Patients over 52 weeks – August – 30,357

The number of patients waiting for planned care and treatment ***over 36 weeks*** has decreased to 45,600 at the end of August 2022. 55% of these are at New Outpatient stage.

The overall volume of patients waiting for a ***follow-up outpatient*** appointment at the end of August 2022 was 180,440. 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 43,454.

95% of patients waiting for ***eye care*** had an allocated health risk factor in August 2022. 66.4% of patients categorised as highest risk (R1) are under or within 25% of their target date.

Ministerial Measures:

Weekly tracking of delivery against the following ministerial priorities is established. The health board remains on track to deliver against our IMTP commitments and will retain a specific focus on the longest waiters in these cohorts.

Measure	WG Ambition	IMTP commitment	April	May	June	July	August
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	16,272	16,584	16,179
Number of patients waiting over 104 weeks for **treatment** (all stages)	0 (end of March 2023)	750 (end of March 2023)	9,066	8,820	8,300	8,308	7,687

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Diagnostics

The good progress made in increasing ***Diagnostic*** activity and reducing waits continues. The volume of greater than eight-week waits has reduced to 3,563 at the end of August. The number patients waiting over 14 weeks for ***Therapy*** reduced to 1,962.

Mental Health

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 1,258 referrals in July 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 94.3% in July 2022, CAMHs performance was 56.1%. Part 1b: 94% of therapeutic treatments started within 28 days following assessment at the end of July 2022.

Primary Care

The Health Board achieved 33% compliance in July 2022 for the proportion of GP OOH 'emergency' patients attending a primary care centre appointment, with 1 patient of 3 attending within 1 hour. The Health Board was 67% 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 9 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. General Dental services were operating at around 54% of pre-Covid activity in July. 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 final financial plan to Welsh Government at the end of June 2022. The final 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 £16.0m (2%) Initial Savings programme
- £3.7m Further Financial Recovery Actions (£3.4m Savings & £0.3m reduction in Investments)

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This results in a 2022-23 planning deficit of £17.1m.

Reported month 5 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 financial position reported to Welsh Government for month 5 is a deficit of £9.652m and this is summarised in Table 1.

Table 1 : Month 5 Financial Position

	Month 5	Forecast Year-End Position £m
COVID 19 Additional Expenditure	25.063	58.923
Exceptional Inflationary Pressures	6.783	45.825
Gross additional COVID and Exceptional Inflationary Pressures £m	31.846	104.748
Welsh Govt FUNDING for additional COVID and Exceptional Inflationary Pressures	(31.846)	(104.748)
Planned deficit	7.125	17.100
Operational position (Surplus) / Deficit	2.527	0.000
Financial Position £m (Surplus) / Deficit £m	**9.652**	**17.100**

The month 5 deficit of £9.652m comprised of the following:

- £7.125m planned deficit (5/12th of £17.100m);
- £2.527m adverse variance against plan.

The UHB plans to recover the adverse operational variance of £2.527m at month 5 as the year progresses and anticipates that it will deliver its planned deficit position of £17.1m.

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 5, the UHB is projecting additional expenditure due to COVID-19 including local response and national programmes, to be £58.923m. The exceptional inflationary pressures in relation to Energy, the NI Levy and the Living Wage are forecast to be £45.825m.

Savings Programme – to be updated to m5

Delivery of the core financial plan includes a £19.400m savings requirement. At month 5, the UHB had identified £17.445m of green and amber schemes to deliver against the final £19.400m savings target leaving a further £1.955m schemes to identify. £11.966m recurrent schemes were identified against the £15.400m recurrent element of the target leaving a further £3.434m to find.

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 financial plan which includes a £15.4m recurrent savings target, will ensure that the underlying position does not deteriorate in 2022/23 and reduces to £20.0m.

Creditor payment compliance

The UHB's public sector payment compliance performance was 92.6% at the end of August, which is just below the target of 95%.

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Remain within capital resource limit

The UHB's approved annual capital resource limit was £45.396m at the end of August 2022. Net expenditure to the end of August was 28.6% of the UHB's approved Capital Resource Limit and all schemes were classified as low risk.

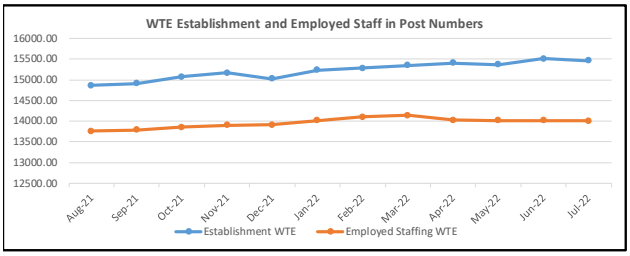
What are the UHB's key areas of risk?

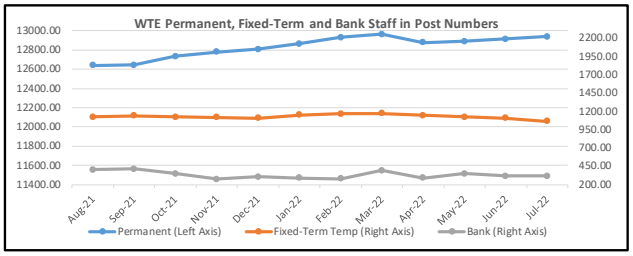
The key risk which feeds the UHB Corporate Risk Register is the failure of the UHB to deliver a breakeven position by 2022-23 year end with a current planned deficit of £17.1m.

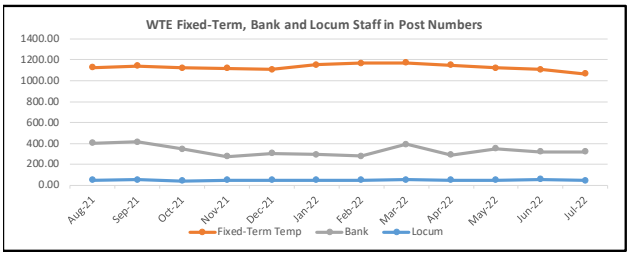
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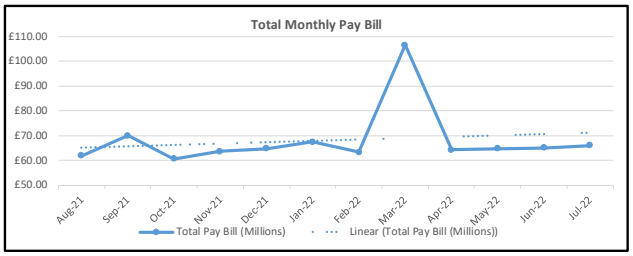
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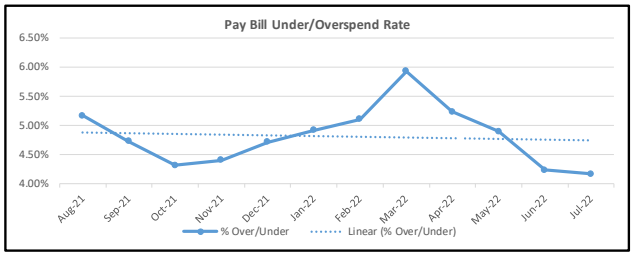
Workforce Key Performance Indicators Trends July 2022

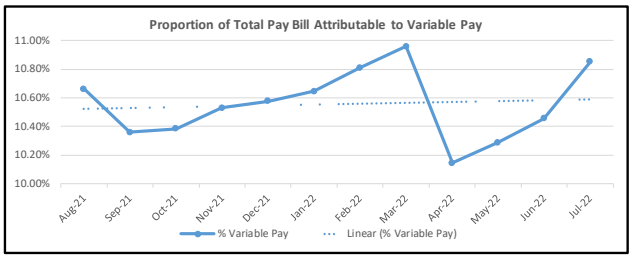


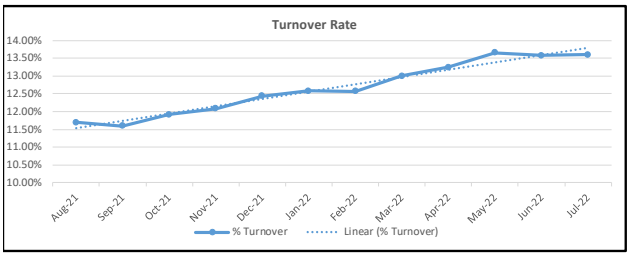


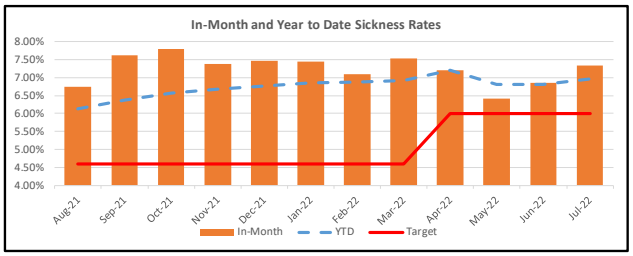


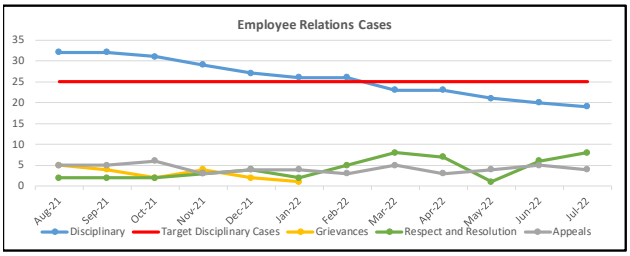


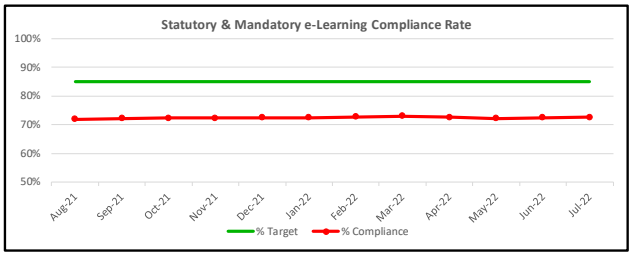


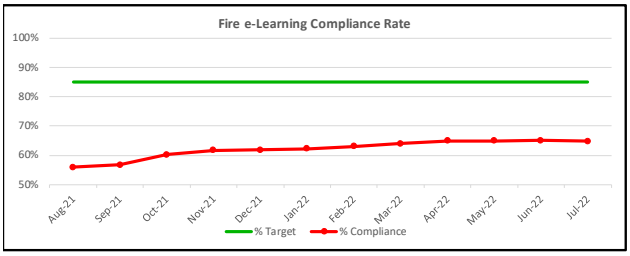


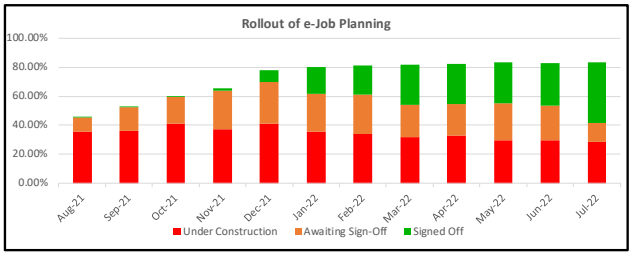


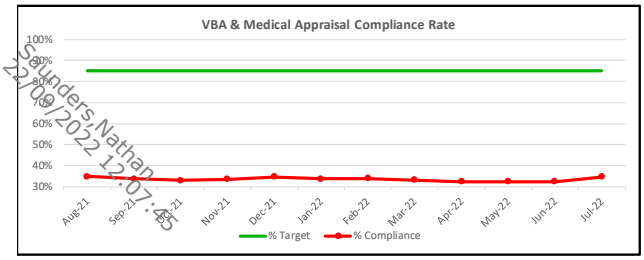












Saunders,Nathan
22/09/2022 12:07:45

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:

Paul Thomas Nathan
25/03/2022 12:07:45

Report Title:	South East Wales Vascular Network				Agenda Item no.	6.8	
Meeting:	Cardiff and Vale UHB Public Board Meeting		Public	x	Meeting Date:	29.09.22	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		
Lead Executive:	Professor Meriel Jenney & Paul Bostock						
Report Author (Title):	Victoria Le Grys, Programme Director Strategic Clinical Redesign & Tina Bayliss, Director of Operations, Surgery Clinical Board						

Main Report
Background and current situation:

The South East Wales Vascular Network (SEWVN) launched formally on the 18th of July 2022 delivering a new model of care for the region that will see services safely delivered, in line with best practice and the rest of the UK.

The SEWVN is a partnership between Aneurin Bevan University Health Board (ABUHB), Cardiff and Vale University Health Board (CAVUHB), Cwm Taf Morgannwg University Health Board (CTMUHB), Powys Teaching Health Board (PTHB) and the Welsh Ambulance Service Trust (WAST). Teams from this partnership have worked closely to develop and deliver robust plans to ensure this new networked model of care delivers sustainable, quality care for vascular patients across South East Wales in line with standards.

The SEWVN has been established as an Operational Delivery Network (in line with similar networks in Wales including the South Wales Major Trauma Network). Success factors for these types of network include; Improved access and egress to/from services at the right time, improved operating consistency, improved outcomes and increased productivity

Within the network CTMUHB undertakes a dual role as both member and host organisation. The role of the 'host' is to ensure a facilitative, supportive governance and management framework is in place to ensure clear lines of responsibility and reporting arrangements to provide assurance to commissioning bodies that the service is delivered in line with the agreed Network service specification. They also host a small Network Management team including; a Clinical Director, Network Manager, Nursing & IR Clinical leads, Network coordinator and data coordinator.

The University Hospital of Wales is the Major Arterial Centre undertaking all complex vascular surgery with the Grange University Hospital, Royal Gwent Hospital, Royal Glamorgan Hospital, Lakeside Wing at University Hospital of Wales offering ongoing care and some less complex surgery (e.g. varicose veins). The Welsh Ambulance Service Trust is responsible for the safe and timely transfer of patients both to and from the Major Arterial Centre.

1. **Background**

Vascular services in South East Wales were facing a growing number of challenges which made them unsustainable in their previous configuration with vascular surgery being undertaken at three separate sites. This presented growing risks for our collective populations requiring specialist vascular care and was highlighted in September 2020 when, due to the loss of specialist workforce Cwm Taf Morgannwg patients requiring complex vascular surgery transferred to UHW for their care.

Cyhoeddus/Public 22/09/2022 13:00:45

The new model of care includes the centralisation of all specialist vascular surgery at the University Hospital of Wales as the Major Arterial Centre (or 'hub') (circa 800 cases per annum). Wherever possible though,

care will remain closer to home for patients. Ongoing care and some minor surgery will continue to be undertaken at designated ‘spokes’ at the

This ‘hub and spoke’ model of care is endorsed by the *Vascular Society of Great Britain and Ireland* as the preferred model of care for vascular services and has been implemented across the UK.

The benefits that this networked model brings are detailed in the approved programme business case but key benefits for patients and staff are as follows:

For our patients:

- Improving mortality and morbidity
- Improving functional outcomes
- Higher patient satisfaction
- Equitable provision no matter where you live
- A shorter stay in hospital
- Less likely to need hospital care

For our staff: we will attract and retain staff as part of a wider network allowing more opportunities for:

- Training and education
- Research
- Role development (network wide)
- Additional support services

2. Planning phase

In spring 2021, the programme team worked closely with local Community Health Councils to facilitate an 8-week public engagement on the future of vascular services. Our populations agreed with the national evidence and clinical option appraisal that a hub and spoke model would improve vascular services and patient outcomes. Following independent reviews of the findings, Community Health Councils and partner Health Boards supported the case to move forward with implementing the hub and spoke model.

Following this decision, the programme delivered;

- The production of several core clinical pathways
- Demand and capacity modelling
- Formal engagement on the proposals
- Workforce, finance and commissioning models
- Capacity planning across the region including; hub, spokes and WAST
- Governance and management framework
- Data system and audit capacity to ensure benefits and performance against their delivery can be tracked
- Approval of Overarching Business Case for a Vascular Hybrid theatre at UHW

The above culminated in the successful approval of a business case for the network at all Health Board Boards in September 2021 which then saw a transition to an implementation phase of the programme and the addition of Medical Directors and Chief Operating Officers onto a Network Implementation Board.

2. Implementation phase

Saunders,Nathan 22/09/2021 11:45

As a part of the Implementation phase, a series of readiness assessments were undertaken across the Network. This was led by the three Medical Directors and included peers from across the region and independent panel members. The Vascular Society of Great Britain and Ireland also submitted a separate report on their findings.

The assessments were positive and confident of the delivery of a safe network subject to the delivery of a number of actions ahead of launch. These actions (inclusive of VSGBI recommendations for go live) were closely monitored and delivered through a collaborative and robust governance process and included:

- Completion of consultant job planning
- Delivery of safe provision of junior doctors within the Major Arterial Centre
- Delivery of a policy detailing the pathways and processes for admissions and transfer to the MAC which aligns with the Repatriation Policy and SOP
- Delivery of a prehospital bypass policy to allow patients to go directly to the Major Arterial Centre
- A memorandum of understanding between Health Boards
- Informatics solutions to meet regional needs
- A network management team in post

A number of risks were also managed and mitigated to allow launch, including:

- Lack of Major Arterial Centre bed capacity to ensure safe and timely care – delivered following a series of ward moves on B2, UHW.
- Significant pressures on WAST capacity leading to lack of timely transfer of patients between providers – additional capacity delivered focusing on ABUHB patient transfer using additional vehicle and support
- Lack of junior doctor staff in the Major Arterial Centre due to unsuccessful HEIW bid – funding agreed and locum posts appointed

The delivery of these actions and the mitigations to key risks to delivery have been overseen by the SEW Vascular Network Implementation Board. Which, at its June meeting reviewed and were assured on plans for delivery and mitigations for the above risks. Following this the Implementation Board proposed a go live date of the 18th July 2022 which was then supported by the CAVUHB Management Executive and the network successfully launched on the proposed date.

3. Operational phase

In the first seven weeks since its launch the SEWVN has successfully provided a Hub and Spoke model of vascular care across SE Wales. As with any new service there have been a number of challenges which have arisen which have either been addressed or are in the process of being rectified.

Communications

With any new structure, expectations of the various organisations within the network has varied greatly, and the network team have strived to engage partners to reinforce the case for change and benefits of the new model.

Network leads also continue to work on communication between organisations and sites within the network to ensure that the new model of care, pathways and processes in place are understood as these are new.

The Major Arterial Centre

There have been some issues with transfers in, mainly with patients arriving by ambulance or with the ABUHB Transfer Practitioners team, these have been reviewed and the pathway for urgent admissions (use or otherwise of ED) has been clarified.

The vascular ward is working well. The beds are available and are ring fenced with no medical outliers since go live. This is excellent progress. There have been fluctuations in bed utilisation but due to summer leave, it is too early to fully understand this.

Paunder Nevans
22/09/2022 12:27:45

The team at the Major Arterial Centre are working hard to ensure the best support for patient following complex surgery (e.g. open aneurisms). There is a need to consider the expansion of PACU/High dependency beds and an SBAR will be developed to describe the need and the investment required.

Access to Radiology is currently under review to support the expectations of our clinical teams and ensure optimal patient care.

The 5 all day theatre lists capacity is being closely monitored to ensure ongoing capacity to supports the demand.

Workforce

Job planning for the consultants has been completed for CAVUHB and for ABUHB, with CTMUHB which are planned to be completed by mid-October.

A locum consultant has been appointed and a Clinical Fellow is due to start in October 2022. One further post is required and this is going back out to advert with the potential for a locum to cover the gap.

Governance

Due to the recent organisational change in CTMUHB there will be a revised Operational Delivery Network management structure.

In relation to the ongoing monitoring of the network, the Implementation Board in its current format will remain in place for at least the first 6-months to ensure a smooth transition takes place.

Formal quarterly reviews will also take place in the first year to assess activity and performance of the network as a whole.

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

We are very pleased to see the launch of the SEWVN in July after years of planning and an intensive implementation phase. Prior to launch, both the SEWVN Implementation Board and the CAVUHB Management Executive received assurance against the delivery of outstanding actions and mitigations to risks to delivery.

Acknowledging that services across the region are under considerable pressure due to operational and workforce challenges both the Implementation Board and CAVUHB Management Executive considered the timing of the implementation and were confident that the timing is favourable in the interest of sustaining high-quality, safe and effective care.

As with any new clinical, and operational model of care, there are understandably areas that will need to be addressed, developed and refined through the management and governance structures now in place. However, we are confident that operational model, teams and wider support mechanisms are established to ensure the South East Wales Vascular Network provides exemplary care to patients across the region.

Recommendation:

The Board are requested to:

1. Note the content of this paper

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Sanders,Nathan 22/09/2022 12:13:45

2. Offer services that deliver the population health our citizens are entitled to expect	x	1. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
3. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	x	2. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes
Contained within Network risk register as a part of the programme – see key risks to delivery contained within the report
Safety: Yes
Contained within the case for change section of the programme business case
Financial: Yes
Considered within the approved Programme Business Case
Workforce: Yes
Considered within the approved Programme Business Case
Legal: No
Reputational: Yes
Socio Economic: Yes
Considered within the approved Programme Business Case
Equality and Health: Yes
Considered within the EQIA
Decarbonisation: No

Approval/Scrutiny Route:	
SEWVN Implementation Board	Date: Friday 10th June 2022
Management Executive	Date: Monday 11th July 2022

Saunders,Nathan
22/09/2022 12:07:45

Report Title:	**Development of a south-central wales stroke delivery network** .			Agenda Item no.	6.9
Meeting:	Board	Public	x	Meeting Date:	29.09.22
		Private			
Status *(please tick one only):*	Assurance		Approval		Information
Lead Executive:	Executive Director of Strategy Planning				
Report Author (Title):	Executive Director of Strategy Planning				

Main Report
Background and current situation:

In February 2022 the NHS Collaborative Executive Group gave agreement for the NHS Wales Collaborative to support the Stroke Implementation Group (SIG) to develop a business case to implement a new model for delivering Stroke services in Wales.

The business case to be generated will describe the proposed configuration of Stroke services across Wales and set out the local and Welsh Government (WG) resource to enable this configuration.

The new model which is already in place in NHS England is proposed to consist of regional Stroke Operational Delivery Network (ODNs) being established, centred on Comprehensive Regional Stroke Centres (CRSCs) and with designated Acute Stroke Units (ASUs) to deliver a comprehensive range of stroke services.

In 2016, SIG jointly commissioned the Royal College of Physicians and The National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care, Southwest Peninsula, to provide an analysis of the options for the reconfiguration of hyper-acute stroke services in Wales.

The analysis identified that a minimum of three CRSCs could service the population of Wales in terms of viable critical mass. However, when SIG considered the additional factors of travel times for patients, sustainability, access to specialist diagnostics, workforce requirements and cost effectiveness, it was recommended that **four** CRSCs be established.

Four CRSCs would prevent the Southeast Wales centre from becoming too large (the largest in the UK), by developing two CRSCs for this region (Southeast and South Central).

By ensuring that there are no more than four CRSCs there is the opportunity to develop a sustainable and viable workforce model in order to meet clinical standards to deliver better outcomes for patients, develop rehabilitation closer to home and provide better value for money.

The current model for delivering acute Stroke services on an individual Health Board basis are proven to be unsustainable. The fragility of the stroke workforce with a lack of individuals with key specialist skills, delivering care in units that have not been designed to deliver timely and effective stroke services means that the right treatment is not always offered on time and outcomes are often sub optimal. This is evident from the outputs of the Sentinel Stroke National Audit Programme (SSNAP) which measures the quality, organisation and performance of stroke care delivery at Stroke Unit level across the UK.

Saunders, Meharg (22/09/2022 11:07:43)

It is recognised that Health Boards need to work collaboratively to provide a sustainable Stroke service model with access to Early Supported Discharge teams and highly specialised treatments such as Thrombectomy, both of which improve stroke outcomes for patients.

Due to the fragility with the staffing model of the Stroke service in the north of Cwm Taf Morgannwg University Health Board (CTMUHB), the Stroke team in Cardiff and Vale University Health Board (C&VUHB) have already supported CTMUHB in the provision of stroke services on an adhoc basis.

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

The CEOs have supported the creation of a National Stroke Network Group supported by the NHS Wales Collaborative and led by Mark Hackett, CEO of Swansea Bay UHB. The purpose of the national group is to oversee a consistent approach to the establishment of 4 regional stroke networks in order to deliver a sustainable stroke service model for Wales that will meet national stroke standards and improve stroke outcomes for patients.

The national stroke group will confirm the required service standards, core service specification (including co-dependant service requirements and minimum workforce standards), the national case for change and standardised engagement materials and approach.

SIG has set aside non-recurrent funding in 2022/23 for project management support to scope out the development of ODNs and is keen that this resource is deployed as soon as possible.

It is proposed that a small programme team is established within the South-Central region to lead the delivery of the first phase of the programme to include:

- Development of a regional governance structure (including a memorandum of understanding between Organisations within the South-Central region) to both oversee the delivery of the first phase of the programme and to ensure alignment and effective reporting both to Health Boards and the SIG. This is inclusive of Powys Teaching Health Board in order to understand their patients flow into C&VUHB and CTMUHB and how any options of a new model of care would impact on current pathways and patient care.

- Scoping of the options for Network configuration and model of care to include a series of workshops and inclusive of peers, partners and stakeholders (including service users).

- Review lessons learned from improving stroke services elsewhere in the UK and from other regional programmes such as implementation of Major Trauma and Vascular Networks in Wales and determine appropriate benchmarking.

- Development of key success factors and measures as well as key deliverables for the service in line with national specification.

- Production of high-level transformation map which will include short, medium and long-term implementation.

The above will culminate in the production of a comprehensive case which details the regional case for change including outputs of phase 1 activities – anticipated to take around 3 months from the point that the full programme team is established. The case will also outline and a high-level plan and timeline for phase 2 (planning) and phase 3 (implementation) which will include resources for delivery for the approval through developed and agreed governance structure.

Saunders, Natalie (NHS)
22/09/2022 12:56:17

It has been agreed between C&VUHB and CTMUHB that the Executive Director of Strategic Planning will act as the Senior Responsible Officer for the work programme, with the Programme Manager hosted in C&VUHB (we have already identified someone who has taken up this role 3 days a week), with the clinical lead to be identified from CTMUHB.

Early engagement has commenced with the National Board of CHCs and the local CHCs and appropriate engagement and if necessary, consultation, will take place as part of the programme.

Recommendation:

The Board is requested to:

- **Note** agreement to develop a regional model for delivering stroke services.
- **Support** the agreement to develop a South-Central Wales network approach with C&VUHB and CTMUHB working together collaboratively to develop and implement the model.
- **Agree** to receive further updates and reports at key decision points.

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

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

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

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: Yes/~~No~~

The key risk is that services are not sustainable into the medium term as they are currently configured and there is a risk that urgent changes will have to be made if progress with the regional model is delayed.

Safety: Yes/~~No~~

Patients are not always getting the outcomes or experience we or they would or expect. There will be instances where patients come to harm because they are not getting to the right care at the right point in the pathway quickly enough.

Financial: Yes/~~No~~

It is likely that the business case setting out the case of change and options, preferred way forward will set out that investment is needed, or resources need to be prioritised and moved around the system.

Workforce: Yes/~~No~~

There will be workforce implications associated with the South-central network model but this will not be quantified until the model is developed.

Legal: Yes/~~No~~

There will be legal requirements in respect of our duties in relation to equality, diversity and duty to engage. There could be legal implications associated with workforce impact – e.g. if staff have to TUPE from one organisation to another as a result of the service model.

Reputational: Yes/~~No~~

It is important that we set out clearly the rationale for change as part of the engagement process. We are working with the National Board, and some of the activities undertaken to support this work will be undertaken by the NHS Collaborative – which may transfer into the NHS Executive once this is up and running.

Socio Economic: Yes/~~No~~

Supplied as part of 22/23 Q1 Public Board papers

An equality and health impact assessment will be undertaken which should look at the issues relevant from the socio-economic duty.
Equality and Health: Yes/No
As above EHIA should draw out impact and enable mitigations to be developed.
Decarbonisation: Yes/~~No~~
All plans need to consider impact on the requirements to decarbonise. This needs to be built into the thinking from the outset.

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

Saunders,Nathan
22/09/2022 12:07:45

Report Title:	Cardiff and Vale of Glamorgan Market Stability Report 2022				Agenda Item no.	6.10	
Meeting:	Board		Public	X	Meeting Date:	29/09/22	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		
Lead Executive:	Abigail Harris, Executive Director of Strategic Planning						
Report Author (Title):	Lance Carver, Director of Social Services, Vale of Glamorgan Council Alison Law, Improvement and Development Manager, Joint Commissioning						

Main Report
Background and current situation:

- The Market Stability Report (MSR) was undertaken between October 2021 and July 2022. The dedicated engagement undertaken during development of the Population Needs Assessment as well as existing data and reports were used to inform the MSR, alongside dedicated engagement work in the form of focus groups with professionals and providers.

- Improvements in care and support services have been made across all population groups since the 2017 Population Needs Assessment, despite the challenges of COVID-19. COVID-19 has had a number of impacts, including increasing demand for services, especially mental health, and changing models of delivery for many services. However, where it is the most appropriate approach services are returning to their pre COVID-19 delivery models.

- The longer-term impact on care and support needs of our population, and the social care markets stability will require continual monitoring to ensure market sufficiency of social care regulated services

- The market sufficiency of) regulated services commissioned by both local authorities and the Health Board, and an assessment of their overall stability has been undertaken for:
    - care homes (adult and children's)
    - a secure accommodation service (for children)
    - a residential family centre service
    - an adoption service
    - a fostering service
    - an adult placement ('Shared Lives') service
    - an advocacy service
    - a domiciliary support service

- The full Market Stability Report can be found here (link):

  https://cavrpb.org/cardiff-and-the-vale-of-glamorgan-regional-partnership-board-market-stability-report-for-the-regulated-social-services-care-and-support-market/

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

1. Development and publication of the Market Stability Report is a statutory duty under Section 144B of the Social Services and Well-being (Wales) Act 2014. The final report must be formally approved by Vale of Glamorgan Council, and Cardiff Council and Cardiff and Vale University Health Board.
2. Following publication, there is a requirement for an update on sufficiency and stability of the social services care and support market to be submitted to Welsh Government annually.
3. The MSR informs the RPB's Joint Area Plan and illustrates the predicted care and support services which are required in the future; and therefore, is a crucial document for future planning purposes.

Saunders Nathan 22/09/2022 12:09:45

4. The overarching findings can be found in the Executive Summary of the MSR; however, each individual population group has discrete care and support needs, which require different services, more detail can be found in the relevant section(s).

5. Common findings identified across many services are outlined below. Detailed findings for each theme are reported in the relevant section in the report.

    - **Address workforce capacity and skills shortages** – Recruiting and retaining sufficient staff with the skills needed to support growing numbers of people with complex support needs is a particular challenge within social care. The focus for:
        - Children and Young People Services will be on recruiting/training more in-house foster carers, kinship carers and adoptive parents.
        - Older people's services will be on recruiting/training domiciliary care staff and specialist dementia and end of life skilled care home staff.
        - Adult services will be on recruiting/training adult placement/shared lives carers and staff with specialist learning disability, autism, early onset dementia, and mental health care and support skills.

    - **Ensure the fees commissioning organisations pay to providers are fair** – This is key to addressing the workforce recruitment and retention challenges and to addressing market stability risks where adult and older people's care and support providers are concerned about their financially sustainability.
      Equally, the lack of supply of residential care for our children and young people (C&YP) along with growing demand for residential care (particularly for C&YP with complex needs) has sometimes resulted in high fee levels.
      To help with this the Welsh Government published a toolkit for older people's care homes: "Lets Agree to Agree" for commissioners and providers of care and support services in 2018. Local Authority commissioners will use this and other similar tools to inform negotiations with providers in the region during the 5-year period covered by this MSR.

    - **Develop in-house services**– Over the next 5 years the region will consider how to develop "in- area" children's services and services for working age adults with complex needs. Where it makes sense in terms of social value, we will develop these as in-house services and/or work in partnership with local not for profit organisations.

    - **Modernise our approaches to commissioning and contracting** – To give providers of care and support services the certainty and confidence they need to invest the region will modernise service models and expand capacity where appropriate through the following initiatives:
        - Co-produce our commissioning strategies. The Regional Commissioning Board, on behalf of the RPB, will support operational teams within the region and will work in partnership with providers to shape the market.
        - Build on learning during COVID. The Regional Commissioning Board will explore new ways of contracting based on outcomes where providers have greater choice, flexibility, and responsibility to deliver services to best meet the needs of citizens. For example, block or community contracts.
        - Improve our planning evidence base. The Regional Partnership Board will develop our modelling capability to underpin the development of preventative services and more integrated health and social care pathways.
        - Statutory partners will use regional approaches to commissioning where they will provide better value for money or higher quality services.

    - **Re-establish and strengthen quality assurance processes** – During the COVID pandemic the region adapted or disbanded quality assurance processes to comply with new pandemic regulations. We are now restarting and modernising our approaches. Cardiff Local Authority is implementing interim arrangements for quality assurance until

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a new quality rating system based on the Dynamic Purchasing System goes live. Vale of Glamorgan local authority has appointed a new quality assurance officer and implemented a new framework for quality. The UHB are liaising with both local authorities to collaboratively develop a joint quality framework for quality assurance of UHB commissioned placements within older peoples nursing homes and domiciliary care.

Recommendation:

The Board is requested to:

1. Consider and note the contents of the Cardiff and the Vale of Glamorgan Market Stability Report.
2. Agree to receive regular reports from the Regional Partnership Board on progress with implementing the findings of the Market Stability 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	
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

Key Risks identified during development of the Market Stability Report

- The stability and sufficiency of the care market has a direct impact on the delivery of services to patients by the Health Board. In particular, the fragility of the domiciliary care market has a direct impact on patient flow out of hospital into more appropriate settings closer to home.
- **The stability of the older people's care home market is under threat.** Care homes are concerned about their sustainability as viable going concerns given current activity levels, fee levels and staff/skill shortages. Attracting private investment to remodel excess generic residential care capacity and to build up nursing and dementia care capacity is challenging due to these concerns and a low percentage of self-funders in the Region (estimated. to be just 11%).
- **Domiciliary care market capacity is insufficient now and demand is increasing** so this gap in market capacity will get worse over the next 5 years. This gap leads to waiting lists that undermine value for money and affects the individual outcomes of people in need of domiciliary care including higher levels of dependency and in the longer-term it incurs higher support costs. **The domiciliary care market also faces stability risks due to workforce shortages** and concerns by providers that cost inflation not being fully met by increased fee

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rates. This is further undermined by a significant differential in pay rates between organisations and between statutory organisations and the private sector.

- **There is insufficient market capacity to meet the residential and nursing care needs of adults aged 18-64.** The most notable gaps are:
    - in area specialist Learning Disability/ASD services for adults aged 18-64 which leads to avoidable out of area placements
    - specialist domiciliary and residential care services for people aged over 65 whose primary support need is Learning Disabilities. In particular, there is a need to develop specialist residential care home capacity to support younger people living with early onset dementia
- **The adult placements market has been destabilised by the impact of COVID** and this has reduced capacity and the market capacity is not currently sufficient to meet need. The Cardiff market is highly dependent on one provider that supports 25 of the 37 placements. This is a significant market stability risk as the Cardiff market would be destabilised if this provider were to exit the market.
- **The children's residential care market lacks sufficiency.** Notably the region lacks access to:
    - in area specialist Learning Disability/ASD services for children and young people with complex needs. This leads to high levels of out of area placements.
    - secure accommodation capacity for Children and Young People. There is a waiting list of 50 Children in all parts of Wales. In Cardiff and the Vale this leads to expensive bespoke packages that are not ideal to meet each child's specific needs.

Conclusion

- In the longer-term as care and support needs are rising and changing it is important to ensure that social services regulated markets remains stable, and that markets are shaped by all statutory partners so that the needs of the population can be met.
- Providers of commissioned services need more certainty about future activity levels and funding. This is so they can plan to have the necessary resources in place. They need firm long-term plans to facilitate the recruitment and training of staff.
- The actions outlined in the market summaries within the report will assure help to better assure future market stability and sufficiency in the community.
- The stability and sufficiency of the care market has implications for the whole health and care system and should not be considered as a local authority risk alone. The ability to support people at home is critical to the delivery of the Health Board's priorities and strategy,

Safety: No

Financial: Yes

Ensure the fees paid to providers are fair

Paying sustainable fee levels has been identified in the MSR as key to:

- Develop the regulated social services market capacity in the region so it is sufficient to meet anticipated levels of future support needs
- Fundamental to addressing the workforce recruitment and retention challenges and enable markets to change meet the care and support needs of our citizens in the community.

Cardiff and Vale UHB, Cardiff Council and the Vale of Glamorgan Council will work with providers to evidence the true costs of care delivery in the region, and reach an understanding of sustainable fee levels. This approach may have financial implications to the UHB.

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Partnership financial implications:

Developing In-House Services to lower market risk

The Regional Partnership Board is a strong advocate of a mixed economy and support for social enterprises. Commissioners see benefit in having in-house services as part of a mixed economy in terms of, increasing local flexibility, filling gaps in the local market, mitigating risk should private providers fail, and attracting capital investment to the locality. For example, when 3 adult care homes recently closed in the Vale, the Vale of Glamorgan Council were able to offer a new home to many of the affected residents in one of their own in-house care homes.

- Over the next 5 years the region will consider how to develop more regional in area children's services and services for working age adults with complex needs.
- The Vale will also develop and modernise in-house care homes for older people as it has care homes built in the 1960s and 1970s that are well suited to be adapted for dementia care and help it meet rising demand for dementia care.

Workforce: Yes/No

There are no direct UHB workforce implications as a result of this Market Stability Report, however considerable research and analysis has been undertaken on social care workforce capacity and skills shortages. Resulting actions may impact upon the whole system workforce so should be monitored. There are opportunities for the Health Board to work with Local Authorities to develop joint approaches to recruitment and retention and to avoid working in competition with each other as employers.

Addressing workforce capacity and skills shortages within the social care sector
Feedback from citizens, commissioners, and providers all show that the ability to attract, develop and retain the social care workforce is the most pressing issue services face across all services within scope of the Market Stability Report.

Staff shortages are a market:

- Sufficiency risk - As they limit market capacity to meet the needs of the population in the most effective way.
- Stability risk - As providers cannot recruit/retain the staff they need to deliver sustainable levels of activity.

The analysis of the regulated care markets has shown that staff and/or skills shortages are affecting many of the regulated services in scope of the MSR. Notably:

- In adult services domiciliary care providers do not have the capacity they need to take on new customers and the region has too few adult placement/shared lives carers overall and need more with the skills to support people with complex needs
- In children's services the region has too few foster and kinship carers overall and in particular with the skills to support children with complex needs and we lack prospective adoptive parents e.g. for sibling groups, older children, mixed heritage children and children with complex needs.

Recruiting and retaining staff with the skills to support people with complex support needs is a particular challenge that partners will work with providers to address. Key issues that need to be addressed include:

- Wages are not attractive and there are workforce shortages across all sectors.
- The lack of a clear career structure and recognition of the value of care and support roles can mean that many employees see working in social care as a steppingstone to a career somewhere else.
- Jobs in certain services, such foster care, and adult placements are not well understood and so too few people apply.

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Legal: Yes/No

Development and publication of the Market Stability Report is a statutory duty under Section 144B of the Social Services and Well-being (Wales) Act 2014 ('the 2014 Act'). The Act requires local authorities to prepare and publish market stability reports, and makes provision for regulations setting out the form these must take, matters to be included, and the prescribed period for carrying

out market stability assessments. These matters are set out in the Partnership Arrangements (Amendment) and Regulated Services (Market Stability Reports) (Wales) Regulations 2021.

The preparation and publication of market stability reports must be carried out on a regional footprint, with local authorities and Local Health Boards working together through the seven Regional Partnership Boards (RPBs).

Reputational: Yes

The analysis of market sufficiency and stability in sections 5 and 6 of the MSR has identified several key reputational risks that need to be mitigated. The Regional Commissioning Board recognise that to do this we need to collaborate closely with our provider market and to give providers certainty about future activity and fee levels. Without this certainty they will not have the confidence needed to invest to modernise service models and expand capacity where needed. We recognise that:

- The Region need to do more to co-produce commissioning strategies with providers and to build provider confidence and that statutory partners need to do more in partnership with our providers in future to shape the market.
- During the COVID-19 pandemic commissioners have learned much, particularly ways to overcome challenges through improving relationships and building trust between ourselves and providers. This provides us with a firm foundation on which to explore new ways of contracting based on outcomes where providers have greater choice, flexibility, and responsibility to deliver services to best meet the needs of citizens. For example, block or community contracts.
- Planning is becoming increasingly complicated as statutory partners develop a greater range of services, more preventative services and more integrated pathways across health and social care. We need to model – in detail – how much of which services we will need in the future. The process to produce this market stability report has highlighted the need to improve our planning evidence base.
- Statutory partners need to use regional approaches where they will provide better value for money and build on our experiences of regional approaches to adoption and children's advocacy services. For example, there may be scope to reduce "out of area" placements for younger adults by developing "in area" services for people to return to. The Regional Commissioning Board exists so as options arise the region is well placed to evaluate the costs and benefits of each regional proposal on its merits.

Socio Economic: Yes

The Market Stability Report should be read alongside the Cardiff and the Vale of Glamorgan Population Needs Assessment (PNA) for Cardiff and the Vale of Glamorgan and the Well-being Assessments for both Local Authority areas to gain a comprehensive understanding of the population care and support needs in the community and the ability of the social care market to meet those needs.

There are socio-economic implications associated with the care market as a significant employer of local people. The market is in direct competition with other low wage employers including hospitality, retail and the seasonal tourism economy.

The cost of living crisis will have a strong impact on employees in this sector. Commissioning strategies and associated fee settlements will have a direct impact on social value.

Equality and Health: Yes

Attached

Decarbonisation: No

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

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Equality & Health Impact Assessment for

Cardiff and the Vale of Glamorgan Market Stability Report 2022

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	Cardiff and the Vale of Glamorgan **Market Stability Report 2022** for the Social Services and Well-being (Wales) Act 2014
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Lance Carver, Director of Social Services Vale of Glamorgan Council lcarver@valeofglamorgan.gov.uk Alison Law, Improvement and Development manager, Joint Commissioning Regional Partnership Board Team Alison.Law@wales.nhs.uk

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[1] http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&_dad=portal&_schema=PORTAL

3.	Objectives of strategy/ policy/ plan/ procedure/ service	The Social Services and Well-being (Wales) Act requires each region to produce a Market Stability Report (MSR) every electoral cycle. The MSR is due for publication by 1st July 2022, and will provide input to the Well-being Assessments, and Area Plans. The Regional Partnership Board (RPB) encompasses Cardiff and the Vale of Glamorgan Local Authority areas. The MSR requires local authorities and Local Health Boards to form partnerships to assess: The market sufficiency of (Social Services) regulated services, and an assessment of its overall stability for: • care homes (adult and children's) • a secure accommodation service (for children) • a residential family centre service • an adoption service • a fostering service • an adult placement ('Shared Lives') service • an advocacy service • a domiciliary support service The MSR must look forward until the next iteration in June 2027, and annual reporting must be undertaken on market sufficiency and provider failure. The Code of Practice specifies that professionals and providers should provide input into the development of the Market Stability Report, using engagement undertaken during development of the Population Needs Assessment to consider the needs of the following population groups: • Children and young people • Older people • Health / physical disabilities • Learning disability / autism • Mental health • Sensory impairment • Carers who need support; and • Violence against women, domestic abuse and sexual violence

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		• Secure estate The following groups were chosen for inclusion as they are of particular relevance for the population of Cardiff and the Vale of Glamorgan • Asylum seekers and refugees • Substance misuse • Armed Forces Service Leavers (Veterans) The Code of Practice states the following regarding equality impact assessment and Welsh language: **Equality Impact Assessments** 93. As set out in chapter 1 of the PNA, local authorities must have due regard the United Nation Convention on the Rights of Persons with Disabilities, United Nation Convention on the Rights of the Child, and the United Nation Principles for Older Persons in relation to an individual person who needs care and support and carers who need support. In addition, the Public Sector Equality Duty contained in section 149 of the Equality Act 2010 requires all public authorities to have due regard to protected characteristics when exercising their functions. Local authorities and Local Health Boards must therefore undertake an Equality Impact Assessment as part of the process of undertaking a population assessment and Market Stability Report, which must include impact assessments on; Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Beliefs, Sex and Sexual Orientation. (1) **Welsh Language** 121. When assessing the extent to which there are people who need care and support and carers who need support, local authorities and Local Health Boards should establish, and make clear in their population assessment report, the Welsh language community profile. (1)

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4.	Evidence and background information considered. For example • population data • staff and service users data, as applicable • needs assessment • 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].	Throughout the production of the Population Needs Assessment, and therefore the Market Stability Report, consideration was given to inequalities and people with increased vulnerability. We were mindful of the "seldom heard voices" as this refers to under-represented people who may have care and support needs. Many factors can contribute to being seldom heard, of which some of these factors are themes within the Assessment. Examples include disability, ethnicity, sexuality, communication impairments, mental health problems, and homelessness. COVID-19 is known to have had a disproportionate impact on certain groups within the population. A meeting was held with the CAV UHB Equalities Manager, Specialist Health Promotion, and Welsh Language Officer early in the process (18.06.2021). The Steering Group included representatives from Cardiff Third Sector Council and Glamorgan Voluntary Services, as well as strategic and data leads from both local authorities, and representatives from CAV UHB and Public Health. For each population group, a meeting was held with professional leads from CAV UHB and each Local Authority, with additional attendees as relevant for the topic. The group discussed the key documents, policies, strategies, and developments since the 2017 PNA. Data sources for this iteration of the PNA was discussed. Engagement was based on the 2017 Population Needs Assessment and updated for this report. The coronavirus pandemic has influenced how communications and engagement events can be run. Engagement conducted for the Population Needs Assessment needed to adhere with and anticipate future guidelines and legislation, as well as consider people's individual wishes. Footfall in public spaces were less than prior to COVID-19. A number of different approaches were taken to obtain the information required to give a

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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

		holistic overview of the care and support needs in Cardiff and the Vale of Glamorgan, and the range and level of services required to meet those needs. This included gathering existing data, assessments and reports; as well as conducting bespoke engagement work for the Population Needs Assessment. Three public surveys were developed: • Adults in the general public (available online, hard copy, and Easy Read) • Children and young people (available online, hard copy, and Easy Read) • Adults in HMP Cardiff (available online, and hard copy) Cardiff Youth Board kindly piloted the children and young people's survey and provided feedback; which was incorporated into the final survey. A total of 661 general public surveys were returned; 35 surveys from children and young people; and 96 from HMP Cardiff. A professionals and provider survey was developed (available online and hard copy). A total of 118 responses were received. Surveys were disseminated through a variety of organisations, including Cardiff and Vale University Health Board, Cardiff Council, Vale of Glamorgan Council, Glamorgan Voluntary Services, Cardiff Third Sector Council, as well as through organisations working in health and social care services, education, and youth services. The surveys were also advertised through social media. Surveys are not representative of the population of Cardiff and the Vale of Glamorgan. A total of 20 focus groups were held. These were conducted by Cardiff Third Sector Council with support from Glamorgan Voluntary Services and third sector organisations.

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		Focus groups were mostly virtual (12); with some hybrid (2); and 5 face to face. One population group ran two separate focus groups – one virtual and one face to face. A total of 132 participants (range 1-12) took part in the focus groups, which took place in October 2021.
		
		The following focus groups were held:
		• Children and Young People
		  ○ Children looked after
		  ○ Neurodisability
		• Older People
		  ○ 65-84
		  ○ 85+
		• Health and Physical Disabilities
		  ○ Long term conditions
		  ○ Physical disability
		• Learning Disability and Autism
		  ○ Learning disability
		  ○ Autism
		• Adult Mental Health and Cognitive Impairment including Dementia
		  ○ Mental health
		  ○ Cognitive impairment including dementia
		• Adult Unpaid Carers
		• Sensory Loss and Impairment
		  ○ D/deaf community
		  ○ Sight loss
		• Violence Against Women, Domestic Abuse, and Sexual Violence
		• Asylum Seekers and Refugees x2
		• Secure Estate
		• Veterans
		• Substance misuse
		• Homeless
		
		The following organisations provided support with engagement work:

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		• Adferiad Recovery • Age Cymru • Cardiff and Vale Action for Mental Health (CAVAMH) • Cardiff People First • Cardiff Third Sector Council • Cardiff Youth Board • Cerebral Palsy Cymru • Chinese Association • Community Care & Wellbeing Service (CCAWS) • Glamorgan Voluntary Services • Grandparents Raising Grandchildren • Huggard Centre • HMP Cardiff • Oasis Cardiff • Richard Newton Consultants • Sightlife – Sight Cymru • Vale of Glamorgan Council - Autistic Spectrum Disorder Project • Wales Neurological Alliance • Women's Aid Quantitative data were taken from open source, publically available, validated sources such as Stats Wales and Social Care Wales Daffodil Population Projection. Other indicators were obtained directly through personal communications with relevant organisations (for example, Welsh Refugee Council), or through a Freedom of Information request (for example, South Wales Police). Demography data were provided by Cardiff Council to ensure cohesion across the Well-being Assessment and Population Needs Assessment. Engagement frameworks were considered during the development of the engagement plan (eg, Citizen's Engagement Framework; Children and Yong People National Participation Standards).

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		Limitations COVID-19 has had an impact on the population, which the Population Needs Assessment details. It has also impacted on professionals working in operational and strategic roles, as well as providers of services being considered during development of the Market Stability Report which presented a challenge for the completion of the MSR. Additional challenges presented themselves in the form of the timeline with which the Market Stability Report was conducted; Local elections immediately following PNA publication prevented engagement with partner bodies on the care and support markets which will be required to address needs outlined in the Population Needs Assessment. Due to uncertainty of the future evolution of the COVID-19 pandemic in terms of restrictions and risks at each stage of the Population Needs Assessment, a cautious approach was taken. For example, engagement work was planned for an online format, with opportunities for face to face interactions in the focus group where legislation allowed, and where participants and hosting organisations felt comfortable. The tight timeline within which engagement work needed to be conducted reduced participation in both surveys and focus groups. The Regional Partnership Board are developing their Communications and Engagement strategy which will address these difficulties and gaps, and will incorporate lessons learned (more detail below). For example, some residents may not have digital access and may not wish to engage in in-person engagement, and so their views will be sought in future work as a priority. Only a minority of focus group participants (9/132) completed equalities monitoring forms, and therefore the results are not presented here.
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	The Population Needs Assessment has helped shape the Market Stability Report, and both will shape the Area Plan. Although both concentrate on the following population groups, many findings will be transferable to others not within the group. Some individuals are in two or more population groups.

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		Themes included: Population Groups: Children and young people; Older people; Health and physical disabilities; Learning disability and autism; Adult mental health and cognitive impairment; unpaid Adult carers; Sensory loss and impairment; Violence against women, domestic abuse and sexual violence; Secure Estates; Asylum seekers and refugees; Veterans; Substance misuse. Services: care homes (adult and children's), a secure accommodation service (for children), a residential family centre service, an adoption service, a fostering service, an adult placement ('Shared Lives') service, an advocacy service, a domiciliary support service **As a needs assessment, and assessment of services to meet those needs the main impact of concern is that of under-representation of certain groups. This document will describe the characteristics of those who participated in engagement work.** **Those who are under-represented in engagement work include:** - those who are digitally excluded - people who are trans - Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding - People who are Black, Asian, or from an ethnic minority background - People who consider themselves: Buddhist, Hindu, Jewish, Muslim, or Sikh - Those who were physically unable to participate in engagement and did not have an individual who could speak for them - Gypsies and travelers

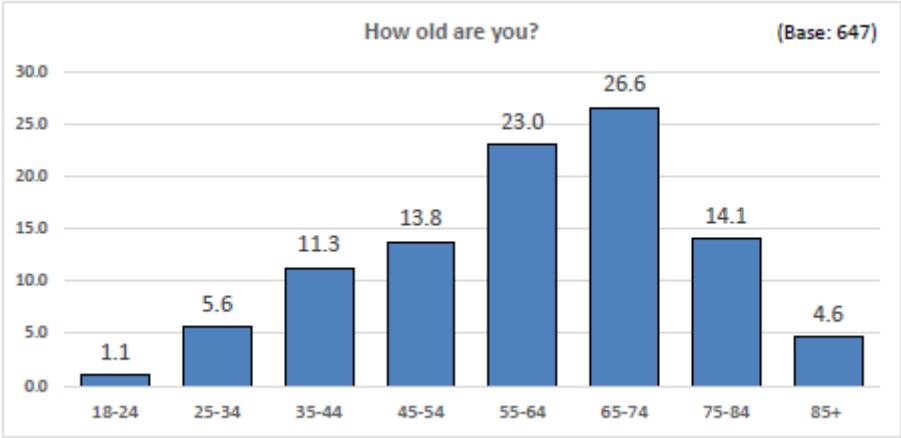
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6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

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	No negative impacts identified. The PNA chapter on **demography** (chapter 4), and MSR section on Demographic Context (4.1) provides an overview of the current and projected age make up of Cardiff and the Vale of Glamorgan. Each chapter within the PNA provides a summary of characteristics of the population in its introduction. **Children and young people** (those aged up to and including 17) are specifically considered in PNA chapter 5.	RPB programmes are designed to support people at different stages of their life cycle: starting, living and ageing well. We want to deliver service that are tailored for people at different stages of life and our engagement will be	

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	Older people (those aged over 65) are discussed in PNA chapter 6. **Engagement findings** Respondents of the general public survey had the following age profile:  Older people are more likely to be digitally excluded and therefore their full range of views may not have been captured by this survey. Three Easy Read surveys were returned. Respondents were 25-34 years old (n=1); 55-64 (n=1); and one did not answer. 26 of the 35 respondents of the children and young people survey provided their age; the breakdown is as follows:	designed to capture the experiences and opinions of people in each age category.	

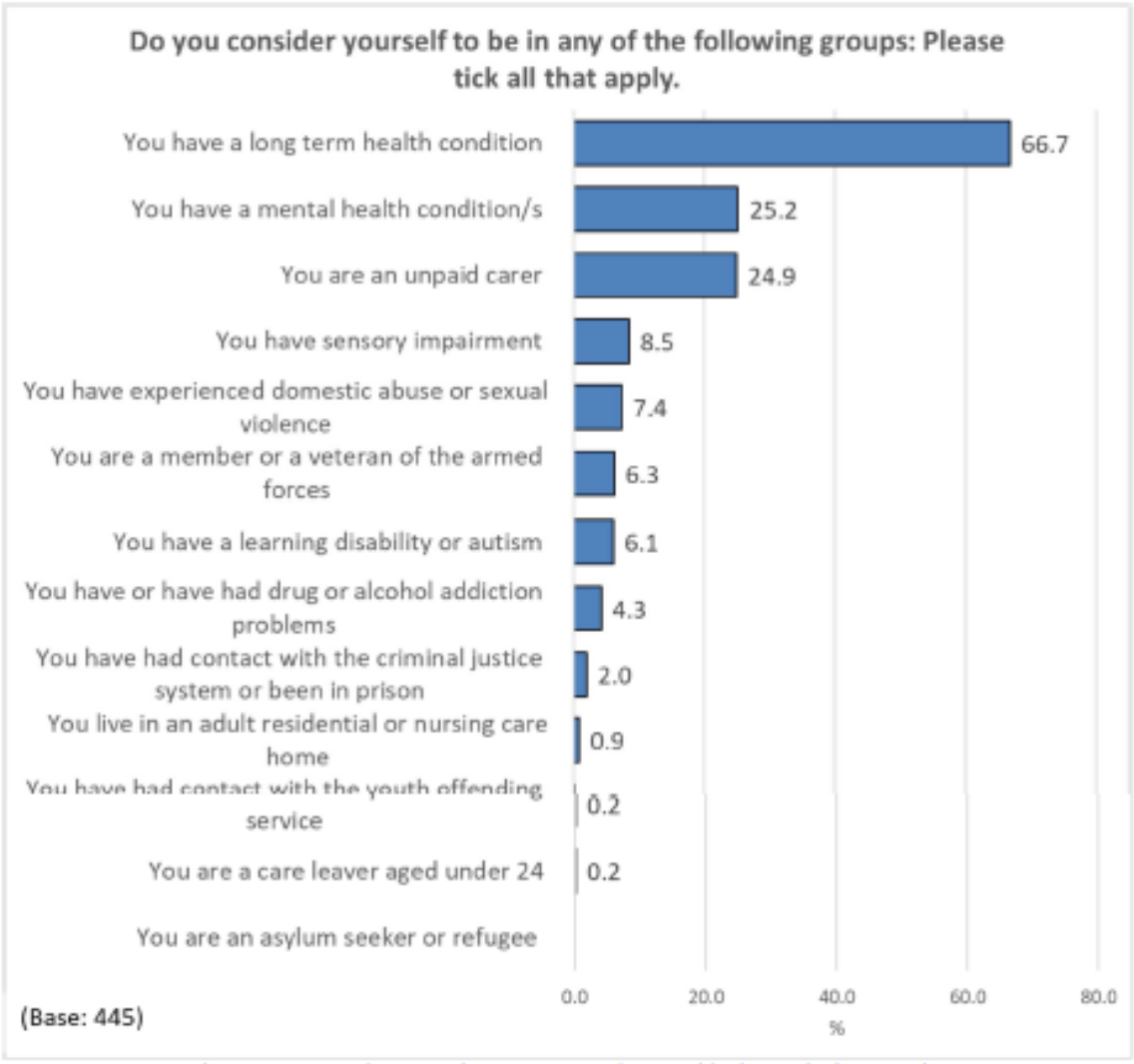
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	<table><tr><th></th><th>No.</th><th>%</th></tr><tr><td>0-4</td><td>1</td><td>3.8</td></tr><tr><td>5-11</td><td>5</td><td>19.2</td></tr><tr><td>12-15</td><td>11</td><td>42.3</td></tr><tr><td>16-18</td><td>9</td><td>34.6</td></tr><tr><td>Total Respondents</td><td>26</td><td>100.0</td></tr></table> This is a small, self-selecting sample, and so their views cannot be extrapolated to the whole population of people aged under 18.		
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	No negative impacts identified. People with **long term conditions or a physical disability** are considered within the chapter "health and physical disabilities" of the PNA (Chapter 7) and considered through out the MSR. People with a **learning disability** are considered in chapter 8 of the PNA: learning disability and autism, through out the MSR – but particularly in sections 6.1 to 6.5, Children's services and section 5.3, Adults (aged 18-64) residential and nursing care homes.. People with **mental health problems or cognitive impairment including dementia** are discussed in chapter 9 of the PNA. People with **sensory loss and impairment** are discussed in Chapter 11 of the PNA. People who have experienced **substance misuse** are discussed in chapter 16 of the PNA. Many people in one chapter of the PNA were also included in another, so were considered during assessment of any service they may access during development of the MSR.	The RPB has identified disability as a key focus in our phase 1 engagement as we recognise people with disabilities will be particularly impacted if we redesign health and social care services. The RPB hopes that by bringing services closer to home and making them easier to navigate people with disabilities will find they have improved. The RPB's Living Well Programme has established excellent links with people who	

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	Through articulating the needs identified in these population groups, services can consider how they can best meet these needs: a positive impact. **Engagement findings** General survey respondents to PNA engagement stated they considered themselves in the following groups. Two thirds (66.7%) of respondents indicated they had a long-term health condition; this was followed by one in four that considered themselves to have a mental health condition and/or to be an unpaid carer (25.2% and 24.9% respectively).	have a learning disability and they have had a great deal of input into developments in this area e.g. Smart House design. This will continue as our work progresses.	

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(NB. Percentages do not total 100% as respondents could select multiple options)

Three responses to the General Public Easy Read survey were received; they stated they had:

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	- a long term illness or disability (n=2) - a mental health condition (n=1) - a learning disability or autism (n=2)		
6.3 People of different genders: Consider men, women, people undergoing gender reassignment **NB** Gender-reassignment is 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	No negative impact identified during PNA. There may be some positive impact as gender is considered in some of the chapters; through articulating the needs of people of different genders. Trans people may be underrepresented, with only 2 respondents identifying as trans in the public survey. HMP Cardiff only accepts men (Chapter 14, **secure estate**). No female prisoners are resident in HMP Cardiff, and so their needs are beyond the scope of this assessment. Increasing distance between an individual's residence prior to prison, and the location of their prison is known to be associated with decreased professional visits, therefore putting women at a disadvantage (4). It is recognised that there have been challenges with TB management for Welsh individuals imprisoned in England in terms of timeliness of care, with some reports that treatment is delayed until transfer to Wales (5). This will disproportionately disadvantage women. **VAWDASV** (Chapter 12) is predominantly focussed on women, however, men can be victims of domestic abuse and sexual violence also. **Engagement findings** General public survey respondents reported their gender as follows:	Men and women may experience different barriers when accessing social care and it is important that their needs are met when redesigning services. People who have had gender reassignment will need to use our services and we will need to understand how to make them welcoming and inclusive.	

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	No.	%
Female	309	*59.1*
Male	199	*38.0*
Non-binary	5	*1.0*
Other	0	*0.0*
Prefer not to say	10	*1.9*
Total	523	*100.0*

In response to the question, “Are you trans”, most responded “no” (487/510; 95.5%), with 2 stating “yes” (0.4%); and 2 stating they prefer to self-describe.

Adults responding to the Easy Read survey were all female, and did not consider themselves trans.

Children and young people reported their gender as follows:

	No.	%
Female	15	*57.7*
Male	9	*34.6*
Non-binary	0	*0.0*
Other	1	*3.8*
Prefer not to say	1	*3.8*
Total Respondents	26	*100.0*

In response to the question “Are you trans”, one person stated they preferred to self-describe, 2 preferred not to say, and 23 responded no.

6.4 People who are married or who have a civil partner.	No impacts identified **Engagement findings** Survey respondents to the public survey were predominantly married (55%), with 19% responding they were single.		

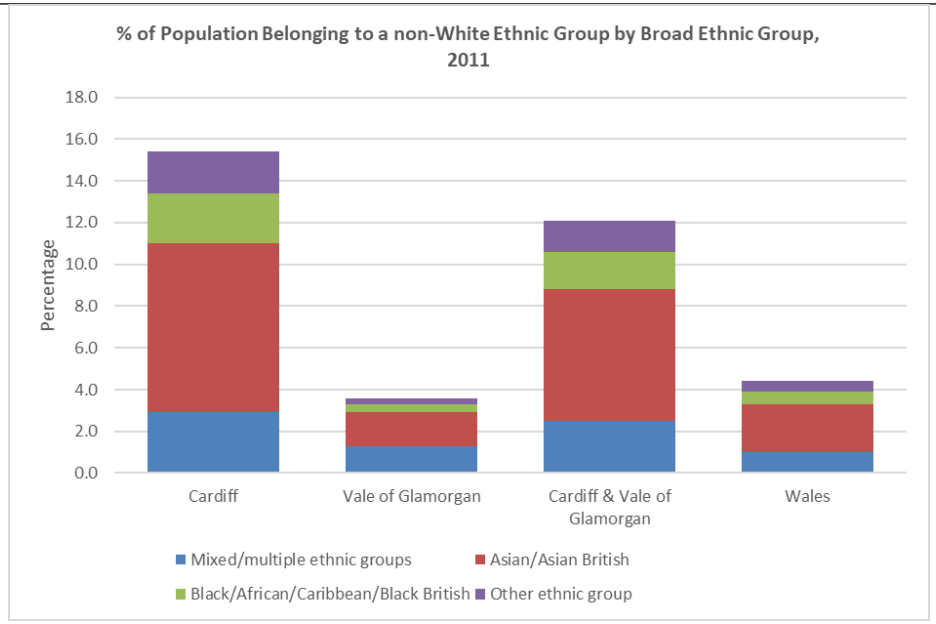
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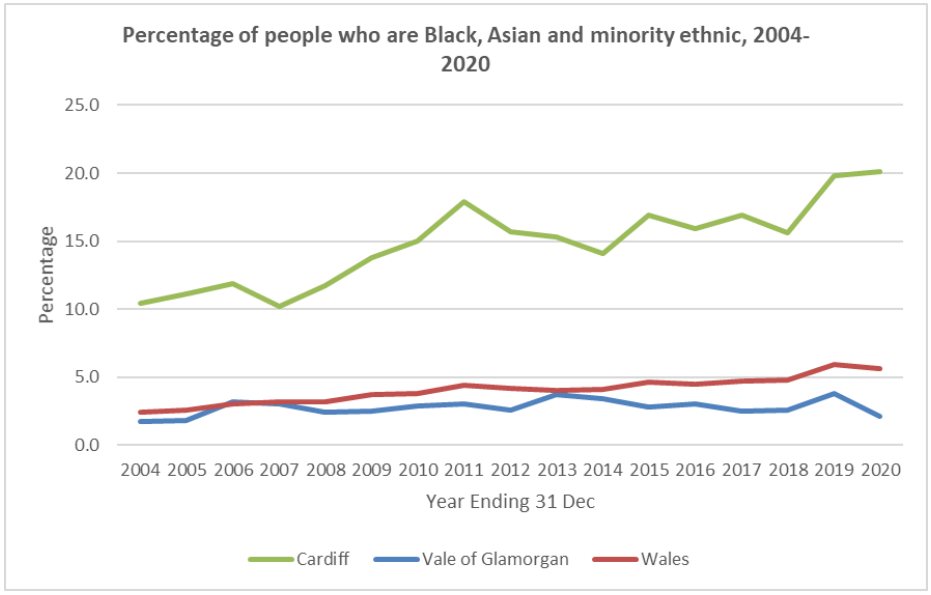
	<table><tr><th></th><th>No.</th><th>%</th></tr><tr><td>Single</td><td>96</td><td>18.5</td></tr><tr><td>In a same-sex Civil Partnership</td><td>4</td><td>0.8</td></tr><tr><td>Married</td><td>283</td><td>54.6</td></tr><tr><td>Living together/Co-habiting</td><td>40</td><td>7.7</td></tr><tr><td>Separated/divorced or legally separated if formerly in a same-sex Civil Partnership</td><td>36</td><td>6.9</td></tr><tr><td>Widowed</td><td>52</td><td>10.0</td></tr><tr><td>Other</td><td>7</td><td>1.4</td></tr><tr><td>Table</td><td>518</td><td>100.0</td></tr></table> Adults responding to the Easy Read survey reported their marital status as single (n=2). One respondent was divorced.		
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.	No impacts identified. The needs of women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding are not explicitly considered within the PNA or MSR. They are underrepresented in our engagement work. **Engagement findings** A minority of survey respondents to the public survey responded that they were expecting a baby (3/57 who responded to the question); on a break from work after having a baby (n=1); or currently breastfeeding (n=2).	People who are pregnant or have just had a baby may need to access our services and the RPB will have to understand how to make them welcoming and inclusive.	
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English	No negative impact identified. Unfortunately the planned focus group with gypsies and travellers could not take place. Future work should seek to identify the view of these communities. People who are of a different ethnicity are underrepresented in the engagement work for the PNA.	The RPB understands that people may experience barriers to accessing health and social care because of	

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speakers, gypsies/travellers, migrant workers	The PNA includes a chapter on **Asylum Seekers and Refugees** (Chapter 13), which details the needs and services required for this population group. By articulating the needs of asylum seekers and refugees, their needs for care and support can be better designed. During service analysis of market sufficiency for the MSR asylum seekers and refugee needs were considered, in particular Foster and Kinship Care (section 6.4) Welsh Government have recently published a report on the association of ethnicity with impact of COVID-19 (6) Wales Governance Centre in their report identified that people from a Black, Asian, or Mixed Ethnic group experienced higher custody rates, compared to White defendents. Additionally, custodial sentence length was longer for Black, Asian, and Minority Ethnic groups (4) The 2011 Census identified that around one-sixth (15.3%) of Cardiff's population belongs to a non-white ethnic group, which is higher than the proportion across Wales of 4.4%. In the Vale of Glamorgan, 3.6% of the population belongs to a non-white ethnic group. REF Other data sources identified an increase from 10.4% in 2004 to 20.1% in 2020 of people in Cardiff who are Black, Asian, or from a minority ethnic group. The Vale of Glamorgan has seen only a small increase in people who are Black, Asian, or from a minority ethnic group over the same time period.	their race. The RPB has allocated funding to explore this specific area in phase 1 of our engagement plan.	

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	Engagement findings General public survey respondents were mostly White: 92.5%; n=482 of 521 who responded to the question. Fourteen were Asian (2.7%); 9 people identified as Mixed / Multiple Ethnic groups (1.7%). Adults responding to the Easy Read survey all reported their ethnicity as White (n=3).		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	No negative impact identified. Religion and church were frequently identified as a community asset to support well-being. Increased awareness of the role of religion – or lack of religion – on well-being may have a positive impact. The views of people who practice Buddhism, Hinduism, Judaism, Islam, or Sikhism may be underrepresented. The 2011 Census states 57.6% of the population of Wales is Christian, with 32.1% of people having no religion (2001 data: 71.9% and 18.5% respectively) (7). Updated Census data is awaited in 2022. **Engagement findings** Respondents to the general public survey regarded themselves as belonging to the following religion:	The RPB understands that people may experience barriers to accessing health and social care because of their religion. The RPB plans to explore this in more detail before deciding the best way to collect people's views.	

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	No.	%
No, no religion	281	*54.0*
Buddhist	7	*1.3*
Christian (Including Church in Wales, Catholic, Protestant and all other Christian denominations)	214	*41.2*
Hindu	2	*0.4*
Jewish	0	*0.0*
Muslim	5	*1.0*
Sikh	0	*0.0*
Other	9	*1.7*
Prefer not to answer	2	*0.4*
Total	**520**	***100.0***

Adults responding to the Easy Read survey all stated their religion as Christian (n=3).

6.8 People who are attracted to other people of:

- the opposite sex (heterosexual);
- the same sex (lesbian or gay);
- both sexes (bisexual)

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No negative impacts identified. The PNA identified that some services need to develop accessibility to Lesbian, Gay, Bisexual, Transgender, and Queer individuals. This may have a positive impact as their needs can be articulated for future consideration.

Engagement findings

Respondents to the general survey described their sexual orientation as follows:

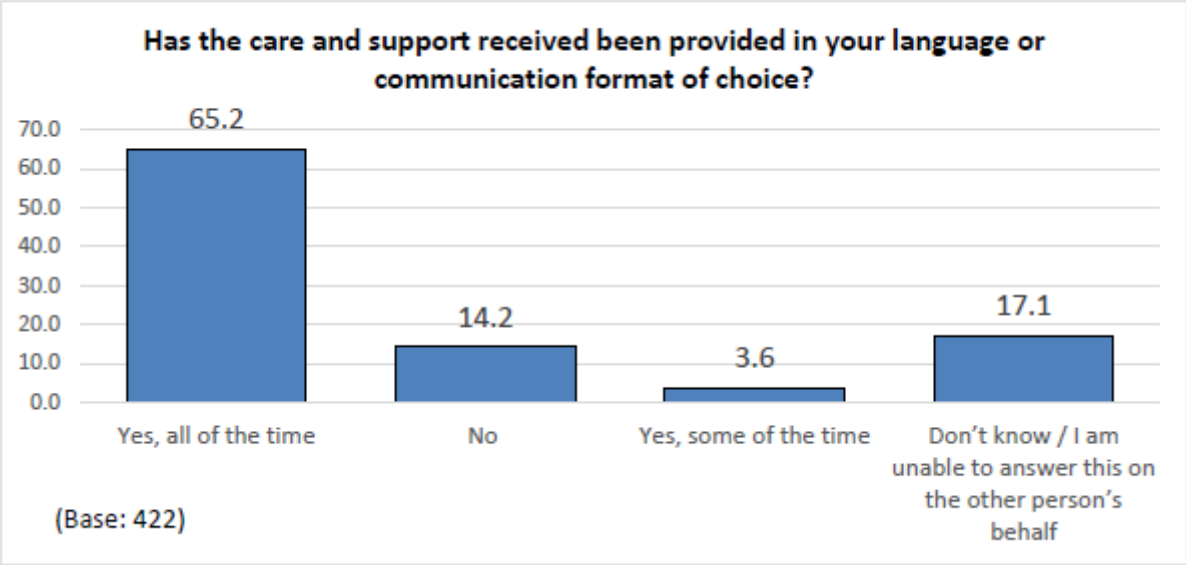
	No	%
Bisexual	25	*4.8*
Gay Woman/ Lesbian	5	*1.0*
Gay Man	15	*2.9*
Heterosexual/ Straight	434	*83.9*
Other	5	*1.0*
Prefer not to answer	33	*6.4*
Total	**517**	***100.0***

The RPB understands that people may experience barriers to accessing health and social care because of their sexual orientation; and plans to undertake specific engagement with people who are LGBTQ+ in phase 2..

	The Office for National Statistics report that 2.7% of the population in the UK identified as lesbian, gay, or bisexual in 2019 (8). Adults responding to the Easy Read survey all identified as heterosexual (n=3).		
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	No negative impacts identified. An assessment of Welsh language / English as a second language and other communication needs is provided within each chapter of the PNA, and data gaps are identified. By highlighting key needs and data gaps, future work can seek to address these so that services can be better developed to meet the language and communication needs of the population. This will be a positive impact. Chapter 11 of the PNA discusses **sensory loss and impairment**. A prominent component of the chapter is around communication appropriate to the individual; including normalising use of British Sign Language and hearing loops. The 2011 Census identified that most (98.4%) of residents in the Vale of Glamorgan have English or Welsh as their main language. This is higher than the Wales average (97.1%). Cardiff has the lowest proportion of people speaking English or Welsh as their first language at 91.7%. **Engagement Findings** Respondents to the general public survey mostly spoke English at home (97.1%) with 2.2% speaking Welsh, and 1.5% speaking another language. The survey for the general public asked whether respondents have received care and support in the language or communication format of their choice. Responses were as	RPB engagement resources will be available bilingually. The RPB will ask people's language preferences on registration to any events to ensure our engagement plans are fully inclusive to Welsh speakers.	

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follows:



When considered by theme, adult unpaid carers were most satisfied with services being provided in a format of their choice (81.7%) compared to other groups.

	Adult mental health		Adult unpaid carers		Older people		Health and physical disability	
	No	%	No	%	No	%	No	%
Yes, all of the time	63	*71.6*	67	*81.7*	126	*71.6*	140	*71.1*
Yes, some of the time	3	*3.4*	4	*4.9*	1	*0.6*	6	*3.0*
No	12	*13.6*	5	*6.1*	28	*15.9*	24	*12.2*
Don't know / I am unable to answer this on the other person's behalf	10	*11.4*	6	*7.3*	21	*11.9*	27	*13.7*
Total Respondents	**88**	***100.0***	**82**	***100.0***	**176**	***100.0***	**197**	***100.0***

Around one in seven (13.4%) speak a second language at home.

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	Regarding whether respondents would like to see any improvements in language and communication provision: of the 152 respondents that left feedback to this question, three in five (59.2%) were either happy with the service or indicated that the service didn't apply to them. 7.9% would like to see better bilingual services, whilst a further 7.2% would like to more plain language / less jargon. Free text comments in the general public survey stated the following regarding Welsh language: • I get everything bilingually/am happy with that, I've more serious things on my mind. • More Welsh signage and options when seeking phone advice. • Less forced usage of the Welsh Language. • Focus on 1 language. Resources are too stretched to accommodate all languages One respondent wanted increased access to interpreters (although it was not clear which language was desired) • More interpreters for young people in care (and their families). A number of comments were made regarding the use of language, and finding the balance between simple and clear communication, whilst not patronising the patient. • I'd like my husband's oncologist to learn how to be open and explain things. We are not stupid! • More support/understanding of non-verbal communication • We should all speak our own language • More simple, easy to read, jargon free communication. All three respondents to the Easy Read survey spoke English most at home, and reported that they received care and support in the language of their choice. Respondents wanted service providers to "speak calmly", "speak plainly, no jargon",		

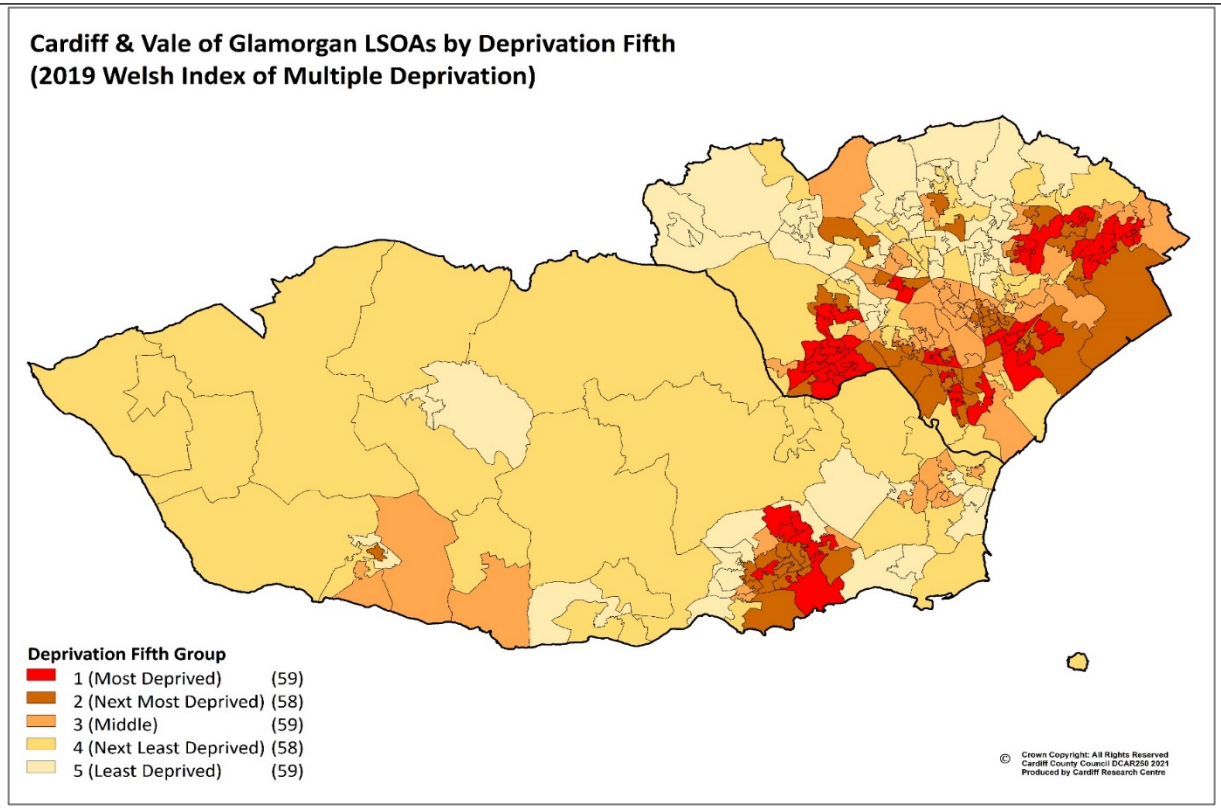
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	Most children and young people spoke English at home (84.6%; 22/27), with 2 speaking English using Augmented and Alternative Communication (AAC). There was one response each for for Welsh, Gujurati, and Romanian. During development of the MSR service need gaps in Welsh Language provision were inconclusive. Following Eluned Morgan's written statement: More than just words (21st July 22), we will work to understand gaps in Welsh Language service sufficiency over the next 12 months (7).		
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 ill-health	No negative impacts identified. The Socio-economic duty, inequalities and deprivation are discussed with each population group in the PNA, and so by articulating key issues, it is hoped that the PNA will have a positive impact as service leads, commissioners, and others can consider how their services can reduce the identified inequalities. Welsh Government have published a report on COVID-19 and employment, an analysis of protected characteristics (9) **Children and young people** An evidence review of the human rights of children in Wales identified differential outcomes in health risk factors and outcomes, education, and wellbeing depending on socio-economic background (10). Children aged 4-5 years in the most deprived decile were 76% more likely to be obese than those in the least deprived decile. Low birth weight and educational deprivation were also associated with income deprivation (11). The most recent Welsh Index of Multiple Deprivation report uses 2016/17 data, and finds that 28% of children aged 0-4 lived in income deprivation (range 17%-30%). This is the highest proportion by age group. Cardiff has the highest number of 0-4 year olds living in income deprivation (6,600 children) but sits just above the Welsh average at 29%; the Vale of Glamorgan has nearly 2,000 children in income deprivation (23%). Cardiff has both the most and least deprived middle super output areas in Wales, with income deprivation rates between 3% in Rhiwbina and Pant-mawr, to 67% in Ely East. In both		

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	local authorities, this represents a decrease from 2012/13: Cardiff had 33% and Vale of Glamorgan 27% of 0-4 year olds living in income deprivation (11). Further details can be found in Chapter 5 of the PNA: Children and young people **Adults** A summary of Cardiff and the Vale of Glamorgan is given in the demography chapter (PNA Chapter 4). Cardiff has clear inequalities across the city, with the Welsh Index of Multiple Deprivation mapping clearly highlighting the 'Southern Arc'. In Cardiff, around one-fifth of residents live in the most deprived 10% of lower super output areas (LSOAs) in Wales. Approximately 50% of Cardiff's population live in the 50% least deprived LSOAs, while for the Vale of Glamorgan, 65% live in the 50% least deprived areas. In the Vale of Glamorgan there are still clear areas of deprivation. Cardiff has both the most and least deprived middle super output areas in Wales, with income deprivation rates between 3% in Rhiwbina and Pant-mawr, to 67% in Ely East (11).		

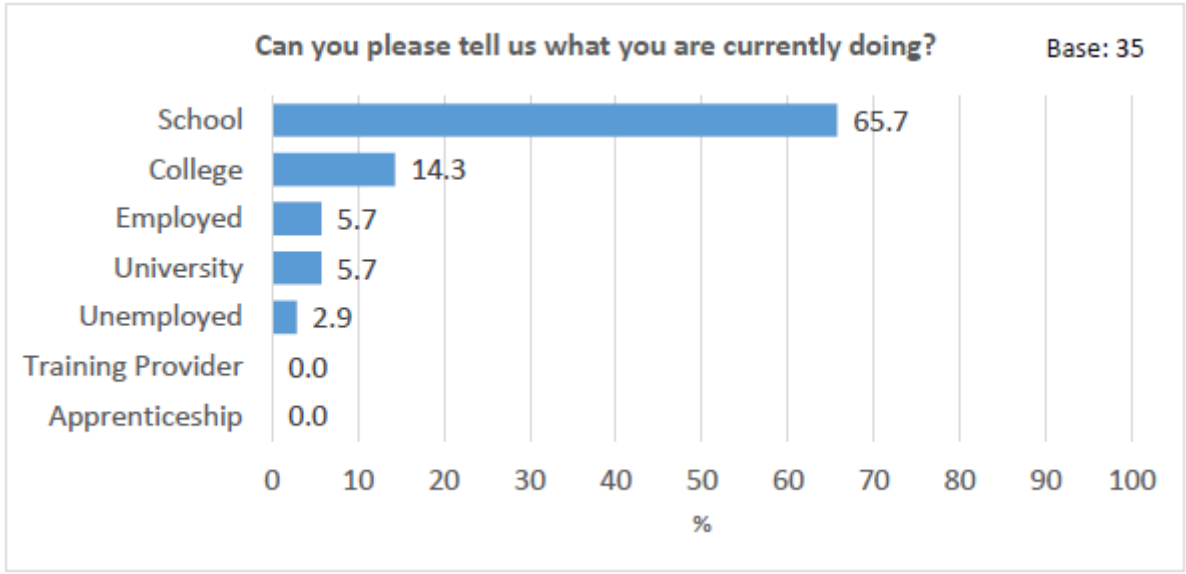
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Engagement findings

Respondents to the children and young people's survey were mostly in school. A minority (2.9%) were unemployed and not in training, education, or employment.

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Twenty-six respondents of the survey answered questions relating to the Family Affluence Scale, also used by the School Health Research Network (29). Questions include whether the individual has their own bedroom; the number of computers/smart phones in the home; and the presence of a dishwasher. The Scale identified 7/26 respondents as low affluence, 14 as middle, and 5 as high affluence.

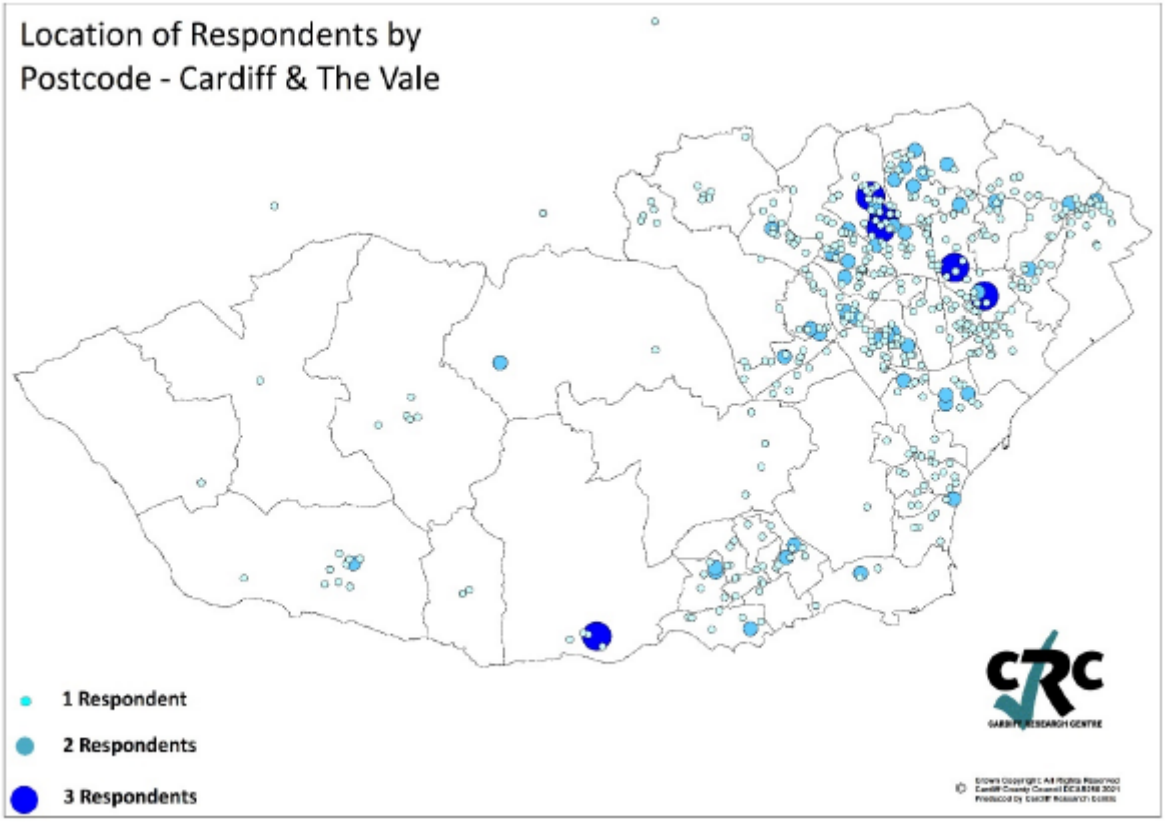
It was beyond the scope of the general public survey to formally assess deprivation/affluence, and so questions were chosen to provide an informal measure.

A total of 482 of 661 participants stated they had a small amount of money to spend each week on themselves; 517 were able to keep up with bills and regular debt repayments; 461 were able to afford to keep their house in a decent state of repair; and 478 were able to keep their house warm in winter. Overall, 367 respondents (56%) reported being able to afford all four of these.

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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	No negative impacts identified. Inequalities and deprivation are discussed with each population group in the PNA. The location and inequalities and deprivation faced by each population group in receipt of care and support services were considered during sufficiency assessments for the MSR. Alongside the PNA articulation of key issues, it is hoped that the PNA and MSR will have a positive impact as service leads, commissioners, and others can consider how their services can reduce the identified inequalities. **Engagement findings** Responses from the Children and Young Person's survey identified that 17/23 who answered the question lived in Cardiff, with 6 from the Vale of Glamorgan. Responses for the general public survey were mostly from Cardiff: of postcode data available, 402 were from Cardiff and 105 from the Vale of Glamorgan.	The RPB plans to redesign services to bring them closer to home. They will be seamless and be able to share information. These developments should all help people navigate the system more easily and save time travelling and repeating information.	

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	 Two respondents for the Easy Read public survey answered regarding housing: one lived in social or council housing, and one in supported accommodation. They reported having a small amount of money to spend on themselves each week, able to pay their bills and debts on time, and able to keep their house warm.		
6.12 Consider any other groups and risk factors relevant	No negative impacts identified.	Unfortunately some planned focus groups did not take place. We	

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to this strategy, policy, plan, procedure and/or service		were unable to gain an understanding of Gypsies and Travellers' views, for example. Further work should consider these gaps in our understanding of care and support needs of marginalised communities and seek to address them.	

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7. 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	Those who do not have internet access may not be able to access the online version.	It will be available as an online, lay-friendly format, with downloadable chapters for those who prefer increased detail. Hard copies of both versions (for general public and professionals) will be available on request.	
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, falls prevention). Also consider	The PNA has identified care and support needs; range and level of services including prevention for each population group. The MSR has assessed the ability of care and support services to meet the needs identified in the PNA. These findings will form the basis for further research and planning to further develop and improve services.		

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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
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	Deprivation, inequalities, and the Socio-Economic Duty has been considered for all population groups in the PNA. Data gaps have been identified. Respondents in engagement work identified their desire to find high quality, secure employment, and recommendations are made for more inclusive recruitment.	Address data gaps Support inclusive recruitment and reasonable adjustments	
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 on the physical and mental	Access to services was identified by the PNA as a key need by many of the population groups. The PNA recommends improved access to services, which will require an understanding of the barriers facing each group. Some of this		

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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
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	detail is provided within each chapter.		
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	For each population group, the PNA has identified assets at an individual, community and population level which make a positive benefit to people's well-being.		

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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 PNA has identified key overarching factors such as the “triple challenge” of Brexit, climate change, and COVID-19.		

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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	No negative impacts from any of the protected or health characteristics were identified. The PNA has identified a number of novel findings and data gaps compared to the previous publication. The MSR has identified areas in care and support services that require development, and data gaps. These findings can now be further investigated and data gaps addressed in order to plan the care and support services for Cardiff and the Vale of Glamorgan now, and in the future.

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?	There is a real commitment and enthusiasm in the RPB to ensure that diverse voices are reflected in all we do. Areas of under-representation in terms of engagement work have been identified. Future engagement work will proactively consider how best to hear seldom heard voices so that their needs can be understood and met.			

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
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, however, plans developed from information contained within the PNA will require an Equalities Health Impact Assessment to be conducted			

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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: o continues unchanged as there are no significant negative impacts o adjusts to account for the negative impacts o continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) o stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review	Use results of PNA as a basis to undertake further engagements where we are developing plans and making decisions Support the RPB's overarching communications and engagement strategy, which includes the following outcomes: 1. A citizen's panel that can help represent and reflect the diverse voices of older people 2. Ensuring adults with disabilities coproduce and drive our work in this area (this will often use existing forums) 3. Resources and engagements that give children and young people a voice and a way to directly influence the policies and decisions that affect them.			

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14. **RNIB.** Sight Loss Data Tool Version 4.3.1 . [Online] 05 2021. [Cited: 10 15, 2021.] At the last meeting with Rebecca Archer and the discussion of aligning findings from the WBAx and PNA, we discussed setting up a workshop on 5 November. Suzanne and I have been discussing the synthesising and drafting of the PNA over the coming weeks and .
15. **Public Health Wales .** Rising to the Triple Challenge of Brexit, COVID-19 and climate change for health, well-being and equity in Wales. [Online] 2021.

Downloaded by Nathan Burnett (n.burnett@rnib.org.uk) on 22/09/2022 12:07:45

Saunders,Nathan
22/09/2022 12:07:45

SPECIALISED SERVICES STRATEGY DEVELOPMENT AND ENGAGEMENT PROCESS

Introduction

The purpose of this report is to advise the Board of the planned development of a ten year strategy for specialised services for the residents of Wales, and to describe the approach that Welsh Health Specialised Services Committee (WHSSC) is taking to engage with key stakeholders to support its development.

Background

The last specialised services strategy was published in 2012. During the intervening period there has been significant challenge related to the pace of development of innovative treatments, an increasingly austere financial climate and more recently the unprecedented and disruptive impact of the COVID-19 pandemic on NHS care.

The policy context within NHS Wales has also changed during this time and any strategy will need to be aligned to a number of major policy developments. In addition, the May 2021 Audit Wales Report into the Committee Governance Arrangements at WHSSC included a number of recommendations related to developing a new specialised services strategy, see ***Appendix 1***. The report advised that, post COVID-19, developing a strategy would now provide opportunity to shape the direction to focus on recovery, value, and to exploit new technologies and innovative ways of working.

Further to the Welsh context, in July 2022, the Health and Care Act 2022 for NHS England legally established 42 Integrated Care Systems (ICSs) which will plan and manage health and care services in their ICS area, including more integrated commissioning of specialised services from April 2023.

Strategy Development and Engagement Process

3.1 Engagement and Communication Plan

As previously agreed at a Joint Committee meeting in March 2018, an engagement process will be undertaken to support the development of a strategy using a blended approach of written/electronic feedback via an online survey and general feedback from stakeholder meetings.

Saunders, Nathan 22/09/2022 12:07:45

The survey responses and general feedback will be used to develop a draft strategy document for further engagement and consideration by both the Joint Committee and Welsh Government (WG).

To support the process, an Engagement and Communication Plan has been prepared, see ***Appendix 2***. The plan provides an outline context for why the development of a strategy is pertinent at this time and describes the three overarching themes and supporting questions that are being posed to stakeholders through the engagement process, via an online survey approach, in order to inform and influence the development of the strategy. In addition, the plan identifies, analyses and prioritises the key stakeholder groups and defines the engagement activities, allowing for differing levels of interest and understanding of specialised services.

The engagement and communication plan was shared with the WHSSC Management Group at its meeting on 28 July 2022 to discuss the themes and questions for understanding, reasonableness, and relevance to support the direction of travel and optimise the effectiveness of the engagement process. Feedback received was noted and amendments were made to the plan and survey questions where appropriate. At its meeting of 25 August 2022, management group members were subsequently asked to test the survey to ensure the questions captured the key issues, whether they felt there were any questions missing and to provide an assessment of how long the survey might take to complete. In addition, it was tested by the WHSSC Senior Planning Managers.

Further amendments were made following feedback received from the testing exercise. The survey can be found in ***Appendix 3.***

Joint Committee, at its meeting on 6 September 2022, approved the overall approach to developing a ten year strategy for specialised services, and signed off the Engagement and Communication Plan and Stakeholder Survey.

3.2 Key Themes

The three overarching themes that have been identified for reflection when engaging with our stakeholders are set out below. Recognising that whilst the overall messages should remain consistent, as the scope of stakeholders to be engaged with is wide-ranging, it is recognised that certain questions will be more relevant to some organisations than others.

Saunders,Nathan
22/09/2022 10:07:33

The first theme relates to WHSSCs core purpose.

1. **What?** The key element of this theme is our strategic ambition for specialised services and how can WHSSC offer the greatest value to NHS

Wales. This is therefore a theme, which must be considered within the context of the wider priorities of NHS Wales and will be the primary consideration for WG and provider and commissioning Health Board's (HB's) in Wales.

The second and third themes relates to the approach to the commissioning of specialised services and reflects the principles contained within A Healthier Wales (2018). These themes will need to be considered by all our stakeholders.

2. **Where?** This theme relates both to the location of providers and the models of care.

3. **How?** This identifies a set of principles and specific functions that WHSSC will adopt to *'ensuring that there is equitable access to safe, effective and sustainable services for the people of Wales, as close to home as possible within available resources'.* This includes the quality and performance management of both NHS England and Welsh providers and the role of specialised services in driving value from clinical pathways. The question for consideration by our stakeholders is whether certain functions are the role of WHSSC or better suited to another organisation to perform.

3.3 Timescales

The critical path can be found within the Engagement and Communication Plan. To note, the timeline for the engagement process will run between 27 September and 22 December 2022. Regular updates will be provided to Management Group during the engagement period on the themes and issues arising from stakeholder feedback to minimise 'surprises' in the drafting of the strategy.

A draft strategy will be prepared through January and February for further engagement with Joint Committee and Welsh Government in March, with the aim of the final strategy being agreed and published by May 2023 in readiness to inform the WHSSC ICP and HB's IMTPs for 2024 and beyond.

Saunders.Nathan
22/09/2022 12:07:45

Specialised Services Strategy Development Process

Cardiff & Vale University Health Board
Thursday 29 September 2022

Saunders,Nathan
22/09/2022 12:07:45

GIG CYMRU NHS WALES

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)

Welsh Health Specialised Services Committee (WHSSC)

Context

- Last specialised services strategy was published in **2012**
  - Number of policy developments since then
  - Growing demand/cost/options
- **Audit Wales Report:** WHSSC should develop and approve a new strategy during 2021
- **NHS England:** Establishment of 42 Integrated Care Systems (ICS) with more local commissioning of specialised services April 2023
- WHSSC offering **'Once for Wales'** function delivering collaborative approaches in joint commissioning arrangements

Saunders, Marian
22/09/2022 12:02:03

Purpose and Scope

- Ensure best experience and outcome for residents in Wales when accessing specialised services
- Define the approach for Wales for the future of specialised services and its priorities
- Cover current commissioned services, new services and those which no longer may be considered specialised
- Partnerships and how they can be strengthened
- The role of WHSSC in non-specialised commissioned services, in particular regard to how patients move through their pathway to access specialised services

Saunders,Nicola
22/09/2021 12:07:45

Outside scope
(Regulations and Standing Orders)

- Organisational position of WHSSC within NHS Wales
- Governance structures
- Funding mechanism
- Funding levels

Saunders,Nathan
22/09/2022 12:07:45

Strategic Themes for Engagement with our Stakeholders

First step in developing the strategy.

The following three overarching themes have been based in part from themes raised through Board Development sessions over previous years:

1. **What?** Strategic ambition for WHSSC and specialised services. How can WHSSC offer the greatest value to NHS Wales. Primary consideration for WG and Health Boards in Wales

2. **Where?** This theme relates both to the location of providers and the models of care.

3. **How?** This identifies a set of principles and specific functions that WHSSC will adopt to *'ensuring that there is equitable access to safe, effective and sustainable services for the people of Wales, as close to home as possible within available resources'.*

Sandpipers Nathan
21/09/2022 13:07:45

Each theme has been developed with a series of supporting questions to gather specific feedback

Sample Question within the Stakeholder Survey (1)

WHSSCs role in commissioning specialised services means that we can identify differences within patient pathways in primary and secondary care. One example would be the numbers of patients receiving heart surgery. There are significant differences between health boards and indeed between local authority areas within health boards in the numbers of patients who get a heart operation. Another example would be access to Medium Secure Mental Health Beds where again there is variation between health boards. These variations can arise from differences in the health needs of that population, differences in patients' behaviours in seeking out health care as well as the different services provided by health boards so are usually outside WHSSCs commissioning responsibility. It is important for us to know what our stakeholders expect of the specialised services commissioner in this setting.

21. What do you think is our role in influencing or changing the pathways in non-WHSSC commissioned services?

Saunders, Nathan
22/09/2022 12:07:45

22. What do you think we should do when we can see variation in access rates i.e. low access rates or very high access rates?

Sample Question within the Stakeholder Survey (2)

WHSSC commissions specialised services on behalf of Health Boards and reports to Health Boards via a board known as the WHSSC Joint Committee. The Health Board where a patients lives remain legally responsible for their patient's care even when they are in a WHSSC commissioned service. It is therefore important that WHSSC can provide assurance to Health Boards regarding these services. We do this through the Joint Committee and through our Quality and Patient Safety Committee (QPSC) which is made up of independent members of each of the Health Boards. Our QPSC Chair sends reports to the Chairs of HB QPSCs. The WHSSC quality team also meets regularly with quality teams in HBs.

37. Do you think these processes provide sufficient assurance to HBs?

38. What alternative reporting or processes could be considered?

Saunders,Nathan
22/09/2022 12:07:45

Sample Question within the Stakeholder Survey (3)

The NHS in England is undergoing a major restructuring exercise with the introduction of 42 Integrated Care Boards. We are aware this will create a different set of interfaces with which WHSSC will need to work and we are meeting with colleagues from the different regions in England responsible for commissioning specialised services at the moment.

41. Are there any opportunities or threats you think we should be aware of related to this change?

Saunders,Nathan
22/09/2022 12:07:45

Strategy Development – Engagement Process

- Engagement and Communication Plan developed
- Stakeholder analysis undertaken identifying key groups and individuals
- Survey built around the 3 strategic themes with supporting questions (The survey may take up to an hour to complete)
- Engagement activities consist of written/electronic responses and general feedback from stakeholder meetings
- Engagement exercise to run 27 Sept - 22 Dec 2022 (12 weeks)
- Responses and feedback to inform the development of draft strategy for consideration and further engagement with Joint Committee and Welsh Government
- Strategic direction and actions arising from the strategy to inform the WHSSC ICP and HB's IMTPs for 2024 and beyond

Gwyndaf Llywelyn Nathan
22/09/2022 12:07:43

Critical Timeline

Stage	Activity	Timeline
Pre-Engagement	Initial Engagement with WHSSC staff	14 July 22
	Brief Board of CHCs on Planned Engagement Process	11 July 22
	Discussion at Management Group	28 July & 25 August 22
	Introduction to Engagement Plan and Process at Joint Committee	6 September 22
Initial Engagement	Commence Engagement Process	27 Sept – 22 Dec 22
	Engagement at Health Board Development Sessions	12 – 27 October 22
	Engagement Responses Compiled	2 – 13 January 23
Strategy Development	Draft Strategy Produced	16 January– 17 February 23
	Draft Strategy to WHSSC Corporate Directors Group	6 March 23
Further Engagement	Draft Strategy to Management Group for Discussion	23 March 23
	Draft Strategy Document to Joint Committee for Consideration and Feedback	16 May 23 (14 March 23)
	Share with Welsh Government	22 May 23
Publication	Formally Publish Strategy	29 May 23

Saunders,Nathan 22/09/2022 12:07:45

Any Questions?

Saunders,Nathan
22/09/2022 12:07:45

Report Title:	Annual Letter from the Ombudsman				6.12
Meeting:	Board Meeting	Public	✓	Meeting Date:	29/09/22
		Private			
Status	Assurance ✓	Approval		Information	
Lead Executive:	Executive Nurse Director				
Report Author	Assistant Director of Patient Experience				

Background and current situation:

The Public Service Ombudsman for Wales annually writes to each Health Board in Wales and provides an overview of trends, performance and key messages arising from activity in the Ombudsman's office over the previous year. The letters are published on the Ombudsman's website

Annual Letters https://www.ombudsman.wales/?s=Annual+letters section on website the current letters are not yet published

A report will be provided to the October Board meeting.

It is pleasing to note that the Health Board was below the average for complaints received and investigated with Health Board average adjusted for population distribution.

Appendix A - Complaints made to PSOW

Health Board	Complaints Received	Received per 1000 residents
Aneurin Bevan University Health Board	142	0.24
Betsi Cadwaladr University Health Board	213	0.30
Cardiff and Vale University Health Board	89	0.18
Cwm Taf Morgannwg University Health Board	113	0.25
Hywel Dda University Health Board	88	0.23
Powys Teaching Health Board	10	0.08
Swansea Bay University Health Board	110	0.28
Total	765	0.24

For context, across the UHB in 2021/22 we received over 3200 concerns

Therefore, these figures demonstrate that less than 0.3 % of people who raised concerns with the UHB in 2019/20 approached the Ombudsman because they were dissatisfied with the Health Board response.

Local Health Board/NHS Trust	Out of Jurisdiction	Premature	Other cases closed after initial consideration	Early Resolution/ Voluntary Settlement	Discontinued	Other Reports Not Upheld	Other Reports Upheld	Public Interest Report	Total
Cardiff and Vale Universit	23	7	30	11	1	2	6	1	**81**

Saunders,Nathan 22/09/2022 12:07:45

y Health Board									
% share	28%	9%	37%	14%	1%	2%	7%	1%	

From the 89 concerns received by the Ombudsman following initial review of our responses a full investigation was undertaken into only some 9 Cases and there were voluntary settlements agreed in 11 cases and 1 Public interest report

In response to the annual letter the Health Board has been asked to take the following actions by the Public service Ombudsman for Wales

- Present my Annual Letter to the Board and share any feedback from the with my office.
    - Continue to engage with our Complaints Standards work, accessing training for your staff, fully implementing the model policy, and providing complaints data.
    - Inform me of the outcome of the Board's considerations and proposed actions on the above matters by 30 September.
-

We have met with the Ombudsman lead for the Complaints Standard Authority which is intended to help support complaint handling staff in delivering excellent outcomes for service users. As part of their work the Ombudsman's office are providing Training Sessions e tailored to fit organisation's needs and provided without charge. Core modules focus on the complaints process, investigations, and communicating with complainants.

Soft skills modules explore additional sets of skills used in effective complaint handling and can provide an ideal refresher session for experienced staff.

We will ensure that the central concerns team will attend the modules when there is availability and we have been discussing a communications virtual module being developed for our UHB staff. This will be considered in the context of development of the Patient Experience framework

Assurance

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

Further development of the Once for Wales Concerns system and the service user experience system will enable more effective thematic and sentiment analysis to identify areas for improvement. There should also be an increased ability to benchmark comparable data across Wales to promote national learning and sharing of good practice and areas for improvement.

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

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

Saunders, Nigel
17/09/2021 17:07:45

The reducing number of concerns reported to the Ombudsman despite the increasing numbers of concerns being received

Recommendation:

The Board is requested to:

a) Note the Annual Letter

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
The Ombudsman reviews provide an independent level of scrutiny
Safety: Yes
Delays in investigations presents a delay in identified learning and mitigation being put in place at the earliest opportunity the Quality indicators should help when viewed collectively to pre-alert to areas of concern
Financial: Yes
Failure to identify learning from themes will lead to increased harm and litigation
Workforce: Yes
Through the Ombudsman reports we monitor any workforce issues
Legal: Yes
We need to adhere to the relevant legislation
Reputational: Yes/No
There is media interest in PSOW reports
Socio Economic: Yes
Consideration of socio-economic disadvantage needs to be further explored through interrogation of the quality indicators to the level of low super output areas of social deprivation in comparison to areas of affluence

Sayfa 3 / 4
22/09/2021 10:01:03

Equality and Health: Yes	
When reviewed in detail it should be considered if any reports demonstrate equality and health inequities	
Decarbonisation: Yes/No	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
22/09/2022 12:07:45

Ombwdsmon
Ombudsman
OMBWDSMON GWASANAETHAU CYHOEDDUS CYMRU
PUBLIC SERVICES OMBUDSMAN FOR WALES

Ask for: Communications

01656 641150

communications@ombudsman.wales

Date: August 2022

Charles Janczewski
Cardiff and Vale University Health Board

By Email only: charles.janczewski@wales.nhs.uk

Annual Letter 2021/22

Dear Charles

I am pleased to provide you with the Annual letter (2021/22) for Cardiff and Vale University Health Board which deals with complaints relating to maladministration and service failure and the actions being taken to improve public services

This is my first annual letter since taking up the role of Public Services Ombudsman in April 2022, and I appreciate that the effects of the pandemic are still being felt by all public bodies in Wales. Our office has not been immune from this, with records numbers of cases being referred to us over the last two years. The strong working relationships between my Office and Health Boards continues to deliver improvements in how we are dealing with complaints and ensuring that, when things go wrong, we are learning from that and building stronger public services.

Complaints relating to Maladministration & Service Failure

Last year the number of complaints referred to us regarding health boards increased by 30% (compared to 20/21 figures) and are now well above pre-pandemic levels. It is likely that complaints to my office, and public services in general, were suppressed during the pandemic, and we are now starting to see the expected ‘rebound’ effect.

During this period, we intervened in (upheld, settled or resolved at an early stage) a similar proportion of complaints about public bodies, 18%, when compared with recent years. Intervention rates (where we have investigated complaints) for health boards also remained at a similar level – 30% compared to 33% in recent years.

Saunders,Nathan
22/09/2022 12:07:45

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We will be liaising closely with Health Boards, Welsh Government and the Community Health Councils to monitor likely caseloads over the coming year, including in relation to any cases of Nosocomial transmission of Covid which may reach my office after the Board's local investigations under the national framework have been completed.

Supporting improvement of public services

Improvement Work

The Public Services Ombudsman (Wales) Act 2019 formalised our work with public bodies to improve complaints handling and learning from complaints. This work has now been consolidated within our Improvement Team who are engaging with a wide range of organisations to support better complaints handling in public bodies.

Proactive Powers

In addition to managing record levels of complaints, we also continued our work using our proactive powers in the Public Services Ombudsman (Wales) Act 2019. Specifically undertaking our first Own Initiative Investigation and continuing our work on the Complaints Standards Authority.

October 2021 saw the publication of the first own initiative investigation in Wales: Homelessness Reviewed. The investigation featured three Local Authorities and sought to scrutinise the way Homelessness assessments were conducted. The report made specific recommendations to the investigated authorities, as well as suggestions to all other Local Authorities in Wales and Welsh Government. Some of these recommendations will bring about immediate change – updating factsheets and letter and assessment templates to ensure that key equality and human rights considerations are routinely embedded into processes for example – all the recommendations were designed to bring about tangible change to people using homelessness services in Wales.

The Complaints Standards Authority (CSA) continued its work with public bodies in Wales last year. The model complaints policy has already been adopted by local authorities and health boards in Wales, we have now extended this to an initial tranche of Housing Associations and Natural Resources Wales. The aim being to implement this work across the Welsh public sector.

In addition to this, the CSA published information on complaints handled by local authorities for the first time – a key achievement for this work. The CSA receives similar data from Health Boards on a quarterly basis in line with Welsh Government reporting responsibilities, and will look to publish this data for the first time later in 2022.

Saunders,Nathan
22/09/2022 12:07:45

The CSA has now implemented a model complaints policy with nearly 50 public bodies, and delivered 140 training sessions, completely free of charge, during the

last financial year. The feedback has been excellent, and the training has been very popular - so I would encourage Cardiff and Vale University Health Board to engage as fully as possible.

Complaints made to the Ombudsman

A summary of the complaints of maladministration/service failure received relating to your Health Board is attached.

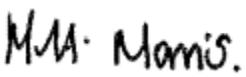
Finally, can I thank you and your officials for the positive way that health boards have engaged with my Office to enable us to deliver these achievements during what has been a challenging year for everyone. I very much look forward to continuing this work and collaboration to ensure we further improve public services across Wales.

Further to this letter can I ask that your Health Board takes the following actions:

- Present my Annual Letter to the Board and share any feedback from the with my office.
- Continue to engage with our Complaints Standards work, accessing training for your staff, fully implementing the model policy, and providing complaints data.
- Inform me of the outcome of the Board's considerations and proposed actions on the above matters by 30 September.

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

Yours sincerely,



Michelle Morris
Public Services Ombudsman

Cc. Suzanne Rankin, Chief Executive, Cardiff and Vale University Health Board
By Email only: suzanne.rankin@wales.nhs.uk

Saunders,Nathan
22/09/2022 12:07:45

Factsheet

Appendix A - Complaints made to PSOW

Health Board	Complaints Received	Received per 1000 residents
Aneurin Bevan University Health Board	142	0.24
Betsi Cadwaladr University Health Board	213	0.30
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Powys Teaching Health Board	10	0.08
Swansea Bay University Health Board	110	0.28
Total	765	0.24

Saunders,Nathan
22/09/2022 12:07:45

Public Services Ombudsman For Wales | Ombwdsmon Gwasanaethau Cyhoeddus Cymru, 1 Ffordd yr Hen Gae, Pencoed CF35 5LJ
www.ombudsman-wales.org.uk | www.ombwdsmon-cymru.org.uk
01656 641150 01656 641199 ask@ombudsman-wales.org.uk | holwch@ombwdsmon-cymru.org.uk

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Ombwdsmon Ombudsman
OMBWDSMON GWASANAETHAU CYHOEDDUS CYMRU
PUBLIC SERVICES OMBUDSMAN FOR WALES

Appendix B – Complaints made to PSOW by subject

Cardiff and Vale University Health Board	Complaints Received	% share
Ambulance Services	0	0%
Appointments/admissions/discharge and transfer procedures	3	3%
Clinical treatment in hospital	48	54%
Clinical treatment outside hospital	2	2%
Complaints Handling	12	13%
Confidentiality	0	0%
Continuing care	1	1%
COVID19	5	6%
De-registration	0	0%
Disclosure of personal information / data loss	0	0%
Funding	1	1%
Medical records/standards of record-keeping	0	0%
Medication> Prescription dispensing	2	2%
Mental Health	2	2%
NHS Independent Provider	0	0%
Non-medical services	0	0%
Other	9	10%
Out Of Hours	0	0%
Parking (including enforcement and bailiffs)	1	1%
Patient list issues	2	2%
Poor/No communication or failure to provide information	0	0%
Prisoner Care	0	0%
Referral to Treatment Time	0	0%
Rudeness/inconsiderate behaviour/staff attitude	1	1%
	89	

Sautwell, Rhys (PSOW)
22/09/2021 10:07:45

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01656 641150 01656 641199 ask@ombudsman-wales.org.uk | holwch@ombwdsmon-cymru.org.uk

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Appendix C – Complaints closed by PSOW - Outcomes
(* denotes intervention)

Local Health Board/NHS Trust	Out of Jurisdiction	Premature	Other cases closed after initial consideration	Early Resolution/voluntary settlement*	Discontinued	Other Reports- Not Upheld	Other Reports - Upheld*	Public Interest Report*	Total
Cardiff and Vale University Health Board	23	7	30	11	1	2	6	1	81
% share	28%	9%	37%	14%	1%	2%	7%	1%	

Saunders,Nathan
22/09/2022 12:07:45

Appendix D - Cases with PSOW Intervention

	No. of Interventions	No. of Closures	% Of Interventions
Aneurin Bevan University Health Board	42	125	34%
Betsi Cadwaladr University Health Board	61	193	32%
Cardiff and Vale University Health Board	18	81	22%
Cwm Taf Morgannwg University Health Board	30	99	30%
Hywel Dda University Health Board	23	82	28%
Powys Teaching Health Board	3	6	50%
Swansea Bay University Health Board	29	105	28%
Total	**206**	**691**	30%

Saunders,Nathan
22/09/2022 12:07:45

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Ombwdsmon Ombudsman
OMBWDSMON GWASANAETHAU CYHOEDDUS CYMRU
PUBLIC SERVICES OMBUDSMAN FOR WALES

Information Sheet

Appendix A shows the number of complaints received by PSOW for all Health Boards in 2021/2022. These complaints are contextualised by the number of people each health board reportedly serves.

Appendix B shows the categorisation of each complaint received, and what proportion of received complaints represents for the Health Board.

Appendix C shows outcomes of the complaints which PSOW closed for the Health Board in 2021/2022. This table shows both the volume, and the proportion that each outcome represents for the Health Board.

Appendix D shows Intervention Rates for all Health Boards in 2021/2022. An intervention is categorised by either an upheld complaint (either public interest or non-public interest), an early resolution, or a voluntary settlement.

Saunders,Nathan
22/09/2022 12:07:45

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Dyddiad: Awst 2022

Charles Janczewski
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Trwy Ebost yn unig: charles.janczewski@wales.nhs.uk

Llythyrau Blynyddol 2021/22

Annwyl Charles

Mae'n falch gennyf gyflwyno'r Llythyr Blynyddol (2021/22) i chi ar gyfer Bwrdd Iechyd Prifysgol Caerdydd a'r Fro sy'n ymdrin â chwynion yn ymwneud â chamweinyddu a methiant gwasanaeth a'r camau sy'n cael eu cymryd i wella gwasanaethau cyhoeddus.

Dyma fy llythyr blynyddol cyntaf ers ymgymryd â rôl yr Ombwdsmon Gwasanaethau Cyhoeddus ym mis Ebrill 2022, ac rwy'n gwerthfawrogi bod pob corff cyhoeddus yng Nghymru yn dal i deimlo effeithiau'r pandemig. Ni fu ein swyddfa yn rhydd rhag hyn, gyda mwy o achosion nag erioed yn cael eu cyfeirio atom dros y ddwy flynedd ddiwethaf. Mae'r berthynas waith gref rhwng fy Swyddfa a Byrddau Iechyd yn parhau i ddarparu gwelliannau yn y ffordd rydym yn ymdrin â chwynion ac yn sicrhau, pan aiff pethau o chwith, ein bod yn dysgu o hynny ac yn adeiladu gwasanaethau cyhoeddus cryfach.

Cwynion yn ymwneud â Chamweinyddu a Methiant Gwasanaeth

Y llynedd, cynyddodd nifer y cwynion a gyfeiriwyd atom yn ymwneud â byrddau iechyd o 30% (o gymharu â ffigyrau 20/21) ac rydym bellach yn derbyn llawer mwy o gwynion o gymharu â chyn y pandemig. Mae'n debygol y cafodd cwynion i'm swyddfa, a gwasanaethau cyhoeddus yn gyffredinol, eu celu yn ystod y pandemig, ac rydym bellach yn dechrau gweld yr effaith 'adlam' ddisgwyliedig.

Yn ystod y cyfnod hwn, gwnaethom ymyrryd (cadarnhau, setlo neu ddatrys yn y cam cynnar) cyfran debyg o gwynion am gyrff cyhoeddus, sef 18%, o gymharu â blynyddoedd diweddar. Arhosodd cyfraddau ymyrryd (lle rydym wedi ymchwilio i gwynion) ar gyfer byrddau iechyd ar lefel debyg hefyd – 30% o gymharu â 33% yn y blynyddoedd diwethaf.

Saunders, Nathan 22/09/2022 12:07:45

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Byddwn yn gweithio yn agos â Byrddau Iechyd, Llywodraeth Cymru a'r Cynghorau Iechyd Cymuned i fonitro llwythi achosion tebygol dros y flwyddyn i ddod, gan gynnwys mewn perthynas ag unrhyw achosion o drosglwyddiad nosocomiaidd Covid a allai gyrraedd fy swyddfa ar ôl i ymchwiliadau lleol y Bwrdd o dan y fframwaith cenedlaethol gael eu cwblhau.

Cefnogi gwella gwasanaethau cyhoeddus.

Gwaith Gwella

Mae Deddf Ombwdsmon Gwasanaethau Cyhoeddus (Cymru) 2019 yn ffurfioli ein gwaith gyda chyrff cyhoeddus i wella ymdrin â chwynion a dysgu o gwynion. Mae'r gwaith hwn bellach wedi'i gydgrynhoi o fewn ein Tîm Gwella sy'n ymgysylltu ag ystod eang o sefydliadau i gefnogi ymdrin â chwynion yn well mewn cyrff cyhoeddus.

Pwerau Rhagweithiol

Yn ogystal â rheoli'r lefelau uchaf erioed o gwynion, gwnaethom hefyd barhau â'n gwaith gan ddefnyddio ein pwerau rhagweithiol yn Neddf Ombwdsmon Gwasanaethau Cyhoeddus (Cymru) 2019. Yn benodol, cynnal ein Hymchwiliad ar ein Liwt ein Hunain cyntaf a pharhau â'n gwaith ar yr Awdurdod Safonau Cwynion.

Ym mis Hydref 2021, gwelsom gyhoeddiad yr ymchwiliad ar ei liwt ei hun cyntaf yng Nghymru: Adolygiad Digartrefedd. Roedd yr ymchwiliad yn cynnwys tri Byrddau Iechyd ac yn ceisio craffu ar y ffordd y cafodd asesiadau Digartrefedd eu cynnal. Gwnaeth yr adroddiad argymhellion penodol i'r awdurdodau yr ymchwiliwyd iddynt, ynghyd ag awgrymiadau i bob Byrddau Iechyd arall yng Nghymru a Llywodraeth Cymru. Bydd rhai o'r argymhellion hyn yn cyflwyno newidiadau yn syth - er enghraifft, diweddaru taflenni ffeithiau a thempledi llythyr ac asesiad i sicrhau bod ystyriaethau cydraddoldeb a hawliau dynol allweddol yn cael eu gwreiddio'n rheolaidd i brosesau - cynlluniwyd pob argymhelliad i sicrhau newid gwirioneddol i bobl sy'n defnyddio gwasanaethau digartrefedd yng Nghymru.

Parhaodd yr Awdurdod Safonau Cwynion ei waith â chyrff cyhoeddus yng Nghymru'r llynedd. Mae'r polisi cwynion enghreifftiol eisoes wedi'i fabwysiadu gan awdurdodau lleol a byrddau iechyd yng Nghymru ac rydym bellach wedi ymestyn hyn i gyfran gyntaf o Gymdeithasau tai a Chyfoeth Naturiol Cymru. Y nod yw gweithredu'r gwaith hwn ledled sector cyhoeddus Cymru.

Yn ogystal â hyn, am y tro cyntaf, cyhoeddodd yr Awdurdod Safonau Cwynion wybodaeth am gwynion y mae awdurdodau lleol wedi ymdrin â nhw – cyflawniad allweddol ar gyfer y gwaith hwn. Mae'r Awdurdod Safonau Cwynion yn derbyn data tebyg gan Fyrddau Iechyd ar sail chwarterol yn unol â chyfrifoldebau adrodd Llywodraeth Cymru, a bydd yn bwriadu cyhoeddi'r data hwn am y tro cyntaf yn ddiweddarach yn 2022.

Saunders Lewis House
22/09/2022 11:07:03

Mae'r Awdurdod Safonau Cwynion bellach wedi gweithredu polisi cwynion enghreifftiol gyda bron i 50 o gyrff cyhoeddus, ac wedi darparu 140 o sesiynau hyfforddi, yn rhad ac am ddim, yn ystod y flwyddyn ariannol ddiwethaf. Bu'r adborth yn ardderchog, ac mae'r hyfforddiant wedi bod yn boblogaidd iawn – felly byddwn yn annog Bwrdd Iechyd Prifysgol Caerdydd a'r Fro i ymgysylltu cymaint â phosibl.

Cwynion a wnaed i'r Ombwdsmon

Gweler ynghlwm grynodeb o'r cwynion o gamweinyddu/methiant gwasanaeth a dderbyniwyd mewn cysylltiad â'ch Bwrdd Iechyd.

Yn olaf, hoffwn ddiolch i chi a'ch swyddogion am y ffordd gadarnhaol y mae byrddau iechyd wedi ymgysylltu â'm Swyddfa i'n galluogi i gyflawni'r cyflawniadau hyn yn ystod yr hyn sydd wedi bod yn flwyddyn heriol i bawb. Edrychaf ymlaen yn fawr at barhau â'r gwaith a'r cydweithio hwn i sicrhau ein bod yn gwella gwasanaethau cyhoeddus ymhellach ledled Cymru.

Ymhellach i'r llythyr hwn, a gaf ofyn i'ch Bwrdd Iechyd gymryd y camau canlynol:

- Cyflwyno fy llythyr blynyddol i'r Bwrdd a rhannu unrhyw adborth ganddynt gyda fy swyddfa.
- Parhau i ymgysylltu â'n gwaith Safonau Cwynion, rhoi hyfforddiant i'ch staff, gweithredu'r polisi enghreifftiol yn llawn a darparu data cwynion.
- Rhoi gwybod imi am ganlyniad ystyriaethau a chamau gweithredu arfaethedig y Bwrdd yng nghyswllt y materion uchod erbyn 30 Medi.

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

Yn gywir,

MM· Morris.

Michelle Morris
Ombwdsmon Gwasanaethau Cyhoeddus

cc.Suzanne Rankin, Prif Weithredwr, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Trwy Ebost yn unig: suzanne.rankin@wales.nhs.uk

Saunders,Nathan
22/09/2022 12:07:45

Taflen Ffeithiau

Atodiad A - Cwynion a wnaed i OGCC

Bwrdd Iechyd	Cwynion a Gafwyd	Derbyniwyd fesul 1000 o drigolion
Bwrdd Iechyd Prifysgol Aneurin Bevan	142	0.24
Bwrdd Iechyd Prifysgol Betsi Cadwaladr	213	0.30
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro	89	0.18
Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg	113	0.25
Bwrdd Iechyd Prifysgol Hywel Dda	88	0.23
Bwrdd Iechyd Addysgu Powys	10	0.08
Bwrdd Iechyd Prifysgol Bae Abertawe	110	0.28
Cyfanswm	765	0.24

Saunders,Nathan
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Ombwdsmon Ombudsman
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PUBLIC SERVICES OMBUDSMAN FOR WALES

Atodiad B – Cwynion a wnaed i OGCC fesul pwnc

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro	Cywnion a Gafwyd	% rhannu
Gwasanaethau Ambiwlans	0	0%
Apwyntiadau/derbyniadau/rhyddhau a gweithdrefnau trosglwyddo	3	3%
Triniaeth glinigol yn yr ysbyty	48	54%
Triniaeth glinigol y tu allan i ysbyty	2	2%
Ymdrin â Chwynion	12	13%
Cyfrinachedd	0	0%
Gofal Parhaus	1	1%
COVID19	5	6%
Dadgofrestru	0	0%
Datgelu gwybodaeth bersonol / colli data	0	0%
Cyllid	1	1%
Cofnodion meddygol/safonau cadw cofnodion	0	0%
Meddyginiaeth> Dosbarthu	2	2%
Iechyd Meddwl	2	2%
Darparwr Annibynnol y GIG	0	0%
Gwasanaethau anfeddygol	0	0%
Arall	9	10%
Tu Allan I Oriau	0	0%
Parcio (gan gynnwys gorfodi a beiliïaid)	1	1%
Materion rhestr cleifion	2	2%
Cyfathrebu gwael/dim cyfathrebu neu fethiant i ddarparu gwybodaeth	0	0%
Gofalu am garcharorion	0	0%
Amser rhos rhwng atgyfeirio a thriniaeth	0	0%
Angfwrteisi/ymddygiad anystyriol/agwedd staff	1	1%
	89	

Sauwdas 1498 (1)
22/09/2021 11:01:45

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Atodiad C - Cwynion a gaewyd gan OGCC - Canlyniadau
(* yn dynodi ymyrraeth)

	Tu hwnt i Awdurdodaeth	Cynamserol	Achosion eraill wedi'u cau ar ôl ystyriaeth gychwynnol	Datrys yn Gynnar/Setliad Gwirfoddol	Wedi rhoi'r gorau iddi	Adroddiadau Eraill – Ni Chadarnhawyd	Adroddiadau eraill a gadarnhawyd*	Adroddiadau er Budd y Cyhoedd*	Cyfanswm
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro	23	7	30	11	1	2	6	1	81
	28%	9%	37%	14%	1%	2%	7%	1%	

Saunders,Nathan
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Atodiad D - Achosion lle ymyrrodd OGCC

	Nifer yr ymyriadau	nifer y cwynion a gaewyd	% o ymyriadau
Bwrdd Iechyd Prifysgol Aneurin Bevan	42	125	34%
Bwrdd Iechyd Prifysgol Betsi Cadwaladr	61	193	32%
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro	18	81	22%
Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg	30	99	30%
Bwrdd Iechyd Prifysgol Hywel Dda	23	82	28%
Bwrdd Iechyd Addysgu Powys	3	6	50%
Bwrdd Iechyd Prifysgol Bae Abertawe	29	105	28%
Cyfanswm	**206**	**691**	30%

Saunders,Nathan
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Ombwdsmon Ombudsman
OMBWDSMON GWASANAETHAU CYHOEDDUS CYMRU
PUBLIC SERVICES OMBUDSMAN FOR WALES

Taflen Wybodaeth

Mae Atodiad A yn dangos nifer y cwynion a dderbyniwyd gan OGCC ar gyfer pob Byrddau Iechyd yn 2021/2022. Caiff y cwynion hyn eu rhoi mewn cyd-destun yn seiliedig ar nifer y bobl y mae pob bwrdd iechyd yn eu gwasanaethu yn ôl pob sôn.

Mae Atodiad B yn dangos categori pob cwyn a dderbyniwyd, a pha gyfran o'r cwynion a dderbyniwyd sy'n cynrychioli ar gyfer yr Byrddau Iechyd.

Mae Atodiad C yn dangos canlyniadau'r cwynion a gaeodd OGCC mewn cysylltiad â'r Byrddau Iechyd yn 2021/2022. Mae'r tabl hwn yn dangos y niferoedd, a'r gyfran y mae pob canlyniad yn ei chynrychioli ar gyfer yr Byrddau Iechyd.

Mae Atodiad D yn dangos Cyfraddau Ymyrru ar gyfer pob Byrddau Iechyd yn 2021/2022. Mae ymyrraeth yn cael ei gategoreiddio naill ai gan gŵyn a gadarnhawyd (naill ai cadarnhawyd er budd y cyhoedd neu cadarnhawyd nid er budd y cyhoedd), penderfyniad cynnar, neu setliad gwirfoddol.

Saunders,Nathan
22/09/2022 12:07:45

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Report Title:	Shaping Our Future Wellbeing – Strategy Re-fresh				Agenda Item no.	6.13
Meeting:	Board		Public	x	Meeting Date:	29.09.22
			Private			
Status *(please tick one only):*	Assurance	x	Approval		Information	
Lead Executive:	Executive Director of Strategic Plannning					
Report Author (Title):	Executive Director of Strategic Planning					

Main Report
Background and current situation:

Shaping our Future Wellbeing, the Health Board's ten-year strategy, was developed between 2013 and 2015 and was approved by the Board in September 2015.

The strategy, which was developed with involvement of patients, their families and carers, staff and partners, set out our ten-year vision, strategic objectives (which the Health Board adopted as the Wellbeing Objectives, and values. The values were subsequently updated following an engagement exercise with staff and patients. The strategy also set out the key actions required to achieve its delivery.

Progress has been reviewed and reported on periodically, and the three-year IMTPs have been the vehicle through which we have identified key actions to be progressed within the three-year cycles, with the current plan embracing the period to 2025.

Much has changed since Shaping Our Future Wellbeing, most significantly the Covid pandemic that has disrupted the lives over everyone, and which changed the world in irrevocably. Over the last two years, we have advanced developments in how we deliver our services at a greater pace than seen previously (for example the rapid roll-out of on-line appointments), but the pandemic also stretched resources to the limit and did not impact equally across our populations, with equities across our communities having been worsened.

It is now the right time for us to refresh our strategy so that we set out priorities for the action that will enable us to deliver the very best quality of care, and enable all of our populations to be as well as possible.

The Regional Partnership Board and the two Public Services Boards, of which we are key partners, are also developing new five-year plans this year, ready for implementation from April 2023. This provides a good opportunity to align these plans and the next iteration of our strategy.

The climate emergency, declared by the Board in January 2019, has come into very sharp relief in the last two years as we have seen more extreme weather patterns impact on our daily lives. We need to ensure the next iteration of our strategy is set in the context of the need to achieve decarbonisation and adapt to more extreme climate in the future.

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

There is much that remains relevant to today in our current strategy, and the process through which we will update our strategy will encompass the good things about our existing strategy and address the areas we can improve on. A Healthier Wales remains the Welsh Government's ten-year plan for health and care services in Wales. When it was published in 2018, it aligned very well with Shaping Our Future Wellbeing.

Saunders,Nathan
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The process we will use for developing the next iteration of our strategy will enable it to be developed in partnership with our staff, our patients and key partners – a co-production approach so that people can help us shape the strategy.

A working group chaired by the Vice Chair of the Health Board, involving another Independent Member and three Executive Directors, along with the Associate Medical Director of Clinical Strategy, with the Executive Director of Strategic Planning taking the Senior Officer Role.

A detailed engagement plan has been developed to ensure staff from across the organisation help us shape the next iteration of the strategy, and we will also be engaging widely with key stakeholders, with a programme plan in place to oversee the whole programme.

One of the key roles of the Board is to set strategy, and in order to enable the Board to fulfill this function, there will be regular updates and briefings via Board development sessions and regular reporting on progress into the Board.

There will be two key phases to the engagement process: the first will ask people about what is important to reflect in the strategy from their perspectives – we want the strategy to resonate with our staff, patients, communities and partners. The feedback from this phase will be used to draft the next iteration of our strategy, and the second phase will enable people to comment on the draft strategy, and help us make it as good as it can be.

In order to ensure the engagement process is successful, we will require people from across the organisation to be undertaking engagement events, hosting workshops and promoting the range of ways in which people will be able to share their views. A suite of engagement materials are in production ready to kick off the engagement process in earnest in October. This will include testing the key questions we want to ask, with staff ensuring that we are asking the right questions. The engagement exercise also provides a great opportunity to reconnect with staff right across the organisation as we come out of the pandemic.

The engagement process will recognise that we are heading into a winter that we know is likely to be particularly difficult and we will seek to balance in-person engagement events with online events and opportunities to feedback views through surveys and social media channels.

The first draft will be developed in February for approval by the Board in March, and the final strategy will be brought to the Board for approval in July 2023 followed by a launch programme.

The working group will keep the timeline under review and will recommend a change to the key dates should this be required.

Recommendation:

The Board / Committee are requested to:

1. Note the process being put in place to enable our staff, patients, communities and partners to help us shape the next iteration of Shaping Our Future Wellbeing.
2. Agree to receiving the draft strategy for approval in March 2023 and to the commencement of engagement on the strategy.
3. Agree to receiving the final strategy for approval in July 2023.
4. Continue to receive regular updates from the working group

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

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

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

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

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

Risk: Yes/~~No~~

The key risk relates to the capacity within the organisation to facilitate the engagement process to ensure that staff feel that they have had an opportunity to share their views, and that we reflect the views of our patients, communities and partners. We will be supplementing our internal capacity with a small level of support from external provider with expertise in engagement and strategy development.

Safety: Yes/~~No~~

The next iteration of our strategy will reflect our ambition to deliver outstanding care every time, for every patient so we give the best patient experience and outcomes. We know that patients still come to harm in our care, and safety is a key component of excellent care quality.

Financial: Yes/~~No~~

A small budget is being identified to support the engagement process.

Workforce: Yes/~~No~~

We know our staff are tired coming out of the pandemic, and we need to approach the engagement process in a way that is sensitive to the forthcoming winter and the pressures it will bring. The workforce component of the strategy will be key – we want to be the best employer we can be, where staff health and wellbeing is at the centre of our plans.

Legal: Yes/~~No~~

If the engagement process is not robust and proportionate, we might be open to legal challenge.

Reputational: Yes/~~No~~

If the engagement process is not robust, and the resultant strategy does not resonate with staff, patients, communities and partners, it could create a risk to our reputation.

Socio Economic: Yes/~~No~~

The next iteration of our strategy needs to reflect that the health inequities in our communities have not reduced (Shaping Our Future Wellbeing identified reducing health inequities as our overarching vision). The cost of living crisis is likely to make live even harder for those already most disadvantaged in our community. The refreshed strategy must demonstrate how our activities as a large organisation, with a workforce of over 15,500 people, serving populations that cover the whole of South Wales, with an annual spend of over £1.7b maximises the contribution we make to the Foundational Economy in Wales as a major anchor institution.

Equality and Health: Yes/~~No~~

A equality health impact assessment will be developed alongside the drafting of the next iteration of our strategy.

Decarbonisation: Yes/~~No~~

The next iteration of the strategy will need to explicitly reference our responsibility to take urgent action to reduce our carbon output, which is significant.

Cleaned on 22/09/2022 12:07:45

Approval/Scrutiny Route:

Committee/Group/Exec	Date:

Report Title:	Assurance Mapping Update				Agenda Item no.	6.14	
Meeting:	Board		Public	x	Meeting Date:	29.09.2022	
			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:

At the April 2021 Meeting of the Audit and Assurance Committee approval was given to develop an Assurance Strategy ("the Strategy") for the implementation of a Framework of Assurance.

The paper in April 2021 described that the organisation had a number of tools which provided assurance but no overarching strategy which pulled those tools together to give an overall view on assurance.

A copy of the newly developed Strategy was shared at the July 21 meeting of the Audit and Assurance Committee which recommended the Strategy to Board for approval. The Strategy was subsequently reported to, and Approved by the Board at the September 2021 Board Meeting.

It is hoped that the implemention of the Strategy will improve the overall governance of the organisation and the assurance provided to the Board by identifying gaps or limited assurance. This in turn will enable better targeting of resources in order to obtain assurance where required.

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

Since September 2021, due to competing Clinical and Pandemic response pressures, it has proven difficult to secure the time of colleagues to move the Strategy and the development of an Assurance Map forward, particularly as we entered the winter period.

Following an initial round of discussions with Clinical Board Triumvirates and Corporate colleagues progress stalled, however, over the past two months, meetings have recommenced and the Head of Risk and Regulation has had the opportunity to meet with Clinical and Corporate colleagues to re-engage and begin populating the Health Board's Assurance Map.

Coupled with this Internal Audit have begun an Advisory Review of the Strategy which is split into two phases:

- Phase 1: A desktop review of key documentation, including the Assurance Strategy, Audit Committee and Board papers; and
- Phase 2: Meeting with key staff as appropriate to determine the progress being made with the objectives set within the Assurance Strategy, such as the progress of developing assurance maps.

Saunders,Nathan
22/09/2022 12:07:45

Phase 1 of the Review has now completed with three possible opportunities to enhance the Strategy being identified. These opportunities are:

1) To consider reviewing and revising the Health Board's approach to the 'Three Lines of Defence' model, so that it aligns to external risk, governance and assurance models.
2) To consider reviewing and revising the current Assurance Map template, appended to the Assurance Strategy, so that the layout and content takes a risk-based approach, which will assist in prioritising areas to take forward; and
3) To consider developing an action plan with actions, designated responsibility and timescales for implementation / review of the Assurance Strategy.

Following receipt of this feedback it is proposed that time is taken to work on the above opportunities and to share a further update with the Audit and Assurance Committee and the Board in November 2022.

Recommendation:

The Board is requested to:

- **NOTE** the Assurance Mapping Update and agree that a further update, following implementation of the opportunities identified by Internal Audit, be shared at the November Audit and Assurance Committee and Board Meetings.

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

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

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

Risk: Yes

The Health Board's Assurance Strategy forms part of a suite of documents that support the Health Board's Risk Management and Assurance processes. No specific Impact assessment has been undertaken, however by its very nature, the development of the Assurance Strategy will consider risk and the areas detailed below.

Sandra Chapman 14/10/2022 12:07:45

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
22/09/2022 12:07:45

Report Title:	Nosocomial Covid-19 Investigation update				Agenda Item no.	6.16	
Meeting:	Board Meeting		Public	X	Meeting Date:	29 September 2022	
			Private				
Status *(please tick one only):*	Assurance	X	Approval		Information		
Lead Executive:	Jason Roberts, Executive Nurse Director						
Report Author (Title):	Jacqui Westmoreland, Interim Head of Covid Investigations						

Main Report
Background and current situation:

The Covid Investigation Team (CIT) within Patient Safety have been reviewing the incidences of nosocomial transmission of Covid-19 in the inpatient settings. These reviews are multi-factorial considering care delivery as well as service delivery. The aim of each review is to identify any potential harm and to action any identified learning.

These reviews are undertaken under the umbrella of the final 'NHS Wales National Framework - Management of Patient Safety Incidents following Nosocomial Transmission of COVID-19 (2021) which supports the Communicable Disease Outbreak Plan for Wales (2020) by identifying, reviewing and reporting patient safety incidents, complaints or claims relating to nosocomial transmission of Covid-19 in line with the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 – Putting Things Right (PTR).

On the 26th January 2022, the Welsh Government announced £9 million investment over 2 years to undertake the investigations at pace.

On the 1st March 2022 Cardiff and Vale UHB received their funding letter from Welsh Government, with funding allocated from the start of the 2022-2023 financial year.

The associated funding conditions were that all Health Boards:

- Put in place the necessary resource and infrastructure to deliver the programme of investigation work in relation to patient safety incidents of nosocomial COVID-19. Investigation work must be completed in line with the *NHS Wales national framework – Management of patient safety incidents following nosocomial transmission of COVID-19* (national framework. http://www.wales.nhs.uk/documents/20211104 - NHS Wales national framework %E2%80%93 Management of patient safety incidents following nosocomial transmission of COVID-19.pdf)

- This includes investigating cases where a person has acquired nosocomial COVID-19 in a care setting while receiving NHS funded care and when individuals were transferred from hospital into a care home and subsequently contracted COVID-19, within 14 days of transfer. The national framework is currently being updated to provide further clarity of these requirements for NHS funded care.

- Establish relevant internal assurance mechanisms such as scrutiny panels.
- Proactively engage with patients and families who have been affected by incidents of nosocomial COVID-19, including advocacy through the CHC.
- Put in place the necessary infrastructure to provide a dedicated point of contact for supporting families for five days a week.

Saunders-Jathon 22/09/2022 12:07:45

- Develop robust governance structures, including:
    - internal mechanisms to ensure your Board is fully appraised of progress with investigations; and
    - reporting mechanism to update NHS Wales Delivery Unit (DU) on progress. Monthly reporting against an agreed reporting framework will be required.

- Engage with colleagues in the DU who will have overall responsibility for national leadership and oversight in relation to implementation and application of the national framework.

- Work with the DU to develop the national learning plan which will incorporate the lessons learned throughout the pandemic.

The decision on how the framework will support the implementation of the investigations into care homes and NHS commissioned care setting is still awaited from the Delivery Unit.

Cardiff and Vale UHB have now fully recruited into the Covid Investigation Team and have started to implement all aspect of the National framework. The investigations into deaths and non -deaths are fully underway with a focus on Wave 1 patients.

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

As of 30th April 2022, there are 2921 patients (excluding the downgrade/recategorised) who fit into the Indeterminate, Probable and Definite category of nosocomial Covid-19, with 674 of those who have sadly died in Waves 1, 2, 3 and 4 (as defined by the 4-Nations HCAL Surveillance group shown in the table below).

As of the 1st of May there have been 252 additional cases which will also be added to the investigation work

As of the 31st August the Covid Investigation Team have undertaken 1007 proportionate investigations and reviews.

	Wave 1 (27th Feb '20- 26th July '20)	**Wave 2 (27th July '20- 16th May '21)**	**Wave 3 (17th May '21- 19th Dec '21)**	**Wave 4 (20th Dec '22- 30th April 22)**	**Live Cases (01/05/2022-)**
Outbreaks	7	86	30	25	
Number of Pts assoc	546	1340	330	1012	252
Clinical Review	*342*	*834*	*191*	810	175
Clinical review completed	*44*	290	21	32	0
Req a full tool (death <28 days)	*182*	*323*	*33*	84	34
Subtotal of Full tools	*38*	*110*	*23*	20	0
Downgrade/recategorised	*22*	*183*	*106*	118	0
% Clinical review & Full tools completed.	***19.05%***	***43.51%***	***45.45%***	**17%**	**0.00000000000000%**

Saunders, Heather
22/09/2022 12:01:45

Scrutiny panels for each Clinical Board have commenced. The purpose of the scrutiny panel is to consider and review the findings of the investigations, with an objective of reviewing and discussing individual cases where potential breach of duty has been identified and to agree appropriate resolution in line with Putting Things Right regulations. The review considers if the care was reasonable in the context of a pandemic. To date 46 patients have been discussed at scrutiny.

Assurance of process and progress is provided to the Health Board via the Nosocomial C&V UHB Programme Board. This is chaired by the Executive Nurse Director who is the programme Senior Responsible Officer. As well as Health Board representatives the Community Health Council is an active stakeholder on the programme board.

Further scrutiny of progress is provided on a monthly basis to the Delivery Unit via submission of data capture reports and a high light report.

The Delivery Unit, form have assessed that Cardiff and Vale UHB are in a strong position for delivery of the programme.

Communication with patients and families has begun, with a focus on contacting bereaved families from Wave 1. Communication consists of a phone call first with a follow up letter. The outcome of the investigations will be communicated via a letter. On contact all patients and families are made aware of our dedicated single point of contact phone number, our generic email address and our Web page which has further information on it, including advocacy details for the CHC.

Bereavement support is available for all families via a direct referral from the Covid Investigation Team or there is signposting on our Web page to bereavement support services.

The emerging themes from our communication with families have been surrounding communication with staff and their loved ones, and visiting during the pandemic. The majority of patients and families have appreciated the contact from the Health Board, but it has become very clear that this is still very emotive for them.

The Covid Investigation Team will continue to focus on Wave 1 patients and progress through the waves as quickly as possible. Further work will be undertaken to scope the numbers of Health Board patients who are in NHS commissioned care and care homes, and may be subject to investigation based on the updated framework from the Delivery Unit.

Recommendation:

The Board is requested to:

NOTE the assurance provided by the progress against the programme.

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	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: yes
All cases where qualifying liability is met will be addressed through claims and redress processes
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

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

Saunders,Nathan
22/09/2022 12:07:45

Report Title:	Executive Structure and Portfolios			Agenda Item no.	7.1
Meeting:	Board	Public	X	Meeting Date:	29th September 2022
		Private			
Status *(please tick one only):*	Assurance		Approval	X	Information
Lead Executive:	Chief Executive				
Report Author (Title):	Director of Corporate Governance				

Main Report
Background and current situation:

Within the Health Board's Standing Orders, Schedule of Matters Reserved for the Board, the Board is required, on an annual basis, to review and approve its top-level Executive Structure. It is also considered to be good practice and governance to review and approve the Executive Director portfolios.

There has also been a number of small changes to Executive portfolios with the turnover of the Executive Team in the last 12 months. These changes have all been agreed with the relevant Executive Director and Chief Executive.

The Executive Directors are all Board Members, although the Director of Digital Health Intelligence and the Director of Corporate Governance do not have voting rights.

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

Attached at Appendix A is the current Executive Structure and the Executive Team's direct reports. The Executive Team are all substantive with the Chief Operating Officer being the final post to be filled on 22nd August 2022.

Attached at Appendix B is the portfolio's which each Executive Director is responsible for delivering. Some areas of Executive portfolio's have shared responsibility and where this is the case it is clearly stated. Included within the portfolios are areas of statutory responsibility and also accountabilities as detailed with the Health Board's Scheme of Delegation and Earned Autonomy.

Recommendation:

The Board are requested to:

(a) Review and approve the Executive Structure (Appendix A) and Executive Portfolio's (Appendix B).

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	x

Jean Eden-Nathan 29/09/2022 12:01:45

		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	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

Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)

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~~

Some of the areas within the Executive portfolio's are statutory responsibilities.

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

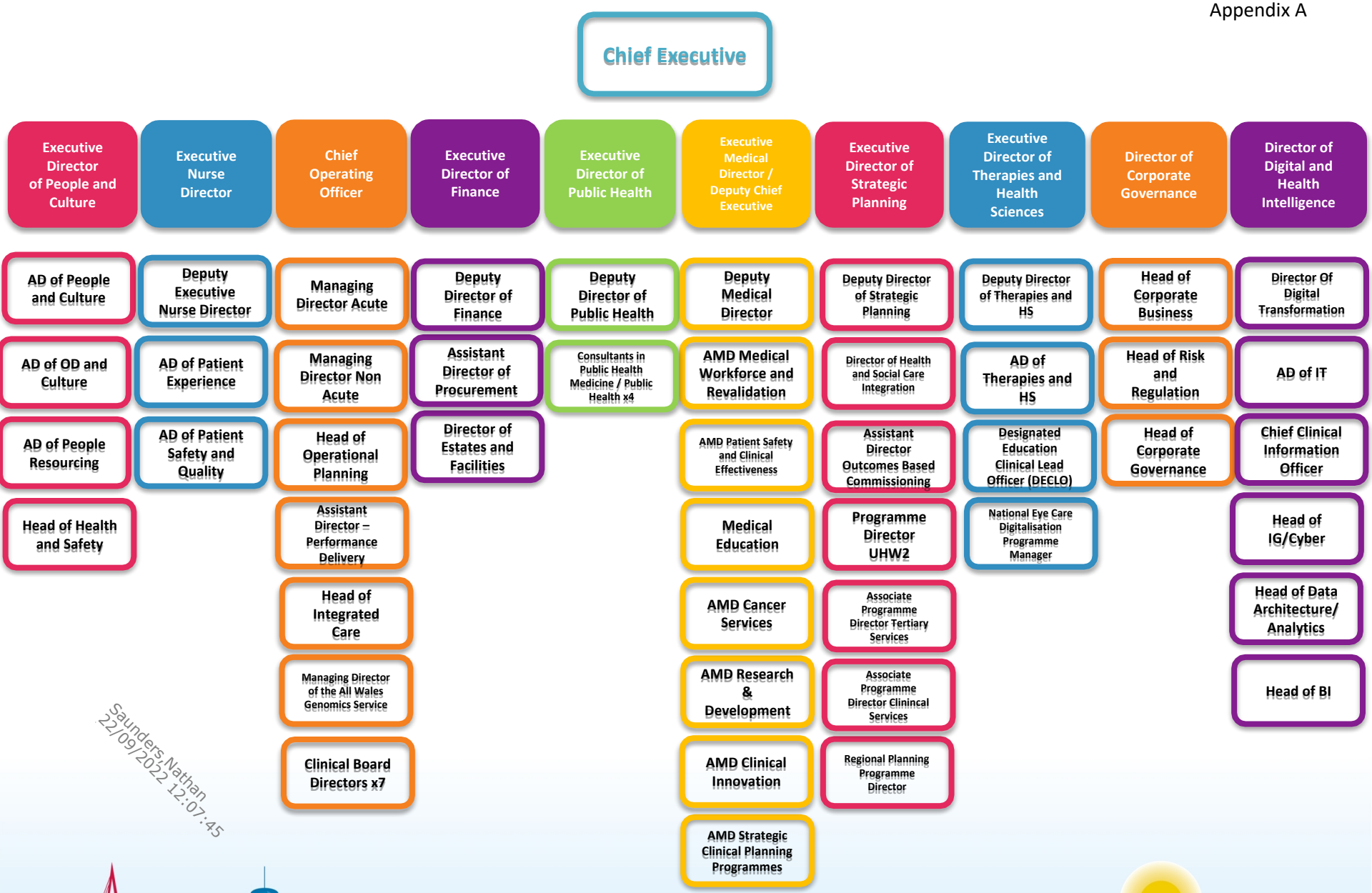
Equality Health Impact Assessments (EHIA) are typically undertaking when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of 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:
Executive Directors	12/09/22 – Portfolio's and Structures circulated to Executives for comments and agreement.

Saunders.Nathan
22/09/2022 12:07:45



Saunders,Nathan
22/09/2022 12:07:45

Chief Executive

The Chief Executive is accountable for the overall performance of the executive functions of the Health Board. The Chief Executive is the appointed Accountable Officer for the Health Board and shall be responsible for meeting all the responsibilities of that role, as set out in their Accountable Officer Memorandum.

It is acknowledged that the Chief Executive is ultimately accountable to the Board, and as Accountable Officer to the Welsh Government, for ensuring the Board meets its obligation to perform its functions within the overall financial resources. The Chief Executive has overall Executive accountability for the Health Boards activities and is accountable to the Chair and the Board for ensuring that financial provisions, obligations and targets are met; and has overall accountability for the Health Boards system of internal control.

The following Directors also report directly to the Chief Executive and form part of the Chief Executive's portfolio:

- Director of Transformation
- Director of Communications and Engagement

Executive Director of Finance

- Statutory Financial Duties
- Health Charity & Charities Act
- Procurement
- Food hygiene
- Performance Management Arrangements
- Commissioning Contracts and LTA's
- SLA's and Contracting (jointly with Director of Corporate Governance)
- Land, Buildings and Assets
- Facilities and Estate Management
- WHSSC Relationship – Provider
- Intellectual Property Rights and Commercialisation
- Compensation for staff, patients, clinical negligence and personal injury.
- Standing Financial Instructions
- Counter Fraud
- Value in Healthcare (jointly with Executive Medical Director and Executive Director of Public Health)
- Capital Management and Delivery of Capital Programme

Executive Medical Director

- Clinical Standards
- Medicines Management
- NICE
- Patient Safety (jointly with Nurse Director)
- Blood Safety and Quality Regulations
- Human Tissues Act 2004
- Clinical Trials directives and regulations
- Organ Donation

Saunders,Nathan
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- Admission to Performers List
- Patient Group Directives
- Caldicott Guardian
- Professional Medical and Dental Workforce Standards, Education, Regulation and Revalidation
- Royal College Guidelines – Implementation and Standards
- Research and Development
- Clinical Audit
- Value in Healthcare (jointly with Executive Finance Director and Executive Director of Public Health)

Chief Operating Officer

- Operational Planning and Delivery
- Integrated Care
- All Wales Genomics Service
- Mental Health Act and Measure
- Decontamination
- Continuing Health Care
- Funded Nursing Care
- Primary Care Contractor Management and Performance
- Removal of violent patients from GMS Service
- Accreditation of enhanced Services
- Dental
- Primary Care Out of Hours Arrangements
- Care Homes Sector
- Cardiac Network
- Cancer Lead
- Access Targets/ RTT
- Unscheduled Care
- Delivery of Clinical Services
- Plans for Service Change (Jointly with Executive Director of Strategic Planning)

Executive Nurse Director

- Professional Nursing and Midwifery Workforce Standards, Education and Regulation
- Protections of adults, children and vulnerable groups (Safeguarding and DoLS)
- Concerns / complaints
- Standards for Health Services
- Patient Safety (jointly with Medical Director)
- Patient Experience
- Incident reporting and investigation
- HM Coroner
- Welsh Risk Pool
- Patient Safety Alerts
- Infection Prevention and Control

Saunders,Nathan
22/09/2022 12:07:45

Executive Director of People and Culture

- Workforce
- OD
- Health and Safety
- Resourcing
- Payroll
- Equality
- Public Interest/whistleblowing
- Fire safety
- Environmental
- Employment Legislation
- Employment Staff Relations
- Barring and Disclosure

Executive Director of Strategic Planning

- Strategy Development
- NHS Planning Process- IMTP/ Annual Planning/ Region Service Planning
- Strategic Commissioning
- Major Capital Programme Planning
- Civil Contingencies Act / Emergency Preparedness
- Representation in Statutory Partnerships – RPB, Public Service Boards
- Decarbonisation
- WHSCC Relationship – Commissioning
- Primary Care Estates Investment and Approvals
- Co-ordination of Delivery Plans
- Clinical Strategy
- Individual Patient Commissioning
- Engagement and consultation – oversight and guidance
- Plans for Service Change (Jointly with Chief Operating Officer)

Executive Director of Public Health

- Public Health and Professional Public Health Standards
- Population health needs assessment
- Representation in Statutory Partnerships – RPB, Public Service Boards
- Health improvement
- Health protection – community inc. environmental
- Socio Economic Duty / Health inequities / Health inclusion
- Tobacco agenda inc. Smoke Free Premise and public places' Regulations
- Vaccination and Immunisation
- Healthy weight
- Healthy travel
- Health Promoting Hospital Vending Directions
- Area Planning Board – Substance misuse
- Lead re: statutory consultee for licensed premises

Saunders,Nathan
22/09/2022 12:07:45

- Public health screening
- Annual report of the Director of Public Health
- Interventions Not Normally Undertaken
- Value in Healthcare (jointly with Executive Medical Director and Executive Director of Finance)

Executive Director of Therapies and Health Science

- Professional Therapies and Health Science Workforce Standards, Education and Regulation
- Nutrition
- Ionising Radiation
- Medical Device Directives and Regulations
- Armed forces and veterans
- Additional learning needs (ALN) Act
- Falls
- Stroke
- Eye care
- Women's health
- National chair of eye care, respiratory, stroke delivery/ network groups
- SRO national eye care digitisation programme

Director of Corporate Governance

- Corporate Governance
- Risk Management and Board Assurance
- Regulatory compliance oversight
- Internal Audit
- External Audit
- Legal advice
- Standing Orders, SFI's and Scheme of Delegation
- Declarations of Interest
- Signing and sealing documents
- SLA's and Contracting (jointly with Executive Director of Finance)
- Indemnity/insurance policies

Director of Digital Health Intelligence

- Digital strategy
- Information Management and Technology
- Freedom of Information
- Information Governance
- Computer Misuse Act
- Clinical Coding
- Data Quality
- SIRO
- Informatics/BI
- Cyber

Saunders,Nathan
22/09/2022 12:07:45

Report Title:	Unpaid Carers Charter			Agenda Item no.	7.2
Meeting:	Public Board	Public	X	Meeting Date:	29.09.22
		Private			
Status *(please tick one only):*	Assurance		Approval	X	Information
Lead Executive:	Abi Harris, Executive Director of Strategic Planning				
Report Author (Title):	Chris Ball, Ageing Well Programme Manager, Regional Partnership Board				

Main Report
Background and current situation:

Unpaid carers are critical to the care and support of citizens across Cardiff and Vale and supporting them is a priority for the Regional Partnership Board. This paper briefs the Public Board on the Unpaid Carers' Charter, which has been developed through engagement by the Cardiff and Vale Unpaid Carers Board. The RPB would like to ensure that its constituent orgnisations endorse the Charter. The Charter will then be presented to the RPB for approval prior to its launch in November 2022.

Included along with this cover paper are the:

1. *Unpaid Carers Charter**
2. *Young Carers Charter**
3. *Unpaid Carers Charter companion document**

**to note that design/look of these documents is to be developed but the content is final.*

Background:

Cardiff and the Vale of Glamorgan has approximately 50,580 unpaid carers of all ages (Population Needs Assessment, 2022).

Pre-pandemic, there was a *Regional Carers Workstream* which sat under the Regional Partnership Board (RPB) to oversee and support work around unpaid carers. As part of the group's action plan a draft unpaid carers strategy was developed. However, due to the pandemic the board was paused, and the carers strategy was never finally published.

Since January 2022, the group has reconvened as the Unpaid Carers Board, acting as a programme board for the RPB work around unpaid carers and to develop the strategy into what has become the Unpaid Carers Charter.

The Charter:

The aim of the Unpaid Carers Charter is to:

1) help to identify unpaid carers in the region; particularly those who might not currently see themselves as a carer or be accessing support which is available to them
2) help unpaid carers to feel supported and recognised through a set of commitments by the Health Board and local authorities
3) support the development of services for unpaid carers in the region

Saunders Norman 22/09/2022 12:07:44

The Charter is accompanied by a companion document which goes into more detail around:

- Each of the commitments
- The national priorities and regional context (reflected in the Charter)

- What we are going to work on
- What good will look like

We plan to launch the Charter in November 2022, once ratified through partner's governance and the Regional Partnership Board, with a range of events throughout the following year along with resources to promote the Charter to key stakeholders to ensure it has the desired impact. This will include accessible versions in various languages and formats.

Delivery, impact and development of services through the Charter will be monitored and supported by the Regional Unpaid Carers Board and reported to the RPB.

Engagement/Assurance:
The Charter has been developed for and by Unpaid Carers, through the Unpaid Carers Board which has representatives from across the NHS, local authorities and third sector. Citizen engagement has also been utilized throughout the process to ensure the Charter is relevant and meaningful.

In developing the Charter there have been a number of engagement exercises undertaken, including from 2019 when the original strategy was developed:

- July 2022 – engagement on the Unpaid Carers Charter with responses from 94 individuals across ages, minority ethnic communities and unpaid carers.
- August 2019 – engagement on the regional priorities (now our 'commitments') with 61 people and facilitated by Tempo.
- August 2019 – engagement with adult carers(49), young carers (37), and our joint workforce (46) and the vision for unpaid carers and the regional priorities (now our 'commitments').

The Charter has also been reviewed by the Strategic Leadership Group within the RPB, the Health Board's QSE Committee and the Senior Leadership Board and will be going to Local Authorities' scrutiny and Cabinets for agreement and ratification.

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

Jason Roberts is the Exec Lead for carers in the Health Board, but as this is an RPB sponsored piece of work, Abi Harris is bringing this to the Board as Exec Lead for the RPB.

The RPB has been sighted on this work through the Strategic Leadership Group, and Health Board representatives also sit on the Unpaid Carers Board. This paper has also been through the Health Board's QSE Committee and was well received and endorsed by the committee.

Unpaid carers play a unique role in keeping many people healthy and well in our communities, without which our system would struggle to cope. This renewed focus on unpaid carers through the publication of a joint Charter, will allow for increased identification as well as improvement in services and support available to unpaid carers in our region.

The attached Companion Document begins to clarify the ongoing work to develop services and this will continue to be supported and monitored by the Regional Partnership Board.

Cadwers.Natha
23/09/2022 07:07:45

Recommendation:

The Board is requested to:

a) **ENDORSE the RPB Unpaid Carers Charter.**

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 – risks noted and monitored by the Unpaid Carers Board
Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)
Safety: 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 – as highlighted in the Unpaid Carers Charter companion document (attached)
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 – as highlighted in the Unpaid Carers Charter companion document (attached)
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: No
Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)
Reputational: 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 – as highlighted in the Unpaid Carers Charter companion document (attached)
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

Saundra Newman 30/09/2022 12:07:16

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 – EHIA completed and considered in the development of the Charter

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: N/A

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:	
CVUHB QSE Committee	30th August
Senior Leadership Board	22nd September
Health Board	29th September
Local Authority Cabinets	3rd October (Vale or Glamorgan Council), 20th October (Cardiff Council)
Regional Partnership Board	Date: 25th October

Saunders.Nathan
22/09/2022 12:07:45

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

BYW'N DDA LIVING WELL

Cardiff and Vale
Unpaid Carers Charter

Approximately 1 in 10 of us who live in Cardiff and the Vale of Glamorgan provide unpaid care to a family member or friend. This Charter pledges commitment of partners across the region including; NHS, local authorities, voluntary and 3rd sector organisations and outlines how we will support you if you care for someone.

Are you an unpaid carer?

Many people do not think of themselves as an unpaid carer. In Wales, we recognise unpaid carers as someone who provides unpaid care to an adult or disabled child. The cared for person may be a family member or a friend, who due to illness, disability, a mental health problem or an addiction cannot cope without their support. Examples of support you might give to someone if you are an unpaid carer include:

- Helping someone wash and dress themselves and with other personal care
- Housework, food shopping and picking up and administering medication
- Taking someone to hospital and GP appointments
- Providing company and emotional support



Our commitments to you:

- We will ensure unpaid carers are identified and recognised in our communities to be able to provide the information, advice and support needed as soon as possible
- We will ensure the right information and advice is given to unpaid carers at the right time to empower choice and understanding
- We will work to improve the quality of support provided to unpaid carers
- We will develop and improve the skills of our workforce to help unpaid carers achieve what matters to them
- We will make best use of the resources available to contribute to caring for people in our communities and make sure unpaid carers have time to do the things that they enjoy
- We will work together to ensure unpaid carers are supported in education and in work

We want unpaid carers to help us improve services, therefore:

- We will ask you to tell us what you think
- We will listen to the voice of unpaid carers to inform the development of services and support

We as partners across the NHS, local authorities, voluntary and 3rd sector organisations recognise our responsibility in supporting unpaid carers in our community. Therefore, we want to identify and recognise unpaid carers for the vital contribution they make to the community and the people they care for, and in doing so enable carers to have a life alongside caring.

Signatures Nathan 22/07/2022 12:13:45

Contact us for more information:
Carers Gateway
Tel:
Website:

Signatures
Chair of Cardiff and Vale Health Board

Signatures
Councillor Cardiff

Signatures
Councillor Vale

CARDIFF AND VALE
UNPAID CARERS CHARTER

Young carers are really important to us, to the communities where they live and to the people they care for. We want to know if you care for someone, so that we can help you and the person you care for, and make sure you have time to do things for yourself.

AM I A YOUNG CARER?

You're a young carer if you're under 18 and help to look after a relative with a disability, illness, mental health condition, or drug or alcohol problem.

If you're a young carer, you probably look after one of your parents or care for a brother or sister. You may do extra jobs in and around the home, such as cooking, cleaning or helping someone get dressed and move around. You may also give a lot of physical help to a parent, brother or sister who's disabled or ill.

Along with doing things to help your brother or sister, you may be giving them and your parents emotional support, too.



We realise that this can feel like a lot of responsibility, and we want to make sure you are supported and able to still have as normal a life as possible, that's why we have created a list of commitments or promises to you.

OUR COMMITMENTS TO YOU:

- We will ensure you as a young carer are recognised from as early as possible, so that we can help you
- We will help you understand what it means to be an unpaid carer and how we can support you
- We will work hard to make sure we do our very best to help you
- We will make sure that adults who might support you, such as teachers, can do the best job they can
- We will help you to still do the things you want to do, this might mean seeing friends, or doing activities
- We will work together to help you in school so that you can still learn and reach your full potential

WE THINK YOU ARE BEST PLACED TO TELL US HOW TO MAKE THINGS BETTER, SO WE WILL ALSO:

- We will ask you to tell us what you think about the support we give you
- We will listen and work hard to improve what we do based on what you say

Jennifers Nathan
25/09/2022 12:07:45

Contact us for more information

Tel:

Email:

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

BYW'N DDA LIVING WELL

Cardiff Council, Vale of Glamorgan Council
and Cardiff and Vale University Health Board

DRAFT

Cardiff and Vale Unpaid Carers Charter Companion Document



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

BYW'N DDA LIVING WELL

Our vision
"To identify and recognise unpaid carers for the vital contribution they make to the community and the people they care for, and in doing so enable unpaid carers to have a life alongside caring."

Our vision for Young Unpaid carers
"Young unpaid carers are really important to us, to the communities where they live and to the people they care for. We want to know if you care for someone, so that we can help you and the person you care for, and make sure you have time to do things for yourself"

Status (Draft/Final)	Final Draft
Description	Cardiff and Vale Unpaid Carers Charter companion document
Date	May 2022
Author & Contact Details	Unpaid Carers Board Cardiff and Vale of Glamorgan Contact: Chris Ball, Programme Manager Tel: 07754829432 Email: christopher.ball@wales.nhs.uk

Saunders Jonathan
22/07/2022 12:07:45

Acknowledgement

We would like to thank all the unpaid carers, including young unpaid carers, third sector organisations, our partners in health and social care and many others for their input to the development of this Charter. In particular, their ongoing commitment and support which has made a positive difference in developing this strategy.

Thank you also to Glamorgan Voluntary Service, Cardiff Third Sector Council, Cardiff and the Vale University Health Board, Cardiff Council, the Vale of Glamorgan County Council the Cardiff and Vale Regional Partnership Board and the Regional Unpaid Carers Board.

Saunders,Nathan
22/09/2022 12:07:45

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22/09/2022 12:07:45

Foreword

We are pleased to introduce Cardiff Council, the Vale of Glamorgan Council and, Cardiff and Vale University Health Board's Unpaid Carers Charter.

We recognise the vital contribution that unpaid carers make to our communities and the people they care for. We are committed to ensuring that unpaid carers are recognised and that every step is taken to ensure the region is an environment that supports the highest quality of life possible for unpaid carers and the people they care for.

We firmly believe that a regional approach to unpaid carers is a positive step for the area. By working together with a wide range of organisations who come into contact with unpaid carers, we can support the region to become a beneficial environment within which unpaid carers, and those who benefit from their assistance, can thrive.

This Charter demonstrates our commitment to deliver the best outcomes for unpaid carers and the people they care for and will give us a clear strategic direction for the next five years. The Charter will introduce eight clear commitments, which we have developed from a review of national strategy and by listening to what unpaid carers have told us matters most to them.

The Charter further shows our dedication to work together, in partnership, to develop and deliver the best support available to unpaid carers, and make the best use of shared resources. We would like to thank everyone who has given their time to attend consultation events and for giving us their expert opinions and commitment to improving the lives of unpaid carers' in Cardiff and the Vale of Glamorgan.

To be signed off by Councillor Cardiff, Councillor Vale and Chair UHB

Saunders,Nathan
22/09/2022 12:07:45

Introduction

Cardiff Council, the Vale of Glamorgan Council, Cardiff and Vale University Health Board work together jointly to oversee the development and delivery of integrated health and social care services in Cardiff and the Vale of Glamorgan, to ensure they support local people and their needs.

Our regional partnership has worked with unpaid carers and the people they care for, to understand their experiences and what matters to them. We have taken into account what unpaid carers have told us, legislation, and local context and looked at our resources. Together we have produced a set of commitments that sets out clear direction for the planning and development of support to all unpaid carers across the region over the next five years.

The Unpaid Carers Charter outlines our vision and eight commitments which we believe are fundamental to supporting unpaid carers now and, in the future, and gives direction for the development of support to unpaid carers across Cardiff and the Vale of Glamorgan.

What is an Unpaid Carer?

A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support

Across Wales there are an estimated 370,000 carers and approximately 50,580 in Cardiff and the Vale of Glamorgan. The economic value of the contribution made by unpaid carer in Wales is estimated at £8.1 billion a year (census 2011).

Carers make a huge contribution to the local and national health and social care economy through the provision of care and support to relatives, families and friends. Providing this care improves the quality of life of the people they care for and can often go unrecognised, even by carers themselves who may not recognise or see themselves as "a carer". Looking after carers' well-being is vital to delivering sustainable social services to the people in our communities.

Purpose – why have an Unpaid Carers Charter?

The purpose of our Charter is to improve outcomes for unpaid carers across the region. This Charter and companion document will outline and support our ambition to make the region a supportive and beneficial environment for unpaid carers, and ensure that those who benefit from their work, can thrive.

Our vision

"To identify and recognise unpaid carers for the vital contribution they make to the community and the people they care for, and in doing so enable carers to have a life alongside caring."

"Young carers are really important to us, to the communities where they live and to the people they care for. We want to know if you care for someone, so that we can help you and the person you care for, and make sure you have time to do things for yourself"

Aim

The Charter will enable us to:

- improve support for unpaid carers
- explore and identify new ways of working
- increase accessibility to information, advice, and assistance for unpaid carers

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National Context

National Priorities

The Welsh Government Strategy for Unpaid Carers has four National Priorities.

Our regional commitments have taken account the National Strategy for Unpaid Carers and provide the framework for improving the delivery of carer support services across our region. The National Priorities state:

Priority One
Identifying and valuing unpaid carers – all unpaid carers to be valued and supported to make an informed choice about the care they provide and to access the support they need whilst caring and when the caring role comes to an end.

Priority two
Providing information, advice and assistance – it is vital all unpaid carers have access to the right information and advice at the right time and in an appropriate format.

Priority three
Supporting life alongside caring – all unpaid carers must have the opportunity to take breaks from their caring role to enable them to maintain their own health and well-being and have a life alongside caring.

Priority four
Supporting unpaid carers in education and the workplace – employers and educational / training settings should be encouraged to adapt their policies and practices, enabling unpaid carers to work and learn alongside their caring role.

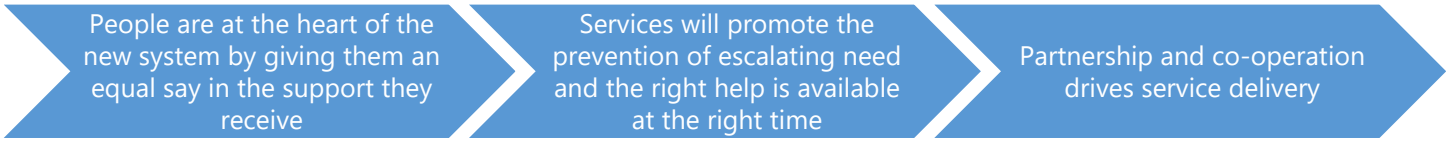
Saunders,Nathan
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The Law

The two main pieces of legislation reflected in our commitments are the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015.

The Social Services and Well-being (Wales) Act 2014

The Act represents a unifying set of legislation across all of health and social care in Wales. It has imposed duties on local authorities, health boards and the Welsh Assembly to work to promote the well-being of those who need care and support and unpaid carers who need support. The principles of the Act:



The Act outlines key duties, to ensure:

- People have control over what support they need, making decisions about their care and support as an equal partner
- New proportionate assessment focuses on the individual
- Unpaid carers have an equal right to assessment for support to those who they care for
- Easy access to information and advice is available to all
- Powers to safeguard people are stronger
- A preventative approach to meeting care and support needs is practised
- Local authorities and health boards come together in new statutory partnerships to drive integration, innovation and service change

For the first time, the Act gave carers the same rights as those they care for and brought in a broader definition of a carer:

"A person who provides or intends to provide care for an adult or disabled child"

Stronger duties are placed on local authorities to identify, assess and support carers.
• More carers are entitled to a carers' assessment and support plans • Local authorities must offer assessments where they believe a carer has a need for support • Staff must promote the well-being of carers who need support • Local authorities and partners must assess the needs of carers in their area and submit a plan to Ministers on how they will meet these needs • If a local authority determine that a carer's needs meet the edibility criteria then they must consider what can be done to meet those needs • There is a greater focus on the role of third sector organisations in providing services and support

The Well-being of Future Generations (Wales) Act 2015

The Act places a duty on Public bodies (including health and social services) to make sure that when making their decisions they take into account the impact they could have on people living their lives in Wales in the future. The Act requires them to: • work together better • involve people reflecting the diversity of our communities • look to the long term as well as focusing on now • take action to try and stop problems getting worse - or even stop them happening in the first place.

Pembrokeshire County Council 22/01/2021 15:07:49

How have we developed our commitments?

To understand the most detailed possible picture of the situation for unpaid carers in the region, we collected information from the following sources:

- Consultation across Cardiff and the Vale of Glamorgan
- Online survey for adult carers, young carers and professionals
- Outreach through social media and the third sector
- Engagement events and workshops for adult, young carers and professionals
- Research and analysis from key institutions such as the Care Inspectorate Wales and Social Care Wales
- Existing public consultation activity for example. Cardiff Debate, UK Census, Population Needs Assessment
- Local authority and health board practitioners, performance teams and analysts
- Third sector organisations
- Local, national and international examples of best practice
- Additional local, regional and national strategies and policies
- Disability Futures – Parental Engagement Sessions
- Supporting Carers - UHB Staff Survey (Carers Wales/Pollen Shop)
- Cardiff & The Vale Carer Engagement Project (The Care Collective)
- Parliamentary Review of Health and Social Care in Wales (January 2018)

A number of consultations and reviews have taken place working with and targeted at the health and social care sector. The results have helped to inform the direction of our Charter:

- A State of Caring in Wales (Carers UK, 2021)
- Preventative Support for Adult Carers in Wales: Rapid Review (Social Care Wales, 2018)
- Let's Talk (Cardiff and the Vale of Glamorgan Population Needs Assessment 2022)
- Young Carers Speak Out (Cardiff University, 2016)
- Track the Act Briefing 4 (Carers Wales, 2019)
- Provision for young carers in secondary schools, further education colleges and pupil referral units across Wales (Estyn, May 2019)
- The 'Front Door' to Adult Social Care (Wales Audit Office, 2019)

The findings of the consultation events and online surveys provided us with positive feedback on the priorities identified. Based on this information and what unpaid carers had already told us about what would help them, we finalised these as the eight commitments that our Charter should focus on.

Saunders,Nathan
22/09/2022 12:07:45

Our commitments

Our regional commitments which set out our priority areas of work for the next five years are based on what unpaid carers have told us matter to them.



We will ensure unpaid carers are identified and recognised in our communities

What we know about unpaid carers:

- Not all unpaid carers identify themselves as being a carer, often they do not recognise their caring role and see themselves as a relative or a friend.
- Young people may be reluctant to identify as young unpaid carers for a number of reasons, including fear of being stigmatised or bullied, a sense of loyalty to their family, or simply not recognising their caring role.
- Unpaid carers from black, Asian and ethnic minority groups can face additional challenges in recognising themselves as a carer and can struggle with language barriers, stereotypes and accessing culturally appropriate services.
- Unpaid carers can struggle with demands on their time, they may be unable to recognise their own needs and seek support.

These are some of the things we are going to do:

- Work with our partners in health, social care, housing, education, and the third sector (for example. charities and voluntary groups) to promote awareness of early identification of unpaid carers through information and training.
- Work with schools to help make the identification and support for young unpaid carers in primary and secondary schools as easy as possible.
- Work with GP practices to support the identification and recognition of all unpaid carers.

What does good look like?

- Unpaid carers will be recognised, and able to identify themselves as an unpaid carer.
- People will understand what being an unpaid carer means.
- Those working with children are able to identify young carers.
- Specific needs and issues will be identified for different carer populations, and support will be culturally and socially appropriate and accessible.

Dan's story

Dan is 15 years old and cares for his younger sibling who has epilepsy and also for his mum, who isn't very well. He is in Year 10 at school and his school life is really busy as he starts to prepare for his GCSEs.

He didn't like speaking about being a young carer because he felt different from his friends, so he just kept it to himself. He was very proud to be helping his mum and brother, but sometimes wished he could do some things on his own or with his friends and not have to worry about his family.

Dan didn't realise that school could help him. He spoke to his form teacher and said that he thinks he is a young carer. The school told Dan about a young unpaid carers youth club, which he now attends, when he can, and because his teachers are aware of his situation, he feels he can ask them for help with planning his school work.

Saunders Latham
2019.10.22 14:07:43

We will ensure the right information and advice is given to unpaid carers at the right time

What we know about unpaid carers:

- Easy to access, reliable and consistent information are key to unpaid carers knowing where to go to access appropriate support services.
- Unpaid carers want to be able to access information and advice in a variety of ways. For example, young unpaid carers may prefer to use social media or the internet to access the information they need.
- Unpaid carers are more likely to access support if it is local and provided in their communities.
- Early intervention is crucial to helping unpaid carers maintain their health and well-being. Lack of local, support services can potentially contribute to a rise in A&E visits and hospital admissions as families say they often have nowhere else to turn.

These are some of the things we are going to do:

- Promote early intervention and preventative services to help unpaid carers and the person they care for.
- Make information available to unpaid carers in the most appropriate format (easy-read/braille/ in different languages).
- Use social media and the internet to make it easier for unpaid carers to find the right information when they need it.
- Inform unpaid carers of their right to support and that their rights are equal to those they care for.

What does good look like?

- Unpaid carers will know where to go to find information and advice to help them when they need it.
- Making unpaid carers aware of their rights will enable them to make informed decisions and have choice and control.
- Through early intervention unpaid carers will know where to go for help and support, before things reach crisis.
- Young carers will know who they can ask for help and will be included in age appropriate conversations about their caring role.

Isobel's story

Around twelve years ago Isobel's mum's suffered quite a major stroke. Unfortunately this left her with long term health problems and mobility issues which began to impact on her day to day life. Her mum could no longer live on her own and went to live with Isobel and her two sons.
Initially Isobel received a lot of support from hospital staff. She appreciated having somebody to talk to who was aware of her situation. However, over time, Isobel began to feel she was her own; that life was passing her by.
She didn't know where to turn to, so she eventually contacted a local charity who were able to put her in touch with a carers support group in the community. She now attends, every fortnight, and takes her mum, which they both enjoy. She has made a few friends and they are able to support each other

Rhondda Nedd
22/03/2021 12:07:45

We will work to improve the quality of support provided to unpaid carers

What we know about unpaid carers:

- Unpaid carers would prefer to provide complex and detailed information about them, once and not have to repeat themselves.
- Unpaid carers acknowledge the sharing of information between organisations and may seek different kinds of support from different people or organisations.
- Young unpaid carers often face individual challenges which may not be linked to their caring role. These challenges need to be considered when undertaking assessments or planning support for them.
- Useful information to help unpaid carers with practical things, such as where to go to for legal help, how technology can help them to become more efficient and take some of the worry out of caring.

These are some of the things we are going to do:

- Facilitate and promote carer support networks to provide an opportunity for unpaid carers to share experiences and learning from each other.
- Develop training for young unpaid carers to recognise their skills and experience and help young unpaid carers to look after themselves.
- Continue to work with schools so they understand and are able to support young unpaid carers.
- Ensure the needs of unpaid carers are identified and they receive the appropriate support whether through a carer's assessment or in other ways.

What does good look like?

- Unpaid carers will get the support and help they need to do the things that are important to them.
- Access to learn new skills and to help unpaid carers feel confident in their caring role to help build resilience.
- Unpaid carers will receive appropriate support, whether through a carer's assessment or other ways.
- Young unpaid carers will get the support and help they need to do the things that are important to them.

Mahalia's Story

Mahalia has been caring for her neighbour for five years. Mr Wilson is 90 years old, and although he has family, they live abroad and are not able to visit often. Mahalia says she became a carer quite by accident.

At first Mahalia didn't think she was a carer, it was just something that she did. When she saw a carer's information board at her local GP surgery, she began to think maybe she was a carer. Mahalia contacted the council and explained her situation. They offered her a carer's assessment. As part of the assessment the Carer's Officer was able to give her important advice and guidance on how to manage her caring role. It was a chance for Mahalia to talk about her needs with somebody who understood. In recognising herself as a carer, she now feels she has someone to turn to and feels supported to continue her caring role.

Sandwell Nation 22/08/2023 12:10:35

We will develop and improve the skills of our workforce to help carers achieve what matters to them

What we know about unpaid carers:

- Often unpaid carers are too busy caring to be able to ask for help and sometimes need a person to be there to recognise this.
- Unpaid carers want people working with them to hear what they say and to show they understand. Working in partnership with unpaid carers is fundamental to achieving this.
- Making unpaid carers aware of their rights can empower them to have a voice in the support they receive.
- Unpaid carers want contact with professionals more regularly rather than just to offer an assessment.

These are some of the things we are going to do:

- Make links with our partners to identify and promote training and development opportunities for unpaid carers, and identify any training and development needs that are not currently being met.
- Train people who work with young unpaid carers, to make sure they find out about what is important to young unpaid carers and their families to find out how they can help.
- Where appropriate, share information with partner organisations involved in supporting unpaid carers.
- Work in a person-centred approach focussing on individual need to ensure unpaid carers' health and well-being outcomes are co-produced by individuals and members of the workforce.

What does good look like?

- Organisations will work in partnership and will talk to each other to share information to make things as good as they can be for unpaid carers.'
- The people who work for us will be able to help unpaid carers in the best way and they will understand what it is really like to be a carer.
- Unpaid carers and the people who work with them will understand how modern technology solutions will help manage their caring role and can take some of the worry out of caring.

Arthurs' Story

Arthur is 77 years old and has been caring for his wife Mary who has dementia. Mary also has an underlying health condition which requires a daily visit from a District Nurse.
In recent months Mary has not wanted to go out and gets very agitated when people visit the family home. Arthur and his wife used to have a very active social life.
The District Nurse suggested that Arthur should think about having some support for himself and said that she would speak to Mary's social worker about it. A visit was arranged and following a carers assessment it was agreed that a local volunteer befriending service might be able to help. The social worker got in touch with the local group for Arthur and together with the District Nurse they arranged for the visits to take place at the same time until Mary got used to the volunteer.
Arthur has re-joined his local bowls club and says that it has made him feel so much better. He now has some time to enjoy himself without worrying about leaving Mary.

Bauburs Mynan 22/09/2021 12:07:40



We will make best use of the resources available to contribute to caring for people in our communities and make sure unpaid carers have time to do the things they enjoy

What we know about unpaid carers:

- Unpaid carers understand that resources are limited and it is essential they are used in the most efficient and effective way.
- Each carer has different, individual needs, wishes and outcomes. Support needs to be wide ranging and meet the needs of different groups of unpaid carers, including young, older and parent unpaid carers and inclusive of LGBTQ+, minority ethnic and disabled carers.
- Unpaid carers appreciate honestly about what resources are available to them.
- Unpaid carers want to be involved in the developing and creating new and flexible opportunities for support.

These are some of the things we are going to do:

- Recognise whilst there are many things unpaid carers have in common, the support available to unpaid carers need to be individual and consider the unique nature of their caring role.
- When support is provided, unpaid carers will be asked what difference it has made, to make sure we are supporting them in the best and most cost-effective way.
- Set up carer support groups at community location for example. GP surgeries, libraries, with information about keeping healthy and connected.
- Develop support for unpaid carers using digital solutions for example, use online carer forums and social media to help access information and support.

What does good look like?

- Money and resources will be spent in the best way to help unpaid carers.
- People who can support unpaid carers will understand how to do things differently to make things better for unpaid carers.
- Working in partnership with people who provide support to ensure carer's preferences, needs and values guide decisions and are respectful and responsive to unpaid carers.
- Unpaid carers will have access to a range innovative support including technology.

Anna's story (Parent Carer)

Anna became a carer on the day her daughter was born. Her daughter Sophie has cerebral palsy and requires constant care and support. Anna didn't recognise herself as a carer, she just saw herself as a mum and thought that giving up her job to look after her was something that any mum would do. Anna had become increasingly isolated since her daughter was born and sometimes felt lonely when her husband was at work.

As part of their outreach program, the local council had a carers information stand in the local garden centre. Anna had a chat with a carers' officer who told her about some local community support groups that she could get in touch with and suggested that having a carers assessment might help.

Gateshead Council 22/09/2021 10:07:43



We will work together to ensure unpaid carers are supported in education and work

What we know about unpaid carers:

- There is a growing need for employers to support people who juggle work and their caring responsibilities. Supporting working unpaid carers can help to reduce stress, improve morale and reduce absences.
- Often unpaid carers are too busy caring to be able to ask for help and sometimes need a person to be there to recognise this.
- Unpaid carers will face a unique set of challenges based on their circumstances, whether in education, unemployed, employed, self-employed or retired; therefore, services and information should be sensitive to this.

These are some of the things we are going to do:

- Support unpaid carers to return or remain within the workforce, either alongside or instead of the caring role if they want to.
- Work with schools to help make the identification and support for young unpaid carers in primary and secondary schools as easy as possible.
- Working with employers and their representative bodies to promote unpaid carer friendly workplaces.

What good looks like:

- Unpaid carers will be supported to achieve their personal outcomes, including continuing to work where possible.
- Young carers will know who they can ask for help and will be included in age appropriate conversations about their caring role.
- The people who work for us will be able to help unpaid carers in the best way and they will understand what it is really like to be a carer.
- Unpaid carers not in employment, education or training should be able to access the right information, advice and support to develop the skills to gain suitable employment, whether re-entering the workforce, or getting a job for the first time.

Case study

Melanie is a full-time mum who cares for her son who has autism; but she was struggling to find a job which worked alongside her busy home life. She was referred to the Carer's Gateway through their Social Worker to have a discussion about some of the wider support available in the region. Through having a 'What Matters?' conversation the Carer's Gateway found out she had an interest in floristry and so were able to support Melanie to apply for a grant to undertake an online floristry course to receive an accredited qualification.

Melanie is now able to run her own business from home, which provides additional income, whilst still being able to fulfil her caring role.

Saunders,Nathan
12/09/2022 12:07:45

We will ask you to tell us what you think

What we know about unpaid carers:

- Unpaid carers want to be given the opportunity to tell organisations what they think about the services and support they use.
- Engagement should be pro-active and inclusive, taking into account specific, targeted engagement with diverse carer groups.
- Consistent and meaningful carer engagement should be at the heart of all good health and social care policies and planning.
- Unpaid carers by nature have limited time. Ways in which people are asked to contribute need to consider timeframes and allow for planning and timely responses.

These are some of the things we are going to do:

- Make sure consultation and engagement activities are accessible and unpaid carers are supported to be able to contribute their views and opinions effectively.
- Evaluate and review the current ways we engage with unpaid carers and how effectively different carer groups are represented and develop ways to reach any groups which may be under represented.
- Provide different opportunities for unpaid carers to have their say and ask unpaid carers to tell us the best way to involve them, for example, via social media, on their own or with a group of unpaid carers.
- Engage with young unpaid carers in evaluating support and work with them in designing support options that best suit their individual caring situations.

What does good look like?

- Feedback on what unpaid carers have told us will be used and shared more effectively in the planning of and delivery of support to unpaid carers.
- Unpaid carers will feel their voice is heard and build better relationships between unpaid carers and people who work with unpaid carers.
- Open and honest engagement with unpaid carers to evaluate the support available to them and what is working well and not so well.
- Working in partnership with unpaid carers and people who work with unpaid carers to improve the support available in the region.

Bob's story

Bob's wife Martha was diagnosed with a brain tumour shortly after they were married. Due to the location of the tumour, surgery was difficult and Martha was left with behavioural problems ever since. It changed both of their lives.

Through a local charity he found some training courses which helped him to develop his skills in caring for his wife. Most beneficial was the contact with other carers.

Through his contact with the local charity they asked Bob if he would like to be part of a panel of carers who meet to discuss the support available to them, in their local area. The carers' panel is a group of volunteers who work with local organisations to help develop, evaluate and review services for carers.

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We will listen to the voice of unpaid carers to inform the development of services and support

What we know about unpaid carers:

- Unpaid carers want people to understand their role, who listen to them and are not judgemental.
- Young unpaid carers want to be heard and recognised and be included in decisions that affect their lives.
- When the cared for person is in hospital, unpaid carers want to be informed of important decisions which may impact on their role as a carer.
- Unpaid carers want to be involved in the decisions that impact on them and value honest and open dialogue with professionals.

These are some of the things we are going to do:

- Ensure unpaid carers have a choice over how to conduct an assessment that best supports their lifestyle.
- Include unpaid carers when a decision is made about them, and if it is required, ask someone to help decide what is best.
- If the person being cared for is admitted into hospital, let unpaid carers know what is happening and include them in the discussions when they are able to come home.
- Continue to engage with young unpaid carers through the Young Carers Forum and use it to create support better for young carers.

What does good look like?

- Unpaid carers will be given the opportunity to be listened to and involved in the decisions about the support they receive and the care of their family.
- Unpaid carers will be included within the hospital admission and discharge planning process.
- Young unpaid carers will be given the opportunity to be involved in the decisions about the support they receive.
- Advocacy will be proactively offered, explained and independent form the advocacy for the person they care for.

Aazad's Story

Aazad's parents came to Wales in the late 1950s. They had no older relatives in the country, they had no experience of the issues people may face as they get older.

Around seven years ago, Aazad's mum, Hayat's health started to deteriorate. Her husband didn't realise the seriousness of her condition and found it difficult to express himself to health professionals so Aazad stepped in to help his mum and dad. Shortly after, Hayat was diagnosed with vascular dementia.

Aazad said that at the time he felt stuck and very alone. He was unsure about any rights he had to be involved in the decisions around his mum's care.

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How will we deliver on our commitments?

Implementation and next steps

To achieve our shared vision and deliver our eight commitments we will work together with all of our stakeholders to jointly develop and implement detailed action plans.

We will involve the right people at the right time and utilise the Unpaid Carers Board as an expert reference group to develop and implement the plans. We will work closely with unpaid carers and staff in Cardiff and Vale of Glamorgan Councils, the Cardiff and Vale University Health Board and third sector organisations to make sure we support unpaid carers the best way we can. We will continue to recognise the invaluable difference unpaid carers make to the lives of those who they care for and the vital contribution they make to our communities.

Our next steps

Our next task is to produce detailed action plans for the future. This will be based on the areas highlighted for development within this document which have been brought together in Appendix A. Our action plans will include what we are going to do to and how we will support unpaid carers in their caring role and enable them have a life alongside caring. We will make sure our plans are:

- kept within the parameters of the priorities and consistent with our vision for unpaid carers
- monitored regularly through the Unpaid Carers Board
- regularly reviewed and where necessary adjustments made to account for any changes that impact the ability to achieve the actions

How will we know when we have achieved our priorities?

We will regularly report the activity of the action plans to the Unpaid Carers Board so they can monitor and evaluate progress. We will continue to speak with unpaid carers and ask them if we have achieved our aims; this feedback will ultimately tell us if we have improved unpaid carers' well-being and the quality of support they receive.

Quality and Performance Monitoring

It is important we strive to provide high quality and sustainable support for unpaid carers. Over the next five years, we will work with unpaid carers and our partners to determine how and what support would be most beneficial to enable unpaid carers to maintain and improve their well-being whilst continuing to meet the demands of their caring role.

The Welsh Government code of practice in relation to the performance and improvement of social services in Wales requires us to report specific metrics to help understand how our work facilitates improvement in social care, specifically when contributing to the well-being outcomes of unpaid carers who need support.

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Quality assurance measures will be put in place in line with Social Service and Well-being (Wales) Act 2014 and link to each of the priorities to help us evaluate their effectiveness in supporting unpaid carers to achieve their outcomes.

Needs and Demand

We have collected a wide range of information from and about unpaid carers, including local and national information. This has helped us to understand what is like to be a carer in Cardiff and the Vale or Glamorgan and what we can do to make things better.

This analysis gave us useful insight and understanding of some of the key areas we need consider when both developing our strategy and during its implementation.

Cardiff and Vale Population Needs Assessment[1]

The Population Needs Assessment for Cardiff and the Vale of Glamorgan undertaken in 2021/22 gave valuable information about the main areas of concern for unpaid carers.

Cardiff and the Vale of Glamorgan has approximately 50,580 unpaid carers of all ages, based on the 2011 Census. The figures for unpaid carers (below) are likely to be an underestimate of the true number, as data collection was over 10 years ago, and the overall population has grown in numbers since then. Additionally, Carers Wales have reported that in the first few weeks of the pandemic, in Wales alone, around 196,000 people became unpaid carers. Tables below show that the proportion of the population who are unpaid carers in the Vale of Glamorgan is the same as the national average (12%); however, in Cardiff it is less at 10%.

The number of carers in Cardiff and the Vale of Glamorgan (census 2001, 2011)

Increase in number of unpaid carers across the region as reported in the 2011 census compared to the previous census in 2001.

Cardiff & Vale of Glamorgan	**2001**	**2011**
Provides 1 to 19 hours unpaid care a week	29,527	31,610
Provides 20 to 49 hours unpaid care a week	5,066	6,779
Provides 50 or more hours unpaid care a week	10,428	12,191
Total	**45,021**	**50,580**

Current number of carers by age range in Cardiff and the Vale of Glamorgan (census)

	Cardiff & the Vale of Glamorgan
Age 0 to 15	996
Age 16 to 24	3,454
Age 25 to 34	4,928
Age 35 to 49	12,888
Age 50 to 64	17,746
Age 65 and over	10,568
Total	**50,580**

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[1] https://cvihsc.co.uk/about/what-we-do/population-needs-assessment/

State of Caring 2021[2]

Each year, Carers UK carries out a survey of carers to understand the current state of caring in the UK. This report contains a snapshot of what caring in Wales is like in 2021, capturing the impact that caring has on carers' lives and evidencing the policy recommendations that would improve this.

Financial:

Caring often brings with it additional costs, from equipment and care costs to increased expenditure on fuel and transportation. When asked to describe their current financial situation, 36% of carers in Wales said they were struggling to make ends meet. A further 23% are or have been in debt as a result of caring and 8% cannot afford utility bills such as electricity, gas, water or telephone bills. When asked about how their financial situation had changed since the start of the COVID-19 pandemic, 36% of carers said that their financial situation had got worse since the start of the pandemic. Caring can be expensive and 65% of carers are spending their own money on care, support services or products for the person they care for. The average monthly spend for carers in Wales is £109.75 and with high rates of inflation and a rising cost of living, this extra spend is likely to further disadvantage carers financially.

Support and Services:

Carers often need practical and emotional support to enable them to care safely for people with complex needs, and too often they struggle to get the support they need. When asked about barriers to accessing support, the largest issue for Welsh carers was that they did not know what services were available in their area with 40% of carers reporting this as a barrier. In addition, 30% of carers were concerned about the risk of catching COVID-19 and 32% say that the care and support services did not meet their needs. Considering the future of services, 51% of carers were uncertain about what practical support they may be able to access in the next twelve months and 66% were worried that services will be reduced.

Health:

Caring can have a detrimental impact on someone's physical and mental health. 26% of carers described their physical health as bad or very bad. 34% of carers rated their mental health as bad or very bad. Looking at wider indicators of wellbeing, 36% of carers reported that they are often or always lonely, otherwise known as being 'chronically lonely'. Carers also rated their overall satisfaction with life at an average of 4 out of 10 and their level of anxiety at 6 out of 10.

Carer's Assessments:

The Social Services and Well-being (Wales) Act 2014 gives Welsh carers the right to a carer's needs assessment. Despite carers' rights to assessments only 21% of Welsh carers reported having an assessment in the last 12 months. Of those, 28% waited more than six months for their assessment. Of those who hadn't requested a carer's assessment, 37% stated that this was because they didn't

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[2] https://www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-2021-report

know what it was and 20% stated it was because they didn't think it would be beneficial. 10% of carers said their assessment had been postponed or they were still waiting.

Technology:

When asked about their current use of digital technology, remote healthcare such as online GP appointments was the most popular technology listed with 37% of carers stating that this made their caring role easier. Looking to the future, 31% of Welsh carers would like to continue accessing support services digitally in the future and 44% stating they would like to continue accessing health and social care services digitally.

Work

Working carers represent a significant proportion of the working population and 196 respondents were in paid work. The pandemic is continuing to have an impact on working experiences, with 51% of working carers are working from home part or full time. The limited return of services continues to have an impact. 30% of working carers in Wales stated that if care services did not return, they would either need to reduce their working hours or give up work entirely.

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Finance & Resources

We will make sure that all funding streams identified for carers are co-ordinated and provide support in the way they need it most and when they need it most. We will consider all resources to help deliver against our seven priorities; this includes making best use of the following funding streams:



As the populations in our communities change we need to change how we provide care and support. We will see an increasingly older population who need support to manage as well as seeing increases in the number of people with complex needs and people who look to us to help them. We need to acknowledge the budget pressures we are likely to face in the future.

We will continue to work together with our partners in new and innovative ways to deliver the most efficient, effective and sustainable support to unpaid carers. Through greater collaboration and integration of services we will maximise the use of all available resources to help deliver support to all unpaid carers in Cardiff and the Vale of Glamorgan.

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Appendix A

The below table, pulls out all of the key actions within the commitment document, these will be taken forward and monitored by the regional Unpaid Carers Board:

Commitment	What will we do?
We will ensure unpaid carers are identified and recognised in our communities	Work with our partners in health, social care, housing, education, and the third sector (for example. charities and voluntary groups) to promote awareness of early identification of unpaid carers through information and training.
	Work with schools to help make the identification and support for young unpaid carers in primary and secondary schools as easy as possible.
	Work with GP practices to support the identification and recognition of all unpaid carers.
We will ensure the right information and advice is given to unpaid carers at the right time	Promote early intervention and preventative services to help unpaid carers and the person they care for.
	Make information available to unpaid carers in the most appropriate format (easy-read/braille/ in different languages).
	Use social media and the internet to make it easier for unpaid carers to find the right information when they need it.
	Inform unpaid carers of their right to support and that their rights are equal to those they care for.
We will work to improve the quality of support provided to unpaid carers	Facilitate and promote carer support networks to provide an opportunity for unpaid carers to share experiences and learning from each other.
	Develop training for young unpaid carers to recognise their skills and experience and help young unpaid carers to look after themselves.
	Continue to work with schools so they understand and are able to support young unpaid carers.
	Ensure the needs of unpaid carers are identified and they receive the appropriate support whether through a carer's assessment or in other ways.
We will develop and improve the skills of our workforce to help carers achieve what matters to them	Make links with our partners to identify and promote training and development opportunities for unpaid carers, and identify any training and development needs that are not currently being met.
	Train people who work with young unpaid carers, to make sure they find out about what is important to young unpaid carers and their families to find out how they can help.
	Where appropriate, share information with partner organisations involved in supporting unpaid carers.
	Work in a person-centred approach focussing on individual need to ensure unpaid carers' health and well-being outcomes are co-produced by individuals and members of the workforce.
We will make best use of the resources available to contribute to caring for people in our communities and make sure unpaid carers have time to do the things they enjoy	Recognise whilst there are many things unpaid carers have in common, the support available to unpaid carers need to be individual and consider the unique nature of their caring role.
	When support is provided, unpaid carers will be asked what difference it has made, to make sure we are supporting them in the best and most cost-effective way.

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	Set up carer support groups at community location for example. GP surgeries, libraries, with information about keeping healthy and connected.
	Develop support for unpaid carers using digital solutions for example. use online carer forums and social media to help access information and support.
We will work together to ensure unpaid carers are supported in education and work	Support unpaid carers to return or remain within the workforce, either alongside or instead of the caring role if they want to.
	Work with schools to help make the identification and support for young unpaid carers in primary and secondary schools as easy as possible.
	Working with employers and their representative bodies to promote unpaid carer friendly workplaces.
We will ask you to tell us what you think	Make sure consultation and engagement activities are accessible and unpaid carers are supported to be able to contribute their views and opinions effectively.
	Evaluate and review the current ways we engage with unpaid carers and how effectively different carer groups are represented and develop ways to reach any groups which may be under represented.
	Provide different opportunities for unpaid carers to have their say and ask unpaid carers to tell us the best way to involve them, for example. via social media, on their own or with a group of unpaid carers.
	Engage with young unpaid carers in evaluating support and work with them in designing support options that best suit their individual caring situations.
We will listen to the voice of unpaid carers to inform the development of services and support	Ensure unpaid carers have a choice over how to conduct an assessment that best supports their lifestyle.
	Include unpaid carers when a decision is made about them, and if it is required, ask someone to help decide what is best.
	If the person being cared for is admitted into hospital, let unpaid carers know what is happening and include them in the discussions when they are able to come home.
	Continue to engage with young unpaid carers through the Young Carers Forum and use it to create support better for young carers.

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Report Title:	**Development of a Wellbeing Hub @ Park View - OBC**				Agenda Item no.	7.3	
Meeting:	Cardiff & Vale University Health Board				Meeting Date:	29 September 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 development of a Wellbeing Hub at Park View to provide fit for purpose primary and community care facilities to serve the residents of the Cardiff South West Cluster

A copy of the Executive Summary is attached. The full OBC document (including the Appendices) is commercially sensitive and has been provided to Board Members separately.

This £23.176m capital investment from the All Wales Capital Programme will enable Cardiff and Vale University Health Board to develop a Wellbeing Hub at Park View. The Wellbeing Hub will provide fit for purpose primary and community care facilities to serve the residents of the Cardiff South West Cluster in support of the Health Board's vision for primary care and community services outlined within the *Shaping Our Future Wellbeing Strategy*. The development will be progressed as one of the first tranche of projects described in the *Shaping Our Future Wellbeing: In Our Community Strategy* Programme Business Case which was endorsed by Welsh Government in December 2019.

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 through the *@Home* programme.

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 - new build facility on the Park View site, reinstate Park View Health Centre provided services only.
Option 2	Less ambitious – larger new build facility on the Park View site, reinstate Park View services and focus on provision of Health Board health and wellbeing services plus GMS sustainability.
Option 3	Intermediate – new build facility on the Park View site; reinstate Park View Health Centre services and GMS, plus Health Board health and wellbeing services whilst focussing on providing wider collaborative wellbeing services with partner organisations such as the Local Authority and third sector.
Option 4	More ambitious – as intermediate option 3 plus an increased or additional provision in local services, new outpatient clinics and cluster delivered services

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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 2	Option 3	Option 4
Total Capital Costs (incl. VAT) (at PUBSEC 250)	12.648m	18.326m	19.224m	23.176m
Total Revenue Costs	73,668	78,166	78,725	80,764

A summary of the economic appraisal which combines the financial scores with the non-financial scores is presented in the table below. The table demonstrates that while Option 1 is preferred on a purely financial basis it fails to meet the objectives of the project, while Option 4 is preferred on a non-financial basis given the extent to which it does meet the project objectives.

When the scores are combined using the benefit points per equivalent annual cost (EAC) methodology, Option 4 becomes the preferred option due to the non-financial appraisal. Option 3 is then ranked second (11.8% behind). **Option 4** is therefore the overall preferred option on the basis of the economic appraisal as despite being more expensive than the other options, meets the project objective most effectively.

	Option 1 Do Minimum	Option 2 Less Ambitious	Option 3 Intermediate	Option 4 More Ambitious
Weighted Non-Financial Scores	206.0	357.0	798.00	961.00
Margin Preferred				20.4%
Non-Financial Ranking	4	3	2	1
EAC impact of Options (£000's)	3,284.2	3,598.8	3,652.3	3,879.2
Economic Ranking of options	1	2	3	4
EAC Benefit Points per EAC	0.063	0.099	0.218	0.248
Combined ranking of Options	4	3	2	1
% below Preferred Options Based on Combined Ranking	-74.7%	-60.0%	-11.8%	0.0%

Capital Costs of Preferred Option
The capital sum to be sought from the All Wales Capital Programme will be **£23.176m** including VAT (subject to uplift from PUBSEC 250)

Revenue Implications
As detailed throughout the OBC, this scheme will provide new facilities for the transfer of existing services currently dispersed across the locality since the closure of the original Park View Health Centre. The facility will also provide for GMS facilities from a relocated Westway Surgery and include an increase in local service provision by delivering more services closer to people's homes and enable where possible out of hospital care, as such there will at this OBC stage, be no additional clinical service costs.

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Therefore the summary of additional revenue costs is as follows:

Cost Type	Additional Revenue Costs £'m
Facilities / Utilities	0.733
Savings from Westway Surgery	(0.057)
Total	0.676

Overall Affordability

The total direct revenue cost to Cardiff and Vale University Health Board (excluding capital charges and depreciation) is £0.676m.

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

Milestone Activity	Date
OBC submission to WG	September 2022
FBC submission to WG	December 2023
Design completion and commence construction	March 2024
Main construction completion	September 2025
Facility operational	November 2025

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;
- Patients in the Cluster 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 Cluster;
- Efficient use of bookable clinic facilities;
- IT/digital technology supporting improved working practices and sharing of information;

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Risks

A Risk Potential Assessment has been undertaken and this is included in the OBC.

Equality Health Impact Assessment (EHIA)

An EHIA has been undertaken for the Wellbeing Hub@Park View proposals (please refer to Appendix 14 of the OBC) 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 currently being assurance tested within the Health Board. It was reviewed and supported by the SOFW: IOC Delivery Group in its capacity as Project Board at its meeting on 24 August and the Business Case Approval Group on 03 August (ahead of normal sequence due to governance meeting schedules). It will continue its passage through Health Board's governance process and at the time of writing is scheduled to be reviewed by the Capital Management Group (19 September) Senior Leadership Group/Regional Partnership Board (14 September) ahead of consideration by the Finance Committee on 28 September for submission to Welsh Government for funding and to engage supply chain partners to progress to Full Business Case stage.

Recommendation:

The Board is requested to:

- **NOTE** and **SUPPORT** the Outline Business Case for the Development of a Wellbeing Hub @ Park View as set out in the attached document ("the OBC") which includes the associated capital and revenue costs, and assessed risks and benefits;
- **NOTE** the support given by the Capital Management Group and the Senior Leadership Group/Regional Partnership Board to the OBC as it has progressed through the Health Board's governance process; and
- Subject to the Finance Committee formally recommending Board approval to submit the OBC to Welsh Government, **APPROVE** that the OBC be submitted to the Welsh Government for approval.

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.	

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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.
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 low
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 the return of staff as the provision of services are returned from their dispersed temporary locations following the closure of the Park View Health Centre.
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 (approved)
SOFW: IOC Delivery Group/Project Board	24 August 2022 (approved)
Business Case Approval Group	03 August 2022 (approved)
Capital Management Group	19 September 2022
Senior leadership Group/ Regional Partnership Board	14 September 2022
Finance Committee	28 September 2022
CAV Board	29 September 2022
Submission to Welsh Government for approval	30 September 2022

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Development of a Wellbeing Hub @ Park View



Executive Summary

July 2022 – Final v10

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Document Information

Status	Draft
Date	19th July 2022
Authors	Adcuris/CVUHB
Circulation	CVUHB Project Team/ CMG/ UHB Board

Version	Date Issued	Summary of Change	Document Owner
Draft v1	October 2017	Strategic Context and Management Arrangements drafted	Alex Evans
Draft v2	August 2018	Initial draft of shortlisted options and appraisals as part of economic case	Alex Evans
Draft v3	December 2019	Updates to whole document following project resurrection	Alex Evans
Draft v4 / 4.1	March / April 2020	Updates to strategic and economic case, drafting of commercial and management cases	Rob Wilkinson
Draft v4.2	July 2020	Updates to business strategies	Rob Wilkinson
Draft v5	April 2021	Updates to whole document following project resurrection after COVID-19	Rob Wilkinson
Draft v5a	August / September 2021	Updates to various sections	Rob Wilkinson
Draft v6	November / December 2021	Updates to strategic and management cases	Rob Wilkinson
Draft v7	February 2022	Updates to economic case commercial and financial cases	Rob Wilkinson
Draft v8	April 2022	Updates to financial case	Rob Wilkinson
Draft v9	May 2022	Updates to various sections	Rob Wilkinson
Final v10	July 2022	Economic appraisal undertaken and financial case/ commercial case finalised	Rob Wilkinson

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1.0 OVERVIEW AND INTRODUCTION

This Outline Business Case (OBC) seeks the approval for a capital investment of £21.415m to enable the development of a Wellbeing Hub at Park View to provide fit for purpose primary and community care facilities to serve the residents of the Cardiff South West Cluster in support of the Cardiff and Vale University Health Board's (CVUHB) vision for primary care and community services outlined within the *Shaping Our Future Wellbeing Strategy*. The development 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 scheme remains a fundamental priority for the Health Board and enabling the redevelopment of these facilities will not only provide much needed local support services but 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. The project will also be an enabler for *Shaping Our Future Communities*, delivering the community infrastructure to support the delivery of integrated services across partner organisations.

2.0 THE STRATEGIC CASE

2.1 The Strategic Context

CVUHB 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.

Throughout the development of this OBC, the Health Board has been mindful to ensure it continues to consider and take account of local and national drivers for the health and wellbeing of the community.

The Health Board is therefore confident that the strategic drivers for this investment and associated strategies, programmes and plans are consistent with national, regional and local strategy and policy documents which underpin the ambition to progress the integrated health

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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

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.

Alongside these national 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"*.

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As outlined above, the strategies are underpinned by four key principles:

- Home first;
- Empower the person;
- Outcomes that matter;
- Avoiding harm waste and variation.

To achieve this 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.

However, to satisfy the requisites of the SOFW strategy, many improvements are required to increase the effectiveness and capacity of the community based infrastructure in order to provide a network of flexible multi-functional accommodation solutions across Cardiff and the Vale of Glamorgan. The network will therefore focus on the delivery of Locality Health and Wellbeing Centres (LH&WC) along with smaller Cluster based Wellbeing Hubs.

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 Wellbeing Hubs, the Health Board used a simple algorithm to apply to each Cluster and the results of this assessment suggested that a Wellbeing Hub in the Park View area would be a suitable location to serve the residents of the South West 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 the priorities developed by the Cardiff and Vale of Glamorgan Regional Partnership Board/ Integrated Health & Social Care Partnership.

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Other key strategies taken into consideration within this OBC are:

- Integrated Medium Term Plan 2022 / 2025;
- Cardiff and Vale People and Culture Plan 2022 - 2025
- Cardiff Wellbeing Assessment 2018 – 2023;
- Cardiff and Vale UHB Estates Strategy 2018 - 2028;
- Cardiff and Vale UHB Delivering Digital 2020.



Executive Summary Figure 2: CVUHB Priorities

2.2 The Case for Change

This Outline Business Case focusses on Cardiff South West Cluster that primarily covers the communities of Riverside, Canton, Ely and Caerau. In 2019 the cluster had a GP practice population of 66,410 people with 11 GP practices however in October 2020 the Greenmount Caerau Lane surgeries merged to form one practice.

The Cardiff South West cluster's population equates to 18% of the Cardiff total and 13% of the Cardiff & Vale total population. There are some areas within the cluster that experience high deprivation levels, 60.6% of the cluster population live in the most deprived two-fifths of areas in Wales, compared to 38% in the Health Board population as a whole.

12.9% of people within the cluster are aged over 65, and 1.7% over 85 however, it is predicted that in cluster there will be a 53% increase in people aged 65+ between 2015 and

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2035 (from 7,191 to 10,973), and an 88% increase in people aged 85+ (from 930 to 1,748) between 2015 and 2035.

In relation to the primary care estate, the key challenges facing General Medical Services (GMS) are focused on:

- The capacity of GP practices to respond to the unprecedented population growth identified by the current local development plans for Cardiff and the Vale of Glamorgan, particularly where they are located in the immediate vicinity of the Local Development Plan (LDP) strategic sites; and
- The physical capacity constraints in GP practices across the Health Board which impacts on the range of clinical services they are able to provide, thus limiting the scope of services that can be provided close to home.

With this in mind, the cluster requires sustainable and crucial localised healthcare services.

Within the community of Ely, there is an existing Health Board facility, namely Park View Health Centre however this facility has now been considered unsafe to occupy since it suffered major flood damage in March 2018.

Park View Health Centre is a predominantly two storey metal, glass and brick clad building dating from around the late 1960's and was up until March 2018 providing a number of Health Board run clinics and services albeit from accommodation that was not wholly fit for purpose.

Services such as AAA screening, community nurse treatment, continence, dental, diabetic retinopathy, podiatry and dietetic clinics as well as facilities for community learning disabilities, sexual health and paediatrics were delivered however no clinics or services have been operating from the building since it was closed and patients who used the centre have had to travel further afield – sometimes many miles – to access healthcare services at other GP surgeries or health centres.

Local to the existing Park View Health Centre site is a Cardiff Council run community facility, namely the Ely and Caerau Community Hub. This facility provides a range of council and partner services that bring together essential public services under one roof and with the Health Boards vision to develop community based infrastructure to support the delivery of local health and wellbeing services there is an exciting opportunity to work collaboratively with partners to create a more holistic approach to the delivery of health and wellbeing services in an area of high deprivation. Innovative solutions may include a new health facility working in partnership with the community hub to provide a wider range of associated health and wellbeing needs as well as include a crucial increase in service provision by delivering more services locally and provide where possible out of hospital care thus eliminating the need to travel further afield for primary and community care for residents.

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The development of any replacement community facility for the area would need to take into consideration the locality and cluster level population needs, future housing developments, the loss of local services along with the drivers of the SOFW programme, rapid growth, and

the requirement to develop a sustainable GMS delivery model for the Cardiff South West Cluster.

Scope, Objectives and Benefits

In line with Welsh Government guidance, the scope of this business case has been assessed against a continuum of need ranging from:

- A minimum – essential or core requirements/outcomes;
- An intermediate – essential and desirable requirements/outcomes;
- A maximum – essential, desirable and optional requirements/outcomes.

This business case will therefore take forward the maximum scope which is to provide a fit for purpose community based facility for residents of Ely and Caerau that supports General Medical Services (GMS) sustainability, meets all statutory requirements and best practice models but will also support improved access to a range of health community based services delivering an improved social model of care focused on the physical, mental and social wellbeing of people in the community and the wider Cardiff South West Cluster.

Spending Objective	Main Benefits
1. To improve the way universal prevention and population health services are delivered to support the empowerment of people to choose healthy behaviours and encourage self-management of conditions	▪ Increased referrals to "Help me Quit" programme for the Cluster ▪ Increased participants completing self-management/ Education for Patients Programmes for example Move More, Eat Well Programme; ▪ Increased uptake of child primary immunisations
2. To improve the quality of health and wellbeing services by working with partners to deliver more co-ordinated and collaborative services closer to home	▪ Increased number/% of 'outpatient' appointments delivered in a community setting ▪ Reduced number/% of follow-up outpatient appointment DNAs (did not attend).
3. To work with partner organisations to provide the appropriate infrastructure to support delivery of local services focused on health and wellbeing need	▪ Location of facilities in relation to access times for Cluster residents in most deprived areas and proximity to appropriate Local Authority services ▪ Improved condition, environment and functionality of local facilities
4. To improve health outcomes, focusing on conditions where prevention will have the greatest impact, as identified in SOFW: - Cancer; Dementia; Dental and eye care; Maternal health; Mental health; Stroke	Number/ rate of emergency hospital admissions for chronic conditions per 100,000 population
5. To reduce health inequalities through targeted provision of services/interventions which better meet the health and wellbeing needs of the local population	Gap in number of healthy life years between the Cluster and least deprived Health Board areas

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Spending Objective	Main Benefits
6. To improve the capacity of services to meet increasing and changing demand for services, focusing on: - service/clinic utilisation; workforce; facilities and technology	▪ Flexible multi-use facilities available ▪ Effective communication between professionals and citizens via joint working

Executive Summary Table 1: Spending Objectives and Main Benefits

In aiming to deliver these benefits, any redevelopment for Ely and Caerau will provide modern, sustainable, accessible and integrated healthcare services not only for residents of the Cardiff South West Cluster but also support the alignment with the Health Board's *Shaping Our Future Clinical Services* strategy, which includes the transformation of service delivery, rebalanced to community delivery of services, where appropriate bringer services closer to people's homes.

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 leading to improved population health outcomes and reductions in health inequalities across Cardiff and the Vale of Glamorgan. 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.

The project will also look to provide a conducive working environment for staff and establish real communication links with co-located Local Authority and third sector services whilst allowing the Health Board to build on its approach to the foundational economy of Wales by seeking re-investment in the local area as it moves through the development process.

The project will also support additional workforce benefits in relation to *The People and Culture Plan* by providing first class facilities and 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 the crucial healthcare requirements of the local community.

3.0 THE ECONOMIC CASE

3.1 The Long List

Critical Success Factors (CSFs) for the project were agreed by the Project Board and the long list of options was generated in accordance with best practice contained in the Infrastructure Investment Guidance. The evaluation was undertaken in accordance with how well each option met the spending objectives and critical success factors.

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.

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The table below provides a summary of the findings of the long list option appraisal:

Option	Finding
1.0 Scope	
1.1 Do Minimum – Business as usual with regards to services provided	Discounted but carried forward for comparative purposes
1.2 All services that were provided from the now closed Park View Health Centre and GMS	Discounted
1.3 Less ambitious - All services that were provided from the now closed Park View Health Centre, GMS and increased delivery of wellbeing services	Possible
1.4 Increased delivery of services for Cluster population only	Discounted
1.5 Increased delivery of services for Cluster population and wider	Discounted
1.6 Intermediate scope – All services that were provided from the now closed Park View Health Centre, GMS, wellbeing and collaborative services with partner organisations (LA and 3rd sector)	Possible
1.7 All services that were provided from the now closed Park View Health Centre and collaborative services delivered with partner organisations (LA and 3rd Sector)	Discounted
1.8 More ambitious scope - Social model of health – As 1.6 plus increased local service provision, outpatient clinics and cluster delivered services	Preferred
2.0 Service Solutions	
2.1 New build facility on Park View site	Preferred
2.2 Utilise an existing Health Board building in the South West Cluster – St. David's Community Hospital	Discounted
2.3 Utilise an existing Health Board building in the South West Cluster – Riverside Health Centre	Discounted
2.4 Lease/buy an existing building in the South West Cluster	Discounted
2.5 New build facility elsewhere in the South West Cluster	Discounted
3.0 Service Delivery	
3.1 In House	Preferred
3.2 Outsource	Discounted
3.3 Strategic Partnership	Discounted
4.0 Implementation	
4.1 Big Bang	Preferred
4.2 Phased	Discounted
5.0 Funding	
Only public funding has been considered as it has been established with Welsh Government that this project will be supported	

Executive Summary Table 2: List of Inclusions and Exclusions at Long List

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N.B. Option 1.8 is a more comprehensive version of 1.6 and is more ambitious in that the Health Board could include an increase in local service provision, new outpatient clinics and additional cluster led services within the scope.

3.2 The Short List

The 'preferred' and 'possible' options identified in the table above have been carried forward into the short list for further appraisal and evaluation. All the options that were discounted as impracticable have been excluded at this stage, with the exception of the Do Minimum option which has been carried forward for comparative purposes only.

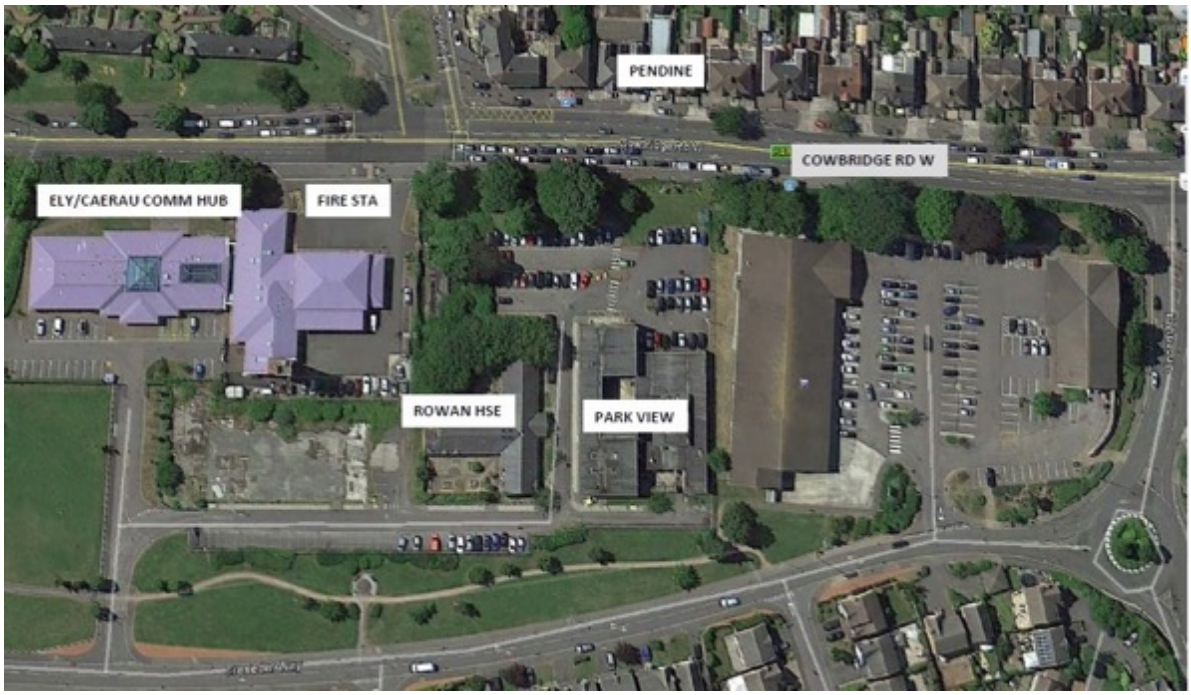
On the basis of this analysis, the recommended short list for further appraisal is as follows:

	Option 1 Do Minimum	Option 2 Less Ambitious	Option 3 Intermediate	Option 4 More Ambitious
Service Scope	All services that were provided from the now closed Park View Health Centre	All services that were provided from the now closed Park View Health Centre plus GMS and UHB wellbeing services	All services that were provided from the now closed Park View Health Centre plus GMS, UHB wellbeing services and partner organisation services (LA and third sector)	All services that were provided from the now closed Park View Health Centre, GMS, UHB wellbeing services and partner organisation services (LA and third sector) plus increased or additional provision in local services, outpatient clinics and cluster delivered services
Service Solution	New build facility on the Park View site	New build facility on the Park View site	New build facility on the Park View site	New build facility on the Park View site
Service Delivery	In House	In House	In House	In House
Implementation	Big Bang – single phase	Big Bang – single phase	Big Bang – single phase	Big Bang – single phase
Funding	Public funding	Public funding	Public funding	Public funding

Executive Summary Table 3: Short Listed Options

The Park View site itself is vast in that it houses a number of facilities at present including the existing decommissioned Health Centre and community hub as outlined above. It also provides accommodation for an Acute Assessment and Treatment Unit managed by Swansea Bay University Health Board and local fire station:

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Executive Summary Figure 3: Aerial view of the existing Park View Health Centre and the surrounding facilities on the site

3.3 Qualitative Benefits Appraisal Key Findings

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

During the appraisal, it was assumed that due to the limited service scope of options 1 and 2, they could be accommodated on the existing Health Board owned Park View Health Centre site. However, options 3 and 4 require the inclusion of increased collaborative services therefore leading to the requirement for colocation with the existing Ely and Caerau Community Hub on the wider Park View site, with option 4 requiring a larger footprint to accommodate the additional necessary functional content and required increase in collaborative service provision.

The qualitative benefit criteria were derived from further analysis of the spending objectives and main benefits as outlined within the strategic case and were weighted to assist with the scoring process of each option as follows:

Benefit Criteria	Weighted Scores			
	Option 1 Do Minimum	Option 2 Less Ambitious	Option 3 Intermediate	Option 4 More Ambitious
1. How well does the model and facilities promote collaborative working across health, local authority and third sector services?	20	40	140	200

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Benefit Criteria	Weighted Scores			
	Option 1 Do Minimum	Option 2 Less Ambitious	Option 3 Intermediate	Option 4 More Ambitious
2. Does it promote a social model of health and wellbeing from the patients' perspective?	18	36	162	180
3. How well does the range of services meet the health and wellbeing needs of the cluster population?	25	100	175	250
4. Does the option provide potential for flexible, multi-functional facilities, to deliver services in response to future need?	20	40	90	100
5. Does the solution make the optimum use of human, capital and estates resources?	75	105	135	135
6. Can the option be implemented in a timely fashion, with minimal disruption to services and staff?	48	36	96	96
TOTALS	**206**	**357**	**798**	**961**
RANK (weighted)	**4**	**3**	**2**	**1**

Executive Summary Table 4: Non-Financial Option Appraisal Results

The key outputs of the qualitative benefits appraisal clearly showed that the social model of health / more ambitious option was preferred over the less ambitious proposals. This was due to it providing the full range of services to meet the cluster population needs and the ability to further provide opportunities for full collaboration with local authorities and 3rd sector services thus providing seamless services to patients for all of their health and wellbeing needs in one place.

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

3.4 Economic Appraisal Key Findings

The economic appraisal incorporates the following cost inputs and assumptions:

- Capital costs for approval purposes are asset at index 250 with assumed outturn index at 284;
- Lifecycle costs have been included based on QS estimates;
- No optimism bias has been included at this stage;

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- The assessment has been run for 60 years using 3.5% interest rate for years 1 -30 and 3.0% thereafter;
- Revenue costs have been included at 2021/22 price base based on Health Board estimates for service costs and GIA for FM costs for each option. No changes have been included for service costs across different options but a saving of Westway transfer of £57k has been included in options 2, 3 and 4;
- Planning contingency has been included within the risk;
- No land sales or residual values have been included.

3.4.1 Capital Inputs

The total outturn capital costs are summarised in the table below. At this stage, no optimism bias has been included but a planning contingency of 10% has been included.

£'000	Option 1 Do Minimum	Option 2 Less Ambitious	Option 3 Intermediate	Option 4 More Ambitious
Works Cost	7,353.9	10,913.7	11,476.8	13,951.4
Fees	1,342.3	1,992.1	2,094.9	2,546.6
Non Works Cost	820.5	880.5	890.5	935.5
Equipment	268.4	399.0	419.5	510.0
Planning Contingency	978.6	1,418.5	1,488.2	1,794.3
Total Capital Costs at 250	10,763.7	15,603.7	16,369.9	19,737.8
VAT	1,884.4	2,722.3	2,855.0	3,438.3
Capital Costs at Pubsec 250	**12,648.0**	**18,326.0**	**19,224.9**	**23,176.1**
Capital Costs at Pubsec 284	**14,393.4**	**20,855.6**	**21,878.6**	**26,375.8**

Executive Summary Table 5: Outturn Capital Costs for all options

3.4.2 Financial Appraisal – Economic Analysis

The outputs of the financial appraisal are summarised in the table below :

Economic Impact £'000	Option 1 Do Minimum	Option 2 Less Ambitious	Option 3 Intermediate	Option 4 More Ambitious
Capital Costs incl. Lifecycle	14,318	18,248	19,123	23,161
Revenue Costs	73,668	78,166	78,725	80,764
Total NPC Excl. Risk	899	1,303	1,367	1,648
NPC Risk	899	1,303	1,367	1,648
Total NPC Including Risk	**88,884**	**97,716**	**99,214**	**105,573**
EAC	**3,284**	**3,599**	**3,652**	**3,879**
Rank Development Options	**1**	**2**	**3**	**4**
Margin Development Options	**16.3%**	**7.7%**	**6.2%**	**0.0%**
NPC Switch Value	**0**	**(8,832)**	**(10,330)**	**(16,689)**

Executive Summary Table 6: Economic Analysis

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By calculating an equivalent annual cost (EAC) for each option based on the net present cost (NPC) we can establish that over the 60 years, Option 1 is ranked best financially with

Option 4 being ranked 4th. This is largely driven through the additional capital investment with increases on facilities management (FM) costs and lifecycle costs offset by a small saving on the Westway Surgery transfer.

3.4.3 Sensitivity Analysis

A sensitivity analysis has been undertaken to calculate the change required on revenue and capital costs to alter the preferred financial ranking. For Option 4 to be preferred to Option 1, capital costs would have to reduce by 72% or revenue costs reduced by 21%.

	Option 1 Do Minimum	Option 2 Less Ambitious	Option 3 Intermediate	Option 4 More Ambitious
Capital Costs	0.0%	-48.4%	-54.0%	-72.1%
Revenue Costs	0.0%	-11.3%	-13.1%	-20.7%
NPC Change Required	**0**	**(8,832)**	**(10,330)**	**(16,689)**

Executive Summary Table 7: Financial Sensitivity Analysis

3.5 Overall Findings – Conclusion

In order to assess the wider value for money of each option, the financial appraisal has been combined with the non-financial appraisal through the calculation of benefits points per EAC of each option. This is summarised in the table below:

	Option 1 Do Minimum	Option 2 Less Ambitious	Option 3 Intermediate	Option 4 More Ambitious
Weighted Non-Financial Scores	206.0	357.0	798.00	961.00
Margin Preferred				20.4%
Non-Financial Ranking	**4**	**3**	**2**	**1**
EAC impact of Options (£000's)	3,284.2	3,598.8	3,652.3	3,879.2
Economic Ranking of options	**1**	**2**	**3**	**4**
EAC Benefit Points per EAC	0.063	0.099	0.218	0.248
Combined ranking of Options	**4**	**3**	**2**	**1**
% below Preferred Options Based on Combined Ranking	**-74.7%**	**-60.0%**	**-11.8%**	**0.0%**

Executive Summary Table 8: Combined Economic and Non-Financial Appraisal Scoring

The table demonstrates that while Option 1 is preferred on a financial basis it fails to meet the objectives of the project while Option 4 is preferred on a non-financial basis given the extent to which it does meet the project objectives.

When the scores are combined using the benefit points per EAC methodology, Option 4 becomes the preferred option due to the non-financial appraisal. Option 3 is then ranked second.

Option 4 is therefore the overall preferred option on the basis of the economic appraisal as despite being more expensive than the other options, meets the project objective most effectively.

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3.6 The Preferred Option

Having undertaken the non-financial and economic appraisals of the shortlisted options, the preferred option is Option 4 as it fully meets the project objectives. The provision is for a fit for purpose new Health Centre on the wider site at Park View in Ely (*Wellbeing Hub@Park View*) adjoining the existing Ely and Caerau Community Hub, that meets all statutory requirements and best practice models. The facility will provide high quality, sustainable and adaptable accommodation which supports improved access to a seamless range of integrated social, health and wellbeing services delivered closer to peoples' homes supporting an improved social model of health for the residents of the Cardiff South West cluster.

Access to an enhanced community health and wellbeing facility will help connect local people to community resources, practical help, group activities and provide opportunities to meet their health needs whilst increasing social participation but through developing new facilities where health, social care, and community services are co-located, public sector assets can be shared, with opportunities to deliver efficiencies as a result.

Proposals have been developed in partnership with local GPs, the Local Authority, third sector organisations and the local community and will focus on 'prevention' and 'wellness' rather than 'illness' supporting the Wellbeing of Future Generations (Wales) Act 2015 wellbeing objectives.

The new Wellbeing Hub will include:

- Wellbeing facilities including group/ community rooms, a teaching kitchen and information/ advice area. These spaces, in collaboration with existing facilities within the adjoining Community Hub, will support health, local authority and third sector groups to deliver wellbeing advice, education, support and signposting that can be personalised to support independence in the local community;
- Re-instated Park View Health Centre services that are currently fragmented and dispersed across the locality such as diabetic eye screening services, podiatry clinics, community wound, stop smoking, AAA and continence clinics, learning disability services, district nurse treatments and community dental services;
- Access to an increased range of clinics for the locality such as dietetic clinics, sexual health clinics and child health clinics including access to health visitors, community paediatricians, child therapies and primary mental health;
- A re-provision of Westway Surgery providing a wide range of GMS services and in-practice hosted clinics;
- Access to a new range of specialised health clinics delivering seamless care closer to home along with proactive improvement of health and wellbeing services including access to cardiology clinics, antenatal and maternity clinics, primary mental health support services (PMHSS), falls prevention services as well as wider cluster support services such as community mental health teams, IRIS/ Domestic abuse support, phlebotomy services and dementia / memory clinics;

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- Office and administrative facilities to support team working, which will be evidence driven, using lessons learned from Health Board and partners' experience of delivering merged services.

The facilities outlined above are taken from a schedule of accommodation which has been developed and refined during development of this OBC. 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.

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 and by integrating intelligent building practices and digital technology can support a collaborative working approach across sectors that will 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.

4.0 COMMERCIAL CASE

4.1 Required Services

The scope of services required is for the project management, cost advice and the design and construction of a Health and Wellbeing Hub at Park View adjoining the Ely and Caerau Community Hub, comprised of a GP practice (Westway Surgery), outpatient and community clinical accommodation, wellbeing zone, team base and necessary support 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. Discussions regarding the transfer / acquisition of land required for the development are ongoing and will be fully agreed at FBC however there are excellent communication links with the local authorities and engagement for the project has been extensive with proposals agreed in full collaboration with the Council fully supportive of the development as indicated in their letter of support.

4.2 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) Kier Construction 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

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Advisor, the NEC 3 Professional Services Contract has been used, and for the SCP, the NEC Option C (Target Cost) contract has been used.

4.3 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 9: 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:

- 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 total construction duration will run for 16 months and subject to approvals it is anticipated that the opening of the new Wellbeing Hub will take place in November 2025.

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5.0 FINANCIAL CASE

5.1 Capital Financial Expenditure

A summary of the approval rate capital costs based upon the OB forms and depreciation for the preferred option is as follows:

Capital Cost	£m
Building/ Engineering	20.850
Equipment costs	0.565
Total Capital Cost	**21.415**

Executive Summary Table 10: Summary of Capital Costs for the Preferred Option

	£m
Impairment	10.758
Depreciation – Building / Engineering	0.154
Depreciation – Equipment	0.000
Accelerated Depreciation	0.799
Total Capital Charges / Depreciation	**11.711**

Executive Summary Table 11: Total Capital Charges / 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 capital charges and depreciation by year until the planned opening of the new facility:

	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m
DEL Impairment	0	0	0	0	0
AME Impairment	0	0	0	0	10.758
Total	**0**	**0**	**0**	**0**	**10.758**

Executive Summary Table 12: Total Capital Charges and Depreciation by Year

The Health Board is going to lease a parcel of land from Cardiff Council on which the new wellbeing hub will be built. Under IFRS 16 accounting this will give rise to a capital requirement in 2023/24 and subsequent AME depreciation funding. The details of the lease have not been finalised but an estimate of the effect has been including assuming a peppercorn lease with a term of 125 years, similar to the lease negotiated with the council for a similar scheme in Maelfa.

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	2020/21 £'000	2021/22 £'000	2022/23 £'000	2023/24 £'000	2024/25 £'000
AME Resource	0	0	0	0.275	0
AME Depreciation	0	0	0	0.002	0.002
Total	**0**	**0**	**0**	**0.277**	**0.002**

Executive Summary Table 13: AME Depreciation Funding by Year

This OBC assumes all capital charges and depreciation will be funded by Welsh Government in each of the years as per the table above.

5.2 Revenue Costs

As detailed throughout this OBC, this scheme will provide new facilities for the transfer of existing services currently dispersed across the locality since the closure of the original Park View Health Centre, the facility will also provide for GMS facilities from a relocated Westway Surgery and include an increase in local service provision by delivering more services closer to people's homes and enable where possible out of hospital care, as such there will at this OBC stage, be no additional clinical service costs.

Therefore the summary of additional revenue costs is as follows:

Cost Type	Additional Revenue Costs £'m
Facilities / Utilities	0.733
Savings from Westway Surgery	(0.057)
Total	**0.676**

Executive Summary Table 14: Additional Revenue Costs

5.2.1 Facilities Costs

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

Estates & Facilities Costs	Preferred Option £'000
Catering Provisions	0
Domestics staff	110,113
Domestics consumables	5,506
Waste	10,670
Estates	83,017
Portering	0
Security (Inc CCTV & TDSi)	7,962
Post	1,500

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Estates & Facilities Costs	Preferred Option £'000
Linen	0
Utilities	133,900
Rates	250,000
Comms and digital	129,833
Total	**732,501**

Executive Summary Table 15: Facilities Revenue Costs for the Preferred Option

The following assumptions have been made in respect of the revenue case:

- Costs are included at 2022/23 rates excluding any wage award which is currently unknown (as provided for the economic case also);
- The saving for the transfer of Westway Surgery to the new facility is being realised and included;
- Costs associated with room requirements etc are assumed to be built into the capital 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;
- Domestic consumables have increased from 5% to 7% due to new cleaning standards;
- Utilities has been costed by the energy team and are very volatile therefore consideration should be given for a minimum +/- 30% tolerance;
- Rates have been calculated based on the current estimates;
- Security costs relating to the original health centre building until it is demolished are not covered in this revenue assessment.

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:

	2020/21 £'000	2021/22 £'000	2022/23 £'000	2023/24 £'000	2024/25 £'000	2025/26 £'000
Capital (excl. VAT) - DEL	0.235	0.636	2.456	11.419	3.492	0
AME Resource	0	0	0	0.275	0	0
Accelerated Depreciation – DEL	0	0	0.676	0.123	0	0
Depreciation – DEL	0	0	0	0	0.038	0.154
Depreciation - AME	0	0	0	0.002	0.002	0.002
Total	**0.235**	**0.636**	**3.132**	**11.819**	**3.532**	**0.156**

Executive Summary Table 16: 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 circa 20% recovery as a basis for the construction works, however, further discussions regarding the finalisation of management and equipment arrangements for the project will be worked upon during the development of the 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.

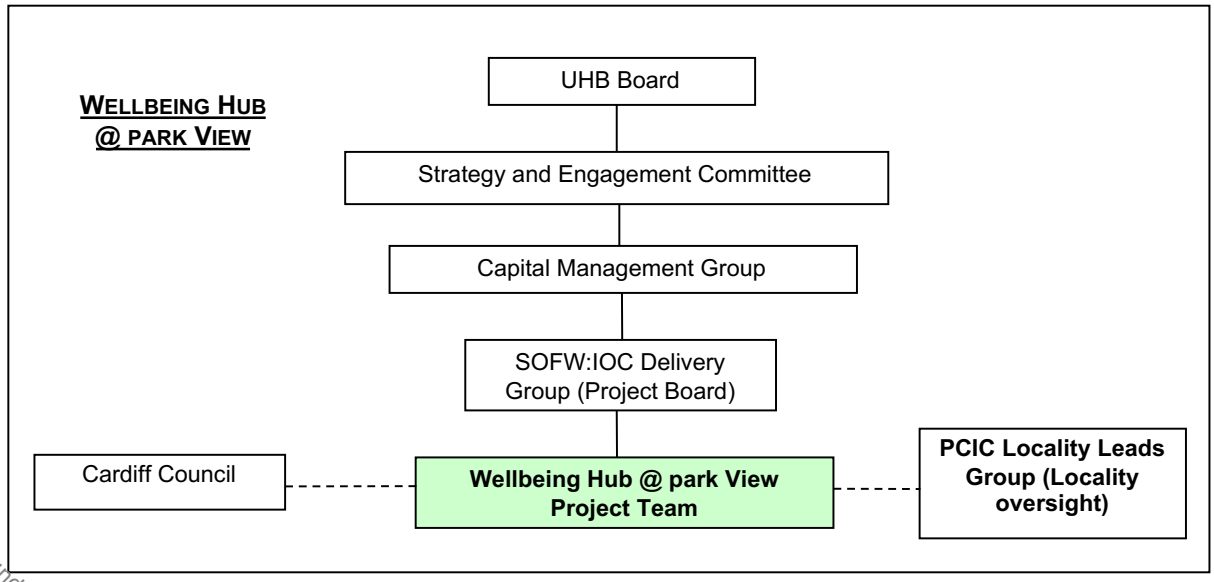
The total direct revenue cost to Cardiff and Vale University Health Board (excluding capital charges and depreciation) is £0.676m based on all the assumptions stated above.

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	September 2022
FBC submission to WG	December 2023
Design completion and commence construction	March 2024
Main construction completion	September 2025
Facility operational	November 2025

Executive Summary Table 17: Key Milestones

6.2 Change Management

The reconfiguration will be implemented in a systematic way that causes the least disruption to services. 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 the Full Business Case 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 change 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 and further review of these strategies will be undertaken during the FBC.

6.3 Communication and Engagement

An interim stakeholder engagement and communication plan has been developed during this OBC stage which summarises the engagement activities undertaken to date, the results of which all inform or influence the development as far as possible however full and clear engagment will continue during the Full Business Case stage. More information regarding the wider programme engagement exercise undertaken has also been included within the Equality and Health Impact Assessment (EHIA)

6.4 Benefits Realisation & Risk Management

A draft benefits realisation plan has been developed that outlines the key objectives, benefits and measures, which will be used to evaluate the project, it also shows who has the accountability for its realisation. The project will play a fundamental part in delivering the benefits of the overarching SOFW programme however, the benefits plan purposely identifies the realistic operational benefits associated with the business needs outlined by

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the Cardiff South West cluster but this will be revisited during the Full Business Case to confirm the data related to the locality and cluster having taken into consideration the effects of the COVID-19 pandemic and current transformation work.

The risk management strategy has been integrated into the project management procedures, with responsibility for implementation of the strategy resting with the Project Director. The key risks of the preferred option have been assessed and strategies for managing them outlined. An initial risk register has been developed for the preferred option which includes all risks identified to date.

6.5 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.

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 project to progress to Full Business Case stage.

The preferred option for approval is the development of a Wellbeing Hub at Park View adjoining the existing council owned Ely & Caerau Community Hub. The project will enable the Health Board to deliver an increased range of crucial and sustainable fit for purpose local health and wellbeing services to the residents of Ely and Caerau as well as the wider Cardiff South West Cluster whilst delivering the benefits of the *Shaping Our Future Wellbeing* 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*.

The project is a fundamential priority for the Health Board and will also act as an enabler for *Shaping Our Future Communities*, delivering the essential community infrastructure to support the delivery of integrated services across partner organisations and make a real and substantial difference to those in the local community who have had to travel further afield for their care since the original Health Centre closed in 2018.

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Report Title:	**UHW – Relocation of Adult Fracture Clinic from UHL to UHL**			Agenda Item no.	7.6
Meeting:	Board Meeting	Public	X	Meeting Date:	29/09/22
		Private			
Status *(please tick one only):*	Assurance		Approval √	Information	
Lead Executive:	**Director of Finance**				
Report Author (Title):	**Director of Capital Estates & Facilities**				

Main Report
Background and current situation:

The purpose of this report is to seek approval from the Board to progress the design, tender and construction of a new Adult fracture out patient's facility within the ground floor of the Lakeside wing at UHW and to grant authority to the UHB Chair to approve the contract award, subject to the tender return not exceeding 10% of the approved budget allowance, agreed by the Capital Management Group (CMG).

As part of the response to the Covid Pandemic, the fracture clinic that operated from UHW, adjacent to the Emergency Unit (EU), was relocated to UHL to enable the existing facility to be used for the streaming of patients through the EU department. As part of the recovery plan, developed by the operational planning teams, the return of the fracture clinic to UHW is considered one of a number of priority schemes that are essential to support the waiting list backlog.

The continuing pressures on the EU department, along with the space constraints has resulted in the area previously occupied by the Fracture clinic being unavailable for the foreseeable future. Furthermore, the space occupied by the fracture clinic adjacent to EU did not provide adequate space for the increasing numbers attending clinic.

Consequently, an option appraisal and feasibility was undertaken in conjunction with the clinicians, Clinical Board and Chief Operating Officer which concluded that the most appropriate location would be the ground floor of the Lakeside Wing (North side). Plans were developed and costed with an anticipated project out-turn cost of £1.653m inclusive of VAT being reported. This cost includes the construction and 'fit out' of 2 No. X-Ray suites.

The options and costs were considered at a Special CMG meeting, held on 27th July 2022. The scheme which was approved with funding identified from the discretionary allocation to deliver the scheme, based on the Cost Advisors estimate. It was agreed that the detailed design would be developed and the scheme issued for tender to obtain market tested costs.

The importance of the scheme to support the delivery of service is accepted, as is the requirement to deliver the facility in the shortest possible timescale, recognising the need to comply with the appropriate procurement and governance arrangements.

The design of the proposed facility is progressing with the 'in house' discretionary capital team preparing the drawings and technical specification, including the appropriate tender documentation in conjunction with the procurement team. The date of issue of the tender is 16th September 2022, with the return date set for 14th October 2022 and construction commencement on 31st October 2021 with completion currently forecast for 31st March 2023.

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The UHB have a construction framework which has been operating for several years and was procured with the support of Procurement Services, this allows us to undertake a mini tendering competition amongst the following companies:

- BECT
- Tilbury Douglas
- Knox & Wells
- E.T. & S Building

The tender returns will be evaluated by representatives from Capital, Estates & Facilities (CEF) and Procurement Services against established criteria which will be clearly identified in the tender documentation.

The award documentation will be prepared by Procurement Services for approval in line with the UHB standing financial instructions, which in order to achieve the planned start on site date will require chairs actions within the parameters set out earlier in the paper.

The contractor will be appointed under the terms and conditions of the NEC Contract option A, being a priced contract with activity schedule.

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

- The Board will be aware of the need to bring forward a number of schemes to support the HB recovery plans, of which the Fracture Clinic is one such scheme

- The Capital Management Group have considered all options considered and have approved support for the preferred option, being the use of the ground floor of Lakeside Wing. The out-turn budget allowance has been identified from the Discretionary Capital funding allowance and is anticipated to be £1.653m inclusive of VAT

- In order to expedite the contract, and the UHB Board is being asked to support the procurement of the construction and fit out works and the awarding of the contract to one of the UHB local framework contractors, following a formal tendering process and subject to the tender being within 10% of the budget allowance. Should the tender exceed the tolerance then a revised scheme to reduce the costs would be considered.

- The need to progress the scheme for completion in this financial year will require the Board to agree Chairs action on receipt and evaluation of the tender, for the tendered sum and to enter into contract with the successful bidder. The outcome being reported at the November UHB Board meeting.

Recommendation:

The Board / Committee are requested to:

APPROVE the development of a new Fracture Clinic in the Ground Floor of the Lakeside wing at UHW to enable the return of the service from UHL.

APPROVE the proposed procurement and approval process, being Chairs action, recognising the need to commence works on site at the earliest opportunity to support the Clinical Recovery Programme.

APPROVE Chairs action to enter into contract with the successful framework contractor subject to the tender return being within 10% of the budget allowance set by the CMG, that being £1.653m inclusive of VAT.

NOTE that the successful contractor and contract value will be reported to the November UHB Board

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

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

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

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

Saunders,Nathan
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Report Title:	Scheme of Delegation and Earned Autonomy			Agenda Item no.	7.7
Meeting:	Board	Public	x	Meeting Date:	29th September 2022
		Private			
Status *(please tick one only):*	Assurance		Approval	x	Information
Lead Executive:	Chief Executive				
Report Author (Title):	Director of Corporate Governance				

Main Report
Background and current situation:

The Chief Executive is required to propose a Scheme of Delegation and Earned Autonomy to Officers which sets out the functions they will perform personally and which functions will be delegated to other officers. The Board must formally agree this scheme and any changes to the scheme.

It is also good governance that the framework of delegation is kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes.

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

Since the review of governance in Capital and Estates it has come to light that the Director of Capital, Estates and Facilities can only sign off stage payments of contracts of <£25k which means anything above this amount is signed off by the Executive Director of Strategic Planning. To support the Executive Director in Strategic Planning in this process and reduce the number of stage payments which she is currently having to sign it is proposed that the Director of Capital, Estates and Facilities stage payments value of sign off is increased to <75k.

The same principle applies to the Executive Director of Finance who can sign contracts for capital expenditure of <£125k with the Chief Executive signing all capital expenditure contracts over that value and up to <£500k. It is therefore proposed that the Executive Director of Finance's value to sign off contracts for capital expenditure be increased to <£250k to reduce the number of capital expenditure contracts currently been signed by the Chief Executive.

These changes have been discussed and agreed by the Executive Director of Finance and the Chief Executive but, due to the fact they are changes to the Scheme of Delegation, also require the approval of the Board.

If approved, the changes will then be incorporated into the Scheme of Delegation and Earned Autonomy.

Recommendation:

The Board are requested to:

(a) Approve that the Director of Capital, Estates and Facilities can approve staged payments in line with contract for capital expenditure of <£75k.

(b) Approve that the Executive Director of Finance can sign contracts for capital expenditure of <£250k.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention		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~~/No
There is very low risk in increasing the values of sign off for the Director of Capital, Estates and Facilities and Executive Director of Finance due to the other controls in place. The purpose of the change is to facilitate a more streamlined and timelier sign off of contracts and stage payments.
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
Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)
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

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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
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:
Chief Executive / Executive Director of Finance	13th September 2022

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22/09/2022 12:07:45

Report Title:	**Senior Leadership Board Terms of Reference**			Agenda Item no.	7.8
Meeting:	Public Board	Public	X	Meeting Date:	29.09.22
		Private			
Status *(please tick one only):*	Assurance		Approval x	Information	
Lead Executive:	Chief Executive				
Report Author (Title):	Head of Corporate Business				

Main Report
Background and current situation:

I reported to Board in July 2022 my intention to replace Management Executive (ME) Meetings with a newly constituted meeting formatted around the Health Services Management Board (HSMB). The principle reason for such an adjustment to our activity was to provide a forum at which Clinical Boards are represented alongside their Executive colleagues, to discuss and coordinate our operational and strategic issues and collective performance in a more inclusive manner.

Following consultation and discussion at ME and HSMB through July and August, a consensus was reached on the best format for this new forum. To avoid confusion, and better reflect its new purpose, this meeting is titled as the Senior Leadership Board (SLB).

SLB is now the decision-making forum for all key operational and strategic risks and issues within the organisation. The SLB will execute actions delegated from the Chief Executive and support the operational management of the organisation in accordance with Standing Orders, Standing Financial Instructions and the Scheme of Delegation.

Terms of Reference (ToR) for SLB have been produced to confirm its purpose and coordinate its activity. Following a consultation process the TOR were approved by the SLB on 09.09.22.

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

The incorporation of Clinical Boards into the operational decision making of the organisation is an opportunity to improve the communication, coordination, governance and assurance of the Health Board.

Recommendation:

The Board are requested to **NOTE**:

SLB will execute actions delegated from the Chief Executive and support the operational management of the organisation in accordance with Standing Orders, Standing Financial Instructions and the Scheme of Delegation.

The SLB Terms of Reference enclosed at Appendix 1 have been approved by SLB as appropriately describing the purpose and function of SLB.

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	x	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	x	Long term		Integration		Collaboration		Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes
SLB creates an opportunity for the more immediate identification of operational and strategic risks and creates a forum for dynamic management of any identified risks.
Safety: Yes
SLB creates an opportunity for the more immediate identification of quality and safety issues and creates a forum for more collaborative quality and safety improvement.
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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Senior Leadership Board

Terms of Reference

Reviewed by SLB: 04 August 2022

Approved by SLB: 08 September 2022

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SENIOR LEADERSHIP BOARD

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. PURPOSE

1.1 The Senior Leadership Board (SLB) is established as the Leadership Team within Cardiff and Vale University Health Board.

1.1 The SLB has been established to be a decision-making forum for all key operational and strategic delivery risks and issues within the organisation.

1.2 The SLB will execute actions delegated from the Chief Executive and support the operational management of the organisation in accordance with Standing Orders, Standing Financial Instructions and the Scheme of Delegation

1.3 The SLB is the meeting through which all executive decisions are enacted.

1.4 The SLB is responsible for the delivery of the IMTP and 10 Year Strategy.

2. DELEGATED POWERS AND AUTHORITY

2.1 The SLB:

2.1.1 Has delegated authority from the Chief Executive for effective decision-making in respect of the operational delivery of UHB's clinical services within the funding available.

2.1.2 Will aim to resolve matters that cannot be resolved through the normal Clinical Board collaborative working that could jeopardise the delivery of the UHB objectives, principles or values.

2.1.3 Has power and authority and will be held accountable, in accordance with the UHB's Scheme of Delegation.

2.2 The membership will meet to discuss a formal agenda with the following Standing Items:

- Clinical Board Updates
- Items for SLB attention from Management Executive Meetings
- Quality and Safety Update.
- People and Culture Update.
- Operational Update.
- Public Health Update.
- Finance Update.
- Digital Update.
- At least every Quarter the following items will be brought to the agenda:

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- Strategy Transformation Portfolio.
- IMTP Update.
- Dragon's Heart Institute Update.
- All Wales Medical Genomics Update.
- Corporate Risk Register/Board Assurance Framework Review.

2.3 Additionally the Chair will place on the agenda items for discussion/approval and items for noting/information.

3. MEMBERSHIP

3.1 Membership of the SLB is comprised of two groups; the Accountable Group and the Supporting Group.

3.1 **Accountable Group Standing Members.** The SLB Accountable Group will comprise the Management Executive and Clinical Board Directors as follows:

- Chief Executive (Chairperson).
- Chief Operating Officer (Deputy Chair).
- Executive Director of Finance.
- Executive Director of Strategic Planning.
- Executive Medical Director.
- Executive Nurse Director.
- Executive Director, People and Culture.
- Executive Director of Public Health.
- Executive Director of Therapies and Health Science.
- Director of Corporate Governance.
- Director of Digital and Health Intelligence.
- Clinical Board Director, Clinical Diagnostics and Therapeutics.
- Clinical Board Director, Specialist Services.
- Clinical Board Director, Women and Children's Services.
- Clinical Board Director, Medicine.
- Clinical Board Director, Surgery.
- Clinical Board Director, Primary, Community and Intermediate Care Services.
- Clinical Board Director, Mental Health Services.
- Managing Director All Wales Medical Genomics Service.

3.1.2 **Attendees.** The following will attend:

- Director of Communications.
- Director of Improvement and Innovation.
- Assistant Medical Director.
- Chief of Staff.

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3.1.3 In addition to these regular attendees one Clinical Board Director of Operations and one Clinical Board Director of Nursing, selected on a rotational basis, will attend Accountable Group meetings.

3.2 **Supporting Group Standing Members**. The SLB Supporting Group will comprise of Corporate Directors, Clinical Board Directors of Operations and Clinical Board Directors of Nursing.

3.3 **By Invitation.** The Chair may invite any other UHB officials, and/or any others from within or outside the organisation, to attend all or part of a meeting to assist with its discussions on any particular matter.

3.4 **Attendance.**

3.4.1 It is expected that all members will attend every meeting designated for the group to which they are members. When a member is unable to attend they are to send their deputy or nominated deputy to attend on their behalf. The designated deputy will have the same voting rights as the member.

3.4.2 Other Health Board staff may be asked to attend when the SLB is discussing areas that are the responsibility of that individual.

3.5 **Secretariat.** The SLB will be minuted and will have an action log. Secretary to SLB will be determined by the Director of Corporate Governance.

4. MEETINGS

4.1 **Quorum.** At least 6 members must be present to ensure the quorum of the SLB, this must include the Chief Executive (or her nominated deputy), at least 2 other members of the Management Executive and at least 2 members from the Clinical Boards.

4.2 **Frequency of Meetings.** Meetings for the Accountable Group shall be routinely held twice per month, and otherwise as the Chair of the SLB deems necessary.

4.3 Once per quarter an SLB will convene with membership from both the Accountable and Supporting Groups. The purpose of this meeting will be to consult with and inform the wider Health Board Management Team on progress against operational and strategic delivery. The agenda for these meetings will be determined on an as required basis.

4.4 **Extraordinary Meetings**. Extraordinary meetings may be called if time critical decisions requiring SLB approval are required outside of the routine frequency. Extraordinary meetings are likely to be run virtually and a quorum (as described at 4.1) is required.

5. REPORTING AND ASSURANCE ARRANGEMENTS

5.1 The Chair shall:

- Bring to the attention of the SLB, for discussion or decision, any significant matters under consideration by the Management Executive.
- Ensure appropriate escalation arrangements are in place to alert the UHB Chair[i], of any urgent/critical matters that may affect the operation and/or reputation of the UHB.
- Report regularly (via the CEO's report to the Board) and on a timely basis to the Board on the activities of the SLB.

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6. REVIEW

6.1 The SLB will undertake an annual review of its performance to ensure that it is properly carrying out its role and function.

6.2 The Terms of Reference will be reviewed on an annual basis to ensure that they remain relevant and up to date.

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[i] And Chief Executive if the SLB Chair is other than the Chief Executive.

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Report Title	**Cochlear Implant and Bone Conduction Hearing Implant Hearing Device Service – Engagement**	**Agenda Item**	7.9
Meeting Title	**Cardiff and Vale University Health Board (Public Board meeting)**	**Meeting Date**	29 September 2022
FOI Status	Open		
Author (Job title)	Specialised Planner Neurosciences and Long Term Conditions and Assistant Director of Planning		
Executive Lead (Job title)	Director of Planning, WHSSC		

Purpose of the Report	The purpose of this report is to : • Set out the process followed by WHSSC following a temporary service change to the provision of Cochlear services in South and West Wales and South Powys; and to, • Present the materials and process for a period of targeted engagement with regard the future configuration of the South Wales Cochlear Implant and Bone Conduction Hearing Implant Device Service.

	RATIFY	APPROVE	SUPPORT	ASSURE	INFORM
Specific Action Required	☐	☒	☐	☒	☒

Recommendation(s):

Members are asked to:

- **Consider** and approve the attached, content, process and timeline for a period of targeted engagement (as supported by the Board of CHCs)
- **Support** local action to disseminate the information being cascaded as outlined within the main body of the report; and
- **Note** the Draft Equality Impact Assessment (EQIA).

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COCHLEAR IMPLANT AND BONE CONDUCTION HEARING IMPLANT DEVICE SERVICE –ENGAGEMENT

1.0 SITUATION

The purpose of this report is to:

- Set out the process followed by WHSSC following a temporary service change to the provision of Cochlear services in South and West Wales and South Powys; and to
- Present the materials and process for a period of targeted engagement with regard the future configuration of the South Wales Cochlear Implant and Bone Conduction Hearing Implant (BCHI) Device Service.

2.0 BACKGROUND

WHSSC commissions Cochlear and Bone Conduction Hearing Implants for the population of Wales on behalf of the 7 Health Boards. This report applies to all Health Boards (HBs) with the exception of Betsi Cadwaladr University Health Board (BCUHB), and the population within Powys Teaching Health Board (PTHB) that flow to North Wales/England for their services.

Cochlear services are commissioned from two centres in South Wales; the University Hospital of Wales (UHW) in Cardiff and the Princess of Wales (PoW) Hospital in Bridgend. The services are provided to the populations of the following Health Board (HB) areas:

- Cwm Taf Morgannwg University Health Board (CTMUHB)
- Cardiff & Vale University Health Board (CVUHB)
- Aneurin Bevan University Health Board (ABUHB)
- Powys Teaching Health Board (PTHB)
- Swansea Bay University Health Board (SBUHB)
- Hywel Dda University Health Board (HDUHB)

There are approximately 30 adult Cochlear implants and approximately 16 paediatric Cochlear implants undertaken each year.

Urgent temporary arrangements have been in place for the provision of Cochlear Implant services from a single centre at CVUHB since 2019 when the service provided at the PoW, Bridgend became unviable. At this time, a commitment was given to undertake a process compliant with the 'Guidance on changes to services in NHS Wales' in order to move towards a permanent model of delivery.

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Bone Conductor Hearing Implant services for the South Wales population are currently provided from three HBs: SBUHB, CVUHB and ABUHB. Across all three centres there are a total of between 16 and 20 BAHAs provided each year (approximately 6 per centre).

In order to inform both the future commissioning model and engagement requirements, 3 pieces of work have recently been undertaken:

- A clinical options appraisal,
- An external assessment of the options against clinical standards; and
- A financial options appraisal.

A summary of the process and outcomes, as well as a recommendation on a preferred future commissioning option for all specialist hearing services was outlined in a report to the WHSSC Management Group in July 2022, and subsequently to the Joint Committee on the 6th September 2022. The Joint Committee supported the proposals. The report which also presented a process and core content of a period of targeted engagement, can be viewed via the following link (https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/20222023-meeting-papers/cochlear-implant-sept-22/). It is important to note that the link to the JC papers refers to earlier versions of the engagement materials, which have since been updated).

Agreement was reached through these discussions to follow the process as advised by the Board of Community Health Councils(CHC's) and an agreement was given to the content of the engagement materials as the basis of a targeted engagement process, for which support is sought through HBs at their September meetings as follows:

Health Board (HB)	Date
Aneurin Bevan University Health Board	28th September 2022
Cardiff & Vale University Health Board	29th September 2022
Cwm Taff University Health Board	29th September 2022
Hywel Dda University Health Board	29th September 2022
Powys Teaching Health Board	29th September 2022
Swansea Bay University Health Board	28th September 2022

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3.0 ASSESSMENT

The following section outlines the materials, methods and proposed timeline for the engagement process, as well as a summary view from each CHC, to enable HBs to consider this as part of their assessment.

3.1 Materials

In order to support the process, the following materials have been developed:

- A Core engagement document with a questionnaire to aid response (***Appendices 1 & 1a***),
- A Summary document (***Appendix 2***),
- An Easy Read document; and
- A Draft Equality Impact Assessment (EQIA) (***Appendix 3***)

It should be noted that the Easy Read document is currently being developed by an external organisation and will be available on request. It should further be noted that the EQIA remains in a draft format as it will be further updated using the information received through the engagement process.

3.2 Methods

In order to support the process, the following methods have been agreed:

- A Letter to all current patients/carers, (*note those already within the service, and those on a waiting list*) including engagement materials, and outlining the current position, the case for change, options that have clinically been considered and a preferred option of future delivery,
- A Letter to all clinical teams including engagement materials, and outlining the current position, the case for change, options that have clinically been considered and a preferred option of future delivery,
- Publication of the engagement process and materials on HB websites and consideration of cascade through stakeholder reference groups (SRGs); and
- Cascade of documentation to a number of stakeholders to enable broader view.

3.3 Timeline

The following timeline is proposed for targeted engagement, noting that an additional period of consultation may be required following this stage:

Governance Process	Date	Action

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Health Board Meetings	September 2022	Seek support from Boards on engagement with Health Board
Community Health Council meeting	19th October 2022	Final update based on Joint Committee and Health Board views
Engagement Process *	24th October 2022	6 week targeted engagement
Engagement Finishes	5th December 2022	Consideration of comments and any associated mitigations
Health Board Meetings	January 2023 (tbc)	Outcome of the Engagement process
Community Health Council meeting	19th January 2023 (tbc)	Outcome of the Engagement process

**Note subject to Welsh translation timeline*

3.4 Community Health Council (CHC) Considerations

Outlined below are the considerations of each of the CHCs on the proposed process and materials:

Health Board	Status
Aneurin Bevan CHC	Supported
South Glamorgan CHC	Supported
Cwm Taf Morgannwg CHC	Supported
Swansea Bay CHC	Not meeting until 27th Sept
Hywel Dda CHC	Supported
Powys CHC	Supported

4.0 RECOMMENDATIONS

Members are asked to:

- **Consider** and approve the attached, content, process and timeline for a period of targeted engagement (as supported by the Board of CHCs);
- **Support** local action to disseminate the information being cascaded as outlined within the main body of the report; and,
- **Note** the draft Equality Impact Assessment (EQIA).

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Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Development of the Plan Choose an item. Choose an item.
Link to Integrated Commissioning Plan	Yes
Health and Care Standards	Safe Care Effective Care Timely Care
Principles of Prudent Healthcare	Care for Those with the greatest health need first Reduce inappropriate variation Choose an item.
NHS Delivery Framework Quadruple Aim	People in Wales have improved health and well-being with better prevention and self-management Choose an item. Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	To ensure that the delivery model will provide a safe and sustainable hearing implant device service, which meets national standards for the South Wales region.
Finance/Resource Implications	There are no resource implications.
Population Health	To ensure all users of the Hearing Implant Device centre have equal access to surgery and provide life management and care for patients offering care closer to home.
Legal Implications (including equality & diversity, socio economic duty etc)	There are no known legal, equality and diversity implications.
Long Term Implications (incl WBFG Act 2015)	Ensuring patients physical and mental well-being is maximised in which choices that will benefit future health.
Report History (Meeting/Date/	15 September 2022 - Corporate Directors Group Board

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Summary of Outcome	
Appendices	Appendix 1 and 1a - Core engagement document with a questionnaire to aid response Appendix 2 - Summary document Appendix 3 - Draft Equality Impact Assessment (EQIA)

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Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)

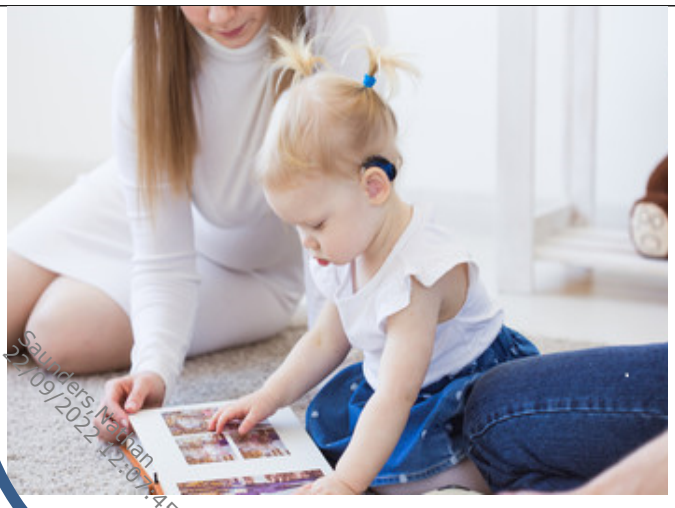
Welsh Health Specialised Services Committee (WHSSC)





COCHLEAR IMPLANT AND BONE CONDUCTION HEARING IMPLANT (BCHI) DEVICE SERVICES FOR CHILDREN & ADULTS IN SOUTH & WEST WALES AND SOUTH POWYS





Saunders, Heidi
27/09/2022 12:07:45



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1. INTRODUCTION

Many people in Wales experience hearing loss. Specialist hearing services for patients needing a Cochlear Implant or a Bone Conduction Hearing Implant (BCHI) are provided from two centres in Wales, one in Cardiff and one in Bridgend. Health Boards in South Wales, West Wales, and South Powys have been working together to identify the best way of providing these services in the future, and would like to hear your views on these ideas. The reason we need to talk with you now is that there are temporary arrangements in place for these services, and we would like to get them to a more permanent position.

The discussion paper will answer the following questions:

- What are Cochlear implants and BCHI?
- Who needs a Cochlear implant or BCHI?
- How are services in South Wales currently organised?
- What challenges are facing the service?
- What options do we have to respond to the challenges?
- Do we have a preferred option?
- What are the advantages and disadvantages?

We would like to hear your views on the issues shared in the paper, and have developed a questionnaire that you can use to respond at Annex A. If you have feedback that you would like to comment on that the questionnaire does not cover, please use the commentary section at the end to share this.

We welcome views from all residents and stakeholders in South East Wales, South West Wales and South Powys who may be affected by the contents of this paper. An Equality Impact Assessment screening has been developed for this service, which the responses to this engagement will further inform. Both will be published as part of the outcome of the engagement process.

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Due to the nature of the service, we recognise that this document will have some medical terms within it that may not be familiar to all. There is a description of these words in Annex 2.

2. WHAT ARE COCHLEAR IMPLANTS AND BONE CONDUCTION HEARING IMPLANT (BCHI) SERVICES ?

Hearing loss affects over 10 million people across the United Kingdom. It can lead to significant health and mental health issues[1]. It is a very common condition affecting around one in seven of the population. As we get older, the chance of us having hearing loss increases.

Many people with hearing loss wear a hearing aid(s) which make sounds louder in the ears. Not everybody is able to wear hearing aids as the hearing aid cannot be made loud enough for them to hear clearly. There are many medical conditions that make hearing aids unsuitable for certain people and therefore an implantable hearing device may be considered.

What is a Cochlear Implant?	**What is a Bone Conduction Hearing Implant (BCHI)?**
A cochlear implant is for people who gain no benefit from air conduction hearing aids. The implant stimulates the nerves in the inner ear to create sound.	A BCHI is for people who cannot physically wear an air conduction hearing aid. BCHI uses bone conduction to help sound get to the inner ear.

Specialist Auditory services that support people needing cochlear implants and/or BCHIs aim to:

- Improve speech and quality of life
- Promote normal development of hearing
- Provide adult hearing rehabilitation and paediatric hearing rehabilitation – this could be through direct input or an advisory

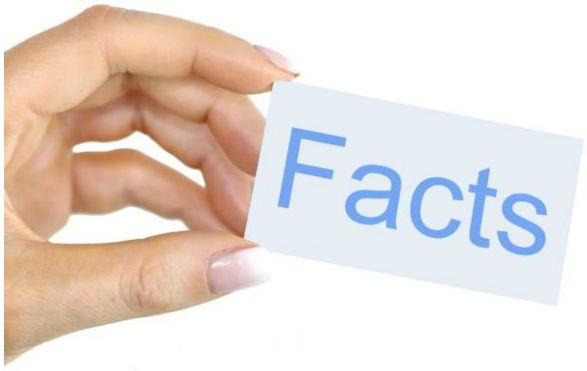
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service.

- Provide a high quality, family focused cochlear implant and BCHI programme
- Promote understanding and the use of spoken language in children
- Provide remote rehabilitation and care to ensure patients get the maximum benefit from their devices
- Use of auditory devices to restore hearing functions and enhance the listener's quality of life to optimise the patient experience

3. WHO NEEDS THESE SERVICES?

What do we know about hearing loss in Wales?



There are approximately ***613,000*** people over the age of 16 with severe/profound deafness in England and Wales.

Around ***370*** children in England and ***20*** children in Wales are born with permanent severe/profound deafness each year. Around ***90%*** of these children live with hearing parents. About 1 in every 1,000 children is severely or profoundly deaf at 3 years old. It is 2 in every 1'000 between the ages of 9 – 16.

There are more women than men with hearing loss, which is because women live longer than men. Some ethnic groups may also have higher rates of hearing loss.

Doctors and Auditory Specialists who believe a person could be helped by a hearing implant, can refer them to a specialist hearing centre to be seen by a team of clinical staff (a multi-disciplinary team) who will assess whether a someone is suitable for a hearing

[1] Overview | Cochlear implants for children and adults with severe to profound deafness | Guidance | NICE

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implant. Not all people will benefit from a hearing implant.

It is really important that children who have hearing loss are identified and seen early so that they can learn to speak well, take part in school and learning, make friends and have good conversations.

People who receive a cochlear implant or BCHI device may have:

- A chronic ear disease
- Deafness in one or both ears
- Ear canal problems
- Malformations of or absent ear structures

4. HOW ARE COCHLEAR IMPLANT AND BCHI SERVICES CURRENTLY ORGANISED IN SOUTH WALES ?

National Context

The Welsh Health Specialised Services Committee is responsible for the commissioning (buying and monitoring) of Cochlear Implant and BCHI Device services for Welsh residents.

There are two specialist centres for Cochlear Implant services in South Wales:



- One at the University Hospital of Wales, Cardiff and Vale University Health Board and;



- One at the Princess of Wales Hospital, Cwm Taf Morgannwg University Health Board

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These centres work together and are recognised as the Specialist Auditory Implant Device Service for children and adults in South Wales, West Wales and South Powys.

There are three centres delivering the BCHI Service and these are located at:



The Royal Gwent Hospital in Newport



Neath Port Talbot Hospital



University Hospital of Wales, Cardiff

Services from Cardiff & Vale and Neath Port Talbot are bought and monitored (commissioned) by WHSSC. The service at Aneurin Bevan University Health Board is funded by Aneurin Bevan University Health Board.

People from across South Wales, West Wales and South Powys are referred to one of the two centres funded by WHSSC for BCHI.

For Cochlear Implant referrals:

Prior to August, 2019 people living in the following areas were referred to (sent to and seen at) the Princess of Wales Hospital, Bridgend :

Carmarthenshire
Ceredigion
Pembrokeshire
Neath
Bridgend
Swansea
A small number of South Powys patients

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Prior to August, 2019 people living in the following areas were referred to (sent to and seen at) the University Hospital of Wales, Cardiff:

Cardiff and Vale
Gwent
Merthyr Tydfil
Rhondda Cynon Taff
Taff Ely
small number of South Powys patients

For BCHI referrals:

People living in the following areas are currently referred to (sent to and seen at) Neath Port Talbot Hospital:

Carmarthenshire
Ceredigion
Pembrokeshire
Neath
Bridgend
Swansea
A small number of South Powys patients

People living in the following areas are currently referred to (sent to and seen at) University Hospital of Wales, Cardiff:

Cardiff and Vale
Merthyr Tydfil
Rhondda Cynon Valley
Gwent
Taff Ely
small number of South Powys patients

Adults living in Gwent area are currently seen in Aneuran Bevan University Health Board which is not a WHSSC funded service for BCHI.

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The North Wales Cochlear Implant Programme and BCHI service is delivered in Glan Clwyd Hospital, Betsi Cadwaladr University Health Board, with the children's cochlear implant service being in Central Manchester University Hospitals NHS Foundation Trust.
Services for people living in North Wales and North Powys are not included in this engagement.

To deliver these services the Specialist Auditory Implant Device Service must provide the following[2]:

- All patient areas should be appropriate to the needs of a hard of hearing and D/deaf population and take into account the needs of families and young children.
- A specialist auditory implant device centre should include the full range of staff to deliver it in line with the standards.

- Guidance[2] suggests the following roles should be included in an implantable devices team:

    - Otorhinolaryngologist/ENT surgeons
    - Audiological Scientists / Specialist Audiologists
    - Hearing Therapists
    - Speech & Language Therapist
    - Clinical Psychologist

    In addition for children:

    - Paediatric Anaesthetists
    - Qualified Teachers of the Deaf
    - Specialist Speech & Language Therapist
    - Clinical Psychologist
    - Specialist Radiologists
    - Specialist Nurses

[2] https://www.bcig.org.uk/wp-content/uploads/2021/03/QS-update-2018-WORD-final-v2.pdf

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- The specialist auditory implant team must be suitably qualified and registered with the appropriate professional bodies. All members must continue to maintain continual professional development, and all will have training in D/deaf awareness and knowledge of the full range of hearing implants available.
- Specialist auditory implant services must have access to appropriately calibrated and up to date equipment and facilities to enable appropriate assessments to take place.
- Audiological testing will need to be undertaken in sound proofed rooms where the ambient noise levels are compliant with the BBS EN ISO 8253-1 1998 standard.
- Day case operating theatres
- Inpatient operating theatres
- Outreach clinics to provide care closer to the people's homes
- Home and school visits where appropriate
- Offer remote programming for cochlear implants

5. HOW DOES THE SERVICE PERFORM?

There are three pieces of information that are reported by the service, these are:

- **Referrals** – the number of adults and children who need the specialist service and are referred by their doctor or auditory specialists

- **Waiting times** – length of time adults and children have to wait in weeks or days to be seen for treatment

- **Activity** – number of adults and children who receive treatment

Table 1 shows the number of adults and children who are referred to the Cochlear Implant and Bone Conductor Hearing Implant (BCHI) service over the last four years. The BCHI information is shown as an average figure.

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Table 1: Referrals

Cochlear Implant Referrals	2017/18	2018/19	2019/20	2020/21
Adults	56	57	82	31
Paediatrics	20	17	31	12
Average Number BCHI Referrals				
Adults	42	42	42	42
Paediatrics	2.5	2.5	2.5	2.5

The next table shows how long adults and children are likely to wait to receive treatment for a cochlear implant or BCHI during 2019/20. The Cardiff and Vale University Health Board is the only centre in South Wales that has had a cochlear implant service since August, 2019.

Table 2: Waiting Times to first assessment 2019/20

Cochlear Implants Waiting time	Cardiff and Vale University Health Board	Swansea Bay University Health Board	Aneurin Bevan University Health Board
New adult patients	8 weeks	Not applicable	Not applicable
New paediatrics patients	4 weeks	Not applicable	Not applicable
BCHI Waiting Time			
New BCHI patients	2-3 weeks	12 weeks	24 weeks

Table 3 shows the number of adults and children that were treated in the last four years.

The numbers were much lower in 2020/21 due to the Covid-19 pandemic.

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Activity

Cochlear Implant Activity	2017/18	2018/19	2019/20	2020/21
Adults	14	28	~~32~~ 40	30
Paediatrics	16	15	17	16
BCHI Activity				
Adults	25	21	18	4
Paediatrics	0	0	0	0

Outcome Measures for Cochlear Implants

The service are required to take account of national standards to ensure that treatment is provided in the best possible way. Patients are asked to complete a number of questionnaires asking about their hearing loss, how it is affecting them and whether the hearing implant has improved their hearing and general quality of life. These are called patient reported outcome measures (PROMS).

There are other tests that can be used to measure how well a person can hear words or words in sentences, without lip-reading. These tests are used to see if the adult or child is suitable for a cochlear implant. This is known as a speech test measurement and is performed before surgery and again after surgery to measure the change and whether there has been an improvement in the quality of their hearing.

For those adults or children who have been assessed and may be suitable for a BCHI, speech tests are not usually used. The measure is more around reduction in pain, ear infections, earmould allergies or how well the BCHI fits compared to an air conduction hearing aid.

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6. WHAT ARE THE CHALLENGES FACING COCHLEAR IMPLANT AND BCHI HEARING DEVICE SERVICES IN SOUTH WALES ?

Services face a number of current challenges which are outlined here:

- **Workforce challenges**

During 2019, it was established that the service provided from the Princess of Wales hospital in Bridgend service was facing workforce challenges and became unsustainable due to the immediate withdrawal of the Principal Clinical Scientist from the service. The Bridgend service was without Audiology support and were not able to meet some of the quality indicators to achieve the minimum standards as recommended by the British Cochlear Implant Group due to the staffing shortage.

In line with the guidance on '*Changes to NHS services in Wales',* arrangements were made for the temporary transfer of Cochlear surgery services from Cwm Taf Morgannwg to Cardiff and Vale University Health Board. The change means that patients who would have gone to Princess of Wales Hospital Bridgend for surgery and out-patient appointments would temporarily be seen at the University Hospital of Wales, Cardiff. Staff from the Bridgend service were also temporarily transferred on honorary contracts to support the provision of the service in Cardiff, enabling a level of continuity to patients previously being seen in the Princess of Wales hospital.

- **Meeting Quality Standards**

To deliver services, specialist auditory implant device centres should meet the 'British Cochlear Implant Group Quality Standards'. The key standards are set out overleaf:

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Accept referrals based on agreed criteria e.g. NICE/Commissioning Policy	Be able to provide full Audiological care for patients across the pathway including assessment, surgery, and device programming
MDT where all referrals are discussed and planned for, and able to offer access to all types of commissioned hearing implants	Service has required recommended throughput required to maintain surgical (min 10 CI/surgeon/yr) and clinical scientist/physiologist's skills.(centre undertakes min 15 BAHA/yr)
Facilitate timely access to surgery	Facilitate rapid access to a Clinical Scientist/Physiologist when device failure is suspected(recommended that a centre should have a minimum of 3)
Provide equitable and life long access	Have clear governance processes
Facilitate effective liaison with relevant local services (local audiology, SLT and TOD)	Publish data on audit and outcomes

The British Cochlear Implant Group (BCIG) standards recommend:

- That a Cochlear Implant Centre should have a minimum of two experienced ear surgeons with an annual surgical activity level of 10 surgeries, per year, per surgeon in order to maintain high levels of skill and experience.

Recommendations on standards for BCHI services comes from a consensus statement of experts, which states:

- That BCHI fitting should take place in a specialist auditory implant device centre performing at least 15 procedures per year.

Not all units are able to achieve the quality standards that are set out in the British Cochlear Implant Group guidelines and NHS England Clinical Commissioning Policy for Bone Anchored Hearing.

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- **Services spread across the South Wales region**

BCHI services are widely spread across the region. Some of the centres have single handed auditory specialist staff, which means that there is no cross cover when people are on leave. There is no arrangement in place for skilled staff to rotate into these posts and clinical staff are often also working in audiology and Ear, Nose and Throat services. There are challenges in recruiting staff to roles and in some centres there has been a lack of opportunity for development due to the gaps in the workforce.

- **Waiting Times**

Waiting times across the region vary from centre to centre and there is no central Multi-Disciplinary Team (MDT) provision, which means that not all patients have the opportunity to be considered for all types of hearing implant devices.

All of the issues above have led to the suggestion of a centralised service in order to have economies of scale and seek to address the challenges outlined.

7. WHAT OPTIONS HAVE WE CONSIDERED TO RESPOND TO THE CHALLENGES?

Our aim is to have a Cochlear Implant and Bone Conduction Hearing Implant Device Service that:

- Can deliver a safe and sustainable specialist auditory implant device service for the adult and paediatric population of South Wales, West Wales and South Powys
- Has equitable access
- Meets national standards
- Has staff in the right place with the right specialist skills
- Facilitates timely access to surgery

To consider the best option, three pieces of work have been done:

Saunders, Nathan 22/09/2022 12:07:45

a) A clinical option appraisal

b) An external assessment of the options and how they would deliver against relevant service standards

c) A financial option appraisal

Underpinning all three pieces of work were the British Cochlear Implant Group guidelines[6] and the NHS England BCHI Commissioning document.

Below is a summary of the work:

- **Clinical Option Appraisal**

A series of workshops with clinical teams were held between September 2021 and June 2022 with the aim of discussing the best way of delivering a safe and sustainable specialist auditory implant device service for the adult and paediatric population of South Wales, West Wales and South Powys that meets national standards.

The group considered five options for the delivery of specialist hearing services in the future and scored them against the following criteria:

- Quality and Patient Safety
- Achievability (Staffing, sustainability, and training)
- Accessibility
- Clinical Effectiveness and Efficiency
- Acceptability

[6] https://www.bcig.org.uk/

The options considered were:

	Option	Description
A	Do Nothing	2 Cochlear hubs for adults and children, 3 BCHI hubs for adults and children
B	Central Cochlear/distributed BCHI	Single Hub (with outreach) for Cochlear 3 BCHI hubs for both adults and children
C	Central Cochlear Central Paediatrics BCHI Distributed adult BCHI	1 Cochlear hub with cochlear outreach 1 BCHI hub (Paediatrics) 3 BCHI hubs (adult)
D	Single implantable device hub	1 single centre for Cochlear and BCHI for both children and adults with an outreach support model

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E	1 Cochlear hub (Children & adults) 1 BCHI hub (Children and adults)	1 single centre for BCHI (children and adults) 1 single centre for Cochlear (children and adults)

The clinical team expressed a preference for Option B.

- **External Assessment**

To consider the options against the national standards, a specialist hearing centre from within NHS England was asked to objectively review the options. In undertaking this assessment, the external assessor arrived at the following ranking of the options:

Option	External specialist auditory implant centre assessment
A	5
B	4
C	3
D	1
E	2

The outcome of the external assessment against the standards was option D being the preferred option.

- **Financial Appraisal**

Finally, each of the options was reviewed financially. It was concluded that none of the options would cost more than the money that is currently invested in the service, in fact that through consolidating the services that there was an opportunity to release money for investment in an out of hours service, and other service developments.

The outcome of the financial appraisal identified that Option D, a single implantable device hub for both children and adults with an outreach support model was the most cost-efficient option.

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In summary of the outcome of the 3 pieces of work:

Option	Title	Clinical Option Appraisal	External Assessment against of standards	Financial Appraisal
Option A	Do nothing			
Option B	Central Cochlear /distributed BCHI	√		
Option C	Central Cochlear, Central Paediatrics BCHI Distributed adult BCHI			
Option D	Single implantable device hub for both children and adults with an outreach support model		√	√
Option E	1 Cochlear hub (Children & adults) 1 BCHI hub (Children and adults)			

8. DO WE HAVE A PREFERRED OPTION?

Welsh Health Specialised Services as commissioner of the service has the responsibility to consider the most appropriate means of commissioning the service for the future.

There are a number of key messages taken from the national standards that the service must have.

A service must:

- Accept referrals based on agreed criteria e.g. NICE/Commissioning Policy
- Be able to provide full Audiological care for patients across the pathway including assessment, surgery, and device programming
- Be able to offer access to all types of commissioned hearing implants
- Have a functioning MDT where all referrals are discussed and planned for
- Facilitate timely access to surgery
- Facilitate rapid access to a Clinical Scientist/Specialist Audiologist when device failure is suspected
- Provide equitable and lifelong access
- Have clear governance processes

Saunders Miriam
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- Facilitate effective liaison with relevant local services
- Publish data on audit and outcomes

Having considered all three assessments against the national standards the only option that meets these requirements is **Option D, a single implantable device hub for both children and adults with an outreach support model.** This is the model that WHSSC would like to commission.

9. IMPACT OF THE CHANGE

The suggestion above will enable the safe and sustainable delivery of services for patients requiring an implantable device which will include assessment, surgery and device programming. It will also include the full range of staff required to support the service, and see sufficient numbers of patients for the clinical team to maintain a high level of skill.

The service would:

- Support rapid access to a Clinical Scientist/Specialist Audiologist when device failure is suspected at the specialist auditory centre and provide equitable and lifelong access
- Ensure equity of access for all patients (i.e. all patients having the same options open to them, and considered for them)
- Support a critical mass of patients required for the adoption of new technological advances
- Provide remote digital programming and outreach clinics in the local health boards to improve access to services

What is the Impact?

- Some patients and families may need to travel further distance to receive the service
- Patients would be treated at a centre carrying out higher numbers of the procedures, which is linked to improved outcomes
- There is the opportunity to use money more efficiently, potential opportunity to reinvest in new developments for the service, and to have an improved service comparable to other regional specialist auditory device centres.

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10. HOW CAN YOU CONTRIBUTE: ENGAGEMENT AND CONSULTATION

This is the start of our conversation with you about the Cochlear Implant and BCHI Hearing Implant Device service for South and West Wales and South Powys. We would like you to share your views about what you have read.

Some of the things we would be interested to learn from you are whether:

- You have an understanding of the Cochlear Implant and BCHI Hearing Implant Device service as a result of reading this document
- You have a better awareness of how the services are currently provided as a result of reading this document
- The challenges facing the service and the options that have been considered for the future delivery of the services are clear
- Your views on the preferred model

Next Steps

- When the engagement exercise has ended, all information received will be shared with the individual Health Boards and Board of Community Health Councils. We will also make available a report that outlines a summary of what has been received. We will consider all of your comments and decide to take any necessary mitigating actions as a result. We will also update the Equality Impact Assessment.

On discussing the outcome with Community Health Councils, a further period of consultation may be needed. If this is required we will once again invite your views.

A questionnaire is available at the end of this document to aid your response. It should be returned to:

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Cochlear and BCHI engagement
Welsh Health Specialised Services Committee
Unit G1 Main Avenue

Treforest
Pontypridd
CF37 5YL

Or alternately **WHSSC.GeneralEnquiries@wales.nhs.uk** (*please title Specialist Audiology Engagement)*

We would welcome your feedback by **5th December 2022**



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APPENDIX 1– GLOSSARY OF TERMS

Audiology	The branch of science and medicine concerned with the sense of hearing.
Cochlear Implant System	A cochlear implant is an implanted electronic hearing device designed to produce useful hearing sensations to a person with severe to profound nerve deafness by electrically stimulating nerves inside the inner ear.
Otorhinolaryngologist/ENT surgeon	A doctor who studies or treats diseases of the ear, nose, and throat.
Audiological scientists / Specialist Audiologist	A clinical scientist or specialist audiologist specialises in the diagnosis, analysis and treatment of human auditory disorders such as hearing, tinnitus and audio balance deficiencies.
Hearing therapist	A hearing therapist offers counselling to help with hearing difficulties
Speech and Language Therapist	A speech and language therapist provides life-changing treatment, support and care for children and adults who have difficulties with communication, eating, drinking and swallowing.
Clinical Psychologist for children	Clinical child psychologists work with children by assessing, diagnosing and treating children and adolescents with psychological or developmental disorders, and they conduct academic and scientific research
Paediatric Anaesthetist	Paediatric anaesthesiologists are responsible for the general anesthesia, sedation, and pain management needs of infants and children
Qualified Teacher of the Deaf (QTOD)	Qualified Teachers of the Deaf (also known as QToDs) are qualified teachers who provide support to D/deaf children, their parents and family, and to other professionals who are involved with a child's education.
Specialist Radiologists	Specialised Radiologists are medical doctors that specialise in diagnosing and treating injuries and diseases using medical imaging (radiology) procedures (exams/tests) such as X-rays, computed tomography (CT), magnetic resonance imaging (MRI), nuclear medicine, positron emission tomography (PET) and ultrasound.

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Specialist Nurses	Specialist nurses are dedicated to a particular area of nursing; caring for patients suffering from long-term conditions and diseases

NICE	National Institute of Clinical Excellence
MDT	Multi-disciplinary Team
SLT	Speech and language therapy

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Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

The Future of Specialist Auditory Hearing Implant Device Services in South Wales Questionnaire

We are seeking the views of patients and other members of the public regarding how specialist auditory implant device services, such as Bone Conducting Hearing Implant (BCHI) and Cochlear implants, are currently delivered in South Wales, and how they could be delivered in the future. Your contribution to this is valuable, and helps us shape future discussions.

Section 1: Please tell us about yourself.

1. Are you responding on behalf of a group/organisation or as an individual?

- ○ Group/Organisation (please state which group or organisation and move to question 7)

- ○ Individual

2. What is your age?

- ○ Under 16
- ○ 16 - 18
- ○ 19 - 49
- ○ 50 – 69
- ○ 70+
- ○ Prefer not to say

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3. What is your gender?

- ○ Female
- ○ Male
- ○ Non-binary
- ○ Prefer not to say

4. How would you describe your national identity?

- ○ Welsh
- ○ English
- ○ Scottish
- ○ Northern Irish
- ○ British
- ○ Other
- ○ Prefer not to say

5. How would you describe your ethnic group?

- ○ White
- ○ Mixed or multiple ethnic groups
- ○ Asian, Asian Welsh, Asian British
- ○ Black, Black Welsh, Black British, Caribbean or African
- ○ Other
- ○ Prefer not to say

6. Please tell us the first four characters of your postcode. (this helps us learn where the answers have come from)

7. Which Health Board area do you come under?

- ○ Aneurin Bevan University Health Board
- ○ Betsi Cadwaladr University Health Board
- ○ Cardiff & Vale University Health Board
- ○ Cwm Taf Morgannwg University Health Board
- ○ Hywel Dda University Health Board
- ○ Powys Teaching Health Board
- ○ Swansea Bay University Health Board

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- ○ NHS England
- ○ Other

Section 2: About the Service

8. As a result of reading this information:

- ○ I have a better understanding of how BCHI and Cochlear services are currently organised
- ○ I have no understanding of how BCHI and Cochlear services are currently organised
- ○ My understanding of how services are currently organised is the same

9. As a result of reading this information:

- ○ I have a better understanding of the issues facing the service
- ○ I have no understanding of the issues facing the service
- ○ My understanding of the issues is the same

Do you have any comments about the issues facing the service?

10. Would you agree/disagree with the following aims for a future Cochlear and Bone Anchored Hearing Implant service:

The service:

- can deliver a safe and sustainable hearing implant device service for the adult and paediatric population of South Wales
- has equitable access
- meets national standards
- has staff in the right place with the right specialist skills
- facilitates timely access to surgery

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Agree ☐ **Disagree** ☐ **Neither agree or disagree** ☐

Please tell us more

11. As a result of reading this information:

- ○ I have an understanding of the process that has been followed to arrive at the preferred option
- ○ I have no understanding of the process that has been followed to arrive at the preferred option
- ○ Not applicable

Do you have any comments about the process followed?

12. Please tell us what you think about the preferred option of **a single implantable device hub for both children and adults with an outreach support model.**

- ○ I agree with the preferred option
- ○ I disagree with the preferred option
- ○ I have no particular view on the preferred option

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Do you have any comments about the preferred option (i.e. why you agree/disagree)?

13. Should the preferred option be progressed, what do you think the impact would be?

Please use this box to tell us more

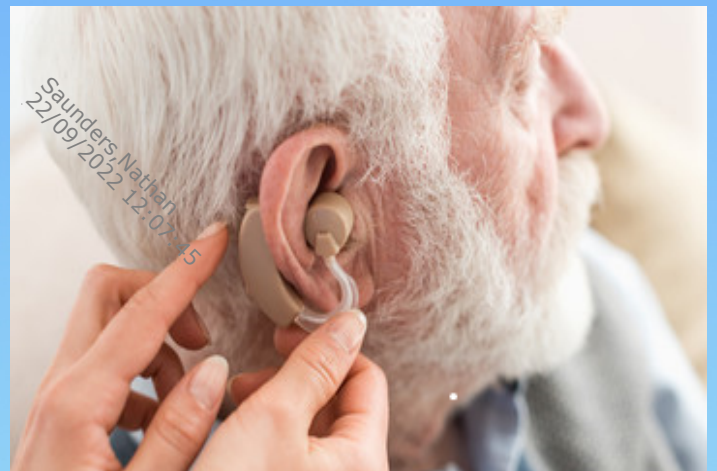
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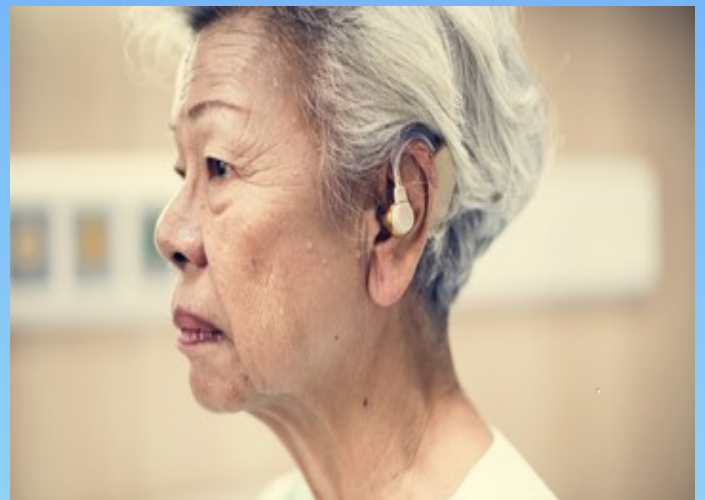
GIG CYMRU NHS WALES

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)

Welsh Health Specialised Services Committee (WHSSC)

THE FUTURE OF SPECIALIST AUDITORY HEARING IMPLANT DEVICE SERVICES IN SOUTH WALES







WHAT WOULD WE LIKE TO TALK TO YOU ABOUT?

We would like to talk with people across South and West Wales and South Powys on the ideas we have about how specialist auditory implant device services could be provided in the future.

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WHO IS LEADING THE WORK?

This work is being led by Welsh Health Specialised Services Committee (WHSSC) in conjunction with the Health Boards in:

- South West Wales,
- South East Wales, and
- South Powys.

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HEARING LOSS

- Hearing loss affects over 10 million people across the United Kingdom.
- It is a common condition affecting around 1 in 7 of the population.
- As we get older, there is a greater chance of increases in hearing loss and many people are offered a hearing aid.
- Not everyone is able to wear a hearing aid and patients may be sent to a specialist auditory hearing centre to be assessed whether they should have a hearing implant.

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WHY WOULD SOMEONE NEED A HEARING IMPLANT ?

- Deafness in one or both ears
- Hearing loss due to the shape or size of the ear canal
- Hearing loss for a medical reason
- Patients may be offered to wear a Cochlear Implant or a bone conduction hearing implant device.

Cochlear Implant	• A cochlear implant stimulates the nerves in the inner ear. It is implanted in the ear
Bone Conduction Hearing Implant	• A Bone Conductor Hearing Implant(BCHI) is a hearing aid which uses bone conduction to help sound get to the inner ear.

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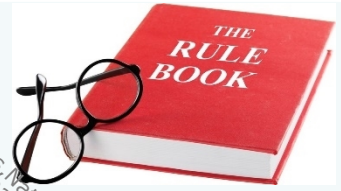
WHERE ARE SERVICES PROVIDED NOW?

Cochlear Implant Service	• University Hospital of Wales, Cardiff and Vale University Health Board • Princess of Wales Hospital, Cwm Taf Morgannwg University Health Board
Bone Conduction Hearing Implant Service	• Royal Gwent Hospital, Aneurin Bevan University Health Board • University Hospital of Wales, Cardiff and Vale University Health Board • Neath Port Talbot Hospital, Swansea Bay University Health Board

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WHY DO WE NEED THIS CONVERSATION?

- The service in South Wales, West Wales and South Powys face some current challenges:

	British Cochlear Implant Group (BCIG) say that Consultants working at the centres should do 10 cochlear implants and 15 BCHI per year There are not enough patients to support this across multiple centres
	Patients needing implants should have access to a wide range of clinicians and implants all in the same place – not all centres can offer this
	Because of the above issues, not all centres can meet the standards as set out by the British Cochlear Implant Group
	The Bridgend service temporarily closed in 2019 with all patients currently being seen in Cardiff

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WHAT ARE WE SUGGESTING?

To overcome the challenges outlined on the previous page, WHSSC would like to commission:

A single implantable device hub for both children and adults with an outreach support model.

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HOW DID WE GET TO THAT SUGGESTION?



We worked with clinical teams from the South and West Wales services to look at a number of options for future service delivery

We asked a service from NHS England to assess all of the options against the clinical standards



We undertook a financial assessment of all of the options.

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WHAT WOULD THE CHANGE MEAN?

- Patients would have their implant fitted in a single centre that would do all of this work for South Wales, West Wales and South Powys residents – this has been the situation since 2019.

- Appointments with the team before the implant has been fitted, and after the implant has been fitted will take place closer to home (where they do now)

- Services could meet their standards i.e. do the correct number of procedures

- There would be a critical mass of staff

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WILL THE CHANGE AFFECT ME ?

The change will affect patients living in the following Health Board areas:

- Aneurin Bevan University Health Board
- Cardiff and Vale University Health Board
- Cwm Taf Morgannwg University Health Board
- Hywel Dda University Health Board
- Powys Teaching Health Board
- Swansea Bay University Health Board

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Note the change is only suggested for the implant to be fitted

HAVE YOUR SAY

We want to hear your thoughts. Please complete the survey form at the end of the summary document and send it to:

Cochlear and BCHI engagement

Welsh Health Specialised Services Committee

Unit G1

Main Avenue 24

Treforest, Pontypridd CF37 5YL



Or alternately (insert WHSSC generic e-mail)

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We would welcome your feedback by date **05th December 2022**

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

PROPOSED CHANGES TO THE SOUTH WALES COCHLEAR IMPLANT AND BONE CONDUCTION HEARING IMPLANT (BCHI) DEVICE SERVICE

EQUALITY IMPACT ASSESSMENT (EIA)

1. INTRODUCTION

In order to demonstrate that a public sector body has given due regard to the general duty, public sector bodies in Wales are required under the Welsh Public Sector Equality Duties to conduct an equality impact assessment (EIA) of their policies and service developments in order to assess the potential impact(s) upon people with protected characteristics.

This purpose of this document is to set out the narrative and findings of the equality impact assessment (EIA) of proposed changes to the Cochlear Implant and BCHI Hearing Implant Device Services in South Wales.

Equality is about making sure people are treated fairly. It is not about treating 'everyone the same', but recognising that everyone's needs are met in different ways. As part of this duty, public sector bodies in Wales are required to publish an assessment of impact in order to be transparent and accountable i.e. their consideration of the effects that their decisions, policies or services have on people on the basis of their gender, race, disability, sexual orientation, religion or belief, and age, to include gender re-assignment, pregnancy and maternity, marriage and civil partnership issues. These are classed as 'protected characteristics', it is relevant because people from within protected groups are more likely to experience it.

In addition we recognise that Wales is a country with two official languages: Welsh and English. The importance of bilingual healthcare for all patients in Wales is fundamental and is particularly important for four key groups - people with mental health problems; those with learning disabilities; older people and young children. Research has shown these groups cannot be

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treated effectively except in their first language. Our consideration of equality takes account of this.

Hearing loss affects over 10 million people across the United Kingdom which makes it the second most common disability in the UK. It can lead to significant health and mental health issues. It is a very common condition affecting approximately one in seven of the population, with a steeply increasing incidence with age.

2. THE DEMOGRAPHIC PROFILE

According to Action on Hearing Loss at least 11 million people in the UK have varying degrees of hearing loss. In people over the age of 50, at least 40% have some form of hearing loss and this rises to around 70% in adults over 70[1]. 900,000 are classed as severe to profoundly deaf. There are around 50,000 children in the UK with hearing loss and half that number are born with it.

The Wales average life expectancy is 78.3 years for men, 82.3 for women; with healthy life expectancy being 65.3 years for men, 66.7 for women. According to Action on Hearing Loss in Wales, there are around 575,500 deaf and hard of hearing people in Wales[2]. In 2018 the total number of deaf children in Wales was 2,625.

3. BACKGROUND AND RATIONALE

The intention to consolidate the cochlear implant service in South Wales has been discussed for some time. The reasons being the close proximity of the two providers, and the viability of sustaining multiple services that can all meet quality standards.

During 2019, an urgent temporary service change was made as a result of the service provided from Bridgend becoming unsustainable, with all patients being moved to Cardiff. The staff associated with the service were also temporarily moved with honorary contracts, in order to support the service.

At this time, there were plans to implement a formal service change, however the emergence of the pandemic resulted in a delay to the conclusion of the preparatory work and subsequent progress into formal engagement and consultation.

Whilst the urgent temporary change related to the provision of Cochlear Implant services, WHSSC's commissioning responsibility for Specialist

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[1] https://libguides.southwales.ac.uk/c.php?g=669129&p=4748827

[2] https://rnid.org.uk/wp-content/uploads/2020/05/Hearing-Matters-report-_-Wales-Supplement.pdf#:~:text=Action%20on%20Hearing%20Loss%20runs%20free%20hearing%20aid,hearing%20aids%20%28Action%20on%20Hearing%20Loss%20Cymru%2C%202014%29.

Audiology includes both Cochlear and BCHI. The scope of the project was revised to include both Cochlear, BCHI, adult and children services.
The EIA will help with answering the following questions:

- Do different groups have different needs, experiences, issues and priorities in relation to the proposed service change?
- Will the proposed service change promote equality?
- Will the proposed service change affect different groups differently?
- Is there evidence of negative impact and what alternatives are available?

4. CURRENT SERVICE PROVISION

Cochlear Implant services are commissioned from two centres in South Wales:

- University Hospital of Wales, Cardiff and Vale University Health Board
- Princess of Wales Hospital, Bridgend, Cwm Taf Morgannwg University Health Board

The BCHI Hearing Implant Services are located at three sites:

- Neath Port Talbot Hospital, Swansea Bay University Health Board
- University Hospital of Wales, Cardiff and Vale University Heath
- Royal Gwent Hospital, Aneurin Bevan University Health Board.

5. PROPOSED SERVICE PROVISION

Following the pandemic, a scoping exercise was undertaken. There were a number of steps in the process to agree a preferred delivery model which required to meet the aim of the service review:

To consider how we deliver a safe and sustainable hearing implant device service for the adult and paediatric population of South Wales that meets national standards.

The steps to determine the preferred commissioning model are outlined below:

- Develop an options appraisal on the future commissioning of specialist auditory services
- An external assessment of the options against the service standards
- A financial appraisal of the options.

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The approach and outcome of all of these processes can be viewed at this link (insert hyper link when paper is published)

Having paid due regard to all three assessments, and the service standards, the only option that meets these requirement is;

A single implantable Hub with outreach model with a central Multi-Disciplinary Team provision
(note this is called option D in the link above)

- A single centre for both children and adults, for the provision and maintenance of both cochlear and BCHI, ensuring that the delivery model provides a safe and sustainable hearing implant device service, which meets national standards for the south Wales region.

- There will be a central hub with an outreach service. This supports the establishment of a central Multi-disciplinary Team (MDT) where all referrals are discussed and planned for and where patients will be able to be offered access to all types of commissioned implants.

- The option will facilitate timely and equitable access to surgery and provide life management and care for these patients offering care closer to home with the establishment of outreach clinics across the region.

The proposed delivery model must be able to:

- Accept referrals based on agreed criteria e.g. The National Institute for Health and Care Excellence (NICE)/Commissioning Policy,
- Be able to provide full Audiological care for patients across the pathway including assessment, surgery, and device programming,
- Be able to offer access to all types of commissioned hearing implants,
- Have a functioning Multi-Disciplinary Team (MDT) where all referrals are discussed and planned for,
- Facilitate timely access to surgery,
- Facilitate rapid access to a Clinical Scientist/Physiologist when device failure is suspected,
- Provide equitable and lifelong access,
- Have clear governance processes,
- Facilitate effective liaison with relevant local services; and
- Publish data on audit and outcomes.

The Welsh Health Specialised Services Committee, as commissioner of the service, has responsibility to ensure the provision of high quality specialist services for the Welsh population and will commission these in line with the agreed service standards.

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6. HOW WILL IT BE DELIVERED

Central Hub

A decision has yet to be made on where the single site will be located in south Wales but there are a number of considerations:

All patient areas should be able to meet the needs of a hard of hearing population and the needs of families and young children.

There should be a full range of specialist staff to provide the service to meet the national standards.

There is a need to have other services at the same site for example day case, operating theatres.

The centre must provide a central multi-disciplinary team where all referrals are discussed and planned for.

Outreach Services

The location of outreach services has not been agreed but here are some suggested centres:

- Neath Port Talbot, Swansea Bay University Health Board
- A location in north Cwm Taf Morgannwg University Health Board
- A location in Aneurin Bevan University Health Board
- University Hospital of Wales, Cardiff and Vale University Health Board.

The key implications of the proposed relocation that are likely to have an impact on patients and staff are:

Patient parking

This is available at all sites. There are no car parking charges within Wales' hospital sites.

Staff parking

This is available at all sites. Members of staff who wish to park on site may need to apply for a permit. A permit does not guarantee them a parking space on site. Staff must park in designated staff car parks.

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Healthcare Travel Costs Scheme

Under this scheme, patients on low incomes or receiving specific qualifying benefits or allowances are reimbursed in full or in part for costs incurred in travelling to receive NHS services provided in a hospital. This includes:

- Income support benefit
- Income based job seekers allowance
- Working tax credit or child tax credit
- Or hold a HC2 or HC3.

7. UNDERSTANDING THE IMPACT ON PEOPLE WITH PROTECTED CHARACTERISTICS

The proposal to locate a single implantable device hub for both paediatrics and adults with an outreach support model will therefore affect patients living in the local Health Board regions of Cwm Taf Morgannwg, Aneurin Bevan, Cardiff and Vale, Hywel Dda, Swansea Bay and South Powys.

Gender/Sex

The gender split for the area affected by service change mirrors very closely the gender split for Wales as a whole; approximately a 50:50 split with slightly more females (51%) than males (49%).

Region	Males	Females	Total (%)	Total
Aneurin Bevan UHB	49.0%	51.0%	100.0%	576,754
Caerphilly	*49.0%*	*51.0%*	*100.0%*	*178,806*
Blaenau Gwent	*49.2%*	*50.8%*	*100.0%*	*69,814*
Torfaen	*48.7%*	*51.3%*	*100.0%*	*91,075*
Monmouthshire	*49.2%*	*50.8%*	*100.0%*	*91,323*
Newport	*49.0%*	*51.0%*	*100.0%*	*145,736*
Cardiff and Vale UHB	49.%	51.0%	100.0%	472,426
Vale of Glamorgan	*48.7%*	*51.3%*	*100.0%*	*126,336*
Cardiff	*49.1%*	*50.9%*	*100.0%*	*346,090*
Cwm Taf UHB	48.9%	51.1%	100.0%	293,212
Rhondda Cynon Taf	*48.9%*	*51.1%*	*100.0%*	*234,410*
Merthyr Tydfil	*49.0%*	*51.0%*	*100.0%*	*58,802*
Powys THB	49.4%	50.6%	100.0%	132,976
Area affected*	**49.0%**	**51.0%**	**100.0%**	**1,408,880**
Wales	49.1%	50.9%	100.0%	3,063,456

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Car travel is the most common means of transport for both men and women from all age groups, including children. However, children make more walking trips than adults. For all age groups, men drive further than women

on average. According to the Department of Transport's Road Use Statistics 2016, nationally men are more likely than women to be car drivers, with 80% of men compared to 67% of women holding a driving licence in 2014.

It is therefore assumed that older female patients are most likely to be impacted by the change of location to the University Hospital of Wales due to their likely reliance on public transport. The evidence of a gender difference in access to transport is a relevant consideration in relation to this service change since a single centre would mean some patients and families travelling further than they would otherwise need to, however some patients will be travelling less, based on the current available evidence. A single centre for Cochlear has been in place since 2019, with no adverse feedback from this group. We would anticipate a similar position and will look for feedback through the engagement process on this issue.

Age

Approximately 370 children in England and 20 children in Wales are born with permanent severe to profound deafness each year. About 1 in every 1,000 children is severely or profoundly deaf at 3 years old. This rises to 2 in every 1,000 children aged 9 to 16 years. About half the incidence of childhood deafness is attributed to genetic causes, although approximately 90% of deaf children come from families with no direct experience of deafness. Causes of severe to profound hearing loss in children also include conditions such as meningitis and viral infection of the inner ear (for example, rubella or measles), as well as premature birth and congenital infections. [3]

Hearing loss is a very common condition affecting approximately one in seven of the population, with a steeply increasing incidence with age. There are approximately 613,000 people older than 16 years with severe to profound deafness in England and Wales. In the UK around 3% of people older than 50 and 8% of those older than 70 years have severe to profound hearing loss. There are more females than males with hearing loss although this is associated with females living longer rather than gender differences in causes of deafness.

The ageing population means that demand for both hearing assessment and associated interventions is set to rise over the coming years. The vast majority of the ageing population with poor hearing can benefit from a direct primary care referral to adult hearing services, often based in the community, and do not require referral to an Ear, Nose and Throat (ENT)

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[3] 2 Clinical need and practice | Cochlear implants for children and adults with severe to profound deafness | Guidance | NICE

out-patient appointment prior to audiological assessment. This facilitates timely diagnosis and access to support for adults with poor hearing.

Older People are also less likely to have access to a car with the over 70 year age group with only 50% of women holding driving licences compared to 73% of men. Women, particularly older women, are therefore likely to be more dependent on public transport and would benefit from community/locality based services and those easily accessible by bus or train.[4]

Older people are therefore likely to be impacted more by the move to a central single implantable device hub as they tend to be high users of the service, some patients who are reliant on public transport may benefit from the outreach service that will be available. We will seek to understand this further through the engagement process.

Disability

Disabled people are ten times more likely to report ill health and also approximately half are likely to experience mental ill health. The Cwm Taf Morgannwg population report the poorest mental health status of all Health Boards in Wales. The proportion of people identifying themselves as disabled[5] in the area affected is very similar to the proportion in Wales as a whole, 22.2% compared to 22.7%. There is a great deal of variation in disability among the Health Boards in the area affected. Cardiff and Vale UHB has the lowest proportion of its population reporting disability at 18.6%, while Cwm Taf at 26.1% has the highest proportion of its population reporting disability. At a Local Authority level Cardiff (18.0%), Monmouthshire (20.1%), the Vale of Glamorgan (20.3%) and Newport (20.8%) stand out with the lowest population proportions reporting a disability.

People who have a disability are twice as likely as people without a disability to have no access to a car (Office for Disability Issues 2009). Disabled people are also less confident in using public transport because of physical access issues but also because of staff attitudes (Framework for Action on Independent Living 2012).

Patients are eligible for non-emergency patient transport if the medical condition of the patient is such that they require the skills of ambulance staff or appropriately skilled personnel on or for the journey; and/or if the

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[4] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/514912/road-use-statistics.pdf

[5] Disabled is defined as individuals whose day-to-day activities are either limited a lot, or limited a little

medical condition of the patient is such that it would be detrimental to the patient's condition or recovery if they were to travel by any other means.

Some people undergoing hearing loss surgery may be classed as disabled. To classify as disabled under the Equality Act 2010, you must have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

The service will be able to provide and meet the needs of patients with any level of disability and be able to make reasonable adjustments to meet the person's needs if required. However, based on the currently available evidence, no impact is anticipated on this protected characteristic group but may need further consideration following the engagement process.

Table 3: Long-term health problem or disability by local authorities in Wales (Source: Table QS303EW 2011 Census, ONS).

	Day-to-day activities limited a lot	Day-to-day activities limited a little	Day-to-day activities not limited	Total (%)	Total
Region					
Aneurin Bevan UHB	12.5%	10.9%	76.6%	100.0%	576,754
Caerphilly	*14.0%*	*11.4%*	*74.6%*	*100.0%*	*178806*
Blaenau Gwent	*15.7%*	*11.5%*	*72.8%*	*100.0%*	*69814*
Torfaen	*13.1%*	*11.0%*	*75.9%*	*100.0%*	*91075*
Monmouthshire	*9.7%*	*10.5%*	*79.9%*	*100.0%*	*91323*
Newport	*10.6%*	*10.2%*	*79.2%*	*100.0%*	*145736*
Cardiff and Vale UHB	9.4%	9.2%	81.4%	100.0%	472,426
Vale of Glamorgan	*9.9%*	*10.4%*	*79.7%*	*100.0%*	*126,336*
Cardiff	*9.2%*	*8.8%*	*82.0%*	*100.0%*	*346,090*
Cwm Taf UHB	14.7%	11.3%	73.9%	100.0%	293,212
Rhondda Cynon Taf	*14.5%*	*11.4%*	*74.2%*	*100.0%*	*234,410*
Merthyr Tydfil	*15.8%*	*11.1%*	*73.1%*	*100.0%*	*58,802*
Powys	10.2%	11.2%	78.6%	100.0%	132,976
Area affected	**11.8%**	**10.4%**	**77.7%**	**100.0%**	**1,408,880**
Wales	11.9%	10.8%	77.3%	100.0%	3,063,456

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Sensory Loss

20% of people have impaired hearing and up to 70% of people aged over 70 have sensory loss. This can impact significantly on their ability to understand what they are being told and to interact effectively in a healthcare situation.

British Sign Language (BSL) is the preferred language of over 87,000 Deaf people in the UK for whom English may be a second or third language (A total of 151,000 individuals in the UK can use BSL - this figure does not include professional BSL users, Interpreters, Translators, etc. unless they use BSL at home).

Sign languages are fully functional and expressive languages; at the same time they differ profoundly from spoken languages. BSL is a visual-gestural language with a distinctive grammar using handshapes, facial expressions, gestures and body language to convey meaning.

Contrary to popular belief, Sign Language is not international. Sign languages evolve wherever there are Deaf people, and they show all the variation expected from different spoken languages. They are not derived from the spoken language of a country. Thus, although in Great Britain, Ireland and the United States the main spoken language is English, all three have entirely separate sign languages.

Deaf people can choose from a number of communication methods. An individual's choice will have been determined by many factors to do with their experience and the nature and degree of their deafness. The range includes:

- Sign Language
- Lip-reading
- Fingerspelling
- Deafblind fingerspelling
- Written communication

There are also signing systems that attempts to encode English into sign or to illustrate spoken English.

It can be difficult for a hearing person meeting a Deaf person for the first time, not knowing what communication methods they prefer, but the barriers are usually broken down once communication via the right method is established.

People with sight loss can also be affected by a changed location particularly if they are reliant on guide dogs. Others with low vision will benefit from clear signage, maps etc. It will be essential to take account the needs of people with sensory loss. This is also relevant to people with dementia.

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There are already processes in place to support persons with disabilities, for example

- Easy read patient information leaflets
- Wheelchair access at places of safety facilities
- Translation services for those with Sensory issues

The proposed relocation to a central single implantable device hub is not considered to have any significant likely impact on patients based on their disability.

Ethnicity/Race

Overall the area affected is slightly more ethnically diverse than Wales as a whole, with 5.5% black and minority ethnic (BME)[6] population compared to 4.4% BME population nationally. The area affected contains two of the four Welsh asylum seekers dispersal areas (Cardiff and Newport), and this is reflected in the higher BME populations in these areas compared to the other local authorities. Cardiff has the highest BME population at 15.3% with Newport having the second highest BME population at 10.1%. BME populations outside these local authorities in the area affected are in the range of 1.5% to 2%.

Cwm Taf Morgannwg has lower representation from ethnic groups other than white than Wales as a whole. However there are significant number of Polish, Portuguese and Czech people living in the Cwm Taf Morgannwg community and their access issues will need to be considered

Some minority ethnic groups may have higher rates of hearing loss due to increased genetic risk associated with consanguinity and increased risk of childhood infections. Approximately 40% of children who are deaf and 45% of people younger than 60 years who are deaf have additional difficulties, such as other physical or sensory disabilities[7].

Overall, language can represent a barrier across a number of areas, for example in accessing public transport and also in terms of finding and accessing health or social services.

Cultural differences may also be a factor in how people engage with health services. It can also limit understanding during diagnosis, treatment and during recovery. The use of translation services may be appropriate.

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[6] Black and minority population is classed here as any ethnicity not included under the white categories

[7] Overview | Cochlear implants for children and adults with severe to profound deafness | Guidance | NICE

The language needs of patients from non-white ethnic groups will be taken into account when communicating information about the relocation of services.

Certain ethnic groups are less likely to access many of our services e.g. gypsies and travellers, and it will be important to take account of strategies which address this e.g. 'Travelling to A Better Future', Welsh Government. This has been a particular consideration in the development of the Health Board's Homeless and Vulnerable Groups Health Action Plan.

The proposed relocation to a central single implantable device hub is not considered to have any significant likely impact on patients based on their ethnicity.

Table 4 Ethnic group by unitary authorities in Wales (Source: Table KS201EW Census 2011, ONS).

Region	White	Mixed / Multiple ethnic group	Asian / Asian British	Black / African / Caribbean / Black British	Other ethnic group	Total (%)	Total
Aneurin Bevan	96.1%	1.0%	2.0%	0.6%	0.3%	100.0%	576,754
Caerphilly	*98.3%*	*0.7%*	*0.8%*	*0.1%*	*0.1%*	*100.0%*	*178,806*
Blaenau Gwent	*98.5%*	*0.6%*	*0.7%*	*0.1%*	*0.1%*	*100.0%*	*69,814*
Torfaen	*98.0%*	*0.7%*	*1.1%*	*0.2%*	*0.1%*	*100.0%*	*91,075*
Monmouthshire	*98.0%*	*0.7%*	*1.0%*	*0.2%*	*0.1%*	*100.0%*	*91,323*
Newport	*89.9%*	*1.9%*	*5.5%*	*1.7%*	*1.0%*	*100.0%*	*145,736*
Cardiff and Vale	87.8%	2.5%	6.3%	1.8%	1.5%	100.0%	472,426
Vale of	*96.4%*	*1.3%*	*1.6%*	*0.4%*	*0.3%*	*100.0%*	*126,336*
Cardiff	*84.7%*	*2.9%*	*8.1%*	*2.4%*	*2.0%*	*100.0%*	*346,090*
Cwm Taf	97.4%	0.7%	1.3%	0.5%	0.1%	100.0%	293,212
Rhondda Cynon	*97.4%*	*0.6%*	*1.3%*	*0.6%*	*0.1%*	*100.0%*	*234,410*
Merthyr Tydfil	*97.6%*	*0.8%*	*1.2%*	*0.2%*	*0.2%*	*100.0%*	*58,802*
Powys	98.4%	0.6%	0.9%	0.1%	0.1%	100.0%	132,976
Area affected*	**93.7**	**1.4%**	**3.2%**	**0.9%**	**0.7%**	**100.0**	**1,408,88**
Wales	95.6%	1.0%	2.3%	0.6%	0.5%	100.0%	3,063,456

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Marriage and Civil Partnership

The proposed relocation to a central single implantable device hub is not considered to have any significant likely impact on patients based on their status of marriage or civil partnership.

Pregnancy and Maternity

The proposed relocation to a central single implantable device hub is not considered to have any significant likely impact on patients based on pregnancy and maternity.

Religion

Research indicates that patients and families rely on spirituality and religion to help them deal with serious physical illnesses, expressing a desire to have specific spiritual and religious needs and concerns acknowledged or addressed by medical staff.

It is important that services take cultural needs into account. Some BME groups have a strong reliance on spiritual belief and practice; this has important implications for the way that they want to be cared for.

The proposed relocation to a central single implantable device hub is not considered to have any significant likely impact on patients based on their religion.

Sexual Orientation

The proposed relocation to a central single implantable device hub is not considered to have any significant likely impact on sexuality. Patients of all sexualities would be given appropriate support when required.

Gender Reassignment

Recent research looking at the mental health and emotional wellbeing of transgender people has found rates of current and previously diagnosed mental ill health are high among this group. It is also recognised that this group find it particularly difficult to access services and their dignity and respect must be protected in both hospital and community settings.

Welsh Language

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Public services have a responsibility to comply with the Welsh Language (Wales) Measure. This has created standards which establish the right for Welsh language speakers to receive services in Welsh. The Welsh average

of 18% of Males and 20% of Females are able to speak Welsh. 19 % of the population are able to speak Welsh according to the UK Census 2011.

Service users who may prefer or need to communicate in the medium of Welsh may be required to access services at sites which do not have sufficient Welsh speaking staff. This could affect the service user's ability to communicate with service providers in their preferred language. Meeting the information and communication needs of Welsh speakers will need to be taken into account. Reading materials will also be made available upon request.

It will be essential to comply with the Welsh Language Act 1993 and all supporting strategies particularly the Bilingual Skills Strategy and the 'active offer' when planning for service change. In addition to this, the Welsh Language Commissioner has applied a new set of Standards throughout the Health Service in Wales which were issued in November 2018 and many must be met by May 2019. They cover staff and patients and we have a legal duty to meet them.

There are no identified impacts on the Welsh Language Measure of the potential change. If staff are not Welsh speakers approved translation services will be contacted at the earliest instance if it is suspected that one will be required.

Socioeconomic status

While socioeconomic status is not a protected characteristic under the Equality Act 2010, it is particularly relevant in relation to the protected characteristics. There is a strong correlation between the protected characteristics and low socioeconomic status[8].

Approximately a quarter of households (22.9%) in Wales has no access to a car. Comparing the health boards in the area affected, Powys has the lowest proportion of households with no car or van at 15.0%, while Cwm Taf at 27.6% has the highest proportion with no car or van.

In terms of local authorities, Merthyr Tydfil (29.7%), Blaenau Gwent (29.0%), and Cardiff (29.0%) have the highest proportion of households with no car or van. Powys (15.0%) and Monmouthshire (15.2%) have the lowest proportion of households with no car or van.

Table 5 Car or van availability by local authorities in Wales (Source: Table KS404EW 2011 Census, ONS)

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[8] National Equality Panel. (2010). *An anatomy of economic inequality in the UK.* London: London School of Economics & Political Science (LSE) - Centre for Analysis of Social Exclusion

Region	No cars or vans in household	1 car or van in household	2 cars or vans in household	3 cars or vans in household	4 or more cars or vans in household	Total (%)	Total
Aneurin Bevan UHB	24.3	42.4	25.3	6.0	2.0	100.0%	242,824
Caerphilly	*24.4*	*43.2*	*25.0*	*5.7*	*1.8*	*100.0%*	*74,479*
Blaenau Gwent	*29.0*	*43.8*	*20.9*	*4.9*	*1.5*	*100.0%*	*30,416*
Torfaen	*23.6*	*43.5*	*24.9*	*6.0*	*2.1*	*100.0%*	*38,524*
Monmouthshire	*15.2*	*40.2*	*32.5*	*8.7*	*3.4*	*100.0%*	*38,233*
Newport	*27.9*	*41.4*	*23.7*	*5.2*	*1.7*	*100.0%*	*61,172*
Cardiff and Vale UHB	26.4	42.9	24.1	5.0	1.6	100.0%	196,062
Vale of Glamorgan	*19.4*	*43.0*	*28.8*	*6.7*	*2.2*	*100.0%*	*53,505*
Cardiff	*29.0*	*42.9*	*22.3*	*4.4*	*1.4*	*100.0%*	*142,557*
Cwm Taf UHB	27.6	42.7	22.9	5.2	1.6	100.0%	123,927
Rhondda Cynon Taf	*27.1*	*42.6*	*23.4*	*5.3*	*1.6*	*100.0%*	*99,663*
Merthyr Tydfil	*29.7*	*43.2*	*21.0*	*4.6*	*1.5*	*100.0%*	*24,264*
Powys THB	15.0	42.8	30.1	8.4	3.6	100.0%	58,345
Area affected*	25.2	42.6	24.6	5.6	1.9	100.0%	591,986
Wales	22.9%	43.0%	25.8%	6.1%	2.2%	100.0%	1,302,676

Human Rights

At its most basic, care and support offers protection of people's right to life under Article 2 of the European Convention and the aim of this service is to preserve life through advanced treatment delivery. Reference has also been made to dignity and respect which is relevant to freedom from inhuman and degrading treatment (under Article 3 of the Convention) and the right to respect for private and family life (under Article 8).

Right to Life (taking reasonable steps to protect life)

It is anticipated that having a single implantable hub with outreach model with a central Multi-disciplinary team provision will provide a safe and sustainable specialist auditory implant device service that meets national standards, will improve clinical outcomes and will have a positive impact on individuals right to have their life protected.

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Summary Conclusion

WHSSC has considered all of the protected characteristics, the proposed relocation of specialised services is not considered to have any significant negative impact, however will continue to review this position throughout the engagement period.

Next Steps

Welsh Health Specialised Services will enter a period of targeted engagement, noting that a period of consultation may be required following this stage. The feedback from these processes will enable this EQIA to be further updated and associated considerations accordingly.

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Confirmed Minutes of the Charitable Funds Committee
21 June 2022 9:00am – 11:00am
Via Microsoft Teams

Present:		
Akmal Hanuk	AH	Committee Chair / Independent Member - Community
Susan Elsmore	SE	Independent Member – Local Council
Rachel Gidman	RG	Executive Director of People and Culture
Mike Jones	MJ	Vice Chair / Independent Member – Trade Union
Catherine Phillips	CP	Executive Director of Finance
In Attendance:		
Libby Barrett	LB	Investment Manager - Rathbone
Joanne Brandon	JB	Director of Communications
Alex Dow	AD	Investment Director - Rathbone
Nicola Foreman	NF	Director of Corporate Governance
Rachel Gidman	RG	Executive Director of People and Culture
Rob Mahoney	RM	Interim Deputy Director of Finance
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Observers:		
Timothy Davies	TD	Head of Corporate Business
Apologies:		
Fiona Jenkins	FJ	Executive Director of Therapies and Health Sciences
Sara Moseley	SM	Independent Member – Third Sector
Suzanne Rankin	SR	Chief Executive Officer
John Union	JU	Independent Member – Finance

CFC22/06/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting.	**Action**
CFC22/06/002	**Apologies for Absence** Apologies for Absence were noted.	
CFC22/06/003	**Declarations of Interests** The Independent Member – Local Council (IMLC) advised the Committee that she had been a sponsor on the Grow Cardiff Project which would be discussed later on in the meeting.	
CFC22/06/004	**Minutes of the Committee Meeting held on 1 March 2022** The Committee reviewed the minutes of the meeting held on 1 March 2022. **The Committee resolved that:** a) The minutes of the meeting held on 1 March 2022 were approved as a true and accurate record.	

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CFC22/06/005	**Committee Action Log** The Committee reviewed the Action Log and noted that all items were completed and included on the agenda. **The Committee resolved that:** a) The Action Log was noted.	
CFC22/06/006	**Chair's Action** The CC advised the Committee that 1 Chair's Action had been approved offline: • Spend of £37,585.04 from existing Food Sense Wales Fund. **The Committee resolved that:** a) The Chair's Action was noted	
CFC22/06/007	**Health Charity Financial Position & Detailed Investment Update** The Health Charity Financial Position Update was received. The Interim Deputy Director of Finance (IDDF) advised the Committee that the yearend was March 31st for the main Health Board accounts and the Charitable Funds accounts and noted that the report being received by the Committee was a mid-report because the Charitable Funds accounts were not audited or fully prepared until later on in the financial year. He added that there were 3 key issues identified which included: • The Health Charity's financial position decreased by £0.023m from the previous reported position at the end of January to £8.945m for the period ending March 2022. • Investment Gains rose slightly from January to March by £0.061m which had resulted in a cumulative gain of £0.451m for the full year. • The March position was draft and was subject to a full review from Wales Audit, and therefore the figures could be subject to change. It was noted that the Wales Audit review was estimated to commence in October 2022 and would conclude in January 2023. It was noted that for the full year the Health Charity had generated Income of £1.761m and had spent £2.413m which had resulted in net expenditure of £0.652m. It was noted that the Health Charity had market value gains of £0.451m on its investments for the period ending March 2022 and that the combined effect was a net decrease in fund balances of £0.202m from the opening position of £9.147m to the period ending March 2022. The Committee was presented with the income received by the Charity for the full 12 months of the year and compared the figures with the income received for the same period over the previous two years. It was noted that there had been a reduction in the income received in comparison to those previous years, which for 2020/21 included some significant acts of generosity from individuals and a large contribution from NHS Charities.	

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It was noted that the Health Charity had generated £0.074m of income and had spent £0.157m for the first month of the financial year which had resulted in net expenditure of £0.083m.

It was noted that the Health Charity also had market value loss on its investments of £0.084m for the period compared to the March 2022 valuation and that the combined effect of the results was a net decrease in fund balances of £0.167m for the period ending April 2022.

The IDDF advised the Committee that the investment portfolio had started the financial year with a market value of £6.569m and that the value had decreased to £6.135m at the end of April 2022 (after withdrawal of £0.350m cash), which had resulted in a market value loss of £0.084m.

He added that, in summary, the value of the Charitable Funds had decreased by £0.167m in the current year to £8.778m which represented net expenditure of £0.083m and market value losses of £0.084m.

The IDDF advised the Committee that whilst the Charity had a net worth of £8.778m, it was structured around undelegated and delegated funds where financial responsibility had been delegated to named fund holders and Heads of Service.

It was noted that within the funds there were general reserves with a value of £0.345m made up of the following:

- Consolidated general reserve fund balance of £0.429m
- Year to date investment losses of £0.084m;

It was noted that against the general reserves the Charity had approved a number of bids which had resulted in significant financial commitments assessed at being circa £0.712m.

The IDDF advised the Committee that one of the largest commitments was for fundraising costs and the cost of the Fundraising Team, which was a recurrent value and was committed because those costs were on the payroll.

It was noted that the general reserves were over committed by around £0.367m and therefore careful consideration would be required with regards to making any new commitments.

The Committee was advised that within the Financial Control Procedure (FCP) there was a process to review dormant funds on a regular basis and they would be transferred into the general reserve as and when they became dormant with no further purpose.

It was noted that the Board of Trustee (BoT) had agreed that the Fundraising Team would aim to cover their costs, which were charged to general reserves, and noted that could be achieved by:

- Recharging staff time against fund raising appeals
- Legacies income;
- Contribution from the Make it Better Fund.

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It was noted that part of the fundraising, costs were recharged against fundraising appeals and £88,000 of the Fundraising Team and the Charitable Funds Team was recharged into other funds.

	The CC noted that the commitments from the Health Charity were valued at £0.712m and that there was only £0.345m in the general reserves and asked if that meant there was a deficit. The IDDF responded that the Committee had the power to transfer funds from restricted funds if there was an over commitment on the general fund, but noted that it clearly caused difficulty to the restricted funds and could cause friction within the wider Charitable Fund's community. He added that there were various elements such as the Health Charity receiving income during the year, and also some of the phasing of the costs which would not necessarily all go out within year, as well as the investment portfolio which could help the current overcommitments. The Executive Director of Finance (EDF) advised the Committee that a forecast of what the general funds could achieve would be received by the Committee in September supported by the Health Charity Team which would cover costs, income potential from dormant funds as well as other legacies and donations. The Director of Communications (DC) advised the Committee that there would be an "Away Day" for the Committee Members in September 2022 where the Health Charity Strategy would be considered and noted that the figures could be also be discussed. An update on the Away Day would be provided later in the meeting. The CC welcomed the Investment Director for Rathbone (IDR) and the Investment Manager for Rathbone (IMR). The IDR advised the Committee that the 2020/21 was a good year for investment returns driven by an excellent vaccine rollout with a lot of support from the Government and central banks. It was noted that there were also high levels of economic growth and exceptionally strong levels of corporate profit growth. The Committee was advised that, in comparison, 2022 had been a very different picture driven by two main factors which included: • Rising interest rates in the face of the high levels of inflation being experienced. • Russian invasion of Ukraine. It was noted that rising interest rates could be negative for equities and for most investments because a higher discount rate was applied to future profits or cash flows which meant that the present value of a stream of future profits or cashflows would decline. It was noted that the Russian invasion of Ukraine had exacerbated the inflation issues being experienced including the increase in costs for: • Oil • Gas • Food • Metals The IDR advised the Committee that Rathbone Investment remained positive on equities for the rest of the financial year because economic growth was expected as well as corporate profit growth. It was noted that the Investment portfolio was worth £5.76m and that the income being produced each year was approximately £0.136m.	**EDF**

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	It was noted that what Rathbone had been accumulating income and as well as the capital value of £5.76m, there was an additional £40,000 in an accumulating income account. The IDR asked the Committee what they would want Rathbone to do with that income and noted that Rathbone had expected the Health Board to ask for it to be drawn down against something on a regular basis. The Committee was presented with the Asset Allocation information and it was identified that the investment portfolio was made up of risk levels that ran from one to six, with one being the lowest and six being the highest. It was noted that the Health Board's portfolio was managed at risk level 3, which was a medium risk, at the lower end of medium which meant that there was still a bias towards equities with 27% in the UK and almost 29% overseas. The Committee was presented with the Responsible Investment information where it was noted that companies with good environmental, social and governance polices tended to lead to superior returns over the long run. It was noted that MSCI finance company was a leader in environmental, social and governance (ESG) analysis and that they covered 71% of the Health Board's investment portfolio. The IMR advised the Committee of recent engagements done by Rathbone which all aligned with how investments were made for the Health Board and included areas such as: • Global Economic Indicators • Energy Prices • Food Prices • Corporate Profit Growth The IMR concluded that Rathbone were happy with their position within the investment and noted that the investment portfolio would be continually reviewed. The EDF asked how the risk level impacted upon the expected return and noted that the Health Board's exposure to high risk investments was limited due to it running at a medium risk. The IDR responded that for a risk Level 3, Rathbone would typically expect to return, over the long run, of inflation plus 2 to 3% per annum. He added that in the current environment, where inflation was so high and in the long run, the Bank of England's target of 2% was more realistic. **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 the general reserve were noted.	
CFC22/06/008	**Over £25k bids for approval** The over 25K bids for approval were received. The DC advised the Committee that there were three bids for approval which included:	

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- **Bid 1** - Improvement of the Environment of the Employee Wellbeing Service (EWS) - £60,000
- **Bid 2** - Innovation Collision Space to support our People and Culture - £24,000
- **Bid 3** - Employee Wellbeing Service - £194,864

The Executive Director of People and Culture (EDPC) advised the Committee that all three bids were collaborative and encompassed the Employment Wellbeing Service (EWS).

Bid 1 – It was noted that the main base for the EWS was at Denbigh House, University Hospital of Wales site and that the current environment was extremely poor and did not reflect the values of the Health Board in terms of respecting, valuing and looking after its staff.

It was noted that approval of the bid application to the Health Charity for Charitable Funds would support the department to improve the environment and would create a far more amenable working space for staff and a more welcoming space for the delivery of Wellbeing Services to employees (who either self-referred or were referred by their line manager).

The DC opened up the first bid for comments and questions.

The EDF advised the Committee that Bid 1 did lend itself quite well to be a benefit to staff and patients and noted that she did not have any concerns about core funding.

The Independent Member – Trade Union (IMTU) asked how many more years the building was likely to be on the current site.

The Executive Director of People and Culture (EDPC) responded that the building would remain for a while and so a balance would be required between the 3 bids being received.

Bid 2

The DC advised the Committee that the bid was asking for part funding because the team had already been successful in obtaining excellent funding from the Cardiff Capital City Region Grant. The bid would be to support a Camerados Public Living Room to support the booking of meeting space in a general collision space.

The DC opened up the second bid to comments and questions.

The EDPC advised the Committee that the marquee was being used at the Jubilee Gardens as the Health Board's Staff Haven. It was a rented marquee and the rental period was due to cease.

She added that the bid was a one-off request to support the rental of the marquee for another 12 months. The team had also linked with Procurement colleagues to see if the costs could be offset in the future if the Health Board purchased the marquee.

The EDF noted that the purchase of the marquee sounded sensible and would be a more sustainable way to manage funds.

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Bid 3

The DC advised the Committee that an initial bid for funding of the EWS had been approved by the Committee in 2019 to support the EWS and to also support the introduction of an assisted psychological therapy practitioner.

	She added that a paper brought to the Committee in March 2022 had considered extending the funding for a further two years. At that time, the Committee had approved a temporary 3-month funding extension whilst the service explored alternative revenue options. It was noted that a submission for IMTP funding had been unsuccessful although there had been discussions to identify sustainable long-term funding. All of the posts that were currently within the EWS would be secured from April 2023 and so the bid was to secure funding for the 9-month period (between 1 July 2022 to 31 March 2023) to protect the service so it could continue providing care for employees. The DC opened up the third bid to comments and questions. The EDPC advised the Committee that the bid had returned to the Committee because the intention was to make the funding core and to make it sustainable. She added that she hoped the Committee would support the bid so that the Health Board could keep the individuals in post and make the service sustainable going forward. She noted that there were lots of other wellbeing offerings that had been gained through slippage funding that would complement the service. The EDF responded that there was a need for to consider the long-term model for the EWS. She added that it had slipped between the net again and so that piece of work would be required to ensure the bid was not brought back to the Committee again in a years' time. The EDPC responded that the EWS team would be ready to take it to the Business Case Approval Group (BCAG) earlier than originally anticipated. The Director of Corporate Governance advised the Committee that the third bid of £194,864 would need to go to the BoT. The CC advised the Committee that the other items on the agenda would be discussed before coming back to the recommendations on the three bids. **The Committee resolved that:** a) The bid for charitable funds as per delegation of approval limits was considered. b) The further funding for the pilot - Innovation Collision Space was noted c) The bid for charitable funds for the EWS was noted and it was noted that endorsement by the Board of Trustees was required.	**EDF**
CFC22/06/009	**Health Meadow Secured Funding Proposal – Bid 4** The Health Meadow Secured Funding Proposal was received. The DC advised the Committee that the bid was to underwrite funding for Our Health Meadow which had come as a result of the steering committee that looked after Our Health Orchard and the Health Orchard appeal set up in October 2017. It was noted that a high-level overview was being received by the Committee and that they were looking for £1.244m to secure the cost of building a Nature Haven. It was noted that Our Health Meadow had looked at lots of different ways in which they could fund it and that the paper had documented that.	

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	It was noted that the team had not been successful in its bid to the Welsh Government's (WG) Community facilities program on the basis that WG felt that ,as a Health Charity, it had too significant reserves for them to be able to support the bid funding. The IDDF advised the Committee that the financial context of the Charity had been raised during the Health Charity Financial Position & Detailed Investment Update and noted that the Our Health Meadow bid was a major ask of the Health Board. He noted that it would be very difficult to commit to a £1.5m expenditure without the funds being clearly identified. He added that a structured plan would need to be received by the Committee to see the various funding components. The EDF advised the Committee that it would be difficult to argue that the bid was a Health Board revenue and noted that it would be really important for the Committee to commend the bid and recommend it to the BoT for approval. She added that there was urgency in the bid and so discussions would be required outside of the meeting. **The Committee resolved that:** a) The submission of the report to the Board of Trustees to seek approval of funds for the construction of the Nature Haven, guardianship and maintenance of the site and art sculpture trail and to continue the work of Down to Earth with Cardiff and Vale University Health Board and Cardiff & Vale Health Charity, in this exemplar project of the Wellbeing of Future Generation Act was supported.	**EDF/DC**
CFC22/06/010	**Health Charity Therapy Puppy Proposal – Bid 5** The Health Charity Therapy Puppy Proposal was received. The DC advised the Committee that the bid had been received from the Patient Experience Team and had been endorsed by the Interim Executive Nurse Director (IEND). It was noted that the Health Charity would like to proceed to purchase a dog for emotional support to attend areas 2-3 days per week, for a maximum of two hours per session and that the welfare of the dog had been secured by a volunteer via the Patient Experience Team. It was noted that the puppy would be legally owned and fully paid for by the Health Charity and the anticipated costs associated with the dog would be: food, injections, insurance, training programmes, lead and collar and ongoing health appointments, such as yearly booster vaccinations. The Committee was advised that a budget of no more than £5,000 would be required for the purchase and training of a puppy, vaccinations, health checks, annual insurance, bedding, toys, lead, harness and crate, and a small contingency for emergencies. It was noted that it had been proposed to utilise Staff lottery funds and to name the dog “Lotty”, or similar, to promote the staff lottery contribution. The EDF advised the Committee that a therapy dog would be a fabulous addition for the Health Charity but noted that she had been uncomfortable about the Health Charity owning a dog that would be given to someone who worked for the Health Board to look after.	

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	She added that a discussion offline had taken place regarding whether the Committee could 100% underwrite the purchase, training and use of a therapy dog, but would not actually own it as the Health Charity, and whether, through procurement, an offer of an exclusive contract could be made. The IMTU agreed and noted that he would feel more comfortable to underwrite for somebody else rather than own the dog as a Health Charity. It was noted that the Committee supported the proposal in principle and Committee Members suggested alternative routes should be explored to support the project, which could include engagement with existing and specialised pet therapy organisations that were currently working with the Health Board. The DC advised the Committee that an update would be provided at the next Charitable Funds Committee (CFC) meeting. **The Committee resolved that:** a) It was supported that to minimise any risks, the Health Charity team would engage with existing and specialised pet therapy organisations, that were currently working with the Health Board and that the Committee would be updated at the next meeting of the Charitable Funds Committee	**DC**
CFC22/06/011	**Events Planner 2022 Update** The Events Planner 2022 Update was received. The DC advised the Committee that an updated events planner list would be brought to the Committee at each meeting. She added that Executive and Independent Member presence at events would be beneficial. **The Committee resolved that:** a) The updated Health Charity Events Planner 2022 was approved	
CFC22/06/012	**Third Sector Grants Scheme – Bid 6** The Third Sector Grants Scheme was received. The DC advised the Committee that the Health Charity had worked successfully in partnership with Glamorgan Voluntary Services (GVS) and Cardiff Third Sector Council (C3SC) since 2016 to provide grants to Third Sector organisations. It was noted that this had developed strong, effective partnership working between the Third Sector, Health and Local Government that had enabled better integrated planning and delivery of people-centered services that were responsive to local need. It was noted that the Third Sector supported the Health Charity in a number of ways and that a lot of services would not survive without the contribution from the Health Charity. The IDDF asked if the request for money was held against the general reserves. The DC responded that it was.	

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	The IDDF reiterated his concern that the Health Charity was committing to new funding against the general reserve that was already over committed. **The Committee resolved that:** a) The evaluation/feedback report – 2021 was reviewed for assurance. b) The proposal for the allocation of £33,000 to fund the 2022 Third Sector Grants Scheme plus £3,000 for the administration costs of Glamorgan Voluntary Services – Total Funding £36,000, was approved.	
CFC22/06/013	**Proposal for CFC Away day -Sept 2022** The Proposal for CFC Away day - Sept 2022 was received. The DC advised the Committee that at the meeting of the CFC held on 1st March 2022, Item CFC2/03/0008 Charitable Funds Internal Costs Report was presented. It was noted that the DC had provided the 4 key 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 following responses were noted by the Committee: • Thought was required regarding what the Health Charity was trying to achieve in financial and growth terms. and it was noted that the investment plan would be a part of that. • The CC advised the Committee that the strategy should be reviewed again and that could be done via an Away Day for Independent Members and relevant Health Charity Team members. The DC advised the Committee that the proposed Away Day session would be held at Woodland House on 20th September 2022 where four key criteria would be discussed which included: • A review of the current Health Charity Strategy • A review of the current direction of travel for the next 1-3 years • A review of the financial framework in relation to general reserves • The development and growth of the Health Charity The Director of Corporate Governance (DCG) advised the Committee that the Away Day should be facilitated externally to the Committee to ensure proper input. **The Committee resolved that:** a) The four key criteria for the Health Charity Strategy Review Away Day to take place on 20th September 2022 to incorporate the scheduled quarterly meeting of the Charitable Funds Committee, were approved.	
CFC22/06/014	**Clarification of Bids.** The EDF advised the Committee that all of the 6 bids discussed during the meeting would require approval, rejection or further work and outlined each bid again with clear recommendations and actions.	

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	It was noted that B**ids 1,2 and 3** were all connected around the EWS and noted that they had all been approved by the Committee. The DCG reminded the Committee that Bid 3 for £194,864 would need to be received by the BoT. The EDF advised the Committee that the CFC had a commitment to B**id 4** - Health Meadow Secured Funding Proposal and that it was a big part of the development and strategy and noted that the recommendation within the paper had been supported. The Committee was advised that **bid 5** - Health Charity Therapy Puppy Proposal had been supported with a caveat that alternative options would be looked at and provided to the Committee at their next meeting. The EDF advised the Committee that **bid 6** - Third Sector Grants Scheme had been approved. It was noted that the total of funding required had started to mount and that the Health Charity would be managing the funds at risk and so the Committee would need to find a solution to that risk. The EDF concluded that the Committee should approve the bids whilst recognising that there was a funding issue with them and that no more bids should be received until work was undertaken on cash flow. The IDDF advised the Committee that approval of the bids would put the Health Charity into an overdraft position and noted that when the expenses went out, selling of investments could be required. He added that based on the information provided by Rathbone and the fact that they had noted an expected recovery, there would be income and cash available there. **The Committee resolved that:** a) The 6 bids were approved noting that (i) Bid 3 (Employee Wellbeing Service) required endorsement from the Board of Trustee and (ii) Bid 4 (Our Health Meadow) was recommended to the Board of Trustee for approval. b) A piece of work around Health Charity cash flow would be received at the next meeting.	**EDF/DC**
CFC22/06/015	**Health Charity Fundraising Report** The Health Charity Fundraising Report was received. The DC advised the Committee that the report provided a summary of the progress and activities of the Health Charity Appeals for the period 1st March - 31st May 2022. **The Committee resolved that:** a) The Fundraising Report was reviewed b) The progress and activities of the Health Charity was noted	
CFC22/06/016	**Reporting Feedback on Successful CFC bids** The Reporting Feedback on Successful CFC bids was received.	

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	The DC advised the Committee that three projects had been successful in obtaining funds from the CFC which included: • Covid-19 Patient Experience Support Project - £25,000 • Recovery and Wellbeing College Senior Peer Trainer - £31,237.59 • Grow Cardiff - £99,759 The CC advised the Committee that it would be helpful to have an impact analysis report for successful bids which justified the investments made and support provided by the Health Charity. The DC and EDF responded that it would be picked up for the next Committee meeting. **The Committee resolved that:** a) Assurance of the appropriate use of the allocated charitable funds was noted.	**EDF/DC**
CFC22/06/017	**Staff Benefits Group Report** The Staff Benefits Report was received. The EDPC advised the Committee that she would take the paper as read. **The Committee resolved that:** a) The Staff Benefits Group Report was noted.	
CFC22/06/018	**Staff Lottery Bids Panel Report** The Staff Lottery Bids Panel Report was received. The DC advised the Committee that she would take the paper as read. **The Committee resolved that:** a) The content of the Staff Lottery Bids Panel Report was noted.	
CFC22/05/019	**Health Charity Updates:** **The Health Charity Updates were received.** • <u>Prop Appeal</u> The DC advised the Committee that some of the events within the Prop Appeal had not been held and so a slight dip in the funding had been seen. It was noted that the appeal was separate and that the money did not go into general reserves. It was noted that the Prop Appeal had offered to support a third of the cost of the maintenance of Horatio's Garden which would be reviewed on an annual basis. **The Committee resolved that:** a) The continued success of the Prop Appeal and associated fundraising events/activities undertaken during 2021/22 were noted.	

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	b) The proposal offered for Horatio's Garden annual maintenance contribution, from The Prop Appeal income, as a third of the overall cost - £3,139 to be reviewed on an annual basis was endorsed.	
CFC22/05/020	**Committee Effectiveness Survey Results 2021-2022** The Committee Effectiveness Survey Results 2021-2022 were received. The DCG advised the Committee that each Committee of the Board had been presented with the results of its respective effectiveness survey. It was noted that a different tool would be explored for future Committee Effectiveness Survey results because the current tool did not provide the data that the Health Board was looking for. **The Committee resolved that:** a) The results of the Annual Board Effectiveness Survey 2021-2022, relating to the Charitable Funds Committee were noted.	
CFC22/05/021	**Any Other Business** No other Business was raised. **The Committee resolved that:** a) All other business was noted and agreed.	
CFC22/05/022	**Date and Time of Next Meeting** Tuesday 20 September 2022, 9:00am	

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Confirmed Minutes of the Public Strategy and Delivery Committee Meeting
Held On 12th July 2022 at 09:00am
Via MS Teams

Chair:		
Michael Imperato	MI	Independent Member - Legal
Present:		
Gary Baxter	GB	Independent Member - University
Sara Moseley	SM	Independent Member - Third Sector
Rhian Thomas	RT	Independent Member - Capital & Estates
In Attendance:		
Caroline Bird	CB	Interim Chief Operating Officer
Marie Davies	MD	Deputy Director of Strategic Planning
Hannah Evans	HE	Recovery & Redesign Programme Director
Nicola Foreman	NF	Director of Corporate Governance
Rachel Gidman	RG	Executive Director of People and Culture
Charles Janczewski	CJ	Chair of the Health Board
Fiona Kinghorn	FK	Executive Director of Public Health
Jason Roberts	JR	Executive Director of Nursing
Robert Warren	RW	Head of Health and Safety
Observers:		
Timothy Davies	TD	Head of Corporate Business
Marcia Donovan	MD	Head of Corporate Governance
Urvisha Perez	UP	Audit Wales
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Abigail Harris	AH	Executive Director of Strategic Planning
Ceri Phillips	CP	Vice Chair of the UHB

Item No	Agenda Item	Action
S&D 12/07/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the meeting.	
S&D 12/07/002	**Apologies for Absence** Apologies for absence were noted.	
S&D 12/07/003	**Declarations of Interest** The Independent Member – Third Sector (IMTS) declared an interest as a member of the General Medical Council.	
S&D 12/07/004	**Minutes of the Meeting Held on 17 May 2022** The minutes of the Committee meeting held on 17 May 2022 were received. **The Committee resolved that:** a) The minutes of the Committee meeting held on 17 May 2022 were approved as a true and accurate record of the meeting.	

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S&D 12/07/005	**Action Log following the Meeting held on 17 May 2022** A couple of points were raised in connection with the Action Log: (i) An action date was required against Action number S&D 17/05/007 and the next Committee date was agreed as an appropriate date. (ii) Action number S&D 11/01/012 to be updated to reference "Claire Whiles" and not "Rachel Whiles" **The Committee resolved that:** a) Pending the above amendments, the Action Log from the meeting held on 17 May 2022 was noted.	
S&D 12/07/006	**Chairs Action** No Chair's Actions were raised.	
	Items for Review and Assurance	
S&D 12/07/007	**Shaping Our Future Wellbeing Strategy** The Strategic Delivery Programme updates were received. The Deputy Director of Strategy & Planning (DDSP) advised the Committee that there were five flash reports for the Strategic Portfolio. The 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 had been delayed by 2 weeks due to capacity and sickness within the Health Board and Grant Thornton. 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 intention 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 was completely dependent on workforce. It was noted that the desire was for the Health	

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Board to be a great place to train, work and live, with inclusion, wellbeing and development at the heart of everything that it did.

The IMTS advised the Committee that the Shaping Our Future Community Services was fundamental and that one of the risks identified had outlined 'buy in' from GPs and service leads and she asked how that was progressing in regards to programme delivery.

The DDSP responded that from an operational perspective, all of the resources were currently focused on staying afloat and keeping the flow going through the Community services, Primary Care and in and out of Secondary Care.

She added that longer term, the biggest risk was providing protected time in particular for GPs and Clinical colleagues to input into a huge programme of transformation.

It was noted that real focus was being driven on the areas deemed most important which included:

- Accelerated Cluster development by trying to scale up and roll out developed good models.
- Infrastructure work in the community, both digital and physical.

The UHB Chair noted that within the report the Vale Alliance had been referenced but no reference had been made to the accelerated Cluster development, in particular the Pan-Cluster development planning groups.

The DDSP responded that there had been good development regarding the acceleration of the Pan-Cluster planning groups.

The UHB Chair advised the Committee that learning had been taken from the experience with the Vale Alliance and noted that the Health Board must engage with its population before development of the plan, rather than present the population with a plan and then seeking their engagement.

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 the Regional Outcomes Framework to provide assurance and would ultimately form an integrated component of the wider quarterly assurance on the delivery of the IMTP.

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The Committee resolved that:

a) The progress and risks described in each of the Strategic Portfolio Flash Reports were noted.

b) The proposed approach to developing an integrated monitoring tool for critical programme deliverables within a wider IMTP report framework, was noted.

Performance Reports:

Key Workforce Performance Indicators

The Executive Director of People and Culture (EDPC) advised the Committee 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 the lowest it had been since July 2021. The EDPC added that 378 staff were absent with COVID last week which represented 2.48% of the workforce.

- 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's 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 4 May . 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, of which 60 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

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- 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. 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 been implemented in 50 ward areas. Both the new system and roster principles were being well received.
  - 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.

The Independent Member – Capital & Estates (IMCE) noted that there was a high success rate in the appointment of candidates who applied for positions and asked if that had reflected that high calibre of applicants were applying or if it was a case of successful tracking and identification of potential applicants.

The EDPC responded that the success was due to the Health Board going out into the community and it had proactively interviewed people and recruited on the day.

She added that there was a resourcing team within the Organisation that could look at various areas for proactive recruitment, such as job fairs and military fairs.

The UHB Chair asked if the staff appraisal rates could be included in the KPI Workforce Plan. EDPC

The Committee resolved that:

c) The contents of the report were noted.

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Key Operational Performance Indicators

	The Interim Chief Operating Officer (ICOO) advised the Committee 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 Services was a big priority for the Health Board as well as it being a Ministerial priority. It was noted that it would be presented under the 'Six Goals for Urgent and Emergency Care' report later in the meeting. It was noted that the Mental Health Service had been impacted significantly due to Covid-19 and that was still being felt in terms of increased demand and inpatients. The Committee was advised the Part 1a had seen significant improvement for adults and that the Health Board was now compliant, although it was noted that it had been more challenging in CAMHS due to workforce restraints. Hence a dip in headline performance had been seen. **The Committee resolved that:** d) the year to date position against key organisational performance indicators for 2021-22 and 2022-23 and the update against the Operational Plan programmes, was noted.	
S&D 12/07/008	**Six goals for Urgent and Emergency Care** The Six Goals for Urgent and Emergency Care were received. The Interim Chief Operating Officer (ICOO) advised the Committee that the presentation received outlined the national context and also the work being done locally that related to the Six Goals for Urgent and Emergency Care. It was noted that the policy handbook for the Six Goals was published in February 2022 and spanned a five-year period from 2021 to 2026. It was noted that the programme was supported by £25m of funding across Wales, of which the Health Board would receive £2.960m. The Committee was advised that the Six Goals included: • Co-ordination planning and support for populations at greater risk of needing urgent or emergency care • Signposting people with urgent care needs to the right place at the right time • Clinically safe alternatives to admission to hospital • Rapid response in a 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 The ICOO advised the Committee that within the handbook, immediate priorities had been identified which included: • Goal 1: - Accelerated Primary Care Cluster Development and Urgent & Emergency Care Equalities Plan. • Goal 2:	

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- 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 the Third Sector 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 Welsh Government (WG) which included new measures being introduced such as:

- The number of Urgent Primary Care Centres established in each Health Board's footprint
- Qualitative reports 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.

The Committee was advised that the Health Board's approach to improvement of Urgent and Emergency Care and implementation of the Six Goals had been taken forward by 3 interrelated plans which included:

- System Plan – It was noted that this was aligned with the Six Goals and that the Health Board was setting up a system wide Transformation Board for which the terms of reference were being finalised.
- Ambulance Handover Improvement Plan
- Immediate Actions – It was noted the schemes, such as CAV24/7 at the UHW front door to support direction, would be utilised.

The ICOO advised the Committee that all of the schemes being implemented within the Health Board's Six Goals work streams showed the vast amount of work ongoing which would improve the Health Board's overall position on a sustainable basis.

It was noted that there were two priorities which had been focussed on nationally by WG. The WG had provided a direction of where the Health Board should be directing some of the £2.960m funding which included:

- Urgent Primary Care Centres (UPCC) – It was noted that the Vale model for UPCC had been running for a while and currently circa 2,500 patients a month were seen. Further work would be required to embed that model system wide across the Health Board.

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It was noted that for the Cardiff model of the UPCC would require investment that would not be covered by the £2.960m funding.

	• Same Day Emergency Care (SDEC) – It was noted that the Health Board had implemented a new SDEC model in April 2022 for surgery, but due to its phased basis there had been a limited capacity that had been supported heavily by capital investment and revenue investment. It was noted that it was an excellent model which would be further expanded, in July 2022, with a total of 24 trolleys, bed and chairs to deliver "hot clinics" which meant same day care. The UHB Chair asked if there was any funding available for the Cardiff UPCC model and if any potential locations had been looked at. The ICOO responded that due to workforce issues, further thought was required as to how Cardiff could provide an urgent Primary Care model and that the funding would require both Capital and Revenue funding. She added that the Cardiff Royal Infirmary (CRI) site had been discussed as a potential location but noted that it had not been finalised. Further discussion would be required around the type of model to use within that area. **The Committee resolved that:** a) The Six Goals for Urgent and Emergency Care were noted.	
S&D 12/07/009	**Planned Care Recovery** Planned Care Recovery was received. The Recovery & Redesign Programme Director (RRPD) advised the Committee that there were five goals for Planned Care Recovery which included: • Effective Referral • Advice and guidance • Treat accordingly • Follow up prudently • Measure what was important. It was noted that the actions from the five goals included: • Nobody would wait longer 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 weeks 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 RRPD advised the Committee that the focus at present was around the first action where nobody would wait longer than a year for their first outpatient appointment by the end of 2022.	

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She added that work was being undertaken to address the large waiting lists and that there were approximately 95,000 patients on waiting lists at all stages but noted that work was required to sense check and check that there were no duplications within that figure.

It was noted that it would be important to understand some of the challenges of delivering against the actions which would include the shape of all waiting lists and pre-Covid waiting lists.

The Committee was advised that the Health Board was over 100% in outpatient activity and had touched 99% of treatment inpatient and day case activity which was the ambition for the end of the first quarter

It was noted that treatment lists were being reviewed frequently and opportunities had been identified in basic waiting list management and resource utilisation.

It was noted that the biggest gains were how the Health Board was using the resources in terms of booking into and the utilisation of the clinics.

The RRPD summarised the delivery ambitions that reflected the Ministerial priorities, performance framework outcomes and the Health Board's own measures.

One area was identified that had been iterated within the IMTP received by the Board in June 2022. That was the elimination of 52-week wait for new outpatient appointments within 35 specialities.

It was noted that the Health Board was unable to commit to that number but that there was confidence in being able to achieve the elimination of 52-week wait for new outpatient appointments within 25 of the 35 specialities by the end of 2022.

The Committee was presented with an overview of how the Health Board would improve the service being provided and the Assurance and Reporting model which included:

- Internal
  - Detailed tracker for all delivery ambitions and metrics
  - Weekly planned care performance meetings for all Directorates in cohorts (plus theatres and outpatient service managers)
  - Operational Plan Delivery Group reporting
  - Executive reviews
  - Health System Management Board
  - Strategy and Delivery Committee

- External
  - Weekly report to Delivery Unit (DU) plus quarterly Minimum Data Set (MDS) returns
  - Weekly meetings with DU
  - Integrate Quality, Performance and Delivery monthly (IQPD)
  - Monthly planned care meetings with the National Director for Planned Care
  - Fortnightly all Wales meetings with the National Director for Planned Care
  - CEO all Wales meetings

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	- Joint Executive meetings. The Independent Member -University (IMU) noted that the workforce availability was a central part of issues identified and that there many unknowns in terms of recruitment and retention and asked if reaching the target of a 52-week wait being eliminated by the end of 2022 was achievable. The RRPD responded that it was the position identified in all of the planning and noted that improvement plans for Clinical Boards were being reviewed. She added that the teams were committed to improving the cohort and reducing the length of waits. The IMU asked for an update at the next meeting to see what improvements had been made. The IMTS added that the update should indicate the Clinical risk for patients and how that was being addressed. The UHB Chair asked if there was an indication of (i) how the waiting lists would improve in the ten specialities, and (ii) were there any that may not meet the Ministerial ambitions. He also asked how patients would be updated on where they were on the waiting list. The RRPD responded that the improvement plans from each speciality would hopefully show improvement trajectories in many areas. If each speciality implemented the actions identified then improvement would definitely be seen. She added that for those areas that would not reach the Ministerial ambitions, further support would be required and alternatives would be looked at to improve conditions and their waiting lists. It was noted that in relation to keeping patients updated, communication mechanisms would be in place and promotion of those mechanisms should be provided to all stakeholders, as well as patients. **The Committee resolved that:** a) The Planned Care Recovery was received and noted.	**HE**
S&D 12/07/010	**Health and Safety Culture Plan** The Health and Safety Culture Plan was received. The Executive Director of People and Culture (EDPC) advised the Committee that the previous CEO and Director of Workforce had commissioned the plan and a review from an external body to come in and look at the Health Board's structures around Health and Safety. 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.	

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The Head of Health and Safety (HHS) advised the Committee that, in terms of Health and Safety (H&S), the plan was one of the most important documents compiled within the Health Board.

It was noted that the plan 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.

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 had 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 it did.

- 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, 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.

The HHS advised the Committee that in order to future proof and track the external review actions a number of other actions had been implemented which included:

- NHS Wales Shared Services Partnership (NWSSP) conducted an audit of the H&S department in relation to the external review.

- Majority of the external review actions had been incorporated into the 3-year H&S Culture Plan.

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	• The NWSSP audit report provided 'Substantial Assurance', largely through the H&S Culture Plan. • The plan would require 'buy in' from all Clinical/Service Boards to maintain the assurance in three years' time. • The H&S Culture Plan would progress any assurance provided to the H&S Committee. The Independent Member – Capital and Estates (IMCE) noted that it would be a big task to implement the H&S Culture Plan and asked how the principles would be upheld against third parties and contractors entering the Health Board. The HHS responded that H&S started at Board level with a H&S policy and noted that the Health Board now had a H&S policy Statement of Intent. He added that the Statement of Intent would be rolled out to all contracting companies as part of the contract management scheme. The CC asked about the relationship between the Strategy and Delivery Committee and the H&S Committee. The UHB Chair responded that H&S would form part of the review that would be received by Independent Members and how the Committees of the Board would be structured going forward as the Board refreshed the strategies. The DCG confirmed that a review of the Committees of the Board would be undertaken and, as part of that a mapping exercise would be carried out to identify where there was any crossover to avoid duplication. **The Committee resolved that:** a) The findings of the plan and the objectives identified to improve H&S were noted; and b) Regular progress updates would be provided to the Health and Safety Committee.	
S&D 12/07/011	**National & local policy and planning framework – High Level Overview.** The National & local policy and planning framework – High Level Overview was received. The Deputy Director of Strategy and Planning (DDSP) advised the Committee that the presentation received set out the way in which NHS Wales operated and included governmental, policy, strategic and structural levels to show who would be responsible for what and how everything would fit together within the National & local policy and planning framework. **The Committee resolved that:** a) The National & local policy and planning framework – High Level Overview was noted.	

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S&D 12/07/012	**Annual update on childhood immunisation** The Annual update on childhood immunisation was received. The Executive Director of Public Health (EPDH) advised the Committee 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 EPDH 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. That included a suite of tools which would help GPs to identify what they could potentially do in their own practice 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 had 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. Those Coordinators 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 which targeted 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. • 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. The EDPH advised the Committee that there was a clear pattern of inequity in relation to immunisations and noted that in some of the Clusters there was much higher uptake than others.	

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	She added that there were many barriers to uptake, including where and when appointments took place, access to the appointments, language barriers, fears and concerns over the vaccines, the transient nature of some families in and out of Cardiff , and a lack of understanding about vaccination. The IMCE asked what the difference was between an operational immunisation board and the operational immunisation steering group that it was replacing. The EDPH responded that the vaccination approach had been reviewed and noted that previously there had been a very granular operational group at the level of senior nursing and operations. She added that it had been lifted it up with a piece of work in Shaping our Future Population Health (SOFPH) and that it was a key priority and noted that the operations board would be led by the Director of Operations in both the PCIC and Children & Women's Clinical Boards. **The Committee resolved that:** a) The update on the current situation and developments in childhood vaccination, including implementation of a revised governance model, was noted. b) The Pan-UHB implementation of actions to improve uptake in childhood immunisation rates in 2022/23, in line with national targets, was supported.	
S&D 12/07/013	**Flu vaccination programme 2021/22** The Flu vaccination programme 2021/22 was received. The EDPH advised the Committee that Flu vaccination was very important and had probably been overshadowed by Covid-19 over the past 2 years. She added that the actions to take by the Health Board regarding the Flu vaccination programme had been identified. The actions being planned and the reflections on the Flu programme for the upcoming winter were highlighted and the EDPH advised the Committee that a mixed set of deliveries had been identified which included: • The 2022/23 Flu plan and the Covid-19 vaccination plan would be aligned to form a Winter Respiratory Virus Vaccination Plan in line with Welsh Health Circular 2022 (010) • Delivery plan priorities for 2022/23 to increase uptake in Cardiff and Vale UHB had been agreed by the Flu Planning Group and included: **Primary Care:** - Identification of Clusters and practices with low uptake - particularly those in areas of disadvantage - and support to implement evidence-based practice to improve uptake - Working with Clusters and Practices (pending Covid-19 delivery plan), to identify opportunities for co-administration with Covid-19 vaccination.	

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	- Use of community venues for Flu vaccinations where possible - Ordering additional supplies of Flu vaccine to meet expected increase in demand **Two- and three-year olds:** - Implementation of further work with Flying Start Childcare settings to improve uptake amongst 2- and 3-year olds **Communications:** - An updated local winter vaccination communications plan in line with the national Public Health Wales (PHW) communications plan - UHB Staff Programme: - Co-delivery of Flu and Covid-19 vaccinations for the majority of staff - Revised Staff Winter Vaccination Policy - Continuation of the UHB staff Flu Champion Peer Vaccinator model, to ensure coverage of Flu Champions to include wider professional groups (such as Allied Health Professionals) - Monitoring of uptake at departmental level - Continued electronic consent and recording via WIS - Ordering additional supplies of Flu vaccine to meet expected increase in demand The UHB Chair advised the Committee that it was really important for the Strategy and Delivery Committee to continue to find a way of supporting the EDPH to deliver the work and to provide assurance to the Board that forward movement was being seen in both childhood immunisation and the Flu vaccination programme 2022/23 **The Committee resolved that:** a) The UHB's uptake of Flu vaccination during 2021/22, including the expansion of the programme to the secondary school age cohort and all people aged over 50 years, was noted. b) The UHB implementation of actions to improve uptake in Flu vaccination rates in 2022/23 in line with national priorities and ambitions, was supported.	
S&D 12/07/014	**Board Assurance Framework** The Board Assurance Framework (BAF) was presented. The DCG advised the Committee that there were 3 risks identified that were relevant to the Strategy and Delivery Committee which included: • Workforce • Leading Sustainable Culture Change • Capital Assets It was noted that Workforce and Capital Assets were two of the highest risks on the BAF. Saunders.Nathan 22/09/2022 12:07:45	DCG

	The UHB Chair noted his concern on the lack of profile around the digital capability of the Health Board and noted that it should be picked up within the BAF after careful discussion with the Management Executives. **The Committee resolved that:** a) The risks in relation to Workforce, Leading Sustainable Culture Change and Capital Assets were reviewed. b) Assurance would be provided to the Board on 28th July 2022 on the management /mitigation of risks.	
	Items for Information and Noting	
S&D 12/07/015	**Corporate Risk Register** The Corporate Risk Register (CRR) was received. The DCG advised the Committee that there were currently 7 risks held on the CRR and noted that it was clear that the Clinical Boards should be challenged with being more dynamic with their risks. It was noted that a 'Check and Challenge Process' had been implemented with all Clinical Board and Corporate Directorate risk leads to ensure that those risks recorded within the Register were correctly recorded in line with the Risk Scoring Matrix. **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 12/07/016	**Any Other Business** The CC advised the Board that it was the last time the ICOO would attend the Committee as she was leaving the Health Board and thanked her for all of her hard work and dedication. He added that the Interim Executive Nurse Director was now actually the Executive Nurse Director as he had been successful in obtaining the position and welcomed him to the Committee.	
	Date & time of next Meeting 27 September 2022 at 9am	

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Confirmed Minutes of the Public Finance Minutes
Held On 29 June 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:		
Caroline Bird	CB	Interim Chief Operating Officer
Nicola Foreman	NF	Director of Corporate Governance
Abigail Harris	AH	Executive Director of Strategic Planning
Robert Mahoney	RM	Interim Deputy Director of Finance (Operational)
Catherine Phillips	CP	Executive Director of Finance
Hywel Pullen	HP	Interim Deputy Director of Finance (Strategy)
Observers:		
Emily Howell	EH	Audit Wales
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Charles Janczewski	CJ	UHB Chair
Suzanne Rankin	SR	Chief Executive Officer

Item No	Agenda Item	Action
FC 29/6/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the meeting.	
FC 29/6/002	**Apologies for Absence** **The Finance Committee resolved that:** a) Apologies were noted.	
FC 29/6/003	**Declarations of Interest** **The Finance Committee resolved that:** a) No Declarations of Interest were noted.	
FC 29/6/004	**Minutes of the Meeting Held on 25 May 2022** The minutes of the meeting held on 25 May 2022 were received. **The Finance Committee resolved that:** a) The minutes of the meeting held on 25 May 2022 were held as a true and accurate record of the meeting.	

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FC 29/6/005	**Action Log following the meeting held on 25 May 2022** The Action Log was received. All actions were discussed and it was noted that it would be updated for the meeting in July. **The Finance Committee resolved that:** a) The Action Log was noted.	
FC 29/6/006	**Chairs Action since previous meeting** There had been no Chair's actions taken since the last meeting.	
	Items for Review and Assurance	
FC 29/6/007	**Financial Report – Month 2** The Financial Report – Month 2 was received. The Interim Deputy Director of Finance – Operational (IDDFO) presented the Financial Report for Month 2. It was noted that the financial report was being evolved to try and make it into a more holistic report. The IDDFO reminded the Committee that the first page of the report established how the Finance team had arrived at the surplus deficit for the current plan that was submitted to Welsh Government (WG). 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. The IDDFO 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:	

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- 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 IDDFO advised the Committee 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.

He added that 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.

The CC asked if the deterioration in performance was exclusive to Nurse Agency issues.

The IDDFO responded that there were other areas but Nurse Agency was a "big bill".

The CC asked if the Health Board was in a position to make manual payments and asked if the Health Board did not pay creditors on time would that jeopardise their operations.

The Executive Director of Finance (EDF) responded that there was a connection between the finance element and the work being undertaken by procurement via the Audit & Assurance Committee whereby there was a "no PO number, no pay" policy in place, PO standing for Purchase Order but not everything went through a PO procedure.

She added that at present, there were 8000 bills on hold and a quarter of those related to Nurse Agency bills.

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The CC noted that the position would hopefully improve by Month 3 reporting and if it did not, the issue would need to be escalated.

	The IDDFO noted that when the bills that were “on hold” came through, it could impact the numbers again and affect the rates reported. He added that the key would be to address the backlog because that was the right thing to do and then to address issues that had led to that backlog. The IDDFO advised the Committee that “Remain within Cash Limit” measure was rated at “amber” and noted that the Health Board wanted to remain with it’s 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. He added that should the plan 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 Independent Member – Finance (IMF) noted that the remaining cash limit at Month 2, the Covid-19 and exceptional inflation expenditure assumed to be funded by WG was £12.5m and asked at what point would the Health Board need to ask for funding to make sure it could maintain enough cash to make payments or if the payments were automatically made. The IDDFO responded that the Health Board was using the standard allocation to counterbalance those. If WG came back could not support the funding the Health Board could run into difficulty around Month 12 of the financial year. He added that the plans were being developed with WG. The IDDFO advised the Committee 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. He added that 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.	

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	The CC noted that throughout the report, multiple references had been made to anticipated funding and asked how confident the IDDFO was that the Health Board would receive the funding. The IDDFO responded that it had been noted on the Risk Register and that discussions were ongoing with WG about how to treat the Covid-19 response costs. Discussions regarding sourcing and finalisations of the Department of Health budget within WG were being held. He added that all 7 Health Boards within Wales were in the same position. 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. The IDDFO identified the three key Corporate Risks which were: • 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. **The Finance Committee resolved that:** a) The reported overspend of £3.996m at Month 2 due to £0.529m of operational pressures and a planning deficit of £3.467m was noted. b) The Month 2 financial impact of COVID 19 which was assessed at £11.197m was noted c) The additional Welsh Government COVID 19 funding of £11.197m assumed within the Month 2 position was noted. d) The Month 2 financial impact of Exceptional inflationary pressures which was assessed at £3.081m was noted. e) The additional Welsh Government COVID 19 funding of £3.081m assumed within the month position was noted.	

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	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.	
FC 29/6/008	**Escalation of Corporate Directorates and Clinical Boards (Verbal)** The Escalation of Corporate Directorates and Clinical Boards verbal update was received. The Interim Chief Operating Officer (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. 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.	ICOO ICOO

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	The CC asked if the Clinical Boards had adapted well to the re-establishment of the performance reviews. The ICOO responded that they had and noted that the reviews were still evolving and that supportive conversations would be had with Clinical Boards to get them to be where they needed to be in relation to assurance. **The Finance Committee resolved that:** a) The Escalation of Corporate Directorates and Clinical Boards update was noted.	
FC 29/6/009	**IMTP** The IMTP update was received. The CC 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. The EDSP advised the Committee 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 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 articulates 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.	

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	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. **The Finance Committee resolved that:** a) The IMPT verbal update was noted.	
FC 29/6/010	**Items for Approval / Ratification** There were no items for approval/ratification.	
FC 29/6/011	**Items for Information and Noting** The CC advised the Committee that the usual Financial Monitoring Returns were for noting. The EDF advised the Committee that a copy of the Financial Monitoring Returns had to be provided to the Committee for noting and a detailed discussion was not required because all of the detail had been highlighted within the financial reports. The Director of Corporate Governance (DCG) confirmed that a recent Welsh Healthcare Circular had been issued in April 2022 by WG which identified the financial risks being held across all Health Boards in Wales. She added that WG wanted transparency for each Health Board Committee to note the report. **The Finance Committee resolved that:** a) The Financial Monitoring Return – Month 2 was noted.	
FC 29/6/012	**Agenda for Private Finance Committee Meeting** *i. Approval of Private Minutes* *ii. Update on the Financial Plan*	
FC 29/6/013	**Any Other Business** No other business was discussed.	
FC 29/06/14	**Items to be deferred to Board / Committee**	
	Date & time of next Meeting Wednesday 27 July at 2pm Via MS Teams	

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Confirmed Minutes of the Finance Committee Meeting
Held On 27 July 2022 at 2pm
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
Abigail Harris	AH	Executive Director of Strategic Planning
Catherine Phillips	CP	Executive Director of Finance
Hywel Pullen	HP	Interim Deputy Director of Finance (Strategy)
Mike Bond	MB	Managing Director – Acute Services
Tim Davies	TD	Head of Corporate Business
Observers:		
Darren Griffiths	DG	Audit Wales
Secretariat		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
Nicola Foreman	NF	Director of Corporate Governance
Robert Mahoney	RM	Interim Deputy Director of Finance (Operational)

Item No	Agenda Item	Action
FC 27/7/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the meeting.	
FC 27/7/002	**Apologies for Absence** **The Finance Committee resolved that:** a) Apologies were noted.	
FC 27/7/003	**Declarations of Interest** **The Finance Committee resolved that:** a) No Declarations of Interest were noted.	
FC 27/7/004	**Minutes of the meeting Held on 29 June 2022** The minutes of the meeting held on 29 June 2022 were received. **The Finance Committee resolved that:**	

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	a) The minutes of the meeting held on 29 June 2022 were held as a true and accurate record of the meeting.	
FC 27/7/005	**Action Log following the meeting held on 29 June 2022** The Action Log was received. **The Finance Committee resolved that:** a) The Action Log was up to date.	
FC 27/7/006	**Chairs Action since previous meeting** There had been no Chair's actions taken since the last meeting.	
	Items for Review and Assurance	
FC 27/7/007	**Financial Report – Month 3** The Financial Report – Month 3 was received. The Interim Deputy Director of Finance – Strategy (IDDFS) presented the Financial Report for Month 3 and highlighted the following: • At the end of June, the Health Board had submitted a revised IMTP where further savings were identified. • At the end of month 3, the Health Board had a overspend of £5.877m. That was due to operational pressures of £1.602m and £4.275m which related to three months' worth of the planned deficit of £17.1m. <u>Finance dashboard</u> • Delivering the draft financial plan was rated red, due to the operational deficit being £1.6m after three months. • It was noted that the Health Board was on track to deliver the living within the capital resource limit. • The underspend in terms of the capital was noted. • If the plan was to be delivered on a recurrent basis, the underlying deficit would reduce from £29.7m to £20m by the end of financial year. That	

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had been assessed as red at the moment and was connected to achieving recurrent savings.

- There have been concerns regarding the creditor payments. The level of compliance remained at 92.3%. The IDDFO was undertaking work in that area.
- It was noted that the Health Board remained within the cash limit. With a planned deficit of £17m, it would need to receive cash by the year end. The exceptional inflationary pressures were £13m and Finance were anticipating funding from WG to cover both areas of expenditure.
- That anticipation was based on a letter received from WG in mid-March.

<u>Table 4 key cost pressures within delegated positions</u>

- Some of the cost pressures did not result in a budgetary deficit because in the past year there had been budgetary underspend in some of these areas.
- Increased expenditure had meant that the budgetary underspend had reduced. Therefore, it was not possible to offset budgetary overspend in other places.
- There was a WHSCC LTA performance of £1m. Across Wales a financial framework had been agreed for organisations providing activities for others. The Health Board provided services to WHSCC and to neighbouring Health Boards.
- The Health Board's level of activity had not yet recovered to 90% of the outturn activity delivered before the pandemic.
- The Health Board's plan was to improve on recovery of the services.

The CC queried if there was a degree of pragmatism in the contract in relation to circumstances that would afford the Health Board no liability for penalties or anything to reconcile any payments owed, and queried what would the potential exposure be for the year.

The IDDFS responded that £1.64m related to the first three months of the year. In terms of the WHSCC contract, there were some specialities, such as Cardiac and Surgery, where the level of activity had not recovered. That had an impact on patients waiting for surgery, which then impacted upon the income received by WHSCC.

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	The IDDFS added that since the Health Board's recovery had improved then the financial performance would improve. It was noted that within the WHSCC contract there was an ability to make representation where there were specific circumstances in place which were unusual and the financial arrangement could be improved. Due to the pandemic, the framework in place meant the Health Board was not penalised. The Health Board was planning to achieve its 100% target. The CC queried current contractual arrangements that were put in place last year. Was the Health Board being paid to do work which it could not do, and then was being penalised. The CC queried what the plan was. The IDDFS responded that the key action was that the organisation was trying to recover its services operationally and the position should improve. The Director of Operations – Surgery Clinical Board (DOOSCB) stated that he requested that the teams pull together some trajectories. Some risks, in particular workforce, were noted. Within Children and Women, there were paediatric and anaesthetic issues. The workforce constraints from the theatre perspective were considerable. The Executive Director of Finance (EDF) commented that they needed to focus on mitigating all the cost pressure headings within the table and not just LTAs. The EDF added that within the agreement made for this year there was a no stabilisation clause. If the Health Board was not getting paid, then another organisation would benefit and overall NHS Wales was unaffected. The Health Board could ask for recognition that the loss of income would be someone else's gain. The DOOSCB commented that it was key to show improvement for both patients and the financial position. It was important to see the improving picture throughout the year. The UHB Chair stated that the action points identified were vague. Once the HB were on a slippery scope it was difficult to claw itself back.	

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	The EDF responded that it was high level and actions were in development. The team was at the start of reviewing those areas with the operational team. So far, they were clear on the problems, but not clear on the solutions. The IDDFS presented the planned deficit graph. The blue line showed the situation if the operational deficit remained. <u>Exceptional costs</u> It was noted that the first exceptional cost was energy costs. The IDDFS advised that he had received information that energy costs would be lower than had been forecast. He received subsequent information that it would be higher. That reflected the volatility within the market place. The forecast would be maintained at the higher end. The IDDFS advised that the Real Living Wage paid to staff was not included in the figure of £2.9 m. WG had confirmed to all Health Boards that when the pay settlement was agreed it would provide for the Living Wage costs. The UHB Chair expressed concern with regards to how WG would be able to provide funding for extraordinary costs. It would be helpful to get some assurance and commitment in writing from WG. The IDDFS responded that the Health Board had received a letter from the Chief of WG in mid-March which confirmed that the Health Board should anticipate that WG would fund exceptional costs. On that basis the Health Board had prepared the plan. The IDDFS added that the Finance team did submit monthly reports to WG. The EDF advised that last year the Health Board had received £140m Covid 19 funding in revenue. This year the Health Board was looking for £60m for response and national programme. The Health Board had received an allocation of recovery for £22m. 2022/23 funding would be £82m for pandemic response. The EDF added that the WG had been clear to the Directors of Finance that it did not have the money to cover all the costs of each Health Board's forecast spend in 2022/23.	

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	The Independent Member for Finance (IMF) queried whether the Covid costs would be paid in tranches similar to last year. The EDF responded that WG had not allocated any resources at this point and was clear that funding was not currently able to cover costs and was expecting cost forecasts to reduce over coming months. If WG funding is not made available to the value of the forecast spend for Covid costs there would be a corresponding increase in the deficit for the Health Board. <u>Table 6: Summary of Forecast COVID 19 Net Expenditure</u> The table highlighted the national COVID 19 programmes. It was anticipated that the Health Board was spending £60 million across all the areas. The IDDFS added that financial risk was discussed. WG was providing a challenge to the Health Board in terms of schemes included in COVID response. <u>Table 7: Summary Financial Position for the period ended 30th June 2022</u> It was noted that the summary financial position was set out by Income, Pay and Non-Pay. It was broken down by Clinical Boards and there were further details within the appendices. The CC commented that it helped to have a summary and further details in the report. <u>Key Financial Assumptions and Risks</u> The IDDFS stated that the Health Board was anticipating £35.067m to support the ongoing additional COVID response costs and to fund achieving the Cleaning Standards. The IDDFS added the Health Board was forecasting £21m to cover national COVID programmes and exceptional cost pressures of £30m. <u>Table 9: Risk Register @ June 2022</u> There were ratings of red noted against the risk related to having an approved financial plan and achieving revenue break even duty.	

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	It was noted that the Health Board was within its capital resource limit. There were a group of risks which supported the financial performance, such as the operational delegated position, saving programme, existing from COVID response costs and the 1-year LTA framework. <u>Savings programme</u> It was noted that the Health Board was close to achieving the £16m. There was a clear distinction of achieving a greater amount of that non-recurrently. It needed to be a focus of the organisation in order to achieve its current savings target of £12m. The UHB Chair stated that the savings gathered so far of £16m would not be enough to cover what had been was forecast. Also, the Health Board had identified £3m to reduce the deficit from £20m to £17m and £1.6m in overspend that needed to be recovered. The UHB Chair queried how that was being factored into the savings plan. The IDDFS responded that there was a £3.7m reduction from the first plan submitted to WG and then the plan submitted in June. Page 19 of the report had highlighted the areas that would be targeted. They would be incorporated into the month 4 report and would show a £19.7m target reflecting the revised financial plan. The operational position needed to move into a place of clear remedial action. The CC asked if assurance could be given that the £13.7m had been fully scoped and those delivering the plan were committed. The IDDFS responded that the ideas and plans were developed through ME. A team would support the Executives in each of the areas. **The Finance Committee resolved that:** a) The reported overspend of £5.877m due to £1.602m of operational pressures and a planning deficit of £4.275m was noted. b) The financial impact of COVID 19 which was assessed at £16.028m was noted. c) The additional Welsh Government COVID 19 funding of £16.028m assumed within the position was noted.	

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	d) The financial impact of Exceptional inflationary pressures which was assessed at £3.939m was noted. e) The additional Exceptional inflationary pressures of £3.939m assumed within the position was noted. f) The forecast deficit of £17.1m, which was consistent with the Final Financial plan and was a reduction of £3.7m from the £20.8m included within the initial Draft Financial Plan, was noted. g) The additional £3.7m of recurrent Savings Plans required to deliver the revised Financial plan was noted. h) The 2021/22 brought forward Underlying Deficit of £29.7m and the forecast carry forward of £20.0m to 2022/23 was noted.	
FC 27/7/008	**Escalation of Corporate Directorates and Clinical Boards (Verbal)** The Escalation of Corporate Directorates and Clinical Boards Verbal update was received. The DOOSCB advised the Committee on the following: • Medicine and Mental Health were in a limited position. Medicine was in a difficult position dealing with Urgent and Emergency Care. • The workforce pressures were concerning. • A lot of good work was being undertaken to reduce the current response costs. • There were clear plans in workforce. • It was slightly unstable in Medicine. The Director of Operations was also leaving and recruitment adverts would be published. The EDF stated that in terms of the CHC (Continuing Health Care) the team had carried out a lot of work with regards to repatriating and achieving better cost quality models. The DOOSCCB stated there were weekly operational meetings. The CC commented that the table in the pack could be expanded a bit. For example, what was meant by limited assurance. The UHB Chair stated the length of stay in Mental Health was the highest in Wales. There was an opportunity to pay attention to that.	

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	The DOOSCCB responded that the Operational Director for Mental Health Clinical Board was undertaking a focused piece of work in relation to Mental Health. **The Finance Committee resolved that:** a) The Escalation of Corporate Directorates and Clinical Boards Verbal Update was noted.	
	Items for Information and Noting	
FC 27/7/009	Financial Monitoring Return – Month 3	
	Agenda for Private Finance Committee Meeting	
FC 27/7/010	i. Approval of Private Minutes ii. Health & Wellbeing Centres – CRI iii. IMTP Financial Element (Verbal)	
FC 27/7/011	**Any Other Business** No Other Business was discussed.	
	Review and Final Closure	
FC 27/7/012	**Items to be deferred to Board / Committee** No items were deferred to Board/Committee.	
	Date & time of next Meeting Wednesday 24 August 2022 at 2pm Via MS Teams	

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Confirmed Minutes of the Public Audit & Assurance Committee Meeting
Held On 5 July 2022 at 9am
Via MS Teams

Chair:		
John Union	JU	Independent Member for Finance
Present:		
Mike Jones	MJ	Independent Member for Trade Union and Committee Chair
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
Rachel Gidman	RG	Executive Director of People & Culture
Ian Virgil	IV	Head of Internal Audit
Wendy Wright-Davies	WW	Deputy Head of Internal Audit
Robert Mahoney	RM	Interim Deputy Director of Finance (Operational)
Gareth Lavington	GL	Lead Local Counter Fraud Specialist
Paul Rogers	PR	Interim Assistant Director for Therapies and Health Science
Aaron Fowler	AF	Head of Risk and Regulation
Tim Davies	TD	Head of Corporate Business
Jonathan Pritchard	JP	Assistant Director of People Resourcing
Urvisha Perez	UP	Audit Wales
Observers:		
Marcia Donovan	MD	Head of Corporate Governance
Secretariat		
Sarah Mohamed	SM	Corporate Governance Officer
Apologies:		
Fiona Jenkins	FJ	Executive Director for Therapies Health Science
Meriel Jenney	MJ	Executive Medical Director

Item No	Agenda Item	Action
AAC 5/7/22 001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the meeting.	
AAC 5/7/22 002	**Apologies for Absence** **The Committee resolved that:** a) Apologies were noted.	
AAC 5/7/22 003	**Declarations of Interest** **The Committee resolved that:**	

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	a) No Declarations of Interest were noted.	
AAC 5/7/22 004	**Minutes of the Meeting Held on 12th May 2022 and 14th June 2022** The Minutes were received. **The Committee resolved that:** a) The draft minutes of the meetings held on the 12th May 2022 and 14th June 2022 were a true and accurate record of the meetings.	
AAC 5/7/22 005	**Action Log – Following Meeting held on 14 June 2022** • AAC 22/5/4/007 – The update on the IT service Management Report actions would be provided at the September meeting. • AAC 22/2/8/023 - Independent Members would meet with Audit Wales and Internal Audit virtually in September. • AAC 5/4/22 010 – The high-level assurance map would be presented at the September meeting. • AAC 14/6/22 008 – would be added to the Action Log for the September Committee meeting. **The Committee resolved that:** a) The Action Log was discussed and noted.	
AAC 5/7/22 006	**Any Other Urgent Business** **The Committee resolved that:** a) No other urgent business was noted.	
	Items for Review and Assurance	
AAC 5/7/22 007	**Internal Audit Progress Report** Ian Virgil (IV) presented the Internal Audit Progress Report (the Report) and highlighted the following – • The Report provided information on the delivery of the 22/23 plan. • The report also discussed the remaining progress reports from 21/22. <u>Section 2</u> • 4 audits had been finalised. They were from the 21/22 plan and had fed into the Head of Internal Audit (HIA) Annual Opinion for 21/22. • The table highlighted the outcome - 1 report received substantial assurance, 2 reports received reasonable assurance and 1 report received limited assurance.	

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	• 1 report in relation to waste management was still to be completed. <u>Section 3</u> • Against the 41 reviews scheduled for 22/23, 4 audits were a work in progress and 6 were in the planning stage. • The team were still in the early stages and the audits would be progressed and finalised in due course. <u>Section 4</u> • There have been changes to the timings for the planned audits for 22/23. • Following a more detailed review of the availability of Internal Audit resources and discussions with relevant lead contacts, adjustments have since been proposed to the planned timings for the following audits: – Medical & Dental Staff Bank – Moved from Q1 to Q2 – Reporting of Covid Deaths – Moved from Q3 to Q2 – Financial Plan / Reporting – Moved from Q2 to Q3 – Performance Reporting – Moved from Q3 to Q4 • Following discussions with management, there was one audit that had been proposed in addition to the progress plan for this year requested by Specialist Services. • Internal Audit had been requested by the Clinical Services Board to complete a report within their area. • Following discussions with the Medicine Clinical Board, they would also like Internal Audit to focus on the outsourcing of Endoscopy. The Executive Director of Finance (EDF) commented that Quality and Safety Governance had been invested in for two years. It would be useful to see the outcome of the investment within the Clinical Boards. IV responded that within the 22/23 plan, there was a piece of work looking at the quality and safety governance at a Corporate level and a piece of work within the Medicine Clinical Board. IV added that he had a meeting with the END that week to discuss the timings of that piece of work. The Deputy Head of Internal Audit (DHIA) advised the Committee on the following: • Internal Audit had looked through a sample of the closed audits for 21/22. The outcome of the review was in Appendix B of the Report. • 11 of the sample were noted as complete.	

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	• It was difficult to get an update on some reviews because of a change in resource throughout the year. • There were 3 recommendations that could not be fully validated because information was outstanding. • The exercise highlighted reasonable assurance. The Committee Chair (CC) queried the 3 recommendations that could not be validated. The DHIA responded that they were included in Appendix B. One was with Finance and the other two were in an area where there had been a change in resource. The Director of Corporate Governance (DCG) stated that they would be opened and added back onto the Tracker. The HIA advised that the exercise had highlighted that the Audit Committee could be reasonably assured that the progress information detailed within the Tracker for 21/22 was accurate, although further efforts were required to obtain complete assurance from management. <u>Section 6 – Final report summaries</u> a) Recovery of services and Delivery of the Annual Plan 21-22 • Substantial assurance was issued. • The overall objective of the audit was to evaluate and determine the adequacy of the systems and controls in place within the Health Board in relation to 'Recovery of Services and Delivery of the Annual Plan 21/22. • Two priority recommendations were made. That included - The transparency of reprofiling recovery funding; and - The timeliness of information contained within the Board Assurance Framework. • It was noted that this was not a surprise to management. They had been completed close to year end and they already started to revise the arrangements for 22-23. b) Risk Management • Reasonable assurance was issued. • The purpose was to evaluate and determine the adequacy of the systems and controls in place within the Health Board in relation to the risk management arrangements. • It was a key piece of work and had informed the HIA opinion.	

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	• Greater efforts were required in the Clinical Boards and the Corporate departments to enhance the risk registers. • Given the size of the Health Board, the tools available for management to record that were not ideal. • Risk registers sat within spreadsheets with limited transparency. • The Health Board hoped to move to the Once for Wales Solution in 22/23. That would help move the Health Board forward in terms of risk management maturity. The DCG advised that recording the risks on an Excel spreadsheet was a good place to start. However, there were a number of project management tools that could help with risk management in the organisation. The CC queried if the tools were already available to the Health Board or would be developed. The DCG responded that they were already available. The risks were currently on an Excel spreadsheet and could not be easily interrogated. c) Performance Reporting (Data Quality) • Reasonable assurance was given. • The overall objective of the review was to evaluate and determine the adequacy of the systems and controls in place within the Health Board in relation to Performance Reporting (Data Quality). • Two medium priority recommendations were made which required management attention. Both focused on the robustness of systems and processes to capture and validate the data within the Integrated Performance Report, specifically the Balanced Scorecard. • The recommendations proposed, once implemented would enhance the clarity and completeness of the report. The UHB VC stated that he did not see any comment in the Report on the timeliness of the data. The DHIA responded that the scope had related to the data quality. Within the 22/23 plan they would review performance reporting. d) ChemoCare IT System • Limited assurance was given. • Neither the DDHI nor the IT Audit Manager could attend to give an update on the actions. • The purpose was to provide assurance that data held within the Chemocare IT System was accurate,	

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	secure from unauthorised access and loss, and that the system was used fully. • 7 medium priorities and 1 key priority were highlighted. • The high priority recommendation related to the database security. • An action plan had been agreed by management to approve the issues. The DCG confirmed that the Director of Digital Health and Intelligence (DDHI) had been invited to the September meeting to give a detailed report. The CC queried what stage of the 22/23 plan would the follow up reports be brought. The HIA responded that the majority were included in the plan. This limited assurance report and the Nurse Bank report were identified as limited assurance after the plan was agreed. Additional time would need to be built into the plan. **The Committee resolved that:** a) The Internal Audit Progress Report, including the findings and conclusions from the finalised individual audit reports, were considered. b) The proposed adjustments to the planned timings for the identified 2022/23 audits were approved.	
AAC 5/7/22 008	**Temporary Staffing Department (Nurse Bank) Internal Audit Report Update** The Executive Director of People & Culture (EDPC) introduced the item and highlighted that she had requested that Workforce and OD took over the temporary staff from Director of Nursing. They had also requested an audit to be completed. The results were disappointing but they wanted to proactively get the actions in place. The Assistant Director of People Resourcing (ADPR) advised the Committee on the following: 3 recommendations were rated as a high priority. 1. Inadequate structure within the TSD (design) • There was no deputy in place for the Senior Nurse. The Professional Standard Nurse would also be retiring soon. • There would also be a lead for recruitment. That would involve upgrading one of the existing staff. • A lack of resilience in staff was noted and the inability to undertake each other's roles.	

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	• The function was changing, with the introduction of the health roster, the focus would be to make it more automated. • The focus would also be on recruitment. • The processes had also been reviewed and an organisation chart had been set up to allow people to cover each other. 2. Lack of resilience of the TSD (operation) • It was evident that staff were not able to undertake each other's roles when one of the managers was absent due to long term sickness last year. • With the introduction of the health roster, the focus was that there was an automated system where wards could request shifts. • Billing would also be done as self-billing on the ward. • The focus was on recruitment in the Bank and to have a range of professions. • They were also implementing a rotation within the department so that people could cover each other when off. 3. Range of agency usage (operation) • 36 agencies were being used. • Meetings have taken place with several agencies to see if they could provide supplied staff. • Ideally, they would like to use less agencies and increase staff on the Bank. • However, it was useful to have a wide selection of agencies to provide staff. • The ADPR was keen to set up a good management performance framework. • The ADPR would also be introducing KPIs and reporting on a monthly basis. • The Healthcare Support Worker job adverts had received 120 applications, of which 98 people were interviewed and 65 people were appointed. • Ideally, the aim was to get staff in place ready for the Autumn and Winter pressures. **The Committee resolved that:** a) The contents of the report were noted.	
AAC 5/7/22 009	**IT Service Management Report** **The Committee resolved that:** a) The Update would be brought back to the September meeting.	**DDHI**

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AAC 5/7/22 009	**Audit Wales Update** Urvisha Perez (UV) presented the update and highlighted the following: • The Auditor General had certified the 21-22 Performance Report, Accountability Report, and Financial Statements on 17 June 2022. • The review of Quality Governance Arrangements was completed. • Appendix 3 showed work that was underway. • The Orthopaedic Services Follow up audit and the Review of Estates audit were in the draft stage. They were aiming to present this to the September Audit Committee Meeting. • The field work for the Structured Assessments was underway and interviews were taking place. Internal Audit colleagues would also join in the interviews. • Exhibit 5 highlighted recently published NHS national reports. <u>Quality governance report</u> • The report looked at the Health Board governance arrangements in relation to Quality Governance. • The Health Board had effective arrangements to monitor and track progress with complaints, where it consistently achieved performance targets, and arrangements to capture patient experience were reasonably effective. • The Health Board had a well-established values and behaviour framework which was embedded in workforce processes. • Agendas for corporate and operational quality and safety meetings provided a wide coverage of quality and safety issues for discussion and there was sufficient information for scrutiny and assurance at both a Corporate and at Clinical Board levels and the Health Board's use of quality data was maturing. • The agendas could be more dynamic to reflect new and emerging risks and issues. • 7 recommendations were made. The Health Board Management response had also been included. • UP thanked everyone at the Health Board for supporting the review. The CC queried whether the recommendations were on the Tracker. The DCG responded that the recommendations would be added to the tracker after the meeting. **The Committee resolved that:** a) The Audit Wales Update was noted.	**Audit Wales**

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AAC 5/7/22 010	**Ultrasound Clinical Governance Position** The Interim Assistant Director of Therapies and Health Science (IADTHS) presented the paper and highlighted the following: • The Ultrasound Governance Arrangement audit had received 'Limited Assurance'. • Since then they have set up the Ultrasound Clinical Governance Group. • Terms of Reference for that Group had also been written. That would provide assurance regarding proper communication pathways and reporting maps. • A lot of work had been undertaken in relation to the membership of the Ultrasound Group. • The policies and procedures had also been updated and were now published under "U" of the policies webpage instead of under "T" on the Health Board website. • An abridged version of policies and procedures had been completed and that would be shared with Members. • The aim was to have the Ultrasound Clinical Governance meetings prior to the medical equipment meetings. • There were a few outstanding actions regarding training. The team was putting together a training pack in relation to Ultrasound use which would be uploaded onto ESR in 6 to 12 months' time. • The team was also working on an electronic audit tracker to improve governance and audit the quality of ultrasound images. WW commented that in the 22/23 Internal Audit Plan there was a follow up to the Ultrasound limited assurance report. The EDPC queried the six months wait for ESR and whether that was due to an internal or external issue. The IADTHS would get confirmation and contact the EDPC offline. **The Committee resolved that:** a) The actions being taken (as set out in this report) to address the recommendations made by Internal Audit in the Ultrasound Governance audit report dated August 2021 were noted.	**IADTHS** **IADTHS**
AAC 5/7/22 011	**Declarations of Interest, Gifts and Hospitality Report** The Head of Risk and Regulation (HRR) presented the report and highlighted the following:	

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	• The report set out where the Health Board was in terms of compliance, standards of behaviour and procedures. • There was an 11.2% increase in declarations of interest submissions since the April Committee. • 77.7% of staff at Band 8 and above had declared an interest. That included: - 97.33% of Declarations received are rated Green (328 Declarations). - 2.66% of Declarations received are rated Orange (8 Declarations). - 0.01% of Declarations are rated Red (1 Declaration).1 interest declared as red. • The HRR gave assurance around the 1 interest that was declared as red and stated that there was continuing dialogue with colleagues. • The team continued to work with colleagues from Communications to ensure regular contact and to keep staff engaged in the process. • An email had been issued last week as part of "Staff Connects". Another drop-in session for staff was proposed for later in the year. • Overall it showed a positive trend and more staff had declared interests through ESR. The CC queried how often were updates seen. The HRR responded that this was part of the communication. Twice a year staff were reminded to update their declarations when there was a material change. There were instances of duplications but these could be fished out. The Independent Member for Trade Union (IMTU) queried whether a senior management staff member at Band 8 and upwards who retired and returned to work needed to declare again. The HRR responded that they would. The DCG stated that it was built into the policy. If there were any change in a staff member's circumstances they would need to let the Risk and Regulation Team know. **The Committee resolved that:** a) The ongoing work being undertaken within Standards of Behaviour was noted. b) The Declarations of Interest, Gifts, Hospitality & Sponsorship Register was approved.	
AAC 5/7/22 012	**Internal Audit Tracking Report** The HRR presented the report and highlighted the following:	

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	• The Regulation and Risk Team had continued to have regular meetings with Internal Audit to discuss the process. • There had been an increase in 7 recorded entries that month. • 37 were added in the April update. • The overall number of outstanding recommendations had increased from 84 individual recommendations to 91 during the period April 2022 to July 2022. • The change could be attributed to the following: - 14 entries reported as complete at the April Committee were removed from the Tracker - 16 Entries related to the Advisory IM&T Control and Risk Assessment Audit had been removed from the Tracker to be monitored offline. - At the time of reporting all 16 advisory recommendations remained recorded as partially complete. - A further 37 entries had been added to the Tracker since April 2022. - Of the 91 recommendations listed within the Tracker, 25 were recorded as completed, 56 were listed as partially complete and 10 were listed as having no action taken or reported since the April Committee meeting. Following discussions with Internal Audit, the Team would focus on the entries that had been on the Tracker for a while. The CC stated it would be useful to know the status of the recommendations from March 2020 to understand why they were outstanding. IV responded that there had been really good work undertaken to develop the Tracker in relation to accuracy and information and the next step would be how the Committees could use this information. The DCG stated that there was no formal tracking in place when she first started with the Health Board and it was therefore agreed to look back during the past 3 years. **The Committee resolved that:** a) The tracking report for tracking audit recommendations made by Internal Audit was noted. b) The progress which had been made since the previous Audit and Assurance Committee Meeting in April 2022 was noted.	
AAC 5/7/22 013	**Audit Wales Tracking Report** The HRR presented the report and highlighted the following:	

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	• 20 entries were recorded on the Tracker at present. • Of the 20 recommendations recorded on the Tracker, 3 were recorded as complete, the remaining 17 were recorded as partially complete. • 5 were overdue. • Audit Wales continued to meet with recommendation owners. • The team would focus on the older entries. **The Committee resolved that:** a) The progress which had been made in relation to the completion of Audit Wales recommendations was noted. b) The continuing development of the Audit Wales Recommendation Tracker was noted.	
AAC 5/7/22 014	**Regulatory Compliance Tracking Report** The HRR presented the report and highlighted the following: • There were growing recommendations from legislative bodies and Welsh Government. • Welsh Health Circular (WHC) updates were regularly provided at ME. The next update would be shared on Monday. • Since the report had been prepared there have been 2 additional WHCs that had been circulated. • Following April's Committee Meeting a total of 2 completed entries were removed from the register. • A further 3 entries have been reported as complete since April's meeting and were recorded on the attached Tracker. The EDF commented that she was working with the EDPC in relation to Capital, Estate and Facilities. That was mainly for the Health and Safety Committee and may filter its way onto this tracker. The DCG stated individual recommendations needed to be tracked. **The Committee resolved that:** a) The assurance provided by the Regulatory Tracker and the confirmation of progress made against recommendations was approved. b) The continuing development of the Legislative and Regulatory Compliance was noted.	
AAC 5/7/22 015	**Review Risk Management** The DCG presented the report and highlighted the following:	

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	• The report looked at the requirements of the Standing Orders to review the Risk Management Policy and Strategy on an annual basis. • No changes were required to the Strategy and procedure, although the processes should be tightened. • The Risk Management Review was scheduled to go to Board at the end of July to state no changes were made to the Strategy and procedure. **The Committee resolved that:** a) The contents of this Risk Management Review update were noted. b) Assurance that the Health Board's Risk Management processes and procedures had received Reasonable Assurance from Internal Audit, was received. c) Agreed that the Health Board's Risk Management and Board Assurance Framework Strategy and Risk Management Procedure (with supporting Risk Assessment and Risk Register) did not, at the time of the Committee meeting, require updating.	**DCG**
AAC 5/7/22 016	**Procurement Compliance Report - Single Tender Actions** The EDF presented the report and highlighted the following: • It was the standard compliance report which detailed breaches of the procurement policy. • A more detailed report on the improvement work being undertaken would be presented to the Committee at its September meeting. **The Committee resolved that:** a) The contents of the Report were noted. b) The contents of the Report were approved.	**EDF**
AAC 5/7/22 017	**Counter Fraud Progress Report** The Lead Local Counter Fraud Specialist (LCFS) presented the Report and highlighted the following: • Up to 85 days of Counter Fraud work had been completed. • Counter Fraud had very little presence digitally within the Health Board. • The team had managed to create a fit for purpose site that was available on SharePoint. • An e-learning package was being developed and the aim was to have it completed in the next quarter. • 4 fraud alerts had been issued. • 1 awareness session was delivered within the Child Health department. The team would continue to deliver more sessions.	

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	• The team had published a fraud newsletter which was included in Appendix 4. • A new referral line had been set up and 17 referrals had been received so far, of which 8 had been informally resolved, 5 had been promoted to investigation and 4 remained open. • 9 were open at the start of the year and 7 had been closed. One referral had led to criminal conviction. The CC queried whether the volume was getting lower in terms of ongoing cases. The LCFS responded that the team had been trying to develop the infrastructure and open as many referrals as possible. **The Committee resolved that:** a) The contents of the report were noted.	
	Items for Approval / Ratification	
AAC 5/7/22 018	**Draft Management of Policies, Procedures and Other Written Control Documents Policy** The Head of Corporate Business (HCB) presented the report and highlighted the following: • The Corporate Governance department had a responsibility to coordinate and control the production of the publication and archiving of policies and controlled documents. • There were two documents that provide mechanisms for that. - UHB 001 which was the policy on policies and - UHB 242 which was the more detailed procedure. • Both documents were due for a bi-annual review. UHB 001 required minor amendments. UHB 242 did have some changes to provide a clearer definition of the type of control documents to be used in Health Board. **The Committee resolved that:** a) The adoption of the amendments to UHB 001 (Management of Policies, Procedure and other Written Control Documents Policy) and UHB 242 (Written Control Documents – Development and Approval Procedure) was approved.	
AAC 5/7/22 019	**Internal Audit reports for information:** (i) Recovery of services and Delivery of the Annual Pla 2021 – 2022 Final Report – Substantial Assurance	

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	(ii) Risk Management Final Internal Audit Report – Reasonable assurance (iii) Performance Reporting (Data Quality) Final Report - Reasonable Assurance (iv) ChemoCare IT System Final Report – Limited Assurance	
AAC 5/7/22 020	**Agenda for Private Audit and Assurance Committee** i. Counter Fraud Progress Report (Verbal) ii. Workforce and Organisational Development Compliance Report	
AAC 5/7/22 021	**Any Other Business** No Other Business was discussed.	
	Review and Final Closure	
AAC 5/7/22 022	**Items to be deferred to Board / Committee** No items were deferred to Board / Committees.	
	Date and time of next committee meeting Tuesday 6 September 2022 at 9am via MS Teams	

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Confirmed Minutes of the Quality, Safety & Experience Committee
Held on 15 June 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		
Susan Bailey	SB	Clinical Board Director CD&T
Caroline Bird	CB	Interim Chief Operation Officer
Timothy Davies	TD	Head of Corporate Business
Hayley Dixon	HD	General Manager
Marcia Donovan	MD	Head of Corporate Governance
Claire Evans	CE	Assistant Director of Primary Care
Angela Hughes	AH	Assistant Director of Patient Experience
Meriel Jenney	MJ	Executive Medical Director
Fiona Kinghorn	FK	Executive Director of Public Health
Jason Roberts	JR	Interim Executive Nurse Director
Paul Rogers	PR	Directorate Manager of the Artificial Limb and Appliance Service
Observing		
Stephen Allen	SA	Chief Officer – Community Health Council
Vanessa Davies	VD	Head of Reviews – Health Inspectorate Wales
Emily Howell	EH	Audit Wales
Secretariat		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies		
Nicola Foreman	NF	Director of Corporate Governance
Akmal Hanuk	AH	Independent Member – Community
Rajesh Krishnan	RK	Associate Medical Director (Clinical Governance and Patient Safety)

QSE 22/06/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting in English & Welsh.	**Action**
QSE 22/06/002	**Apologies for Absence** Apologies for absence were noted.	
QSE 22/06/003	**Declarations of Interest**	
QSE 22/06/004	**Minutes of the Committee meeting held on 12 April 2022** The minutes of the meeting held on 12 April 2022 were received. **The Committee resolved that:** a) The minutes of the meeting held on 12 April were approved as a true and accurate record of that meeting.	
QSE 22/06/005	**Action Log following the Meeting held on 12 April 2022** The Action Log was received, and all ongoing actions discussed.	

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	The Committee resolved that: a) The Action Log from the meeting held on 12 April 2022 was noted	
QSE 22/06/006	**Clinical Diagnostics & Therapies (CD&T) Clinical Board Assurance Report** The CD&T Clinical Board Assurance Report was received. The Clinical Board Director of CD&T (CBDCDT) presented the Committee with the metrics of where the Clinical Board was at present. The work outlined within the report received by the Quality, Safety and Experience Committee reflected the key metrics that were taking place to improve quality, safety and patient experience within the CD&T Clinical Board in order to improve quality and care outcomes for patients. It also outlined the considerable development, improvement and innovation work which was underway within that 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 those 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 The CBDCDT advised the Committee that it had been calculated that CD&T had around one million contacts a year with patients. It was noted that during Covid-19 the Clinical Board had not stood down any Quality & Safety meetings and that the Clinical Board had remained very keen to keep "business as usual" The CBDCDT advised the Committee 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 had led to reduced corporate oversight. CD&T were working with the Medical Devices Group to seek support in establishing a Health Board 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 was currently undertaking a capacity and demand exercise to ensure the service was "right-sized" going forward. • 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	

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	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 sub-optimal to the 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 regulatory bodies. The CBDCDT advised the Committee that the Clinical Board had recognised the significant risks from Work Related Stress, and set Wellbeing, Resilience, and Mental Health as a key priority and that it was just as important than ever in the post-pandemic world. She added that the Clinical Board had recognised the significant impact the values and behaviours of staff had on each other and on the patients. It was noted that the Clinical Board adopted a "train the trainer" approach to delivering the Values in Action training and that managers across the Clinical Board were delivering the training to their teams to demonstrate leadership and commitment to the messages in the videos. The Committee was advised that the feedback from that work had been very positive and that the Clinical Board would be sharing the work with other parts of the Health Board. It was noted that the Clinical Board had recognised the ongoing impact upon managers and so a weekly Resilience session for managers was established. That was a safe space where managers could 'off load', receive support from peers and take a short time out. The CC noted that the service developments around Point of Care Testing (POCT) was impressive and asked when that would be in place. The CBDCDT responded that she hoped it would be in place as soon as possible because it was a risk that the Health Board was carrying and that the number of devices being used in remote locations meant that it was important to make sure everything worked as it should. The Interim Executive Nurse Director (IEND) advised the Committee that issues regarding POCT had been picked up by the Office of Professional Leadership and that discussion was ongoing with the Executive Medical Director (EMD) and the Executive Director of Therapies and Health Sciences (EDTHS) as to who would chair the POCT group moving forward and work with the CD&T Clinical Board. The Independent Member – Trade Unions (IMTU) asked how staff morale was within the Clinical Board. The CBDCDT responded that it was still quite low but improvements had been seen. She highlighted an email she had received that had identified a member of CD&T Clinical Board staff who had gone above and beyond to help a patient who was distressed. The Independent Member – Community (IMC) asked what measures were in place in relation to the risk rating of 16 for the backlog and waiting lists. The CBDCDT responded that there were reasonable mitigation strategies in place and that she would meet the IMC offline to go through those in detail and to provide the plans and improvement trajectories in place against each of the risks.	**SB**

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	He added that the risk should start to reduce quite significantly over the coming months as the Clinical Board had made good progress. The Chief Officer for the Community Health Council (COCHC) advised the Committee that taking things "offline" meant that the public would not be sighted on those discussions. The Head of Corporate Business (HCB) responded that a summary would be provided about the risk aspects that had been discussed which would reassure any members of the public and the Committee and noted that they would also be added to the Corporate Risk Register which is received by the Board at every Board meeting. The DOCDT advised the Committee that the CBDCDT would be retiring in October 2022 and thanked her for her leadership and approach to the CD&T Clinical Board and noted that it was a much safer place for Patients and Staff because of it. The CC concurred and noted that the CBDCDT was an exemplar in terms of what she had achieved on behalf of the Clinical Board. **The QSE Committee resolved that:** a) The content of the report was discussed and noted.	**TD**
QSE 22/06/007	**Quality Indicators Report: to include Pressure Damage Update** The Pressure Damage Update was received. The Director of Nursing for Surgery Clinical Board (DNS) advised the Committee 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. That was a reduction of 24%, which at a very high simplistic level, would indicate that the reduction goal had already been met. The DNS advised the Committee that some of the data the team hoped to collect going forward as part of the quality assurance dashboard included: a) Total number of patients with pressure damage b) A breakdown of stages (moisture lesion, 1,2,3 etc) c) Pressure damage that occurred under Health Board care (Acute) d) Pressure damage that occurred under Health Board care (Community) e) Percentage of patients whose pressure damage deteriorates. f) What pressure damage was reported g) Length of time taken for pressure damage to develop h) The number of days pressure damage was free per Clinical area. The Independent Member – University (IMU) advised the Committee that the data was welcomed but noted that clarity was required regarding duplication of reporting on the same in-hospital incidents. The DNS responded that good incident reporting would be one way to stop duplication. With the new quality dashboard and by using the relevant data, patients	

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could be tracked through the system which would show the pressure damage and where it was last recorded.

She added that it would be trickier to add the data into the Community setting although she was confident that, moving forward, Patients could be tracked throughout all of their Healthcare experiences.

The COCHC asked if the delays in discharge would affect the pressure damage data on future reports.

The DNS responded that it could and that one of the things that was available to staff was a medically fit button on the Clinical workstation and that it was one of the areas that could be looked at now that data was available to see if the Health Board was causing any more harm to patients by keeping them longer in hospital.

The Quality Indicators Report was received.

The Assistant Director of Patient Experience (ADPE) presented the Committee with the QSE Framework structure and noted that the Patient Safety Team was currently setting up the Clinical Safety Group and the Organisational Learning Committee.

The National Reports Incidents (NRIs) were presented to the Committee where it was identified that in December 2021 there had been a spike of NRIs which was retrospective and hospital acquired pressure damage that had been reported.

She added that there had been a lot of work undertaken that had focussed on the NRIs management and noted that over half of the overdue NRIs on the system had been effectively managed.

It was noted that there were 46 NRIs open at present but all had a plan in place to be closed.

The Committee was advised that in terms of the number of concerns received, the number had increased to around 100/120 a week. That was a significant increase and represented a pressure for the Clinical Boards as well as the Central Team.

The ADPE advised the Committee that the Concerns response time remained at around 81% which was above the Welsh Government (WG) target.

The Committee was presented with a number of Quality Indicators which included:

i) Infection Control – It was noted that number of recorded infection control incidents was 76.

j) Mortality – Fracture Neck of Femur data, Cardiac data, Stroke data.

k) Patient Safety Notices – It was noted that there were 2 Patient Safety Notices that were non-compliant:

l) PSA012 – Deterioration due to rapid offload of pleural effusion fluid from chest drains

m) PSA008 – Nasogastric tube misplacement: continuing risk of death and severe harm. It was noted that the Delivery Unit had been kept informed of the Health Board's progress and that a robust solution would be in place. The Committee noted it was an all Wales issue.

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	n) Falls **The QSE Committee resolved that:** a) The contents of the Pressure Damage Collaborate update report and the actions being taken forward to address areas for improvement were noted. b) The Quality Indicators report was noted.	
QSE 22/06/008	**Mortality Indicators** The EMD advised the Committee that the paper could be taken as read but noted the complexity of it. It was noted that there had been concerns about the Risk Adjusted Mortality Index (RAMI) being high, hence why the Medical Team wished to present a paper to the Committee. It was noted that some of the disruption in the RAMI was due to poor coding. That was partly due to Covid-19 because there had been a significant loss of staff in the coding arena. The EMD advised the Committee that not only was there a coding issue which had led to the increase in RAMI but other areas were also being investigated, such as: • Length of stay • Unscheduled care • Intensive care The EMD added that she was now chairing an internal group within Intensive Care because she was concerned about RAMI in Intensive Care and further details would be provided to the Committee in November 2022. The IMD advised the Committee 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. She concluded that RAMI should remain high on the QSE agenda and noted a further report could be received in November 2022. The COCHC advised the Board that it had been a complex paper to read and noted that the public could struggle to understand some of the information. The EMD responded that it was the first time the Committee had received an evidence-based paper with short, sharp data summaries and noted that it would be looked at for future meetings. The IMU agreed that the paper was quite complex and asked if there would be any value in adding a mortality review to a list for a focussed discussion/workshop. The CC responded that there were a number of items on the Action Log that required a specific Board development session and noted that mortality could be added. **The QSE Committee resolved that:** a) The contents of the paper and that henceforth, the mortality paper would be submitted in the above format with detailed narrative around the different ratios, was noted.	**MJ** **MJ** **MJ** **DCG**

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QSE 22/06/009	**Maternity Services – Verbal Update** The Maternity Services – Verbal Update was received. The IEND advised the Committee that there had been a strained environment regarding 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 carried out its own thematic review and that Welsh Government (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. **The QSE Committee resolved that:** a) The Maternity Services – Verbal Update was noted.	
QSE 22/06/010	**HIW Activity Overview** The HIW Activity Overview was received. The IEND advised the Committee he would take the paper as read. He added that 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 The inspection was based around how services met the Health and Care Standards (2015). HIW had also considered how services complied with the Mental Capacity Act (1983), Mental Health (Wales) Measure (2010), Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. It was noted that overall, HIW had found that the service provided safe and effective care to patients. HIW had 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. The IEND advised the Committee that staff had raised concerns in relation to being overstretched due to the pressures of the COVID 19 pandemic. HIW had identified that as an area in need of improvement, to ensure that the appropriate staff numbers and skill mix were available to prevent staff fatigue and to allow management to have sufficient supernumerary time to undertake their operational duties.	**JR**

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	The IMU asked about the thematic review of the Stroke pathway and noted that the report suggested there would be a quality insight bulletin and asked when that would be received. The IEND responded that as soon as it was received, he would circulate to Committee members. The Head of Reviews for HIW added that HIW would be writing to all Chief Executives across Wales and noted that an update on the site visit would be provided for the Health Board with a summary letter to be sent initially to the relevant individuals. The CC noted that the report could come back to the August Committee and asked to amend the second recommendation that stated: "*Agree that the appropriate processes were in place to address and monitor the recommendations*" to state that the Committee would *"agree that the appropriate processes were in place but the monitoring outcomes would come to a future meeting".* **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 the recommendations but the monitoring outcomes would be presented to a future Committee	**JR** **JR**
QSE 22/06/011	**Board Assurance Framework – Patient Safety** The Board Assurance Framework – Patient Safety was received. The Head of Corporate Business (HCB) advised the Committee that he would take the report as read. It was noted that the particular risk within the report had a very direct and more obvious impact on patient safety. It was noted that risk was deemed to be at the highest risk score to the Health Board – that was 25 out of 25. **The QSE Committee resolved that:** a) The risk in relation to Patient Safety to enable the Committee to provide further assurance to the Board when the Board Assurance Framework was reviewed in its entirety, was noted.	
QSE 22/06/012	**Dental Services Update** The Dental Services Update was received. The Interim Chief Operating Office (ICOO) advised the Committee that she would take the paper as read. The Committee was advised that the paper was being brought in light of concerns raised by Committee and Board Members regarding access to Dental Services. It was noted that like most services, Dental Services had been impacted by Covid-19. That had resulted in patient access difficulties and constraints, as well as an increase in the backlog of patients waiting to be seen.	

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It was identified that plans had been put in place to address the position as well as the recovery and redesign around Dental Services.

It was noted that that WG had set out priorities up to 2026 and had made a commitment to reform Primary Care Dentistry and also to increase access to dentists.

The ICOO advised the Committee that WG had issued a direction to all Health Boards in Wales to restart the Dental Contract Reform from 1st April 2022 through to 2023 using an action learning approach.

She added that all General Dental Services (GDS) practices were to be given a choice, to either be part of the reform programme with a suite of delivery measures, or to return to contractual arrangements based wholly on Units of Dental Activity (UDA's).

It was noted that the position for the Health Board was:

c) 73% (46) would be operating under Dental Contract Reform
d) 17% (17) would be operating under UDA's

The Committee was advised that the Health Board was seeing an improvement trajectory.

The COCHC advised the Committee that during the pandemic the Community Health Council (CHC) had performed two reviews of Dental Services and noted three concerns which included:

- Patients had been told they could not be seen under the NHS but could be seen privately.
- The number of people on the centralised waiting lists
- The Roath estate

The Assistant Director of Primary Care (ADPC) responded that there was a large centralised waiting list for access to GDS. That centralised list had been developed by the Health Board to allow a better understanding of the issue and what would be required to move forward.

She added that the Health Board would see an additional 29,000 patients in year due to the contractual changes (ie the Dental Contract Reform) and so the waiting lists should decrease.

The Independent Member – University (IMU) asked what support would be provided to the failing estate at the Roath surgery.

The ADPC responded that the Roath site could not be used due to Infection Prevention and Control (IPC) guidance which did not allow for drilling or highspeed dentistry.

She added that due to the age of the Roath estate, relevant changes could not be made to the building to accommodate the IPC changes which had reduced capacity.

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It was noted that it had been placed on the PCIC Risk Register and long-term solutions were being considered. That included moving to the Cardiff Royal Infirmary (CRI) site and the Park View development, although it was noted that those developments were a long way off and so that was why it was deemed a risk.

It was noted that it would be taken to the Capital Planning and Estates forum to see if an interim solution could be found.

	The CC advised the Committee that the CHC inspection reports would be received by the Committee in August 2022. **The QSE Committee resolved that:** a) The current position in regard to all Dental Services was noted.	**JR**
QSE 22/06/013	**Ultrasound Clinical Governance position** The Ultrasound Clinical Governance position was received. The Directorate Manager of the Artificial Limb and Appliance Service (DMALAS) advised the Committee that following an Internal Audit of Ultrasound Governance across the Health Board, several shortcomings were identified. Those had centred 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 in 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 (ToRs) • Membership of the USCGG was extended to include all areas of Diagnostic and Therapeutic Ultrasound 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 regular USCGG meetings. • Requirements to appoint Ultrasound (US) roles of Clinical Lead User, Speciality Lead User, and Educational Supervisor / Training Supervisor within relevant Clinical Boards would 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	

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	effective management of US devices including training, competence and maintenance as part of the US governance framework. The CC advised the Committee that one of the Internal Audit reports for quality had supplied a limited assurance in terms of ultrasound governance due to the lack of attendance at meetings. She asked the DMALAS if assurance could be provided moving forward that attendance would improve. The DMALAS responded that the group have been very fortunate to receive support from senior managers and noted that some of the responsibility had been put back onto the Clinical Boards to ensure that their individual Directorates and teams would attend. **The QSE Committee resolved that:** a) The actions being taken to address the recommendations made by Internal Audit in the Ultrasound Governance audit report dated August 2021 were noted.	
QSE 22/06/014	**Concerns, Redress and Claims** The Concerns, Redress and Claims information was received. The Assistant Director of Patient Experience (ADPE) advised the Committee that she would take the paper as read. The IEND thanked the ADPE and her team for the sustained over 80% response rate for Patient Concerns. The CC agreed and noted that exemplary work being undertaken under the most challenging circumstances should be celebrated and to be able to maintain over 80% was very good. **The QSE Committee resolved that:** a) The contents of the assurance report were noted. b) The mitigation being taken to ensure a person-centered approach.to improve quality, safety and experience and reduce harm was noted.	
QSE 22/06/015	**Committee Effectiveness Survey Results 2021-2022** The Committee Effectiveness Survey Results 2021-2022 were received. The Head of Corporate Governance (HCG) advised the Committee that for 2021/22 the audience of who received the survey had been widened. She added that she was pleased to report that the survey results did not identify any areas of improvement for the Committee and the results would be fed into the Annual Report. The IMU advised the Committee that the way in which the Committee self-evaluated with the current tool was not the richest or most valuable way of evaluating what was being done as a Committee because he could recall writing qualitative comments which were not captured in the graphs displayed within the result. The Vice Chair of the Health Board (VCHB) agreed and noted that there were much better methods to capture Committee effectiveness which would be looked at.	

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	The HCG advised the Committee that plans were in motion to replace the current methodology with a new and more appropriate one. **The QSE Committee resolved that:** a) The results of the Annual Board Effectiveness Survey 2021-2022, relating to the Quality, Safety and Experience Committee were noted.	
QSE 22/06/016	**Exception Reports (Verbal)** The Exception Reports (Verbal) were received. The EMD advised the Committee that there was nothing formal to raise but noted ongoing concerns around the "front door" which was resulting in long lengths of stay for Patients. The IEND commented that there was a lot of work ongoing and advised the Committee that the Executives had done a focussed piece of work which included an action plan and that it was an ongoing piece of work. The ICOO advised the Committee that a significant amount of work was being undertaken across the whole system and alongside colleagues at the Welsh Ambulance Service Trust (WAST). **The QSE Committee resolved that:** a) The Exception Reports were noted.	
QSE 22/06/017	**WHSSC Quality Committee – Chairs Report** The WHSSC Quality Committee – Chair's Report was received. The Vice Chair of the Health Board (VCHB) advised the Committee that it was felt that whilst the Quality and Patient Safety Committee at WHSSC reported into the WHSSC Joint Committee it was not necessarily being brought to the Health Board. He added that it gave Members an opportunity to be made aware of the processes involved. The CC thanked the VCHB for the report and noted that it connected and aligned with the Quality and Safety National Framework. **The QSE Committee resolved that:** a) The WHSSC Quality Committee – Chair's Report was noted.	
QSE 22/06/018	**Minutes from Clinical Board QSE Sub Committees:** **Exceptional Items to be raised by Assistant Director Patient Safety & Quality:** The Minutes from Clinical Board QSE Sub Committees were received. The Assistant Director of Patient Experience (ADPE) advised the Committee that action logs from each sub Committee were being looked at. The COCHC advised the Committee that it was difficult to read some of the minutes as each template was different.	

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	The ADPE noted that a standard template could be provided to all sub-Committees moving forward. The Senior Corporate Governance Officer made a note to send the template out. **The Committee resolved that:** a) The Minutes from the Clinical Board QSE Sub-Committees were noted.	**NS**
QSE 22/06/019	**Corporate Risk Register** The Corporate Risk Register was received. The HCB advised the Committee he would take the report as read and noted that questions had been raised throughout the meeting in relation to risk management. He added that it was recognised that there was a considerable amount of training planned on the Risk Management System which had been suspended due to Covid-19 and Winter pressures but noted that momentum on the work would now continue. The COCHC noted that some of the risks were identified as "ongoing" or "in progress" and asked that clarity be given on future registers so that the general public would be able to read the register and understand that the risks were being dealt with. **The Committee resolved that:** a) The Corporate Risk Register risk entries linked to the Quality, Safety and Experience Committee and the Risk Management development work which was now progressing with Clinical Boards and Corporate Directorates was noted.	
QSE 22/06/020	**Items to bring to the attention of the Board / Committee**	
QSE 22/06/021	**Agenda for Private QSE Meeting** *i) Minutes of the Private Committee Meeting held on – 12.04.22* *ii) Pandemic Update & Any Urgent / Emerging Themes – Verbal* *iii) Cardiac Surgery Report Update* *iv) DNAR Orders at St David's Hospital – Update*	
QSE 22/06/022	**Any Other Business** No other business was raised.	
	Date & Time of Next Meeting: Tuesday, 30 August 2022	

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MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE GROUP MEETING HELD ON TUESDAY 24 MAY 2022 CONDUCTED VIA MICROSOFT TEAMS

Present:	
Sam Austin	Llamau (Chair)
Frank Beamish	Volunteer
Shayne Hembrow	Wales and West Housing Association
Duncan Innes	Cardiff Third Sector Council
Zoe King	Diverse Cymru
Paula Martyn	Independent Care Sector
Geoffrey Simpson	One Voice Wales
Siva Sivapalan	Third Sector, Older Persons
Lauren Spillane	Care Collective
In Attendance:	
Marie Davies	Deputy Director, Strategy & planning, UHB
Rachel Gidman	Executive Director of People and Culture, UHB
Jessica Mannings	Community Health Council
Apologies:	
Jason Evans	South Wales Fire and Rescue
Tim Morgan	South Wales Police
Lani Tucker	Glamorgan Voluntary Services
Secretariat:	Gareth Lloyd, UHB

SRG 22/17 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

The Chair noted that the March meeting had been Anne Wei's last before retiring from the NHS. On behalf of the SRG the Chair wished to record her thanks to Anne Wei for the tremendous contribution she had made to the SRG over the past few years. Marie Davies reported that the UHB was in the process of recruiting to the post vacated by Anne Wei and it was anticipated that an appointment would be made within the next few weeks.

SRG 22/18 APOLOGIES FOR ABSENCE

Although not members of the SRG apologies had been received from Nikki Foreman, Abigail Harris, Angela Hughes and Wendy Orrey.

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SRG 22/19 DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 22/20 MINUTES AND MATTERS ARISING FROM STAKEHOLDER REFERENCE GROUP MEETING HELD ON 22 MARCH 2022

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 22 March 2022.

SRG 22/21 FEEDBACK FROM BOARD

The draft Minutes of the UHB Board meeting held on 31 March 2022 had been circulated to the SRG in advance of the meeting for information. It was agreed that if SRG members had any questions relating to the Minutes they should forward them to Gareth Lloyd who would co-ordinate a response.

Action: All

SRG 22/22 SHAPING OUR FUTURE WELLBEING STRATEGY

The SRG received a presentation from Marie Davies on updating the UHB's Strategy.

The SRG was reminded of the problems that the UHB had been trying to solve when the Shaping Our Future Wellbeing Strategy 2015-2025 was first developed. The Strategy and the Clinical Services Plan which followed were developed using the principle of co-production with partners and stakeholders and both had people at their centre.

In 2020 at the mid-point of the ten-year Strategy, the UHB had reviewed where it was in terms of the outcomes against the strategic principles and objectives. The review concluded that the vision of the Strategy remained appropriate as did the design principles. Further work was however required to define the outcomes the UHB wanted to achieve, how progress would be measured and the key programmes needed to ensure these outcomes were met. These programmes had now been established

The UHB is undertaking a Strategy refresh as a lot has changed since it was published. The UHB needs a long-term plan to ensure it has sustainable services taking account of demographic changes, epidemiology, the financial climate, workforce, changes in clinical practices, technological advances,

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environmental impact and the estate. The UHB will produce a detailed engagement plan with clear outputs and timelines and undertake internal and external engagement June-September 2022. A draft Strategy will be produced by October/November 2022 which will then be tested with stakeholders during December and January with the aim of publishing the updated Strategy in March 2023. The current intention is to have a Strategy that would take the UHB up to 2035 however, this might change as the Chief Executive has suggested that it should perhaps have a five year timeframe.

The SRG was then asked to consider some specific questions

- 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? Marie Davies explained that the report of the review undertaken in 2020 showed progress against each of the priority deliverables. The UHB was developing a Regional Outcomes Framework with its partners and a local Outcomes Framework to help with monitoring short and long term outcome changes. The report of the mid-point review would be circulated to the SRG for information.

Action: Marie Davies

- The 2025-35 timescale is welcomed as it is difficult to have a five year strategy.
- Specific Third Sector workshops with a wide range of groups would be helpful provided they had clearly defined aims and questions. The subject headings on the first slide could form the basis of discussions with the third sector.
- Consideration be given to using a simple 'Survey Monkey' type questionnaire as part of the engagement process.
- The stakeholder engagement plan should be circulated to the SRG for comment

Action: Marie Davies

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- 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? Marie Davies explained that the Strategy was not '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, for example, the temporary transfer of Cardiothoracic services to UHL. 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.
- 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
- The SRG would like to remain fully engaged in the Strategy refresh process.

SRG 22/23 PEOPLE AND CULTURE PLAN

The SRG received a presentation from Rachel Gidman on the UHB's People and Culture Plan.

The SRG was informed that the Plan is built around seven themes based on the Health and Social Care Workforce Strategy for Wales:

- Seamless workforce models;
- Engaged, motivated and healthy workforce;
- Attract, recruit and retain;
- Building a digitally ready workforce;
- Excellent education and learning;
- Leadership and succession; and
- Workforce supply and shape.

The key objectives under each of these themes was briefly explained together with the achievements to date.

The SRG was then asked to consider two specific questions:

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- 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. The Regional Partnership Board has discussed the need for salary alignment.
- One of the members of the SRG stated that 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
- A suggestion was made about exploring opportunities around joint training across sectors 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 group. New workforce models are required in the future. To enable this t 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. Rachel Gidman explained these are undertaken but generally had a poor return response. The UHB was exploring what would keep staff in work before leaving.

It was agreed that if SRG members had any questions relating to People and Culture Plan or the presentation they should forward them to Gareth Lloyd who would co-ordinate a response.

Action: All

SRG 22/24 ANY OTHER BUSINESS

None.

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SRG 22/25 NEXT MEETING OF SRG

Microsoft Teams meeting, 1.30pm-4pm, Tuesday 26 July 2022.

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LOCAL PARTNERSHIP FORUM MEETING

Thursday 16 June 2022 at 10am, via Teams

Present

Rachel Gidman	Executive Director of People and Culture (chair)
Lianne Morse	Assistant Director of People and Culture
Timothy Davies	Head of Corporate Business
Mat Thomas	UNISON
Peter Welsh	General Manager, UHL and Barry
Pauline Williams	RCN
Steve Gauci	UNISON
Peter Hewin	BAOT/UNISON
Katrina Griffiths	Head of People Services
Rhian Wright	RCN
Suzanne Rankin	CEO
Hannah Evans	Programs Delivery Director (for Caroline Bird)
Ceri Dolan	RCN
Fiona Kinghorn	Executive Director of Public Health
Emma Cooke	Head of Physiotherapy (for Fiona Jenkins)
Rob Mahoney	Deputy Director of Finance (for Catherine Phillips)

In attendance

Lauren Idowu	Principal Health Promotion Specialist
Rebecca Stewart	Principal Health Promotion Specialist
Suzanne Wood	Consultant in Public Health
Penelope Cresswell-Jones	Specialty Registrar in Public Health (observing)
Kate Roberts	Senior Health Promotion Practitioner
Mitchell Jones	Head of Equality, Diversity and Inclusion
Donna Davies	Head of People and Culture
Timothy Banner	Head of Patient Services, Pharmacy

Apologies

Dawn Ward	Chair of Staff Representatives – BAOT/UNISON
Catherine Phillips	Executive Director of Finance
Meriel Jenney	Executive Medical Director
Fiona Jenkins	Executive Director of Therapies and Health Sciences
Jonathan Pritchard	Assistant Director of People Resourcing
Nicola Foreman	Director of Governance
Jonathan Strachan-Taylor	GBM
Lorna McCourt	UNISON
Mike Jones	Independent Member – Trade Union
Caroline Bird	Interim COO
Janice Aspinall	RCN
Maryanne Bray	RCM
Rebecca Christy-Harrold	BDA
Jason Roberts	Interim Executive Nurse Director
Joe Monks	UNISON
Fiona Salter	RCN

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Secretariat

Rachel Pressley	Deputy Head of People Assurance and Experience

LPF 22/027 WELCOME AND APOLOGIES

Rachel Gidman (RG) welcomed everyone to the meeting and apologies for absence were noted. Timothy Davies was introduced to the Forum as he will be attending future meetings as the newly appointed Head of Corporate Business.

LPF 22/028 DECLARATIONS OF INTEREST

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

LPF 22/029 MINUTES OF THE PREVIOUS MEETINGS

The minutes of the meetings held on 13 April 2022 were agreed to be an accurate record of the meeting.

LPF 22/030 ACTION LOG

The Action Log was noted.

The following matters arising were raised:

- LPF 22/017 – automatic doors were due to be fitted to the car park that week
- LPF 22/020 Integrated Performance Report (operations) - Caroline Bird (CB) had discussed the level of support provided by the external security team with the Medicine Clinical Board. Mat Thomas (MT) had also discussed the matter with the UHB security team and had been reassured that a conversation had been held with the external security providers regarding their role.
- LPF 22/020 – the issue of long covid was seen as a priority for the Trade Unions, and while the specific action for Dawn Ward (DW) and Katrina Griffiths (KG) was complete, staff representative members felt that further discussion was urgently required. In particular, they requested that no meetings which could result in termination should be held until there had been further discussion. RG indicated that the UHB and NHS Wales wanted to support staff to enable a return and ensure that appropriate help was given. Suzanne Rankin (SR) added that regardless of where covid-19 was contracted we should be exploring all possibilities to support colleagues and ensure that a compassionate approach is adopted. To be followed up in an extraordinary meeting of the Workforce Partnership Group
  Action: Rachel Pressley
- While not on the action log, MT reminded the Forum that at the last meeting he had asked for clarification re masks and social distancing. This had had now been received, but subsequently he had been made aware that in some departments, screens had been removed and staff were concerned that this was being done prematurely. Hannah Evans (HE) asked MT to let her know which areas specifically by email so she could look into this.
  Action: Mat Thomas / Hannah Evans

Saunders,Nathan
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LPF 22/031 CHIEF EXECUTIVES REPORT

Suzanne Rankin (SR) provided an update report to the Forum, key points included:

- Staff were thanked for continuing to deliver such great care under challenging circumstances and for continually showing compassion and a willingness to go above and beyond. However, there is a need to be aware of the wellbeing of our staff and their ability to deliver. This is part of the People and Culture Plan and there are lots of offers for staff to take up. Staff Representatives were asked to encourage them to use them.
- The previous day had been Health Care Estates and Facilities Day. SR met with members of that team to thank them and celebrate with them.
- The IHI (Institute for Health Improvement) will be visiting in July to help us reflect on the quality of care we provide. Some outputs are not where we would like them to be and we want to make improvements. Staff are encouraged to engage honestly with them if the opportunity arises.
- A recent visit by Eluned Morgan to learn more about the Shaping Our Future Hospitals programme and our ambitions for transforming care in Wales, was an opportunity to help her understand the issues with our estate and the impact this has on the quality of our care and on our staff. She has a better understanding now of the need to find a way to improve our infrastructure and will visit again soon.
- There has been an upturn in the number of covid-19 cases and we need to be prepared for winter and the anticipated autumn/winter wave. SR asked members to encourage staff to take up the offered flu and covid booster later in the year.
- There is a piece of work taking place with CEOs across Wales around the impact of the social care crises. Together, they have committed with Local Authorities to find additional capacity (1000 beds in Wales) before winter.
- As we continue to restart services that were postponed as a result of the COVID-19 pandemic, the way we deliver care has changed to ensure we keep patients and colleagues safe. To reduce waiting times and further improve access to healthcare services, a new approach is needed to redesign the way healthcare is provided across Wales. Earlier this month, Welsh Government announced they have committed an additional £170m of funding to support their new planned care recovery plan. This includes 6 goals for Urgent and Emergency Care but spans the whole pathway, including mental health. We need to engage with it and support the elements that are within our gift to provide.
- SR also stressed the importance of listening to our patients and responding in a compassionate way, and dealing with our colleagues in kindness, especially in the context of the Ockenden Report.

MT asked if the increase in covid-19 cases were in the community, hospitals or both. Fiona Kinghorn (FK) advised that there had been a slight uptick in the community and a small increase in the number of admissions. However, she stressed that this needs to be considered in the context of 'living with covid' and the impact vaccination has had on severity. FK added that although we are expecting a continued rise of this wave, it isn't expected to be anything like omicron, though we do need to be willing to respond and flex services if required.

Saunders Kathryn
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MT also asked for an update on UHW2. SR explained that while it was still on the agenda, capitol constraints applied by the Treasury meant that any proposals needed to be realistic. One option being considered was a phased approach and we may need to look at alternative sources of funding. Peter Hewin (PH) expressed concern about the suggestion of alternative sources of funding and any

links to PFI. He reminded the Forum that they had begun to have discussions about MIM (mutual investment model) pre-pandemic and stated that the staff representative body would want to be involved in any further discussions around this subject. SR indicated that it was necessary to be open to new sources of funding or we would never be able to generate the capital required, but she agreed that it was right to explore the learning around this from previous experiences and put safeguards in place. SR also said that she would ensure the Trade Unions were involved.

LPF 22/032 OPERATIONAL UPDATE

Hannah Evans (HE) thanked the Trade Union reps, members and the wider team for working under such challenging circumstances, across Clinical Boards and professional boundaries. She said that the next step was to now capture that learning and share it.

HE gave a presentation describing the current operational position. The following points were noted:

- HE described the delivery ambitions for the four quarters of this year across 5 areas (PCIC, urgent and emergency care, planned care, mental health and diagnostics) – this is being used to frame our focus.
- There are 128k patients on waiting lists at present – we are looking at how we support, communicate and optimise them while they are waiting, as well as how to create more capacity and efficiency
- A whole system, multi-Clinical Board approach has been adopted to ensure that it is being viewed through a single lens and that we are not looking at different systems separately
- One enabler is the reconfiguration of our site to enable to best organisation of services
- There is interface with the 6 Goals programme – examples given include:
    - Urgent Primary Care (Barry/CRI) and Mental Health 111 – Goals 1 & 2
    - Surgical SDEC (same day emergency care) and acute medical footprint and flow – Goals 3 & 4
    - Intermediate care and discharge to assess model – Goals 5 & 6

  Priority is being given where it is believed there are the biggest benefits to patients and staff
- In terms of Planned Care consideration is being given to the outpatients footprint when more innovative approaches are being used, and GPs are working with acute specialists on pathways to enable earlier access to diagnostics
- We are also looking at regional opportunities and how we can optimise the situation before patients come in for treatment

Emma Cooke (EC) was invited to discuss some of the work taking place within Therapies to support the operational position. EC advised that some of the key things taking place at present include:

- The development of a model of care for rehabilitation which focuses on giving the right intervention and in the right place
- Delivering care closer to home by working with leisure settings and community services, both by delivering care in these settings but also by giving training to the staff there
- Giving people the skills to look after themselves around eating well and purposeful activity and exercise
- Co-production events, including events run with third sector (face to face and virtual)

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- Pilots in orthopaedics, supporting people on the waiting lists to be referred to programmes in leisure settings to help them manage their pain better and help them be more active
- Prehabilitation – 'prehab to rehab' – for cancer and orthopaedics patients. This involves the same team working with them before and after treatment
- Exploring the development of a digital patient record and how we engage digitally with patients, reflecting on what worked well during covid and learning from that. This has also involved working closely with the Recovery College around supporting people re access and digital skills
- The introduction of an urgent care model including physiotherapy services 24/7 at Barry urgent care facility
- Discussions with WAST around OTs and Physiotherapists on ambulances to help reduce the number of people who need to come in to the Emergency Unit
- Exploring the development of a peer support workforce with lived in experience

PH was interested to hear about the developments in co-production and peer support and reminded the Forum that this was an area they were very committed to in Mental Health. However, he advised that it was not as easy as it sounded and suggested a wider discussion outside the meeting might be useful.

RG advised that Wellbeing Seminars are due to take place from July and asked members of the Forum to promote them and encourage staff to attend.

PH 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. He referred to the need to return people to their substantive roles and stated that people have not always been treated fairly or compassionately when redeployed. He asked if principles could be agreed in partnership in readiness for the future. RG noted that there were also examples of good practice where managers communicated well. She did not agree that the experience was universally negative but did acknowledge that there were areas which could be learned from. HE advised that currently the repatriation of the fracture clinic and cardiothoracics from UHL to UHW are being prioritised, and pre-op assessment moved from outpatients to the Lakeside Wing last week. However, this needs to be achieved in the context of the financial constraints on capital described by SR as well as quality of care and patient and staff experience. RG emphasised the need to communicate the plan widely as silence is not good for staff morale.

EC was invited to attend a future meeting to share in more detail the Rehabilitation Programme which is about supporting people to lead healthy life styles and an itself supports the UHB recovery programme.

Action: Rachel Pressley

LPF 22/032 ACTION AROUND RACE EQUALITY ACTION PLAN (REAP)

Saunders Nathan 22/09/2022 12:11:45

RG welcomed Mitchell Jones (MJ) to his first meeting since joining the organisation as Equality, Diverity and Inclusion Manager.

MJ descibed the action around race equality action plan and developments which have occurred since the paper was submitted, as well as highlighting the next steps:

- The name has changed and it is now known as the Anti Racist Wales Action Plan and the final version was published last week
- There are a number of sections in the report relevant to us, but primarily we need to be aware of section 5 which contains 5 goals for health (leadership, accountability, workforce data, access to services and tackling health inequalities)
- 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
- A separate report has also been published by the Equality Task Force with three recommendations around health, which includes a recommendation around data so there is a clear cross over between the two.
- A working group is to be established and the trade unions are invited to be involved in that

Action: Rhian Wright

- We also intend to sign the zero racism in Wales pledge as an organisation to show our support for a zero tolerance approach to racism and promote racial harmony
- MJ stated that we are starting from a place of honesty by engaging with our staff networks, particularly in development of the action plan. Senior leadership buy-in is also important and this will be discussed at a Board Development session in the near future.
- LPF was asked to support the work, and to get involved by sending representation so everybody has a voice in the development of the action plan.

RG advised the Forum of a campaign due to be launched at the start of July, encouraging staff to ensure their equality data on ESR is up to date.

Rhian Wright (RW) asked if there was trade union representation in the One Voice Network but MJ advised that the staff networks organise themselves. RG reminded the Forum that SR sponsors race and RG sponsors religion and belief at a Board level.

FK welcomed the plan and advised that there was a wider conversation scheduled between herself, RG and Jason Roberts on joining up inequalities and amplifying prevention.

LPF 22/033 PROGRESS OF THE MOVE MORE, EAT WELL PLAN

FK and the Public Health team delivered a presentation on progress of the Move More, Eat Well (MMEW) plan. FK noted that it is not a campaign, but a series of arenas of work around changing our population's health where everyone needs to work together.

Suzanne Wood (SW) reminded the Forum that the Plan had been lauched in 2020 after a period of extensive enagement, and good progress had been made despite the pandemic. Communities most in need, particularly deprived communities, have been targetted. The Plan is linked to the work on amplifying prevention which focuses on increasing the uptake of immunisations, the uptake of bowel screening, and moving more. Progress has also been made on the local weight management pathway and a MMEW Implementation Group has been established with the aim of strengthening partnership and continued joined up approaches to healthy weight action through MMEW delivery.

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The Plan has four themes; Healthy Environments, Healthy Settings, Healthy People and Leadership and Enabling Change.

Rebecca Stewart (RS) shared that an increasing number of 'system stakeholders' are now involved and mechanisms to bring partners together relevant to key priority areas are in place. RS highlighted areas of key progress to date including:

- Healthy weight services – a weight management pathway across life course is now established, working with therapies/leisure services and also a new programme for families
- Healthy communicities – including some collaborative work around food partnerships, work with prevention and early years partners, and the Make Your Move campaign
- Healthy workplaces – bringing together organisations to share good practice and focus on activities around food, healthy travel & staying active, hydration and communications

Lauren Idowu (LI) shared the Move More Cardiff Physical Activity and Sport Strategy 2022-2027 which has been developed in collaboration with Cardiff Council and Cardiff Met University and was launched on 8 June 2022. There is a one year action plan to support the Strategy, but having a shared vision and goal and working collectively towards that is key.

SW asked the Forum 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?

MT noted that one of the real challenges is maintaining weight loss and addressing behavioural patterns. FK agreed, noting that rather than the diet culture, the real differences are made through small changes in daily life. SR suggested that team challenges could be a way of getting involved and encouraged everyone to participate, but acknowledged MT's point about embedding changes and also recognised that not everyone is able to participate in the same way. She did not feel that challenges set by the leadership team were the best approach, and asked staff to come forward with their own ideas and commitments.

RG encouraged the Public Health team to connect with the Health Improvement Team (HIT) as they have also undertaken a period of extensive consultation and listening and may have some ideas to share.

Steve Gauci (SG) noted the links between Healthy Workplaces and the implementation of the healthy restaurant standards, but expressed concern about the number of staff facing food poverty. He pointed out that a number of Health Boards provide a subsidised meal for staff and asked if we could do the same. FK pointed out that there had been discussions previously about the challenges of subsidised food, but agreed that maybe there was a need to revist this conversation again. SR indicated that she was always willing to look at options to subsidise and support our communities (e.g. food banks), particularly in light of the cost of living crisis, as long as it did not detract from patient care and said that all ideas were welcome.

Saunders, Kathryn 22/09/2022 11:07:45

LPF 22/034 TRANSFORMING ACCESS TO MEDICINES PROGRAMME (TrAMs)

Donna Davies (DD) introduced the concept of the TrAMs (Transforming Access to Medicines) Programme which is being developed on an all Wales basis and will be hosted by Shared Services. DD described the scope of the technical services and the proposal to create three hubs across Wales.

DD asked members of the Forum to refer to the documents attached to the report which contained a lot of information about the consultation.

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 5 Cardiff and Vale staff could be affected in the first stage and a further 70 at a later date. The location of the hubs has not been finalised yet.

The consultation runs until 8 July and an engagement session was being held for staff on 4 July. Comments from inviduals will be considered and support offered to those individuals. DD asked LPF to ensure any comments from LPF members were shared with her or SG by 8 July. SG added that Trade Unions were heavily involved and it was a good example of partnership working. The biggest concern was around where the hub would be located.

LPF 22/035 INTEGRATED PERFORMANCE REPORT

The Local Partnership Forum received a copy of the Integrated Performance Report which had previously been considered by Board. RG reminded the Forum that because these reports are prepared for Board some of the data is out of date by the time LPF meets

The following points were noted:

- The final accounts for 2021/22 had been presented at Special Audit Committee and Special Board meetings the previous week and to the Senedd that day. We were £232k underspent and all out statutory obligations were met. However, we are moving into a challenging position for 2022/23 and are currently presenting with a forecasted £80m deficit. There were a number of assumptions around covid funding and the cost of fuel, but the UHB was currently seeking permission for a £20m deficit this year to be recovered over the next two years.
- May data was now available for the workforce KPIs. Sickness remained high at 6.9% but this was the lowest since July 2021 (though 2% higher than pre-pandemic rates). Turnover was 13% and increasing month on month – it was originally thought that the temporary staff recruited during the pandemic contributed to this, but it was now clear that this was not the case. Formal disciplinary cases have gone down to 21 which is the lowest number for years and was due to the new People Services model and the way they were working with managers and trade unions.
- Any queries around the Quality, Safety and Experience section of the report were to be sent to Jason Roberts, either directly or via Rachel Pressley.

LPF 22/036 STAFF RETENTION

The Local Partnership Forum noted the report on staff retention and that this had previously been considered by the Strategy and Delivery Committee. Staff Representatives requested that this be considered again at the Workforce Partnership Group when there was time for a discussion. There was also a request for a more detailed conversation at WPG on queries being raised around shift patterns through the implementation of the new e-rostering system.

Saunders, Nathan
22/09/2022 10:07:45

Action: Rachel Pressley

LPF 22/037 STAFF BENEFITS GROUP REPORT

The Local Partnership Forum noted the report from the Staff Benefits Sub Group.

LPF 22/038 ANY OTHER BUSINESS

There was no additional business for consideration by the Forum.

LPF 22/039 FUTURE MEETING ARRANGEMENTS

The next meeting will be held on Wednesday 10 August 2022 at 10 am with a staff representatives pre-meeting at 8.45 am. The meeting will be held remotely.

Saunders,Nathan
22/09/2022 12:07:45

Report Title:	Corporate Risk Register				Agenda Item no.	8.1	
Meeting:	Board Meeting		Public	x	Meeting Date:	29/09/2022	
			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 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 24 Risks on the Corporate Risk Register. Five of these risks (Risks 7, 8, 9, 10 and 21) are new to the register, albeit these risks have been known and managed locally. Seventeen risks

are unchanged and will continue to be recorded on the Register beyond September's Board meeting. Two risks (1 and 17) currently sit on the Corporate Risk Register but following a downgrading in their score will be removed from the register before the September 2022 Board meeting. These risks are shaded grey on the attached Summary document for ease of reference.

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 16 is an amalgamation of risks within the Children and Women Clinical Board Register in relation to maternity services; and
- Risk 21 is an amalgamation of Estates and Infrastructure risks originating within Critical Care settings.

The amalgamation allows for ease of incorporation onto the Corporate Risk Register and does not detract from the description, impact, score or management of the original entries.

Candidate risks were accepted from Capital Estates and Facilities, Strategic Planning, 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 Finance directorate; however, Risk 23 has remained on the Corporate Risk Register so that the Board remain sighted on the risk.

The present position is therefore as follows:

July 2022	September 2022
• 19 risks rated 20 (Extreme Risk), 4 of which are new entries. • 1 risk to be removed from the Corporate Risk Register	• 24 Risks rated 20 (Extreme Risk), 5 of which are new entries. • 2 risks to be removed from the Corporate Risk Register.

Trend Analysis. Staff shortages, particularly within the Nursing Workforce, 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 Urgent and 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, 18, 19, 20, 21, 22
Capital Assets	1,2,3,4,5, 13, 18, 21, 22, 24
Workforce	5, 12, 19
Financial Sustainability	6, 23
Staff Wellbeing	5, 7, 12, 19
Urgent and Emergency Care	7, 9

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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

Legal: No

Reputational: No

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

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Quality Safety and Improvement Committee	11/10/2022
Strategy and Delivery Committee	27/09/2022
Mental Health Capacity and Legislation Committee	25/10/2022

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CORPORATE RISK REGISTER SUMMARY SEPTEMBER 2022

Risk Ref	Risk (for more detail see individual risk entries)	Clinical Board / Corporate Directorate	Link to BAF	Initial Risk Score	Risk Score May 22	Risk Score July 22	Risk Score September 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		5x1=5
2	Risk of patient harm due to obsolete Oxygen and Nitrous Oxude medical gas Plant and Equipment 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 staff and patient harm due to difficulties recruiting sufficient numbers of nursing staff.	Medicine	Workforce, Staff Wellbeing, Patient Safety, Urgent and Emergency Care	5x5=25			5x5=25	5x3=15
8	Risk of patient harm due to patients being added to Routine waiting lists secondary to increased Referal to Treatment times.	Medicine	Patient Safety	5x5=25			5x4=20	5x3=15
9	Risk of patient harm due to delays to patient treatment and flow following a speciality referral from the Emergency Unit	Medicine	Patient Safety, Urgent and Emergency Care	5x5=25			5x4=20	5x3=15
10	Risk of patient harm due to delayed cancer diagnosis secondary to accumulation of therapeutic and surveillance case numbers.	Medicine	Patient Safety	4x5=20			4x5=20	4x2=8
11	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
12	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, Staff Wellbeing	5x5=25	5x4=20	5x4=20	5x4=20	5x2=10
13	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 Capital Assets	5x5=25	5x4=20	5x4=20	5x4=20	5x2=10
14	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
15	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	5x4=20	5x2=10
16	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	5x4=20	5x2=10
17	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	5x3=15	5x2=10
18	There is a risk to the delivery of modern, safe and sustainable healthcare due to suboptimal estate across the Clinical Board	CD&T	Patient Safety, Capital Assets	5x5=25			5x4=20	5x2=10
19	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, Staff Wellbeing Workforce	5x5=25	5x4=20	5x4=20	5x4=20	5x2=10

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20	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
21	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	4x5=20			4x5=20	4x2=8
22	Risks to harm to haematology patientx (including bone marrow transplant) due to cross infection hazards created by an inadequate clinical environment.	Specialist Services	Patient Safety Capital Asstes	5x5=25	5x4=20	5x4=20	5x4=20	5x1=5
23	Potential failure to achieve revenue statutory duty breakeven duty.	Finance	Financial Sustainability	5x4=20	5x4=20	5x4=20	5x4=20	5x2=10
24	Risk of service interuption and potential patient harm due to cyber security threats	Digital Health	Capital Assets	5x5=25		5x4=20	5x4=20	5x3=15

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CORPORATE RISK REGISTER SEPTEMBER 2022

Clinical Board/Corporate Directorate	Risk Reference	Date risk added	Risk	Initial Risk Rating			Controls	Current Risk rating			Actions	Target Risk rating			Date of next review	Assurance Committee	Link to BAF
				Consequence	Likelihood	Total		Consequence	Likelihood	Total		Consequence	Likelihood	Total			
Capital Estates and Facilities	1	Mar-21	**Risk/Issue**: UHW Cardiac Theatre GF AGSS Pump is faulty **Impact**: Failure of scavenging system in Theatre GF would lead to increased medical gas saturation with an impact on staff and patient safety and failure to comply with HTM and H&S regulations/legislation.	5	4	20	Regular inspection and maintenance.	-	-	-	Renew AGSSS Pump and Enclosure	5	1	5	-	Quality, Safety & Experience Committee	Patient Safety Capital Assets
	2	Mar-21	**Obsolete Medical Gas and Air Delivery Equipment and Plant** **Risk/Issue**: Medical Gas (Oxygen) Manifold is obsolete at UHW Maternity (manifolds 1&7), In addition the UHW Medical Gas Pressure reducing set is obsolete. Helipad and Ambulatory Care Medical Air Plant areare non compliant to HTM02-01 MGPS Standards. **Impact:** Equipment failure leading to Loss of Service and interruption of supply. This would adversely impact on patient safety. quality of service and HTM regulatory compliance.	5	4	20	Regular inspection and maintenance	5	4	20	New manifolds and pressure reducing sets required	5	1	5	Oct-22	Quality, Safety & Experience Committee	Patient Safety Capital Assets
	3	Mar-21	**Risk/Issue**: UHW Tunnels corroded Main O2 Pipeline due to building leakage **Impac**t: Equipment Failure leading to Loss of Service and Interruption of oxygen supply to whole of UHL - impacting on patient safety and failure to meet HTM regulations.	5	4	**20**	Regular inspection and maintenance.	5	4	**20**	Repair building leak and renew section's of corroded pipework.	5	1	**5**	Oct-22	Quality, Safety & Experience Committee	Patient Safety Capital Assets
	4	Mar-21	**Risk/Issue**: UHL Main Boiler F&E TANKS are badly corroded and require renewing **Impact**: Corrosion causing tanks to leak and loss of Heating throughout Hospital	5	4	20	No controls in place as cleaning tanks may result in leakage	5	4	20	Renew or reline tanks to prevent leaks.	5	1	5	Oct-22	Quality, Safety & Experience Committee	Patient Safety Capital Assets
	5	Jun-21	**Risk/Issue:** Ventilation verification of critical systems has identified UHW ITU A3N, UHW ITU B3N North, UHW Cardiac ITU C3 Link does not comply with HTM's for Ventilation. **Impact:** Adverse impact on the safety of staff working in these areas, faiulre to comply with HTM regulations.	5	4	20	System is subject to statutory testing and inspection in line with legislation and HTM regulations. Regular maintenance.	5	4	20	Preparing plans to renew the AHU. Look at improving the sytem to comply with current HTMs	5	1	5	Oct-22	Quality, Safety & Experience Committee	Workforce Capital Assets Staff Wellbeing
	6		**Risk/Issue**: Energy Cost pressures. Energy Markets are very unstable which is resulting in dramatic tariff increases for the remainder of 21/22 and for the entire 22/23 financial year. **Impact**:Estimated cost pressures are £2.1 million for 21/22 and £4.6 million for 22/23 (total estimated expenditure is therefore £15 million).	4	5	20	Energy spend monitored and reported to Finance department monthly and is further supported by monthly meetings.	4	5	20	Assurances are through monthly reporting and meetings with finance.	4	4	16	Oct-22	Finance Committee	Financial Sustainability
	7	08/2022	There is a risk of physical and emotional harm to patients and staff due to the number of nursing vacanies across the Clinical Board. Secondary to this is the risk of failure to comply with regulatory staffing requirements (Nurse Staffing Levels (Wales) Act 2016).	5	5	25	Posts advertised in a timely manner. Authorisation of vacancies reviewed efficiently. Maximsation of medical ward float staff. Dedicated recruitment officer in post. Bimonthly recruitment events held. Engagement with Project 95, overseas recruitment, adaptation programmes, student streamlining and staff return to practice. Risk staff framework completed daily by the Clinical Board and shared at daily OPAT UHB meetings	5	5	25	Ongoing support and escalation via OPAT. Overseas nurses coming on board October 2022 to support staffing shortfalls. Focused work on staff exit questionairres and engagement with established staff to protect establishment.	5	3	15	Oct-22	Strategy and Delivery Committee Quality, Safety and Experience Committee	Workforce Patient Safety Staff Wellbeing Urgent and Emergency Care
	8	08/2022	Patients with suspected (Basal cell carcinoma) BCC are added to a routine waiting list, due to this there is a risk that these patients may actually be unusual presentation of a higher risk Squamous cell carcinoma (SCC). Secondary to existing RTT waiting times for routine referrals (target 36 weeks) there is a risk that increased waits could impact on a patients prognosis.	5	5	25	Posts advertised in a timely manner. Authorisation of vacancies reviewed efficiently. Maximsation of medical ward float staff. Dedicated recruitment officer in post. Bimonthly recruitment events held. Engagement with Project 95, overseas recruitment, adaptation programmes, student streamlining and staff return to practice. Risk staff framework completed daily by the Clinical Board and shared at daily OPAT UHB meetings	5	4	20	Ongoing support and escalation via OPAT. Overseas nurses coming on board October 2022 to support staffing shortfalls. Focused work on staff exit questionairres and engagement with established staff to protect establishment	5	3	15	Oct-22	Quality, Safety and Experience Committee	Patient Safety

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Medicine Clinical Board	9	08/2022	There is a risk of patient harm due to delays to patient treatment and flow following a speciality referral from the Emergency Unit.	5	5	25	Engagement across Clinical Board specialities to review patients within 30 minutes of referral and make a plan within 60 minutes. Implementation of internal escalation cards within Emergency Medicine. Delays documented within EU Safety Huddles Report.	5	4	20	To facilatate seven day 12 hour per day presence of an Acute Medicine Consultant as per Royal College of Physician guidelines	5	3	15	Oct-22	Quality, Safety and Experience Committee	Patient Safety, Urgent and Emergency Care
	10	08/2022	There is a risk of Patient Harm due delays in the delivery of patient care and subsequently NRI's reported to the Delivery Unit for delayed cancer diagnosis secondary to the accumulation of therapeutic and surveillance backlog for Endoscopy and due to Covid restrictions. Change in the local lower GI pathway has shifted all USC priority CT pneumocolon requests into secondary care. Implementaton of FIT stool testing into pathway now requires result for some patient groups delaying decision making and waiting times for USC referral.	4	5	20	Clinical validation of lists. Corporate risk stratification cub available in BIS to pull through surveillance patients based upon individual risk vs chronological waiting times. NEP also provided documentation for risk stratification. High risk surveillance patients started to be listed for procedures.	4	5	20	Directorate to utilise BIS risk surveillance to prioritise patients and reduce potential harm. Administrative team to send patient risk letters for delayed surveillance cases to manage patient risk. Directorate to consider use of FIT stool test as per BSG to manage risk of overdue lower GI surveillance. Clinical validation continues risk assessing using a clinical tool recommended by steering group. Table top exercises undertaken to ensure all actions aligned and updated and will continue to be reviewed.	4	2	8	Oct-22	Quality, Safety and Experience Committee Strategy and Delivery Committee	Patient Safety
	11	01/03/2019	There is a risk to patient safety and wellbeing due to patients remaining on WAST ambulances for above the agreed 15 minute Welsh Government turn around time secondary to lack of capacity within the Directorate and UHB. This results in delays for patient assessment and treatment with the potential to cause patient harm.	5	5	**25**	When patient arrives by WAST, patient is booked in and major assessment nurse (MAN) is alerted to immediately triage patient and handover taken. If there is any change in the patients condition, the WAST crew will immediately inform the MAN. All non paramedic crews are assessed by the Triage Nurse/MAN to ensure a patient clinical assessment is conducted. Concern by either party about the length of any dealy or volume of crews being held is escalated to the Senior Controller/EU nurse in charge to Patient Access for usual UHB escalation procedures, or by WAST via Silver Command. WAST have introduced a number of hospital avoidance initiatives with some evidence this has reduced ambulance transfers. Protection of Resus capacity when possible including one buffer. Standard operating procedure in place within EU to support 'immediate release' requests by WAST. Joint CB/WAST partnership meeting in place to focus on improvement. The CB is engaged with the NRI process for reporting incidents where WAST delays have resulted in major harm. The Clinical Board work with OPAT and the completion of 'on boarding' when ambulances have been held for 3 hours. Transformational work undertaken across Acute and Emergency Medicine to support flow including RATZ, virtual ward and speciality hub. The appointment of two Band 7 registered nurses to work with Patient Access to support patient flow.	5	4	**20**	Daily review and risks noted within Safety Huddles and EU Controller reports. Escalated to MCB Hub and Patient Access Services. Evaluation of Standard Operating Procedure to reflect any changes required. WAST Immediate Release Standard Operating Procedure in use to support 'Red' calls in the community. Update December 2021: OPAT accross both UHW and UHL to support WAST and patient flow.	5	2	**10**	Oct-22	Quality, Safety & Experience Committee Strategy and Delivery Committee	Patient Safety
	12	01/01/2021	There is a risk of patient and staff harm due to an inability to safely provide medical cover across all Specialities and disciplines across the Clinical Board secondary to ongoing Covid pressures and overall recruitment, resulting in the delay of assessment for patients which could result in clinical risk and poor patient experience.	5	5	**25**	Ongoing recruitment of medical staff including Consultant body. Review of Consultant Job Plans. Engagement with the Workforce Hub. Electronic rota database.	5	4	**20**	Medical staffing reviewed as part of the daily OPAT meeting with ongoing planning to ensure safe staffing. Work ongoing with Medi Team and Locums to support the Emergency footprint. Ongoing recruitment into F3 posts	5	2	**10**	Oct-22	Quality, Safety & Experience Committee Strategy and Delivery Committee	Patienty Safety Staff Wellbeing Workforce
	13	01/12/2021	There is a risk of patient harm due to overcrowding within the Emergency and Acute Medicine footprint secondary to no flow or lack of UHB capacity. This results in the inability to provide and maintain key quality standards as patients are being nursed in inappropriate areas affecting timely access to treatment and discharge.	5	5	**25**	UHB and local escalation policy and implementation led by MCB Hub and Patient Access Services working in partnership with the EU Controller and Senior Floor cover to improve flow. Escalation of all constraints to all Directorates. Internal escalation to key clinicians/staff to assist with flow across the department. All vulnerable patients escalated to ensure timely bed allocation. Standard Operating Procedure in place for all ambulatory areas. Clinical Board engaged and supportive of 'on boarding' to facilitate flow. Change in the Emergency Unit footprint to support flow, eg speciality hub.	5	4	**20**	Appropriate escalation and discussion with MCB HUB, Patient Access Services and OPAT regarding safe and timely patient flow. Introduction of two Band 7 nurses to support flow and patient access.	5	3	**15**	Oct-22	Quality, Safety & Experience Committee	Patient Safety Capital Assets

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Mental Health Clinical Board	14	Aug-20	**Young People in Adult Mental Health Placement** Young people with complex needs require admission to adult mental health services as no suitable alternative available. There is a risk that the patients will be in a sub-optimal clinical environment which will adversely impact on their safety and wellbeing. There is a further risk of staff having to act outside their competencies which may adversely impact on statutory duty and reputation.	5	5	**25**	Additional staff allocated to the care of these patients.	5	4	**20**	Safeguarding discussions ongoing with private care providers with no realistic placement available for the forseeable future. Away day to plan alternatives to admission with C&W CB. Earmarked area in HYC to allow impact of Sanctuary to be evaluated while reducing impact on Cedar ward and CAMHS patients.	5	2	**10**	Oct-22	Mental Health &Capacity Legislation Committee	Patient Safety
Children and Women CB	15	16.08.21	There is a risk of patient and staff harm due to an inability to discharge or place medically fit children and young people with severe behavioural problems who are inpatients in acute paediatric settings.	5	5	**25**	1. Daily huddles and deployment of nursing resources based on risk and using bank and agency staff where possible 2. Regular discharge planning meetings 3. Regular communication with Local Authority and enhanced staffing from LA sources 4. Daily medical ward round, and review by junior doctors throughout the day as required 5. Use of physical and chemical restraint to manage violent behaviour 6. Relocation of children as necessary across wards to maintain safety 7. Signposting to Healthboard wellbeing services for staff	5	4	**20**	1. Arrange 'safe holding' training for staff who care for these patients 2. Increased numbers of suitably trained staff on wards, in collaboration with community teams. 3. Provision of appropriate Local authority accommodation for these C&YP 4. Earlier provision of psychological and other (eg educational and social) intervention whilst admitted 5. Proper engagement and timely input from the Local Authority 6. Increase targeted support for staff (physical and emotional wellbeing) 7. Assurances from the medical director and executive board regarding risk management and governance of these patients	5	2	**10**	Oct-22	Quality, Safety and Experience Committee Strategy and Delivery Committee Mental Health, Capacity and Legistaltion	Patient Safety
	16	01.05.22	Due to staffing levels within Maternity services there is a risk that: - there will be delay and interruption to induction of labour and the potential risk of poor patient experience and poor outcomes for mothers and babies. Home Birth Services will be withdrawn resulting in the loss of choice for women. This has the potential for reputational harm to the Health Board. - the Midwifery Led Unit will have to close resulting in the loss of choice for women. This has the potential for reputational harm to the Health Board	5	5	**25**	1.Undertaking an in depth review of our that there is continued assurance that sickness is being managed according to the policy. 2. Introduced a weekend planning meeting each Friday at 12pm so that we have assurance that weekends are covered 3. Introduced a postnatal / newborn spot screening clinic at UHW on the weekends. This means that women will attend ANC at UHW or UHL for their care rather than a midwife visiting. This will release a community midwife to come in to support the hospital setting but keep the home birth service going. 4. Midwives offered bank / additional hours and overtime Enhanced overtime approved	5	4	**20**	1.Band 6 vacancies to be filled. Band 5 vacancies have been filled. On going request to PHW to facilitate rapid Covid testing for maternity staff. Improved sickness review in place. Weekend planning meetings continue.	5	2	**10**	Oct-22	Quality, Safety and Experience Committee	Patient Safety

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CD&T	17		**Estates and Medical Equipment** There is a risk to the delivery of of modern, safe and sustainable healthcare due to suboptimal estate. Significant aggregated risks acorss the Clinical Board Directorate risk registers including: 1. Mortuary - failure to meet HBN20 with potential for improvement notice or closure from the regulator (HTA) 2. Radiopharmacy - failure to meet the requirements of the regulator (MHRA) with potential for improvement notices or closure from the regulator - regional impact on delivery of diagnostic services 3. Stem Cell Processing Unit - inadequate accommodation, compressor failures, failure of supply of liquid nitrogen from the external tank, impact - failure to deliver liquid nitrogen to the cryogenic freezer holding patient stem cells for transplantation. 4. Health Records - inadequate storage capacity, security of the Health record, potential for data loss, health and safety risks 5. Clinical Engineering - inadequate accommodation for the equipment library, Fieldway, and mechanical engineering UHW, no space to clean returned equipment 6. Insufficient accommodation for a number of clinical board services including - Occupational Therapy, Speech and language Therapy, Pharmacy, POCT, physio, Cedar 7. Air tube for lab specimens sitting under contract for maintenance with CD&T, regular breakdowns and damage resultig in unable to use the system to deliver specimens ina timely manner 8. Air handing and chiller units - not in place, subject to regular breakdowns, impact on temperature sensitive services such as Blood Transfusion/drugs, impact on temperature sensitive equipment such as blood analysers, CT scanners leading to loss of service 9. Repeated examples of water or sewage ingressing into clinical and non-clinical areas, leading to inability to deliver services 10. UHL Main Occupational Therapy Department - Fabric of building is deteriorating , room unusable , leaks throught the area .Patient records damaged as a result . Poor condition of outpatient portacabins	5	5	**25**	Capital planning programme Discretionary capital programme Escalation routes to Estates Business Continuity Plans Managed service contracts Maintenance service agreements Medical equipment governance framework	5	4	**20**	Further work with Capital and Estates to develop prioritised timetabled plans to address known risks Continue to seek funding through WG for replacement equipment and HTF funds to substitute old technologies Engage with TRaMS project for proposed regional solution to Radiopharmacy Engage with Capital Planning with regards to Mortuary refurbishment project	5	2	**10**	Oct-22	Strategy and Delivery Committee	l Estates, Patient S
	18	05.05.2021	Point of care Testing (POCT) Developments in technology and improved manufacturing processes are producing POCT devices which are more robust and less prone to error than previous generations. However, the successful implementation of POCT is still dependent on the effective organisation and management of staff. MHRA guidance (Management and use of IVD point of care test devices, January 2021) identifies key issues for POCT as - A clinical need must be identified before the implementation of a POCT service. - Consider involving the local hospital laboratory in the management of POCT services. - Lines of accountability for POCT management must be clear. - Managers of POCT services must be aware of their responsibilities under clinical governance. - Arrangements for training, management, quality assurance (QA) and quality control (QC), health and safety policy and the use of standard operating procedures (SOPs) must be made and reviewed at frequent specified intervals. - Assessment of the service by an external accreditation body is recommended. - You should consider the available evidence for the performance of the test. - Adverse incidents must be reported to the MHRA. - Clear, comprehensive record keeping and documentation is vital. - Everyone involved in POCT should know what to do in the event of any abnormal result or unsatisfactory QC result. Failure to adhere to the guidance above could lead to error and incorrect testing results leading to patient harm	5	5	**25**	POCT manager in place Clinical Lead identifed to support Central register of POCT devices Standard operating procedures (SOPs) which must include the manufacturer's instructions for use, are developed. This include instances where staff should be particularly aware of situations when the device should not be used Record keeping is essential and must include patient results, test strip lot number and operator identity Maintaining devices according to the manufacturer's guidance is essential, to ensure that they continue to perform accurately	5	3	**15**	1.Clinical Lead role in place, Clinical Scientist role to be put in place 2.Re-establishment of POCT committee - meeting held with AMD & interim EDoN June 2022 to progress. Revised TOR developed 3.Review implementation of POCT procedure within Clinical Boards 4.Review of current POCT stock and seek assurance on training, competence assessment, SOPs, main	5	2	**10**	Oct-22	Quality, Safety and Experience Committee	Patient Safety
	19	Sep - 21	**Critical Care - Nursing Workforce** There is a risk that patients will not be admitted to the Critical Care Department in a timely and safe manner due to insufficient Critical Care Nursing Capacity resulting in patient safety risks including serious harm and death, staff burnout and a failure to adhere to national standards and guidelines. This risk is currently exacerbated by the consequences of the Covid19 pandemic due to staff absences due Covid19 infection, sheilding & self-isolation requirements, and the significant associated impacts upon staff wellbeing.	5	5	**25**	Block booking of temporary staffing is ongoing; Recruitment strategies in place (ongoing recruitment events); Increased our educational team from 2.64 WTE to 5.04 WTE to support the junior workforce; Relying on the availability of an additional clinical area to admit patients; Working collaboratively with patient access to identify beds in a timely manner for Level 1 patients (not currently effective) Robust implementation of the CC escalation plan; Implement the smaller pod-focused initiative.	5	4	**20**	Develop a strategy to attract prospective employees to work in C&V CC; Develop further cross- Health Board working; Develop a staff feedback opportunity to generate ideas to support Point 1. Gain support from HR and Recruitment to have an open CC recruitment advert; Implement the Leadership Programme developed for senior staff Identify a more robust process for discharging patients within the 4 hour target; Robust implementation of the CC escalation plan; Develop a staff feedback opportunity to generate ideas to support Point 2. Initiate Workforce Task & Finish Group	5	2	**10**	Oct-22	Quality, Safety and Experience Committee and Strategy and Delivery Committee	Patient Safety Staff Wellbeing
nical Board	20	08/2022	**Critical Care - Bed Capacity** Lack of physical Emergency Critical Care beds at UHW to admit current and predicted Critical Care Demand to 2030. Delays in Emergency admission to Critical Care present a risk of avoidable deaths and impaired functional outcomes. Emergency Critical Care has 35 Level 3 commissioned beds. Due to its specialist nature, the majority of Critical Care work undertaken at Cardiff and Vale cannot be undertaken anywhere else in Wales.	5	5	**25**	Currently the directorate are occupying the use of a surge ICU area (C 3 Link) to provide 10 additional physical beds. Capital Planning are in the design process for refurbishment and expansion of Critical Care.	5	4	**20**	Undertake Design work to produce an outline cost for refurbishment and expansion of Critical Care beds, overseen by Program Board.Seek funding for expansion and refurbishment. Clarify commissioning arrangements	5	2	**10**	Oct-22	Quality, Safety and Experience Committee Strategy and Delivery Committee	Capital Assets Patient Safety

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Specialist Services Clin	21		**Critical Care - Estates** There is a risk of patient and staff harm due to aging and obsolete estates and equipment coupled with reduced capacity within the Critical Care Directorate. Aggragated Risk following risk of harm in the following areas: - HCID Level 2 and 3 (Reduced Capacity) - Sub-standard Heating, Ventilation and Air Circulation - Isolation Facilities - LTV unit	4	5	**20**	Prioritisation of clinical need, use of neighbouring facilities and acquiing temporary mobile structures.	4	5	**20**	Business cases to be developed to secure renovation and replacement funding.	4	2	**8**	Oct-22	Strategy and Delivery Committee	Capital Assets Patient Safety
	22	Jan - 2010	**Haematology and Immunology - Clinical Environment** There is an inadequate clinical environment for the care of Haematology Patients (including Bone Marrow Transplant). This creates a risk of cross infection for patients particularly vulnerable to infection. There is a potential impact on patient morbidity and mortality, quality of service and reputation. Despite the controls and assurances currently applied, it is extremely likely that the clinical environment will not meet the minimum required standard at the next JACIE accreditation assessment and the ensuing consequences of this cannot currently be prevented.	5	5	**25**	Risk specific policies, protocols, and guidelines. Cleaning schedules. Installation of air pressure gauges outside BMT cubicles to measure positive air pressures. Patients admitted to ward C4 North (amber) for triage prior to admission to B4 (green). HCAI monitored monthly. Positive air pressure gauges outside the BMT cubicles are monitored daily to ensure appropriate air pressures are maintained. Air pressure system validated by Estates Dept. High C4C scores consistently achieved.	5	4	**20**	New dedicated Haematology facility required. Escalated to Clinical Board, estates and WHSSC. Bid for Lakeside Wing is to be submitted for consideration.	5	1	**5**	Oct-22	Quality, Safety and Experience Committee and Strategy and Delivery Committee	Patient Safety
Finance	23	Apr 22	Risk: Potential failure to achieve revenue statutory breakeven duty The Health Board does not have a plan to achieve its revenue statutory breakeven duty without reliance on WG financial support. The draft IMTP has a planned deficit of £20.8m for 2022/23, with an inherent assumption that for the plan to balance WG would provide £20.8m financial support.	5	4	**20**	Governance reporting and monitoring arrangements through the Finance Committee and Board	5	4	**20**	Development of plan to address £20.8m deficit in line with WG expectations in 2022/23 and continue to plan to b/e in FY24 and FY25. Submission of IMTP to WG at end of Q1.	5	2	**10**	Oct-22	Finance Committee	Financial Sustainability
Digital Health	24	06/08/2011	Cyber Security - Due to prevailing national and international Cyber Security threats there is a risk that the Health Board's IT infrastructure could be compromised resulting in prolonged service interuption and potential impacts on the safety of patients due to an inability to access electronically stored data.	5	5	**25**	The UHB has in place a number of Cyber security precautions. These include the following: - The implementation of additional VLAN's and/or firewalls/ACL's - Segmenting and an increased level of device patching. - The use of Monitoring and Vulnerability Softare - Health Board wide Mandatory Cyber Security Training and Phishing Campaigns.	5	4	**20**	The requirements to address the resourcing of Cyber Security Management have been acknowledged in an approved but unfunded UHB Business Case. (May 2022: Successful business case bid made to BCAG to ensure appointment of dedicated Cyber resources. Roles are currently being advertised and recruited to. Continued efforts need to be made to improve compliance with the Health Board's Cyber Security Mandatory Training and to increase awareness of and engagement with the Health Board's Phishing Campaigns. Compliance with/completion of Cyber Resilience Unit Recommendations.	5	3	**15**	Oct-22	Digital Health Intelligence Committee	Capital Assets

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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	21 July 2022

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

Matters Arising – Procurement Update

Jonathan Irvine, Director, Procurement Services, provided an update on the New Operating Model for Procurement. This built on an initial presentation given to the Committee in January of this year, and particularly focused on the perspective of NHS Wales organisations as customers of the service.

The objectives for the new model include greater exploitation of opportunities for regional and all-Wales procurement; ensuring support for national initiatives such as decarbonisation, the foundational economy and social value, and utilising expert procurement resource more effectively. Progress will be monitored through a revised suite of KPIs.

The Committee **NOTED** the update.

Matters Arising – Recruitment Update

Gareth Hardacre, Director of People, Organisational Development and Employment Services, gave a verbal overview on progress with the modernisation plan for Recruitment. There has been effective dialogue with Workforce Directors, leading to the establishment of a Programme Board to oversee the development of the plan. Moves to implement technology to facilitate more effective checking of ID is still on track for August and is awaiting final Government sign-off.

The Committee **NOTED** the presentation.

Chair's Report

Saunders, Nathan 22/09/2022 12:07:44

The Chair updated the Committee on the activities that she had been involved with since the May meeting. These have included:

- Attending a development session with the Velindre Trust Board on 28 June

to update Board members on recent developments within NWSSP and to assess how the Trust and NWSSP can work more effectively together;
- Continuing to meet with NWSSP Directors and undertaking a further visit to IP5; and
- Attending the Audit Committee and the Welsh Risk Pool Committee during July.

The Chair also had two papers as part of her presentation as follows:

- The first related to the re-negotiation of the contract for the Microsoft Licences for NHS Wales where the work had been led by DHCW. This included the financial allocations for all NHS Wales organisations, and due to the need to agree this by the end of May, the paper had been approved previously via a Chair's Action. The Committee ratified the action taken and endorsed the paper;
- The second paper concerned the proposal for the Committee to have a development session(s) in the autumn to provide time for Committee members to debate how it can be more effective in its role for the benefit of all NHS Wales organisations. The paper suggested the option of either a full-day session or a number of half-day sessions. There was universal support for the session(s) but mixed views on which option to select. It was hoped that the sessions would be in person and further work would be undertaken outside the meeting to progress this.

The Committee **NOTED** the update and **Endorsed** the Chair's Action.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- The recent Joint Executive Team meeting with Welsh Government was very constructive with positive feedback provided on progress to date and future plans;
- The proposal for Welsh Government to take back the revenue savings resulting from the purchase of Matrix House did however come as a surprise and will adversely impact the NWSSP financial position;
- The risk-sharing agreement on the Welsh Risk Pool will be invoked again this year and is forecast to be £25m;
- We continue to work with the Chief Pharmacists Peer Group to develop the product ranges being developed through the Medicines Unit in IP5. The validation of the new automated filling equipment is going well and should become available for use in the next few weeks; and
- The expansion of SMTL services within IP5 is also going well, with the new equipment being validated and an expectation that additional testing facilities and methodology will be in place by August.

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The Committee **NOTED** the update.

Items Requiring SSPC Approval/Endorsement

Laundry Outline Business Case

The Programme Business Case for the Laundry Service concluded that a total of three units would be required in the future to serve Wales as follows:

- A new build facility in South-West Wales to replace the laundries at Glangwili Hospital and Llansamlet;
- A new build facility in North Wales to replace Glan Clwyd Laundry;
- A refurbishment of Green Vale to upgrade the existing laundry facility and to allow closure of Church Village Laundry.

Following feedback the Welsh Government required the new facilities in South-West Wales and North Wales to proceed as Outline Business Cases, whereas the refurbishment at Green Vale is subject to a separate Business Justification Case.

The paper presented to the Committee concerned only the Outline Business Cases for South-West and North Wales. Governance of the Transformation Programme is through the Laundry Programme Board who approved these outline business cases on the 22nd of June. The outline business cases have also been subject to two Gateway reviews and an assessment by Internal Audit.

The main benefits in taking over the Laundries was to ensure that the Laundries were compliant with relevant standards and legislation and not to deliver a cheaper service although efficiencies would be made. There has been a lack of investment in Laundry services for a very long time and the three business cases require capital investment of £77m. NHS Wales is hugely dependent on the laundries – as an example the two current sites in South-West Wales process over 9m items per annum. The outline business cases, whilst undoubtedly requiring capital investment, do make sound economic sense and they tick all the environmental boxes, and provide the workforce with much better working conditions. The All-Wales capital position may mean that Welsh Government may not be able to afford to fund the business cases concurrently, so NWSSP will need to explore the options with them.

The Committee **APPROVED** the Outline Business Cases to proceed to Full Business Cases to enable formal requests for funding from Welsh Government to be submitted.

Patient Medical Record Accommodation Business Case

The Patient Medical Records Store in Brecon House, Mamhilad, has now reached maximum capacity and consequently no additional records are able to be accommodated without additional space being procured. In practice this means that not only will no additional GP practices be able to take advantage of this service, which frees up space for additional clinical services, but NWSSP will also be unable to take additional medical records from GP Practices who already use the service, from deceased patients, patient movements or practice mergers for example.

Paul Jones (Nathan) 2019.08.21 12:19:45

A number of options for expansion of the scheme have been explored in the business case but the preferred option is the acquisition of a further warehouse on a 10-year lease providing a further 75,000 square feet of storage space. Whilst this acquisition provides some funding challenges, these will be met through the generation of additional income; savings resulting from moving PPE from commercial storage facilities to this new warehouse (until capacity is reached on the PMR scheme) and internal savings on the Primary Care budget.

Questions were raised by Committee members as to whether future plans should focus more on digitisation rather than acquiring more space to store paper records. AB confirmed that this is the aspiration for the longer-term, but for the time being GP Practices are requesting that paper records continue to be stored, and the costs of digitisation are very substantial.

The Committee **APPROVED** the Business Case.

Annual Review 2021/22

The Annual Review for the 2021/22 financial year was reviewed by Committee members who commented favourably on both the content and presentation and suggested that this should be shared more widely where possible.

The Committee **APPROVED** the Annual Review.

Audit Committee Terms of Reference

The Audit Committee Terms of reference were reviewed and approved by the Partnership Committee.

The Committee **APPROVED** the Terms of Reference.

Finance, Performance, People, Programme and Governance Updates

Finance – The Month 3 financial position is a cumulative non-recurrent underspend of £1.338m after anticipating £0.943m of WG funding for the 1.25% NI increase, Covid recovery support costs and energy pressures. This funding can only be anticipated at risk at present – the financial position would have been £0.395m underspent without the assumption of this funding or any utilisation of centrally held reserves. The year-to-date position includes a number of non-recurrent savings that will not continue at the same level during the financial year. The position also does not reflect the claw back of £176k of funding from WG in respect of Matrix House, notified in July 2022. Directorates are currently reviewing budgets with a view to accelerating initiatives to generate further benefits and savings to NHS Wales. The forecast outturn remains at break-even with the assumption of exceptional pressures funding from Welsh Government. £10.277m Welsh Risk Pool expenditure has been incurred to 30th June 2022. A high-level review of cases due to settle in 2022/23 indicates that the £134.8m included in our IMTP remains within the forecast range, requiring £25.3m to be funded under the Risk Share Agreement in 2022/23. The 2022/23 risk share apportionment has been revised to reflect the updated cost driver information

Cyhoeddus-Unrestricted-Public

from the 2021/22 outturn position. This has resulted in some changes to the contributions from organisations as a result of movements in the actual 2021/22 data. The updated shares are being reported to the Welsh Risk Pool Committee on 20th July 2022 and will be subsequently shared with Directors of Finance. Our current Capital Expenditure Limit for 2022/23 is £1.473m. The NWSSP discretionary allocation for 2022/23 has been reduced by Welsh Government to £0.457m from £0.6m and the IP5 discretionary allocation reduced from £0.25m to £0.19m. Capital expenditure to Month 3 is £0.297m. A review of all discretionary capital funding requests is being undertaken which includes any capital funding requirements identified in the IMTP and any new requests flagged by our Services. Since the transfer of the All-Wales Laundry Service in 2021/22 there is increased pressure on the discretionary capital allocation as this was not increased following the transfer of the new Service. Attached to the report were the Audit Wales Management Letter and review of Nationally Hosted Systems that both provided positive opinions on the integrity of NWSSP systems and procedures.

IMTP Q1 Update – The first formal quarterly update against the IMTP was presented to the Committee. 2022/23 is a year of transition as new measures of performance are developed. The update looks at how NWSSP adds value in terms of quality and socio-economic benefit alongside cost reductions and savings. At the end of Quarter 1, 1% of divisional objectives have been 'completed and closed', 76% of objectives are 'on track' to be completed, 15% are 'at risk of being off track', 4% are 'off track for delivery' and 4% have 'not yet started'. The Committee were also asked to feedback on the content and format of the report.

Performance – 34 KPIs are reported of which 31 are rated as green and three as amber. Two of these relate to the number of calls handled which should be at 95% but this is not being met in either Payroll (73%) or Student Awards Services (92%). The remaining amber indicator is in Recruitment where the average time to create an unconditional offer from first creating the vacancy should be no more than 71 days and this is currently measuring 91 days. Work is on-going to address all these areas and improvements are already being noted. The report also included an assessment of Professional Influence Benefits to NHS Wales which are calculated at £35m for the first quarter of the financial year.

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. NWSSP are currently undertaking a procurement exercise to source a replacement system

People & OD Update – The report is in a new dashboard format which was commented on favourably by Committee members. Sickness absence rates continue to be very low, but improvement is needed in the timeliness of reporting absence. PADR rates continue to improve but still require more work – a particular focus recently has been on Laundry Services where compliance was initially very low but is now at 73%. Headcount is now nearly at 5,300 following

Gwynfor Nathan 22/07/2022 11:07:16

the transfer of the final cohorts of the Single Lead Employer Scheme. Questions were asked on how NWSSP can undertake research to look at better facilitation of apprenticeships and new ways of working to make NHS Wales an attractive employer in the future. This is something that will be considered going forward.

Corporate Risk Register – there remains one red risk relating to the inflationary impact on goods and services, particularly relating to energy. This continues to be mitigated as far as possible through the actions of the Energy Price Risk Management Group. There is one new risk that has been added relating to the reputational risks associated with NWSSP's role in helping to establish the Citizens' Voice Body. The risks associated with the replacement of the GP Payments system in Primary Care Services, and the upgrade of CLERIC in Health Courier Systems, have both been removed from the Corporate Risk Register as the new systems are working successfully in both cases.

Declarations of Interest – the Committee reviewed a report summarising the recent declarations of interest exercise within NWSSP. This has now been extended to all staff on the basis that they complete a lifetime declaration which only needs updating if circumstances change. However, Directors and Independent Members will be required to continue to provide an annual Declaration and an appendix containing details of their most recent declarations was included in the report.

Papers for Information

The following items were provided for information only:

- Decarbonisation Action Plan;
- Annual Governance Statement 2021/22;
- Health & Safety Annual Report 2021/22
- Finance Monitoring Returns (Months 2 and 3)

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	22 September 2022

Saunders.Nathan
22/09/2022 12:07:45

Report Title:	**Stakeholder Reference Group Report**			Agenda Item no.	8.2.2
Meeting:	**UHB Board**	Public	X	Meeting Date:	**29th September 2022**
		Private			
Status *(please tick one only):*	Assurance		Approval		Information
Lead Executive:	Executive Director of Strategy and Planning				
Report Author (Title):	**Geoffrey Simpson, Vice Chair of Stakeholder Reference Group**				

Main Report
Background and current situation:

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

ASSESSMENT
The SRG considered the following.

Updating Shaping Our Future Wellbeing Strategy
The SRG received a presentation from Abigail Harris and Marie Davies.

Since the SRG's previous meeting, the Strategy had been discussed by the UHB's Strategy and Delivery Committee and by the Executive team during one of its 'Time Out' sessions. It had been agreed that the Strategy remained relevant but that there should be far greater clarity about what the UHB wanted to achieve. Five strategic objective themes had been proposed:

- People;
- Collaboration;
- Quality;
- Modern Healthcare; and
- Promote the Wellbeing of Future Generations

Internal and external engagement would continue throughout summer and early autumn. The intention is to produce a draft updated Strategy October-November 2022 which would then be tested with stakeholders during December and January. The aim is to complete the updated Strategy in March 2023.

There would be an extensive programme of engagement and communication. The SRG would help ensure that a diversity of views were acknowledged during the engagement process. Discussions would be held with the Community Health Council regarding whether there was a legal requirement to undertake a formal public consultation exercise.

The SRG was then asked to consider some specific questions:

- Is the way that the strategic themes are described easy to understand or is there a better way of articulating the themes?
- Is there anything else that should be reflected in the Strategic Themes?
- What should be the (top 3) key milestones under each of the key themes?

It was agreed that an abbreviated version of the presentation be produced and issued to SRG members to share with their networks. The presentation would include the specific questions that stakeholders were being asked to consider which would be further discussed at the SRG's next meeting.

Appointment of New Vice Chair
Expressions of interest are being sought for the position of SRG Vice Chair as Geoff Simpson's term of office has come to an end.

Sandra Newman 29/09/2022 12:07

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
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 22/09/2022 12:07:45

Report Title:	Local Partnership Forum Report				Agenda Item no.	8.3.3	
Meeting:	UHB Board	Public	x		Meeting Date:	29 September 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 Assurance and Experience						

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 10 August 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, including the recent heat waves; the submission of a revised IMTP to Welsh Government, current pressure across our acute hospitals, as well as within mental health and primary care, and the impact this is having on our staff and patients; the rapid response domiciliary care framework issued by Cardiff Council and some of their current priorities; the submission of a business case for UHW2 to cabinet; and initial feedback from the IHI (Institute for Health Improvement) visit. The Chief Executive also referred to the proposed industrial action by Trade Unions and she was offered assurances by the Chair of Staff Representatives that the approach adopted would be to work with the organisation with full transparency and sight around any planned activity.

The Head of Equity and Inclusion was in attendance to present the Strategic Equality Plan. We are just over half way through the plan, and some of the work that is taking place as well as future planned work was highlighted. This includes the OneVoice network, Inclusion Ambassadors, and a campaign to improve our staff equality data. Forum members were asked for their support in taking these initiatives forward and for their Feedback.

The Local Partnership Forum received a copy of the Integrated Performance Report which had previously been considered by Board and the Employment Policy Sub Group minutes from the meeting held on 29 June 2022.

It was agreed that a discussion between the Executive Nurse Director and staff representatives would take place outside the meeting around safe staffing and the Nursing Staff Act Annual Assurance Report previously received by Board.

Saunders Natalie
22/09/2022 10:07:45

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 10 August 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

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

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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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WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 12 JULY 2022

The Welsh Health Specialised Services Committee held its latest public meeting on the 12 July 2022. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed at: https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2021-2022-meeting-papers/

1. Minutes of Previous Meetings

The minutes of the meeting held on the 10 May 2022 were **approved** as a true and accurate record of the meeting.

2. Action log & matters arising

Members **noted** the progress on the actions outlined on the action log.

3. Recovery Trajectories across NHS Wales

Members received informative presentations on the recovery trajectories across Wales from the NHS Wales Delivery Unit, Betsi Cadwaladr UHB (BCUHB), Swansea Bay UHB (SBUHB) and Cardiff & Vale (CVUHB).

Members **noted** the presentations and requested that an update on the trajectories for paediatric recovery be brought to the next meeting.

4. Chair's Report

Members received the Chair's Report and **noted**:

- No Chair's actions had been taken since the last meeting,
- An update on the letter issued to NHS Chairs requesting support in appointing an interim HB chair for the All Wales Individual Patient Funding Request (IPFR) Panel for a 6 month period from amongst their Independent Members (IMs) to ensure business continuity,
- An update on plans for the recruitment process to fill the WHSSC IM vacancy,
- Attendance at the Integrated Governance Committee (IGC) meeting on the 7 June 2022; and
- Attendance at key meetings.

Members **noted** the report.

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5. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates on:

- Discussions with Welsh Government (WG) concerning the All Wales IPFR Panel and the authority of the Joint Committee to update and approve the panel's Terms Of Reference (ToR), the governance process for updating the All Wales IPFR policy, the briefings given to the Board Secretaries on the 10 June 2022, and to the All Wales Medical Directors Group (AWMDG) on the 1 July 2022 and that a letter confirming next steps was awaited from WG,
- The revised timeline for the draft Mental Health Specialised Services Strategy 2022-2028 engagement process,
- The funding for Cell Path Labs to meet the growing demand for commissioned WHSCC cancer genomic testing; and
- The designation of SBUHB as a provider of Stereotactic Ablative Radiotherapy (SABR).

Members **noted** the report.

6. Neonatal Transport – Update from the Delivery Assurance Group (DAG)

Members received a report providing an update from the Neonatal Transport Delivery Assurance Group (DAG) meeting held on 21 June 2022.

Members (1) **Noted** the report, (2) **Received** assurance that Neonatal Transport was being scrutinised by the Delivery Assurance Group (DAG), (3) **Noted** that further work was being undertaken by the transport service on the reporting to strengthen the assurance; and
(4) **Noted** the update on the implementation of the Neonatal Transport Operational Delivery Network (ODN).

7. Draft Specialised Paediatric Services 5 year Commissioning Strategy

Members received a report presenting the Draft Specialised Paediatric Services 5 year Commissioning Strategy for information and which sought support to share the strategy through a 6 week engagement process to obtain stakeholder feedback.

Members (1) **Noted** the contents of the draft Specialised Paediatric Services 5 year Commissioning Strategy; and (2) **Supported** that the Strategy be issued for a 6 week engagement process to obtain stakeholder feedback, prior to the final version being presented to the Joint for Committee for approval in September 2022.

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8. South Wales Cochlear Implant and BAHA Hearing Implant Device Service

Members received a report presenting the process and outcome of a

recent review of tertiary auditory services and the planned next steps for the South Wales Cochlear Implant and BAHA Hearing Implant Device Service.

Members discussed the preferred commissioning option and agreed that the report be updated with more detail on the process undertaken to agree the preferred option for engagement, and that the report be presented the next Management Group meeting for review prior to being brought back to the Joint Committee either virtually or at an extraordinary committee meeting.

Members (1) **Noted** the report, (2) **Noted** and **received assurance** on the assessment process inclusive of a) clinical options appraisal, b) external review against standards and c) financial option appraisal, (3) **Noted** the outcome of the clinical options appraisal for the south Wales centres, the external hearing implant centre and the financial appraisal, (4) **Noted** the preferred commissioning option as the basis of engagement/consultation; and **agreed** a review of the process at the Management Group meeting on the 28 July 2022 and for reconsideration of the proposals either virtually or at a future extra-ordinary meeting of the JC; and (5) **Agreed** to receive the required engagement/consultation documentation and process at the September meeting of the Joint Committee.

9. Hepato-Pancreato-Biliary (HPB) Services for Wales
Members received a report providing a summary on the Hepato-Pancreato-Biliary (HPB) surgery project for South and West Wales, and which sought support for the proposed arrangements to provide assurance to the WHSSC Joint Committee as the future commissioners for the service.

Members (1) **Noted** the report, (2) **Supported** the Hepato-Pancreato-Biliary (HPB) surgery Project Initiation Document (PID) and Action Plan Tracker; and (3) **Supported** the proposals to receive assurance that the outputs of the Hepato- Pancreato-Biliary (HPB) project align with the WHSSC strategic objectives and commissioning intentions.

10. Policy for Policies & EQIA Policy
Members received a report presenting feedback from the stakeholder consultation on the revised WHSSC 'Policy for Policies' Policy and the new Equality Impact Assessment (EQIA) policy, and which sought approval for publishing both documents.

Members (1) **Noted** the report, (2) **Supported** the rationale and process that had been applied when updating the WHSSC 'Policy for Policies' Policy and developing the new EQIA policy; and (3) **Approved** the request to publish the WHSSC 'Policy for Policies' Policy and EQIA Policy following stakeholder consultation.

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11. Policy Position for the Commissioning of Drugs and Treatments for Patients aged between 16 and 18 years of age
Members received a report seeking support from the Joint Committee on the preferred policy position for the commissioning of drugs and treatments for patients aged between 16 and 18 years of age.

Members (1) **Noted** the report; and (2) **Supported** the preferred option identified within the report.

12. Supporting Ukrainian Refugees with Complex Health Needs
Members received a report setting out a proposal for managing the complex health needs of Ukrainian refugees arriving in Wales and seeking approval to manage the excess costs (>£20k per annum) within the current funding baselines in year, offsetting against non-recurrent slippage and reserves.

Members (1) **Noted** the report; and (2) **Approved** the proposal to manage the excess costs within the current funding baselines in year, offsetting against non-recurrent slippage and reserves.

13. Name Change Welsh Renal Clinical Network (WRCN
Members received a report informing the Joint Committee of the outcome of the engagement process to consider a change of the name of the Welsh Renal Clinical Network (WRCN) and to ratify the decision of the WRCN Board to change the name to the Welsh Kidney Network.

Members (1) **Noted** the outcome of the engagement process to seek views to change the name of the Welsh Renal Clinical Network (WRCN); and (2) **Ratified** the decision of the WRCN Board to change the name of the WRCN to the "Welsh Kidney Network".

14. Results of the Annual Committee Effectiveness Self-Assessment 2021 -2022 & Joint Committee Development Plan
Members received a report presenting an update on the actions from the annual Committee Effectiveness Self-Assessment undertaken in 2020-2021 and to present the results of the annual committee effectiveness self-assessment 2021-2022.

Members (1) **Noted** the completed actions made against the Annual Committee Effectiveness Survey 2020-2021 action plan, (2) **Noted** the results from the Annual Committee Effectiveness Survey for 2021-2022, (3) **Noted** that the findings were considered by the Integrated Governance Committee (IGC) on the 7 June 2022, (4) **Noted** that the feedback will contribute to the development of a Joint Committee Development plan to map out a forward plan of development activities for the Joint Committee and its sub committees for 2022-2023; and (5) **Noted** the additional sources of assurance considered to obtain a broad view of the Committee's effectiveness.

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22/09/2022 12:07:45

15. Corporate Risk Assurance Framework (CRAF)

Members received a report presenting the updated Corporate Risk Assurance Framework (CRAF) and outlining the risks scoring 15 or above on the commissioning teams and directorate risk registers.

Members (1) **Noted** the updated Corporate Risk Assurance Framework (CRAF) as at 31 May 2022, (2) **Approved** the Corporate Risk Assurance Framework (CRAF); and (3) **Noted** that a follow up risk management workshop was planned for the 20 September 2022 to review how the Risk management process is working, and to consider risk appetite and tolerance levels across the organisation.

16. All Wales IPFR Panel Sub-Committee Annual Report 2021-2022

Members received a report presenting the All Wales IPFR Panel Annual Report 2021-2022.

Members **noted** the All Wales IPFR Panel Annual Report 2021-2022.

17. COVID-19 Period Activity Report for Month 1 2022-2023 COVID-19 Period

Members received a report that highlighted the scale of the decrease in activity levels during the peak COVID-19 period and whether there were any signs of recovery in specialised services activity.

Members **noted** the report.

18. Financial Performance Report – Month 2 2022-2023

Members received the financial performance report setting out the financial position for WHSSC for month 2 2022-2023. The financial position was reported against the 2022-2023 baselines following approval of the 202-2023 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2022.

The financial position reported at Month 2 for WHSSC was a year-end outturn forecast under spend of £515k.

Members **noted** the report.

19. Corporate Governance Matters

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members **noted** the report.

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20. Other reports

Members also **noted** update reports from the following joint Sub-committees and Advisory Groups:

- Audit & Risk Committee (ARC),

- Management Group (MG),
- Quality & Patient Safety Committee (QPSC),
- Integrated Governance Committee (IGC),
- All Wales Individual Patient Funding Request (IPFR) Panel; and
- Welsh Renal Clinical Network (WRCN).

21. AOB

- **WHSSC Specialised Services Strategy** – Members noted that work had commenced to plan the engagement process for developing the WHSSC Specialised Services Strategy and that a workshop would be held at the Joint Committee on the 6 September 2022.

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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 12 JULY 2022 AT 09:30HOURS VIRTUALLY BY MICROSOFT TEAMS

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner (CASC)
Nicola Prygodzicz	Executive Director of Planning, Digital and IT, Aneurin Bevan ABUHB
Suzanne Rankin	Chief Executive, Cardiff and Vale CVUHB
Linda Prosser	Executive Director of Strategy & Transformation, Cwm Taf Morgannwg CTMUHB
Steve Moore	Chief Executive, Hywel Dda HDdUHB
Carol Shillabeer	Chief Executive, Powys PTHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB
Gill Harris	Deputy CEO/Executive Director of Integrated Clinical Services, Betsi Cadwaladr, BCUHB
Associate Members:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
In Attendance:	
Nick Wood	Deputy Chief Executive NHS Wales, Health and Social Services Group, Welsh Government
Ross Whitehead	Deputy Chief Ambulance Services Commissioner, EASC Team, National Collaborative Commissioning Unit (NCCU)
Stuart Davies	Director of Finance, Welsh Health Specialised Services Committee (WHSSC) and EASC Joint Committees
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

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Part 1. PRELIMINARY MATTERS		ACTION
EASC 22/72	**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
EASC 22/73	**APOLOGIES FOR ABSENCE** Apologies for absence were received from Glyn Jones, Mark Hackett, Paul Mears, Tracey Cooper and Cath O'Brien.	Chair
EASC 22/74	**DECLARATIONS OF INTERESTS** There were none.	Chair
EASC 22/75	**MINUTES OF THE MEETING HELD ON 10 MAY 2022** The minutes were **confirmed** as an accurate record of the Joint Committee meeting held on 10 May 2022. Members **RESOLVED** to: • **APPROVE** the minutes of the meeting held 10 May 2022.	Chair
EASC 22/76	**ACTION LOG** Members **RECEIVED** the action log and **NOTED**: **EASC 22/20 Performance Report** The work on the patient outcomes data with Digital Health and Care Wales was progressing. Members noted that a further round of scrutiny and review would be undertaken with the WAST Team to ensure quality assurance; further consideration would take place at the next meeting of the EASC Management Group. To remain on the Action Log (Action Log). **EASC 22/10 Key Reports and Updates** With regard to the work 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, it was noted that the electronic patient care record (EPCR) was in operation across Wales. Jason Killens agreed to follow up with the project team and provide an update regarding impact at the next meeting. To remain on the Action Log (Action Log). **EASC 21-26 Committee Effectiveness – patient voice** Discussions ongoing with the Citizens Voice Body. To remain on the Action Log (Action Log). Members **RESOLVED** to: **NOTE** the Action Log.	EASCT WAST Chair/ Ctte Sec

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EASC 22/77	**MATTERS ARISING** There were no matters arising.	Chair
EASC 22/78	**CHAIR'S REPORT** The Chair's report was received. 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, WAST and health boards (HBs) to deliver the objectives relating to reductions in handover delays. Members also noted 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. Members noted the next step by the WAST team to present a report to their Board providing the required assurance that everything that could reasonably be done, was being done although the situation remained of serious concern. The Chair also noted 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 and WAST had agreed to draft a protocol. Members **RESOLVED** to: • **NOTE** the Chair's report and the wider circulation to the Chairs • **NOTE** the Chair's objectives set by the Minister.	Chair
Part 2. ITEMS FOR DISCUSSION AND APPROVAL		**ACTION**
EASC 22/79	**'Focus on'** **PERFORMANCE REPORT INCLUDING THE ANNUAL SERVICE QUALITY INDICATORS (APRIL & MAY 2022)** The Performance Report was received which was presented by Ross Whitehead. Members noted the information contained within the latest version of the Ambulance Service Quality Indicators (April & May 2022). The recent high-level outputs from the Performance Reports were noted, including: • 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	

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	• 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. 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, including: • **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 draft EASC Action Plan, as presented, incorporated actions to be undertaken by WAST, by HBs or to be undertaken jointly between organisations. The expectation was that the plan would evolve to reflect the action being taken across the system and to identify additional opportunities to improve the performance and responsiveness of commissioned services. Members noted that the RAG (Red/ Amber/Green) ratings had been included to indicate confidence in the delivery of actions and it was confirmed that the plan would also incorporate actions from the Six Goals for Urgent and Emergency Care Programme in future iterations. 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 (Forward Look) • 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.	EASCT

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	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.	EASCT
	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 • 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 (Action Log). Jason Killens added (via the MS Teams chat) 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 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.	EASCT/ WAST EASCT
	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. Members noted a number of core actions to avoid conveyance including: • the advanced paramedic practitioner and its navigator role (SBUHB)	

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	• 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 (Action Log). • **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.	EASCT EASCT/ WAST WAST WAST/ EASCT EASCT/ Optima

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	Ross Whitehead and Ricky Thomas would provide an update of the work at a future meeting (Action Log). 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. 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. More sophisticated and robust data was expected as the electronic clinical patient record (ECPR) started to embed and this would further support the development of an appropriate evidence base. 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 (Agenda item 3.2 for information), 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 (Agenda item 3.1). 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.	RW/RT
EASC 22/80	**QUALITY AND SAFETY REPORT** The Quality and Safety Report was received.	

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	In presenting the report, Ross Whitehead explained that the 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.	
EASC 22/81	**WELSH AMBULANCE SERVICES NHS TRUST (WAST) UPDATE** The Welsh Ambulance Services NHS Trust update report was received. In presenting the report, Jason Killens highlighted the following areas from the Report: • (Point 2.2) 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) • (Point 2.11) 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). • (Point 2.13) 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) • (Point 2.16) related to two reports on handover that may be useful to Members (the Healthcare Safety Investigation Branch (HSIB) Interim bulletin Harm caused by delays in transferring patients to the right place of care June 2022 Publication ref: NI-004133/IB (https://hsib-kqcco125-	

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	media.s3.amazonaws.com/assets/documents/hsib-interim-report-harm-caused-by-delays-in-transferring-patients-to-the-righ_EPeMfuS.pdf) and Association of Ambulance Chief Executives (AACE) AACE and NHS Providers roundtable on tackling handover delays: note of discussion. • 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. • (Point 2.37) 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 As part of this process, it was 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 (Action Log). 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	WAST

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	• 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 (Action Log) • 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 (Action Log). Once received, Members recognised that each organisation would be responsible for taking the revised protocol through their local governance processes (Action Log). Members **RESOLVED** to: • **NOTE** the WAST Provider Report • **NOTE** the actions required for the immediate red release protocol.	WAST ALL
EASC 22/82	**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: • 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.	

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	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 (Action Log). • 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 (Action Log) Members **RESOLVED** to: **NOTE** the report.	WAST WAST
EASC 22/83	**EMERGENCY AMBULANCE SERVICES COMMISSIONING FRAMEWORK** The report on the Emergency Ambulance Services Commissioning Framework was received. In presenting the report Ross Whitehead reminded Members of the previous discussions at the Committee and that a 'Focus on' session had been held at the EASC Management Group. 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. 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. The work around the development of the detailed schedules within the ICAPs would require the EASC Team to work with WAST and health boards and the process would also aim to ensure that opportunities for transformation and 'shift left' or 'inverting the triangle' would be identified and aligned to the 5-Step ambulance patient care pathway and best practice could be shared across Wales.	EASCT

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	In supporting the development of the Framework, Members noted that the draft commissioning framework clearly defined and protected the core ambulance service as required, with the clear process to clarify the scope, care standards, activity, and the resource envelope. 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 Chair thanked the Team for the collaborative work to date and noted that more work with WAST and health boards would be undertaken. It was agreed that the Framework would need to be formatted and finalised to include comments received around purpose, ownership of the Framework, roles and responsibilities, logos etc prior to submission for approval. 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.	EASCT
EASC 22/84	**EASC COMMISSIONING UPDATE** The report on the EASC Commissioning Update was received. Members noted that the update has been prepared to provide an overview of the progress being made against the key elements of the collaborative commissioning approach. 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 (Forward Look). 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. Members **RESOLVED** to: • **NOTE** the ongoing collaborative commissioning approach	EASCT EASCT

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	• **NOTE** that a Quarter 1 update against the commissioning intentions for each of the commissioned services will be presented at the August meeting of the EASC Management Group and to the next EASC meeting.	EASCT
EASC 22/85	**FINANCE REPORT MONTH 12** The Month 2 Finance Report was received. 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. Members **RESOLVED** to: **NOTE** the report.	
EASC 22/86	**EASC SUB-GROUPS CONFIRMED MINUTES** The confirmed minutes from the following EASC sub-groups were received: • 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. Members **RESOLVED** to: • **APPROVE** the confirmed minutes.	
EASC 22/87	**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 presented to each meeting of the EASC Committee, EASC Management Group and received for assurance at the CTM UHB Audit and Risk Committee (as the host organisation) • the 3 red risks within the EASC Risk Register relating to key items already discussed at the meeting • EASC Model Standing Orders and it was confirmed that all outstanding areas had been completed • the EMRTS DAG Annual Report including an overview of the work undertaken, membership and terms of reference, noting cancellation of one meeting in December 2021 due to operational pressures • EASC Communication and Engagement Plan – requirement as part of our Standing Orders to set out how EASC communicates and engages with stakeholders Saunders.Nathan 22/09/2022 12:07:45	

	• EASC Assurance Framework report, it was noted that this was in same style as the host body's assurance framework – this was the first iteration and would be presented at each future meeting of the Committee • The closure of all recommendations from the audit of EASC Governance • The list of key organisational contacts was noted. Members **RESOLVED** to: • **ENDORSE** the risk register (Appendix 1) • **NOTE** the progress with the actions to complete the requirements of the EASC Standing Orders (Appendix 2) • **APPROVE** the EMRTS DAG Annual Report 2021-2022 (Appendix 3) • **APPROVE** the EASC Communications and Engagement Plan (Appendix 4) • **APPROVE** the EASC Assurance Framework (Appendix 5) • **APPROVE** the completion of the Internal Audit on EASC Governance (Appendix 6) • **NOTE** the information within the EASC Key Organisational Contacts (Appendix 7).	EASCT
EASC 22/88	**FORWARD LOOK AND ANNUAL BUSINESS PLAN** The Forward Look and Annual Business Plan was received. The Chair asked Members to forward any suggestions for future 'Focus on' sessions. Members **RESOLVED** to: • **NOTE** the report.	
Part 3. OTHER MATTERS		**ACTION**
EASC 22/89	**ANY OTHER BUSINESS** The Chair closed the meeting by thanking Members for their contribution to the discussion.	

DATE AND TIME OF NEXT MEETING		
EASC 22/90	The next scheduled meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 6 September 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

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Signed .....

Christopher Turner (Chair)

Date .....

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	6 September 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/september-2022/.
The minutes of the EASC meeting held on 12 July were approved.

CHAIR'S REPORT
Members noted:

- the meeting with the Minister, Chief Ambulance Services Commissioner (CASC) and Welsh Ambulance Services NHS Trust (WAST) Chair and CEO on 20 July
- the meeting with CASC and Audit Wales re Emergency Care on 26 August
- the meeting with CASC and the Chair and Managing Director of the Welsh Health Specialised Services Committee (WHSSC) on 10 August
- the meeting of the Chairs' Peer Group on 16 August
- the induction meeting with Director of Nursing and Quality at WAST on 1 September
- the Chair's Objectives as set by the Minister and the request to focus more generally on its key role within the Six Goals for Urgent and Emergency Care Programme
- the relevance of the 'Focus on' session relating to the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru).

PERFORMANCE REPORT
The significant challenge in the provision of timely ambulance services at present was noted and it was explained that data had been used from July (Ambulance Service Indicators) and August in the preparation of this report:

Ambulance Service Indicators (July data)

- The improving outcomes and numbers of patients managed via 'hear and treat'
- Incidents receiving a response were reduced, possible impact of the Clinical Safety Plan
- Conveyance has reduced, although it is important to consider this in light of a reduction in attendance in response to escalation decisions relating to the clinical safety plan
- Ongoing work on post production lost hours and now included in the EASC Action Plan
- All-Wales red 8 minute performance was 52% (target 65%)
- Handover lost hours – over 24,000 in July (and subsequently 22,000 in August)

Gwenan.Roberts.Nathan2@wales.nhs.uk 2022/09/22 11:07:43

- Weekly performance dashboard now circulated widely within health boards and Welsh Government.

Members raised important points including:
- Relentless demand across Wales, and hours lost, would remain a challenge
- The significant numbers of patients within the system that were 'fit for discharge'
- Concerns regarding the trajectory for the winter and the need for effective partnership working
- That the volume of demand at the front door is likely to increase
- Useful ideas that have been identified within the fortnightly handover improvement meetings, including the measurement of the total wait from dialling 999 to the definitive point of care and development of an evening transport system
- Support for the use of the EASC mechanisms to feed ideas back into the system, for example using the CEO group meetings.

The Chair noted the good work being undertaken and the challenges being encountered, emphasising the need to coordinate efforts and to work together over coming months.

Immediate Release
- WAST had presented the protocols to manage immediate release at the last meeting
- Amber release increased from 31% to 44% with WAST and health boards working together.

Handover delays
- Fortnightly Handover Improvement Plan meetings continue with a focus on working towards the 2 trajectories
- Improvements in both areas across Wales during the last 3 months with the number of patients waiting over 4 hours reducing
- Overall lost hours remain very high.

EASC Action Plan

It was noted that the latest version of the plan had been submitted to Welsh Government on 5 September and that small improvements and positive signs with good local actions were evident. In addition, discussion had taken place at the Directors of Planning meeting regarding the need to link the actions to the integrated medium term plan (IMTP) process.

Members noted that the EASC Action plan was being well received and that it is important that any further actions were captured and included as necessary.

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.

Gwaunder Kathryn 22/09/2022 10:43

QUALITY AND SAFETY REPORT

The Quality and Safety Report on commissioned services was received and Members were reminded that an increased focus on quality and safety matters was a priority within the EASC Integrated Medium Term Plan (IMTP).

Members noted:

- The work of the Healthcare Improvement Wales (HIW) Task & Finish Group (convened by the EASC Team) with work undertaken with stakeholders to develop a position update, this would now be discussed with HIW with a view to closing some recommendations. Further update to be provided at the next meeting
- An update on progress of the NHS Wales Delivery Unit on Appendix B Task & Finish Group (convened by the EASC Team). The group consists of representatives of health boards (Directors of Nursing and Assistant Directors of Quality and Safety), WAST, the EASC Team and the NHS Wales Delivery Unit. The meeting had been well attended by a mixed group of. Members noted that the next meeting would take place on 8 September 2022 with the aim of agreeing a consistent approach to joint investigations. Progress to be reported back to the EASC Management Group
- The general growth in the number of adverse incidents and the renewed focus on quality and safety issues which were closely linked to the deteriorating performance position
- That this report would be strengthened to include other commissioned services such as non-emergency patient transport services and emergency medical retrieval and transfer services.

The Chair thanked the EASC Team for the report and highlighted the importance of considering the performance report and the quality and safety report together at meetings as they were both fundamental to the effectiveness of the Committee as a commissioning body.

Members **RESOLVED** to:

- **NOTE** the content of the report and the progress made by both Task and Finish Groups
- **NOTE** the content of the discussion in the Appendix B Task and Finish Group and the agreed next steps
- **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.

FOCUS ON' EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU)

The Chair introduced the session referencing the recent media coverage of proposals by the Wales Air Ambulance charity to rationalise its operational bases, within a context of a procurement exercise for new aircraft. It was agreed that the session was timely and would provide Members with a greater understanding as a starting point of the process for assessing viability of the high-level proposal both as a partner organisation and also from a commissioning perspective.

As EMRTS National Director, David Lockey led a presentation which gave an overview of the EMRTS Cymru service which included:

- The journey in the development of EMRTS Cymru since becoming operational in 2015 and the service changes made over recent years
- The service continues to work closely with the Wales Air Ambulance Charity (the Charity)

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- Use of the CAREMORE Quality and Delivery Framework
- 2021/22 data: 3,247 incidents; 46% by road; 54% by air; 68% conveyance to hospital; 9 calls per day; 8 trauma desk calls per night; 16% air stand down (compared to industry average of c. 25%); 141 sedations; 119 blood transfusions; 561 intubations and 412 anaesthetics
- Longitudinal view of the service from 2016 to present; seeing an increase in activity
- An overview of EMRTS Commissioning Intentions for 2022/23
- A presentation by Dr Michael Slattery covering the first year of the newly established ACCTS service including the strong relationship with the Welsh Critical Care Network, work undertaken with NHS England and activity 22% higher than forecasted and continuing to grow
- A focus on the Strategic Review undertaken by the Charity System to determine "the optimal operational configuration and physical footprint for our lifesaving services that brings greatest benefit to all the people of Wales" ahead of a forthcoming commercial aviation procurement process.

Members noted that the review had included consideration of base activity data since establishment of the service in 2015, service reviews already undertaken including the EMRTS Service Evaluation (undertaken with Swansea University) and comprehensive demand and capacity modelling. It was confirmed that this analysis has been undertaken at a health board and regional level in order to understand the demand and current unmet need.

Key headlines from the Strategic Review included under-utilisation and unmet (geographic, overnight and hours of darkness). The robust analysis and modelling indicated the need for extended hours of operation and changes to optimise base location.

Members noted recent challenges due to a media leak ahead of the finalisation of the data analysis and the subsequent planned stakeholder engagement process. A strong reaction was reported and a perception of a loss of a service in Powys.

The key headlines of a proposal to optimise the operational configuration and physical footprint with a view to bringing the greatest benefit to the population of Wales (within existing resources) included:

- attending an additional 583 patients
- improved average response times (on average 11 minutes quicker) and
- achieving 88% of the total demand compared with the existing model that meets 72% (within the same resource envelope).

The Chair thanked the team for their work to date and the clarity provided by the presentation in terms of the service provided but also the potential for an enhanced service in the future.

Members raised:

- The need to have follow up conversations related to the Powys health board area and the Powys related data
- Carol Shillabeer recognised the importance of embracing the opportunity for change and the need to celebrate the excellent service developed to date but also emphasised the need to be sensitive about this as an all-Wales service and the importance of equity of access (particularly for people in rural Wales and representing the views of people in mid Wales)

Cyfarfod Pwyllgor 22/09/2022 11:00:43

- Members noted that Powys had disproportionately benefited from the service but on the other hand it was important in terms of the use of 'Cardiff' within the slides providing the impression of a south Wales centric service – important therefore to see the all-Wales view
- It would be helpful to map out and present the changing demand and the service changes over the years
- The ability of the expanded service to reach more people and the usefulness of the graphics in demonstrating this
- The importance of clarifying the distinctive roles of the ambulance service and EMRTS
- Future opportunities for the ACCTS service and other transfer services like neonatal
- The emotional ties of communities to the Wales Air Ambulance Charity (particularly to bases) and the impact of any change
- Carol Shillabeer raised the issue related to the role of EASC as the commissioners in progressing this matter. It was agreed that this is a commissioning issue for the committee
- The question regarding who would lead on the ongoing work to ensure a robust, appropriate and managed process ensuring the required engagement; it was agreed that further discussions would take place at the next EMRTS Delivery Assurance Group (to be held 12 September) and the CASC also undertook to consult with CEOs
- That a briefing session has been planned with the Minister week commencing 12 September to consider the press leak
- That it is important to recognise the current level of service and how it was delivered as an all Wales service and that 65% of the Welshpool based air ambulance activity provided services outside Powys; at night the only service was provided from Cardiff but the proposed changes may widen this provision
- The importance of ensuring an all-Wales view during the consideration process, for example, David Lockey explained the impact that the expanded day shift in Cardiff had in ensuring that the aircraft in West Wales was available to support rural areas
- Stephen Harrhy suggested the importance of using the commissioning resource envelope, aligned to health board strategies, to meet the needs of the population of Wales
- The desire to support the system to get this right and it was agreed that further consultation with CEOs would help to better understand the information and the local nuances
- That the presentation was compelling but that this is an emotive subject and there is a need for wide engagement
- Important to consider the impact on the Charity
- The importance of ensuring the approach is fair and balanced in terms of service change and the potential impact on WAST in terms of their roster changes The variety of transfer services would need to be scoped out and with a report back to the next meeting (Action Log)
- Next steps and the need for a structured approach including clear project plan, clear governance and decision-making framework (including decision timelines) and a clear engagement (or consultation) / handling plan with clarity in relation to whether this is significant service change.

(Tef Jansma joined the meeting)

The Chair thanked members for their contribution to this important discussion, confirming that Members were receiving the information as a starting point of the engagement process. Members were advised that a structured and considered approach would be undertaken in line with the discussion held.

Item 2.1 Appendix A - 6.09.22 - Eng

Members **RESOLVED** to:

- **NOTE** the presentation
- **RECEIVE** formally the Strategic Service Review at a future meeting
- **AGREE** in the meantime to develop a structured approach including a project plan, to include a detailed engagement plan, to clarify the next steps.

WELSH AMBULANCE SERVICES NHS TRUST (WAST) UPDATE

The Welsh Ambulance Services NHS Trust update report was received. In presenting the report, Jason Killens highlighted the following areas:

- The link to the performance and quality & safety reports (already received)
- Clinical outcomes implementation of electronic patient clinical record (EPCR) which went live nationally in March 2022. Members noted that there was more to come in this area and would be received in future meetings
- Capacity – good progress had been made on recruiting the additional 100 front line staff (by January 2023) and confident of recruitment
- Immediate release and the latest compliance report had been shared with week on week improvement.

Red Demand and Variation

Tef Jansma gave a presentation 'Variables affecting Red Performance'. It was highlighted that there was an inverse relationship between Red performance and vehicle utilisation and that red underperformance was not the result of a single issue and therefore required a multi-faceted approach.

A further presentation by WAST 'Actions being undertaken to reduce variation and improve red performance' was provided which highlighted:

- The number of responded incidents (WAST expansion of clinical support desk; ECNS patient triage and streaming and implementation of forecasting and modelling; in Health boards roll out PTAS in all areas)
- Red performance varies significantly from one day to the next and is the result of many correlations
- Number of hours produced with key actions identified
- Capacity and utilisation including hours produced
- Re-rostering and Cymru High Acuity Response Unit (CHARU)
- Travel durations and mobilisation (time spent on scene; deep dive into clinical contact centre analysis and modelling on community first responders)
- Duration at hospital including alternatives.

The Chief Ambulance Services Commissioner explained that he had expected that if an improvement had been seen in amber performance there would also be an improvement in red performance. The CASC wanted to understand why this was not the case and how additional capacity could be deployed to improve red performance.

The CASC raised that significant variation was occurring on a day-by-day basis and there was a need to undertake more analysis to explain this. Members noted that Amber performance did not chase seconds but this would make a big difference in red call performance times. It was agreed to consider this at the next EASC Management Group meeting to ensure the most effective use of the additional capacity being progressed within the service and improve red performance, this would then need to be reported back to Committee.

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Clinical Response Model and the Categorisation of the Medical Priority Dispatch System Codes within the Dispatch Cross Reference Table

Jason Killens presented the report on the Clinical Response model and the Dispatch Cross Reference Table. Members noted the variation with red, amber and green categories used in Wales, conversely categories 1 to 5 were used in England. The Clinical Priority and Assessment Software (CPAS) Group in Wales regularly review the Dispatch Cross Reference Table and usually any changes were minor and were managed internally. However, the changes proposed were significant and were driven by patient safety concerns.

Members noted:

- Changes to patients fitting and the poor outcomes for this group of patients
- Codes for haemorrhage proposed to change from Amber 1 to Red
- As a consequence of the changes to be made this would impact on the movement of patients and would lead to a marginal positive impact (improvement) but would have a noticeable impact on Amber 1. Although a strong clinical outcome it was likely to see a slight improvement in red but a negative impact on Amber performance
- The proposition to move to the changes from the 1st Monday in October in line with the clinical recommendation.

Following discussion it was agreed that this would be formally taken through the WAST Board at the end of September and the CASC offered to work with WAST to discuss appropriate engagement regarding the changes, also offering to inform the Welsh Government regarding this matter so that they were aware of the impact.

Members **RESOLVED** to:

- **NOTE** the WAST Provider Report
- **NOTE** the actions around the engagement required for Clinical Response Model and the Categorisation of the Medical Priority Dispatch System Codes within the Dispatch Cross Reference Table

CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT

The Chief Ambulance Services Commissioner's report was received.

Stephen Harrhy presented the report and highlighted that for the remainder of the financial year the additional commissioning allocation agreed as part of the EASC IMTP would be targeted at additional transfer and discharge services and targeted outcomes to support performance and mitigating clinical risk. The escalation policy that was previously agreed by the NHS Leadership Board would be introduced following agreement of an implementation plan with COOs. Members **RESOLVED** to: **NOTE** the report.

AMBULANCE SERVICES COMMISSIONING FRAMEWORK

The report on the Emergency Ambulance Services Commissioning Framework was received. The following areas were highlighted:

- Enhanced commissioning framework as a key element of the collaborative commissioning approach
- Frameworks designed to support system leaders to work in a collaborative way, encouraging open and transparent discussions between commissioners and providers

Shaun Griffiths 22/09/2022 12:01:45

- Discussions regarding the framework and the approach to commissioning emergency ambulance services going forward have been held at EASC Committee and EASC Management Group meetings over many months
- At the EASC Management Group meeting in April it was agreed to work together to develop local plans that respond to the needs of the local population and the challenges being faced by each health board in the short and longer term. It was felt that this local approach would help to identify the actions already being undertaken (by health boards, by WAST or jointly by HBs and WAST), identify opportunities for service re-design and ensure that evidence-based commissioning decisions were made
- The development of local Integrated Commissioning Action Plans (ICAPs) for each individual health board, in collaboration with WAST, has been the focus at subsequent meetings
- The key principles and content of the draft framework agreement were endorsed by Committee members at the July 2022 meeting of EASC. The draft agreement has now been formatted and finalised to include comments received from Members
- The key principles of an implementation plan were noted, this plan would:
  - ensure that local ICAPs were developed and signed off as required
  - inform the development of commissioning intentions for 2023-24
  - inform the IMTP section relating to EASC and emergency ambulance services for each organisation.
- As a new element of the commissioning frameworks, the EASC Team would continue to develop and adapt the approach relating to ICAPs ahead of any future refreshes.

Members noted the need to align the development of ICAPs with the IMTP planning process and the requirements of the Six Goals for Urgent and Emergency Care.

Following discussion Members **RESOLVED** to:

- **NOTE** the collaborative approach undertaken to refresh and enhance the emergency ambulance services commissioning framework
- **NOTE** the development of local Integrated Commissioning Action Plans that respond to the needs of the local population
- **NOTE** the key principles of the implementation plan and next steps as described above
- **APPROVE** the Collaborative Commissioning Framework Agreement.

EASC COMMISSIONING UPDATE

The report on the EASC Commissioning Update was received. Members noted updates against:

- **EASC Integrated Medium Term Plan (IMTP)**

It was reported that confirmation had been received from Welsh Government that the EASC IMTP was acceptable and that the correspondence included certain accountability conditions, including the need for a greater emphasis on risk and quality.

Members also noted the expectation within the accountability letter that progress against the plan must be monitored effectively and therefore received the detailed EASC IMTP Quarter 1 Update. Further quarterly updates would be provided to EASC Management Group and the EASC Committee going forward.

Jonathan 29/09/2022 12:07:45

- **EASC Commissioning Intentions**

Members were reminded that commissioning intentions were worked up with health boards for each of the commissioned services to provide a clear indication of the strategic priorities of the Committee for the next financial year.

The EASC Management Group, on behalf of EASC, continue to hold responsibility for the development, monitoring and reporting of progress against intentions to ensure the strategic intent was achieved. The agreement of the EASC commissioning cycle in 2021-22 has already ensured increased engagement and a more timely approach to the agreement of commissioning intentions for 2022-23.

Members received the detailed Quarter 1 update against the EASC Commissioning Intentions (Emergency Ambulance Services, Non-Emergency Patient Transport Services and the Emergency Medical Retrieval and Transfer Service). This update highlighted key areas of progress for each commissioned service with many already discussed at length during the Committee meeting.

Key progress relating to the NEPTS service was noted by Members including:

- The Quality Management Framework - including 3Qs (Quality Assurance, Quality Control and the Quality Award)
- Increasing the number of providers in line with the NEPTS business case and the plurality model
- Early work in relation to re-rostering with the Project Initiation Document anticipated for October.

Further quarterly updates would be provided to EASC Management Group and the EASC Committee going forward.

Members **RESOLVED** to:

- **NOTE** the collaborative commissioning approach in place
- **APPROVE** the progress made against the EASC IMTP in Quarter 1 as set out in the update provided
- **NOTE** the Quarter 1 update against the commissioning intentions for each of the commissioned services.

FINANCE REPORT MONTH 4

The Month 4 EASC Finance Report was received and the purpose of the report was to set out the estimated financial position for EASC for the 4th month of 2022/23 together with any corrective action required. No corrective action was required.

Members **RESOLVED** to: **NOTE** the report.

EASC SUB-GROUPS CONFIRMED MINUTES

The confirmed minutes from the following EASC sub-groups were **APPROVED**:

- Chair's Summary EASC Management Group – 18 August 2022
- EASC Management Group – 16 June 2022
- NEPTS Delivery Assurance Group – 6 June 2022.

Boardpapers Natwen 2209/2022 10:45

EASC GOVERNANCE

The report on EASC Governance was received. Governance documentation is available at https://easc.nhs.wales/the-committee/governance/

Members **RESOLVED** to:

- **APPROVE** the risk register
- **APPROVE** the EASC Assurance Framework
- **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)
- Structured approach relating to the engagement process for the proposal by the Wales Air Ambulance Charity

Matters requiring Board level consideration

- To acknowledge the significant risks for patients in relation to handover delays and the need for health boards to implement the local handover improvement plans 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 the roll out of WAST roster reviews for each area before the end of November 2022
- From the Performance Report
  - Red performance remained extremely challenging (52%)
  - Handover lost hours consistently in excess of 20,000 hours
- To acknowledge the key headlines from the Strategic Review undertaken by the Wales Air Ambulance Charity and the proposal to optimise the operational configuration and physical footprint with a view to bringing the greatest benefit to the population of Wales, improving average response times and meeting 88% of demand (compared to the existing 72%). This information was received as the starting point of the engagement process and a structured approach would now be developed including a detailed engagement plan

- To approve the Collaborative Commissioning Framework Agreement for Emergency Ambulance Services, including the development of local Integrated Commissioning Action Plans (ICAPs) for each individual health board, in collaboration with WAST as a key enhancement of the commissioning framework.

Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	**8 November 2022**			

Saunders.Nathan
22/09/2022 12:07:45